## Women's & Children's Pathology

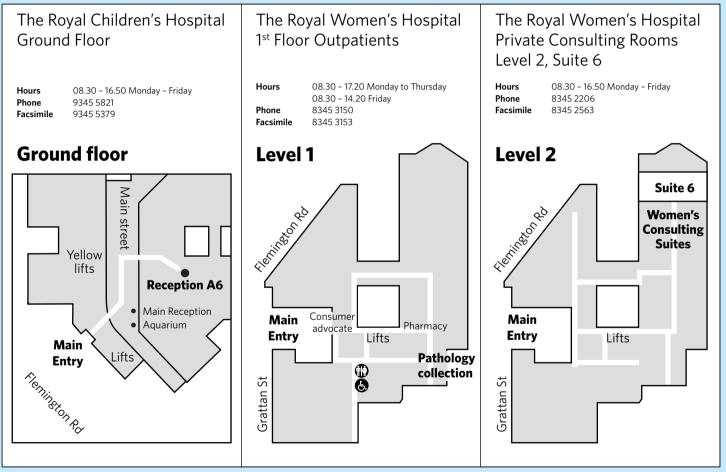
The Royal Children's Hospital Flemington Rd Parkville 3052 The Royal Women's Hospital APA Cnr Flemington Rd & Grattan St Parkville

Lab number

PATIENT Surname Given names			REQUESTING DOCTOR Surname	nitials 🛛 🛛	VARD	Lab use or	nly	
							GAS	<u>΄</u>
				Address			САВ	+-1
Address					IRCH IRWH	GEL (P)	,	
							GEL (L)	, — — ,
				PROVIDER NUMBER		-	EDTA (P)	, ,
						EDTA (S)	, , , , , , , , , , , , , , , , , , , ,	
U.R. nurr		a. number		Contact number for actionable results		Non hospital Private consulting	EDTA (L)	
				Consultant unit		Private consulting	HEP	
							CITRATE	
Date of birth M/F GEST/WKS. Tel.	Pensi	oner 🗆 TAC 🗆 V	/A	Copy to (Dr's name and address and provider number)		]r3X	PFA	
IRN/Medicare number								
							ACD	
MEDICAL ASSIGNMENT (Section 20A of the Health Insurance Act 1973)   offer to assign my right to benefits to (Reason patient cannot sign)			URGENT by (time) Contact number (pager/phone)			URINE (R)	,	
the approved pathology practitioner who will render the requested pathology service(s)						URINE (T)	,	
and any eligible pathologist determinable service(s) established as necessary by the practitioner.			Fax.			MSU		
Patient signature	Date / /						SPUT	
				SAMPLE Capillary Venous Arteria	-1		FAECES	
							SWAB	
				TESTS REQUESTED			SWAB PCR	
							SLIDE	
							HPVH	
							BLCU	
							NPA	
							CSF	
TRANSFUSION REQUEST THERAPEUTIC DRUG REQUEST						OTHER (specify)		
□ Irradiated □ CMV Negative No. of units	Drug Dose	Freq.					(specify)	
Required by date / /	Last Dose	0/IV						
Time CERVICAL CYTOLOGY	Was or will patient be, a	t the time Yes	No				Initials PROC CODES	
Pre menopausal Menopausal	of the service or when the	e specimen	110				PROC CODES	
Post menopausal Pregnant	is obtained: (a) a private patient in a	private						
Previous smear	hospital or approved hospital facility	day	_					
LMP	(b) a private patient in a							
Post partum	recognised hospital (c) a public patient in a							
Contraception	recognised hospital	_		L				
Hormone therapy	<ul> <li>(d) an outpatient of a recognised hospital</li> </ul>			Doctor's signature	Request date			
I certify that the accompanying specimen was collected from								
patient stated above as ascertained by inquiry and/or exami- of name band and was labelled immediately following collect				Print name		Date / /	Time	

## **Collection Centres**

The Royal Children's Hospital, Flemington Road Parkville Vic 3052 Telephone 9345 5821 The Royal Women's Hospital Cnr Flemington Rd & Grattan Street Parkville Telephone 8345 3150 The Royal Women's Hospital Private Consulting Rooms, Level 2, Suite 6 Telephone 8345 2206 Andrology Department 321 Cardigan Street Carlton Vic 3053 Telephone 9344 2692



All clear areas on these maps are public access areas. These maps are not to scale