SOUTH EASTERN AREA LABORATORY SERVICES

Excellence in diagnosis, research, teaching

www.seals.health.nsw.gov.au

Phone 1800 073 257

See over for collection locations and contact details

NSW GOVERNMENT Health Pathology

NSW Health Pathology; APA 1142
SEALS Executive
Level 4 Campus Centre
Barker Street
Randwick NSW 2031

PATIENT DETAILS

Med. Rec. No: ..... **Ward:** .....

Hospital: .....

SURNAME: .....

FIRST NAME: .....

DOB: ..... / ..... / ..... Sex: .....

Address: ..... Phone: .....

..... Postcode: .....

TESTS REQUESTED
ROUTINE:

REQUEST: Plasma Teriflunomide Level

(Leflunomide or "Arava" metabolite - A77 1726)

Collect blood in plasma lithium dark green tube or serum gold top

URGENT:

"LIFE THREATENING" MUST CALL LAB Tick ☐

CONSULTANT: .....

REQUESTING PRACTITIONER:

Surname: ..... Initials: .....

Phone: ..... Fax: ..... Pager No: .....

Address: .....

Postcode: ..... Provider No: .....

Signature **Date**

COPY OF REPORT TO:

Name: .....

Address: .....

Postcode: ..... Phone/Fax: .....

COPY OF REPORT TO:

Name: .....

Address: .....

Postcode: ..... Phone/Fax: .....

DO NOT USE THIS FORM FOR BLOOD BANK or TRANSFUSION REQUESTS

CLINICAL NOTES Pregnant: Yes ☐ No ☐ SD ☐

Kidney Transplant recipient with BK infection

On established Arava (allow at least 4 weeks of treatment to achieve stable levels after load, target 50 to 100mg/L)

STG GEORGE SENDAWAY TO :

DEPT OF CLINICAL PATHOLOGY, QUEENSLAND HEALTH PATHOLOGY, BRISBANE, QLD
(Thursday sendaway day - turnaround 1 week)

Medication: Date/Time of last dose: Dosage:

GYNAECOLOGICAL CYTOLOGY

Post Menopausal ☐ Pregnant ☐ Post Natal ☐
IUCD ☐ Abnormal Bleeding ☐ Radiotherapy ☐
Chemotherapy ☐ Hormones ☐

L.M.P ..... /..... /.....

NSW PAP TEST Register YES ☐ NO ☐ (If no, attach official sticker)

Your doctor has recommended that you use SEALS Pathology. 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.

Name of APP: .....

HOSPITAL STATUS Was or will the patient be, at the time of the service or when the specimen is obtained (please tick):

(a) a private patient in a private hospital or approved day hospital facility — Yes ☐ No ☐
(b) a private patient in a recognised hospital — Yes ☐ No ☐
(c) a public patient in a recognised hospital — Yes ☐ No ☐
(d) an outpatient of a recognised hospital — Yes ☐ No ☐

MEDICARE ASSIGNMENT: **Medicare** ☐ **Vet Affairs** ☐ **REF**

Medicare Assignment (Section 20A of the *Health Insurance Act 1973*). 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: ..... / ..... / .....

Practitioner's use only (Reason why patient cannot sign)

CONFIRMATION OF PATIENT DETAILS

I confirm that patient details on this request and on all specimens collected are correct.

Patient/Carer's Signature: .....

COLLECTOR DECLARATION

I certify that I collected the accompanying specimens from the above patient, whose identity was confirmed by enquiry and/or examination of their name band and that I labelled the specimens immediately following collection.

Collector's Name: ..... Signature: .....

Collection Date: ...../...../..... Collection Time: ..... Sample Type/Site: ..... Fasting: Yes / No CSR Initial: .....

S/Gel	Serum	LiHep	Grey	EDTA	Coag	ESR	Blood Gas	Blood Culture	Urine	Fluid	Swab	Viral	CSF	Histo	Cyto	Pap	Stool	Sput	pLiHep	pSerum	pEDTA	pGrey	pCoag	Other