

LAB No

# Women's & Children's Pathology

PATIENT Surname		Given Names	
Address			
Date of Birth		M/F	Gest/weeks
Telephone		U.R. No.	
IRN/Medicare No		<input type="checkbox"/> Pensioner <input type="checkbox"/> TAC <input type="checkbox"/> VA	
VA/TAC			
Account to			

Requesting Doctor: Surname, Initials  
 and Provider No. Address:

Pager No:

Contact for Actionable Results:

Consultant Unit:

Copy to: (Dr's name and address)

RWH  RCH  Non Hospital  Private Consulting  
 IP  OP

Ward R3X

LAB USE ONLY

GAS

CAB

GEL (S)

GEL (L)

EDTA (S)

EDTA (L)

HEP

CITRATE

FLOX

ACD

MSU

URINE (R)

URINE (T)

**CLINICAL NOTES (including medications please)** Fasting

Urgent by (Time) ..... Contact No ..... Tel..... Fax.....

Sample  Capillary  Venous  Arterial

**TESTS REQUESTED**

MSU

SPUT

FAECES

SWAB

SLIDE

BLCU

FLUID

CSF

OTHER (SPECIFY)

PROC CODES

Doctor's Signature \_\_\_\_\_ Request Date \_\_\_\_\_

Transfusion Request  
 Irradiated  CMV Negative

No of Units \_\_\_\_\_

Required by Date \_\_\_\_\_ Time \_\_\_\_\_

Cervical cytology  
 Pre menopausal  Menopausal  
 Post menopausal  Pregnant

Previous smear \_\_\_\_\_ LMP \_\_\_\_\_  
 Post Partum \_\_\_\_\_ Contraception \_\_\_\_\_  
 Hormone therapy \_\_\_\_\_

Therapeutic Drug Request Drug \_\_\_\_\_  
 Dose \_\_\_\_\_ Freq. \_\_\_\_\_  
 Last Dose \_\_\_\_\_ O/IV \_\_\_\_\_

Was or will patient be, at the time of the service or when the specimen is obtained: Yes No

(a) a private patient in a private hospital or approved day hospital facility

(b) a private patient in a recognised hospital

(c) a public patient in a recognised hospital

(d) an outpatient of a recognised hospital

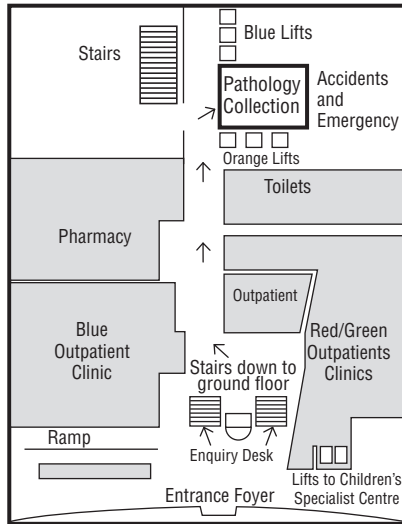
I certify that the accompanying specimen was collected from the patient stated above as ascertained by inquiry and/or examination of name band and was labelled immediately following collection.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## Collection Centres

### The Royal Children's Hospital Ground Floor

Hours: 08.30 - 16.50 Monday - Friday  
 Phone: 9345 5821  
 Facsimile: 9345 5379

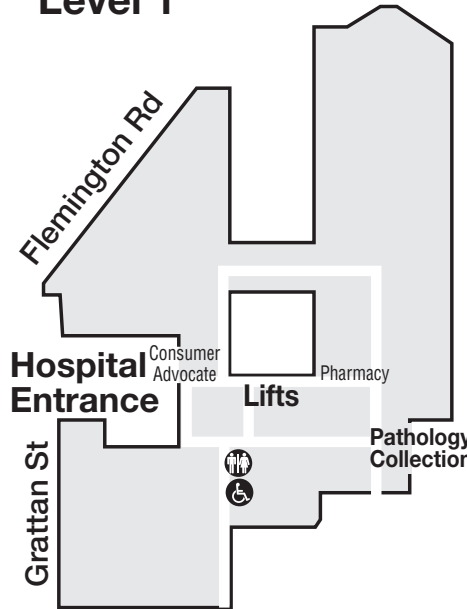


Flemington Road Entrance

### The Royal Women's Hospital 1st Floor Floor OUTPATIENTS

Hours: 08.30 - 17.20 Monday to Friday  
 Phone: 8345 3150  
 Facsimile: 8345 3153

#### Level 1



### The Royal Women's Hospital Private Consulting Rooms Level 2, Suite 6

Hours: 08.30 - 16.50 Monday - Friday  
 Phone: 8345 2206

#### Level 2

