

# REQUEST FORM

## CLINICAL SAMPLES (COVID-19)

MDU No. (MDU Use only)	<b>Microbiological Diagnostic Unit – Public Health Laboratory</b> Department of Microbiology & Immunology, The University of Melbourne (APA) Level 1, The Peter Doherty Institute for Infection and Immunity, 792 Elizabeth Street, Melbourne, VIC 3000 Ph (03) 8344 5713 Fax (03) 8344 7833 Email <a href="mailto:publichealth.lab@mdu.unimelb.edu.au">publichealth.lab@mdu.unimelb.edu.au</a> Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB	FM2845
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### Referring Laboratory / address for report

Name (Person) .....	(Practice/Hosp) .....	Provider No .....
Address .....	Postcode .....	Phone no. .... Fax no. ....

### Billing details

Send account to:	Hospital <input type="checkbox"/>	Patient <input type="checkbox"/>	Medicare <input type="checkbox"/>	Veteran's Affairs <input type="checkbox"/>	Other .....
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### Patient details

Surname: .....		Given Name: .....	
<i>(As per Medicare card - Please write in block letters)</i>			
Date of Birth .....	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Medicare No. ....	Ref. No. ....
Address .....		Postcode .....	
Patient Contact Telephone No.: .....			
<p><b>Patient Advisory:</b> Your doctor has recommended that you use Microbiological Diagnostic Unit. 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.</p> <p><b>Privacy Note:</b> 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 the provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law.</p>			

### Clinical details (illness)

Presumptive diagnosis .....?COVID-19 .....	Onset date .....
Symptoms .....	

### Request details

Specimen collected by: .....	Date .....	Time .....
TEST(s) REQUESTED ..SARS-COV-2 PCR.....	Signed (Requestor) .....	Date .....

### Specimen details

No.	MDU no. (MDU Use only)	Specimen type and/or site
1		Please tick as appropriate: Combined Nose and Throat swab <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Other <input type="checkbox"/> Please specify: .....

### For Medicare Assignment

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Patient Status at the time of the service or when the specimen was collected</th> <th style="width: 5%;">Yes</th> <th style="width: 5%;">No</th> </tr> <tr> <td style="width: 35%;">(a) A private patient in a Private Hospital, or Approved Day Hospital Facility, or</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 35%;"></td> </tr> <tr> <td>(b) A private patient in a recognised hospital, or</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>(c) A public patient in a recognised hospital, or</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>(d) An outpatient of a recognised hospital</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	Patient Status at the time of the service or when the specimen was collected		Yes	No	(a) A private patient in a Private Hospital, or Approved Day Hospital Facility, or	<input type="checkbox"/>	<input type="checkbox"/>		(b) A private patient in a recognised hospital, or	<input type="checkbox"/>	<input type="checkbox"/>		(c) A public patient in a recognised hospital, or	<input type="checkbox"/>	<input type="checkbox"/>		(d) An outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>		<p><b>MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)</b></p> <p>I offer to assign my right to benefits to the approved pathology practitioner ("APP") who will render the requested pathology services and any eligible pathologist determinable service(s) established as necessary by the practitioner. Patient Account Statement: Your doctor has requested tests on a clinical basis. Some of these may not be eligible for a Medicare rebate, and you may receive an account. For full details refer to Dorevitch Pathology Billing Policy as found on the website <a href="http://dorevitch.com.au">dorevitch.com.au</a></p> <p>Patient's Signature/Reason patient cannot sign</p> <p>Date: ...../...../.....</p>
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