



NATA/RCPA
Registered
Laboratory
Category GX

NSW HEALTH PATHOLOGY

APA 1142

SYDNEY SOUTH WEST PATHOLOGY SERVICE
Missenden Rd, Camperdown NSW 2050



**Health
Pathology**

Site of Collection: (tick box) RPA Concord Canterbury Lifehouse Balmain

PATIENT DETAILS: Handwrite details on request form and specimen. Patients registration labels NOT accepted.

Patient Identifier (MRN) Date of Birth/...../..... Sex M/F
Surname First name
No. and Street
Suburb / Town Post Code Ward/Clinic
Account Address [if different from above]

TESTS REQUESTED

Note: RECIPIENTS only

- Titre: A1 cells
- Titre: A2 cells
- Titre: B cells
- Titre: Donor cells

Attention: Bernadette Blayney / Lynette Ackerman

ABOi Renal Transplant: Donor Recipient

Stage	Preliminary <input type="checkbox"/>	Post-transplant <input type="checkbox"/>	Date of transplant: _____
	Pre-apheresis <input type="checkbox"/>	Post-apheresis <input type="checkbox"/>	

URGENT – PLEASE SEND SAME DAY TO:

BLOOD BANK – Royal Prince Alfred Hospital
Missenden Road, Camperdown NSW 2050
(If delayed, please refrigerate at 4° C)

Blood Bank specimens must be collected by a Medical Officer or an authorised collector. The statement below must be signed by the collector and either the patient or a witness to the collection.

COLLECTORS STATEMENT:

Authorised collector (print name): Pager number:
I certify that this blood was taken from the patient stated and labelled immediately. Sample details have been checked by asking the patient (if possible) "what is your name and date of birth" AND comparing with the ID band.

I have signed the specimen to verify the patient ID. Collector's signature:

Collection date: Time: Patient details must be checked and be identical to patient's arm band (if applicable)

PATIENT/WITNESS STATEMENT:

Patient/Witness (print name): The blood was taken from me/the patient and details are correct on the form and the specimen (check the spelling and date of birth).

Relationship to patient: Relative Friend Nurse Doctor Other staff member

Patient/Witness signature:

REQUESTING PRACTITIONER DETAILS

Doctor's Surname Initials
Address
..... Phone
Doctor's Provider Number:
Signature Fax
Date/...../..... **Attending Medical Officer**

Laboratory use only

MEDICARE ASSIGNMENT (Section 20A of Health Insurance Act 1973) – to be completed by the patient offering to assign benefits for 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'S SIGNATURE **DATE**/...../.....

PRACTITIONERS USE ONLY

(Reason patient cannot sign) **MEDICARE NUMBER**

PATIENT STATUS at the time of the service or specimen collection:

- A private patient in a private hospital, or approved day hospital facility
- A public patient in a recognised hospital
- An outpatient of a recognised hospital
- A private patient in a recognised hospital

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.

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

NO WRITING

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

REQUEST FOR BLOOD BANK SERVICES