# IQ PATHOLOGY

A Specialist Dermatopathology Laboratory

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

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iqpathology.com.au
6/11 Donkin St West End Q 4101
PO Box 3470 South Brisbane Q 4101

MEDICARE CARD NUMBER

## SURGICAL AUDIT REQUEST

PATIENT LAST NAME | GIVEN NAMES | MALE / FEMALE / UNKNOWN / OTHER | 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:

HOSPITAL/WARD

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

LAB 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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IQ PATHOLOGY RCPA NATA

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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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# Surgical Audit Data Collection

**Doctor please:** **Record details below.**
**Label and number each specimen clearly.**

| Specimen Region (See key below) | Specimen Location (Unless provided other side) | Provisional Diagnosis (See key) | Past Biopsy Result (See key) | Disease Category (See key) | Current Biopsy Type (See key) | Current Surgical Management (See key) | Sequentially Monitored Lesion Yes/No | IF RELEVANT: Rapid Access Dermatology Clinic Yes/No |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |

## Key

**Specimen Region**
- Nose
- Lip
- Ear
- Eyelid
- Other Face
- Scalp
- Neck
- Shoulder
- Chest
- Abdomen
- Back
- Buttock
- Genitalia
- Arm
- Forearm (Elbow and below)
- Hand
- Finger
- Thigh
- Leg (Knee and below)
- Foot
- Toe
- Palm or Sole

**Provisional Diagnosis or Past Biopsy Result**

| | |
|---|---|
| BCC | Basal Cell Carcinoma |
| IEC | IEC/Bowens Disease |
| SCC | Squamous Cell Carcinoma |
| MMis | Melanoma: in situ / HMF |
| MMinv | Melanoma: invasive |
| MMmet | Melanoma: metastasis |
| OM | Other Malignant |
| N | Naevus: Benign |
| DN | Naevus: Dysplastic |
| BN | Naevus: Blue |
| SN | Naevus: Spitz |
| SK | Solar Keratosis |
| KA | Keratoacanthoma |
| SL | Solar Lentigo |
| SebK | Seborrhoeic Keratosis |
| LPLK | Lichen Planus Like Keratosis |
| DF | Dermatofibroma |
| SGH | Sebaceous Gland Hyperplasia |
| B Cyst | Benign Cyst |
| OB | Other: Benign |

**Disease Category**

| | |
|---|---|
| Mel | Melanocytic |
| NMSC | Non Melanocytic Skin Cancer |
| Inf | Inflammatory |
| O | Other |

**Current Biopsy Type**

| | |
|---|---|
| P | Punch |
| S | Shave |
| I | Incisional |
| E | Excisional |
| C | Curettage |
| O | Other |

**Current Surgical Management**

| | |
|---|---|
| E | Ellipse |
| F | Flap |
| SSG | Graft: SSG |
| FTG | Graft: FTG |
| NC | No Closure |
| SxEx | Shave/Saucerisation |
| CxCx | Curettage and Cautery |
| O | Other |