

**Report on Laboratory Premises
for the purpose of
Approval pursuant to s23DN of the *Health Insurance Act 1973***

Laboratory Name: St Vincent's Pathology (SydPath)
(trading name of laboratory) St Vincent's Hospital

Laboratory Premises: Level 6, Xavier Building
390 Victoria Street, DARLINGHURST NSW 2010
(physical address – detailing room(s), floors and specific bounds of premises for which approval is sought)

NATA Reference No: 2115 **Medicare Australia** 30545
(for all laboratories) (Site No 2108) **Reference No:**
*(the APL No for laboratories with existing s23DN approval
If no prior approval for premises – indicate 'New')*

Laboratory Proprietor: _____ **APA No:** _____
(name of Approved Pathology Authority owning premises & Medicare Australia issued reference number for APA)

Laboratory Category: GX GY B M S
(Select one – pursuant to the 23DNA Principles)

Groups of Pathology Proposed for approval: <i>(as defined in Medicare Benefits Schedule Book)</i>	QAP participation <i>(In each instance, please tick if satisfied the specified Relevant Standard is being met in relation to the specified group) (All exceptions must be expressed by reference to items in the Medicare Benefits Schedule Book.)</i>	Staffing	Equipment	Exceptions
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Haematology – P1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Chemical – P2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Microbiology – P3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Immunology – P4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Tissue Pathology – P5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Cytology – P6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Genetics – P7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Infertility/Pregnancy – P8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

This Report is an:
(tick one)

Advisory Report *Go straight to Advisory Report at page 2*

Assessment Report *Go to next question*

Were all Relevant Standards met?

Yes

Go straight to Assessment Report at page 2

No

Complete Supplementary Report at pages 3 and 4

**Schedule – Form of Report
PAGE 2**

Assessment Report

*(Use **only** if this is an Assessment Report and all Relevant Standards met)*

1. NATA has established, with a high level of confidence, that all of the pathology services in the groups specified on page 1 of this report provided at the premises specified on page 1 of this report meet, and can be expected to meet, Relevant Standards for a period ending:

1 June 2027

2. The premises should be allocated or remain allocated category GX (General).
3. NATA has not formed a view about the kinds of pathology services set out in the “Exceptions” column on page 1 of this report.


NATA certifies that this Assessment Report contains a true report of the views of the individuals who participated in the assessment (including those individuals involved in the analysis and review of the findings of the on site assessment team).

(Note: the views of the individuals (if any) who participated in the assessment but who do not concur with NATA’s views expressed in this report are annexed to this report).

Date of Assessment: 31 October 2023 - 1 November 2023, 23 November 2023

NATA Officer Name:
Tracey Jeffery

Signature:



Date signed:
16 January 2024
