CAPITAL PATHOLOGY

Laboratory address: Equinox 4, Ground Floor,
70 Kent St, DEAKIN, ACT 2600, Ph: 02 6285 9800 Fax: 02 6285 9941
APA Capital Pathology Pty Ltd ACN 069 467 447 as trustee of the Capital Pathology Trust ABN 49 452 500 422

MEDICARE CARD NUMBER: 4153632083/1

For Collection Centres, See over page

Doctors Service Centre: 02 6285 9803

PATIENT SURNAME: Wadley | GIVEN NAMES (INCLUDING MIDDLE INITIAL): Lorraine | SEX: F | DATE OF BIRTH: 11/08/1969 | YOUR REFERENCE: 00591584

PATIENT ADDRESS: 10 Thunder Circuit
Harrison 2914 | POSTCODE | TEL (HOME): 6234 6511 (H)
0401759734 (M) | TEL (WORK): 6255 0722

TESTS REQUESTED

FBC; Thyroid Function Tests; Vitamin B12 and Folate; Vitamin D; Iron Studies; Glucose - Fasting; ESR; CRP; Prolactin; ANA; Rheumatoid Factor; Cyclic Citrullinated Peptide Antibodies

- [x] Fasting
- [ ] Non Fasting
- [ ] Pregnant
- [ ] Horm. Therapy
- [ ] LNMP
- [ ] EDC

CERVICAL SCREENING:

SITE:
- [ ] Cervix
- [ ] Vagina
- [ ] Self-collect

CLINICAL:
- [ ] Pregnant
- [ ] Postnatal
- [ ] Post-menopausal
- [ ] Hysterectomy
- [ ] HRT/OCP
- [ ] IUD

SYMPTOMS:
- [ ] Post-menopausal bleeding
- [ ] Post-coital bleeding x 1
- [ ] Post-coital bleeding recurrent
- [ ] Unexplained bleeding
- [ ] Suspicious cervix

OTHER:
- [ ] <25yr old meeting specific criteria
- [ ] Immune-deficient
- [ ] DES exposed
- [ ] Previous AIS

CLINICAL NOTES

Fasting.

f/u iron deficiency. Joint pains, ongoing PV bleeding late menopause

Do not send to My Health Record ☐

BP005736-8CE23BFC01

SD ☐

URGENT | PHONE | FAX | BY TIME:
PHONE/FAX No.:
STANDARD | CONCESSION | DIRECT BILL ☑
VET AFFAIRS / OTHER No. :

DOCTOR'S SIGNATURE AND REQUEST DATE

09/09/2024

COPY REPORTS TO:

Racheal Lee
Thrive Natural Health.

HOSPITAL / WARD

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)

Dr Vanessa Thorn
3/5 Baratta Street
Crace 2911
Ph: 0261090000 Fax: 0261090001
4613009J

Was or will the patient be, at the time of the service or when the specimen is obtained a:	yes	no
A private patient in a private hospital or approved day hospital facility?	☐	☐
Private patient in a recognised hospital?	☐	☐
A public patient in a recognised hospital?	☐	☐
An out-patient of a recognised hospital?	☐	☐

MEDICARE ASSIGNMENT
(Section 20A of the Health Insurance Act 1973)

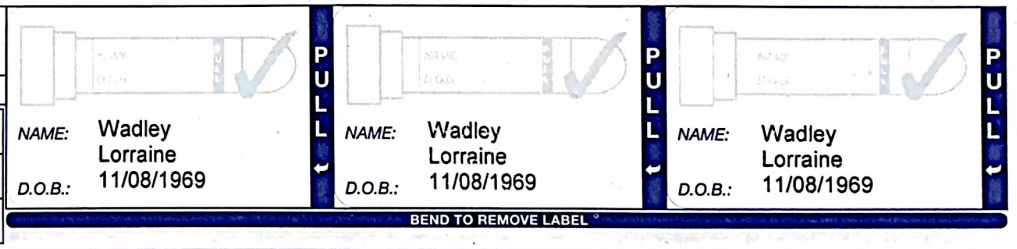
I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

Practitioner's Use Only (Reason for Patient being unable to sign)

NOTE: PERSON COLLECTING SPECIMEN
I certify that I collected the accompanying sample from the above patient whose identity was confirmed by enquiry and/or examination of their name band and that I labelled the sample immediately following collection.
Date: / / Time: Signed:

Collection Code | Location Code

Gel	Clot	EDTA	Trace El	Gluc	Cit	Pearl
Hep	Urine	Timed U	Faeces	FOB	Bod Fl	Sputum
CSF	Histo	ThinPr	Swab	ECG	TX Form	Other



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Learn more about your tests: www.capathology.com.au

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National Cancer Screening Register (NCSR)
The National Cancer Screening Register (NCSR) is an 'opt out' register. Pathology laboratories can no longer act on 'not for register' instructions on the pathology request form. Patients who wish to alter their consent status must contact the register directly on 1800 627 701.

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