IQ PATHOLOGY

A Specialist Dermatopathology Laboratory

Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) t/a IQ Pathology APA No. 000042

Ph: (07) 3846 5611
iqpathology.com.au
6/11 Donkin St West End Q 4101
PO Box 3470 South Brisbane Q 4101

MEDICARE CARD NUMBER

HISTOPATHOLOGY REQUEST

PATIENT LAST NAME | GIVEN NAMES | SEX | DATE OF BIRTH | YOUR FILE No.

PATIENT ADDRESS | POSTCODE | TEL(HOME & MOBILE) | TEL(BUS)

TESTS REQUESTED

	Size	
	Lesion	Defect
1		
2		
3		
4		

CLINICAL NOTES/CLINICAL DIAGNOSIS (e.g., DURATION, SIZE, APPEARANCE, DISTRIBUTION, SYMPTOMS, DIFFERENTIAL DIAGNOSIS)

☐ STANDARD PRECAUTIONS ☐ PRIVATE & CONFIDENTIAL ☐ SELF DETERMINED

URGENT ☐ **PHONE** ☐ **FAX** ☐ BY TIME:

PHONE/FAX No: BY DATE:

PRIV FEE ☐ SCHED. ☐ B/B ☐

VET AFFAIRS No:

DOCTOR'S SIGNATURE | REQUEST DATE

COPY REPORTS TO:

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

HOSPITAL/WARD

LABEL USE

Collect Date	Coll. Time	Test Codes	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
Received Date	Rec. Time	Attachments: Yes / No (please circle) If yes, no. of pages:	B/C	Clinic			

Was or will the patient be, at the time of the service or when the specimen is obtained: (✓ appropriate box)

	yes	no
1. a private patient in a private hospital or approved day hospital facility	☐	☐
2. a private patient in a recognised hospital	☐	☐
3. a public patient in a recognised hospital	☐	☐
4. an outpatient of a recognised hospital	☐	☐

PATIENT'S SIGNATURE AND DATE

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. In the alternate, I authorise that APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue me a cheque payable to the APP for the Medicare Benefit.

SIGNATURE X ..... X DATE / /

Practitioner's Use Only .....
(Reason patient cannot sign)

SITE: NAME: D.O.B.: PULL

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PRIVACY NOTE:
The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.

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