SydPath
ST VINCENT'S PATHOLOGY

SYDPATH ANATOMICAL PATHOLOGY REQUEST FORM

RCPA
The Royal College of Pathologists of Australasia

NATA
ACCREDITED FOR TECHNICAL COMPETENCE

PATIENT DETAILS

Family Name _____

Given Name _____

Address _____

_____ Postcode _____

DOB _____ Age _____ Sex _____

REQUESTING SPECIALIST/CONSULTANT PHYSICIAN

Name _____

Address _____

_____ Postcode _____

Provider no. _____

Phone _____

Fax _____

Email _____

Signature ✗_____ Date _____

REFERRING PATHOLOGIST

Name _____

Address _____

_____ Postcode _____

Provider no. _____

Phone _____

Fax _____

Email _____

Signature ✗_____ Date _____

HOSPITAL STATUS OF PATIENT AT SPECIMEN COLLECTION OR DATE OF SERVICE

- ☐ Private patient in a private hospital or approved day hospital facility
- ☐ Private patient in a recognised hospital
- ☐ Public patient in a recognised hospital
- ☒ Outpatient of a recognised hospital

INVOICING PROCEDURE

- ☐ Bulk Bill: Medicare assignment signed below
- ☐ Bulk Bill: send DB3 (not appropriate for public inpatients)
- ☐ Bill laboratory
- ☐ Bill patient (complete authorisation on reverse)
- ☒ Bill private health fund: _____

  Membership no. _____

11 DIGIT MEDICARE NO.

☐☐☐☐☐☐☐☐☐☐ ☐

MEDICARE ASSIGNMENT *(Section 20A of the Health Insurance Act 1973) PRACTITIONERS USE ONLY*

TO BE COMPLETED BY THE PERSON ASSIGNING BENEFITS FOR THE SERVICES ON THIS FORM *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.*

Patient signature ✗_____ Date _____

(Reason patient cannot sign) _____

CLINICAL HISTORY

TESTS REQUESTED

☐ **URGENT**

- ☐ BRAF V600E IHC
- ☐ MMR IHC ☐ PD-L1 IHC (Medicare Eligible)
- ☐ PD-L1* IHC ($150 - No Medicare Rebate)
- ☐ HPV ISH ($75.00 per probe - No Medicare Rebate)
  - ☐ HPV6* ☐ HPV 16*
- ☐ HPV ISH reporting ($100.00 - No Medicare Rebate)*
- ☐ Other IHC:

_____

_____

_____

_____

*I understand that the cost of this testing is not covered under Medicare funding. Furthermore that payment for this testing is the responsibility of the requesting Doctor or department, unless a signed patient consent to pay is provided (see other side of this form).

Requesting Dr signature: ✗_____

PLEASE SEND

Paraffin block containing tumour **(For HPV ISH block only)**

OR 6 unstained 3 µm sections on coated slides

AND a copy of the original surgical request form

AND a copy of the original pathology report in a padded bag

Addressed to:

DEPARTMENT OF ANATOMICAL PATHOLOGY
ST VINCENT'S HOSPITAL
LEVEL 6 XAVIER BUILDING
390 VICTORIA STREET
DARLINGHURST NSW AUSTRALIA 2010

Phone: +61 2 8382 9217
Fax: +61 2 8382 2888
www.sydpath.com.au

Original Pathology Laboratory

_____

Block Identification Number

_____

SYDPATH ANATOMICAL PATHOLOGY REQUEST FORM

PATIENT AUTHORISATION

I understand that my medical practitioner has requested test(s) that are not covered by Medicare or not covered/partly covered by my private health fund.

I agree to accept responsibility for the full payment of $_____ for this test(s):

Name of test(s): _____

Patients signature: _____ Date: _____

Email address: _____

Dear Patient,

Your doctor has recommended that you use SydPath. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

Privacy Note: The information provided will be used to assess any Medicare benifit payable for the service(s) 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 maybe 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.

This document is issued in accordance with the NATA/RCPA accreditation requirements. Accredited for compliance with ISO 15189

Accreditation No 2115

Level 6, Xavier Building - St Vincent's Hospital
Victoria Street, Darlinghurst NSW 2010