



Health Pathology

NSW Health Pathology (RPA)

TAMWORTH, ARMIDALE, GLEN INNES  
IVERBELL HOSPITALS  
Phone: 1300 654 303  
Tamworth Rural Referral Hospital  
168 Johnston Street,  
Tamworth NSW 2340



Medicare / DVA card number

Grid for Medicare/DVA card number

LAB USE

PATIENT LAST NAME

BUTTERWORTH

GIVEN NAME

WENDY

SEX DATE OF BIRTH

F 15/3/46

PATIENT ADDRESS

MRN 0411817

YOUR REFERENCE

EMERGENCY DR.

POST CODE

TEL (HOME)

TEL (BUS/MOBILE) HOSPITAL CODE / WARD / CLINIC

TESTS REQUESTED

PBC, UEC, LFT, CRP  
HbA1c, CMP

COLLECTION SITE / WARD

COLLECTOR ID

URGENT

PHONE

FAX

PH/FAX No. ....

BY TIME: .....

Cervical Screening  YES

Cervical Co-Test  YES

(Co-testing is only covered by Medicare in specific circumstances)

THERAPEUTIC DRUGS: Dose

Date/time of last dose:

HT:

cm

WT:

kg

SD

Do not send reports to My Health Record

PRIVATE  SCHEDULE  MEDICARE  VET AFFAIRS

DOCTORS SIGNATURE AND REQUEST DATE

Account to (if other than patient):

X

Date: / /

COPY REPORTS TO:

REQUESTING DOCTOR (PROVIDER NUMBER, NAME, ADDRESS, PHONE NUMBER)

COLLECTOR DECLARATION: I certify that I collected the accompanying sample from the named patient whose identity was confirmed by direct enquiry and/or examination of their name band and that I labelled the sample immediately following the collection.

Name: .....

Contact details: .....

Signature: .....

Date: .....

Time: .....

FASTING

Non Fasting

Pregnant

Horm Therapy

LMP Date / /

Gestation weeks: .....

EDC Date / /

Hospital: .....

CERVICAL CYTOLOGY SITE Cervix

Vaginal Vault

Endometrium

Other

Post Natal

Post Menopausal

Radiotherapy

LUCC

Abnormal Bleeding

APPEARANCE OF CERVIX Benign  Suspicious

HISTOLOGY SPECIMEN