

PATHOLOGY REQUEST FORM

Microbiological Diagnostic Unit Public Health Laboratory

at Melbourne Sexual Health Centre

Department of Microbiology and Immunology, University of Melbourne, VIC 3010

Melbourne Sexual Health Centre Laboratory 9341 6220, Main Lab 8344 5701/5713

Email: mdu-general@unimelb.edu.au

Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 RL

Surname	Given Name	Sex	Date of Birth
URNo	Name Code	Medicare Card Number	
Patient Address	Telephone		

Test Requested	Patient status at the time of the service or when the specimen was collected: <table border="0"> <tr> <td></td> <td>yes</td> <td>no</td> </tr> <tr> <td>Private patient in a private hospital or approved day hospital facility</td> <td>☐</td> <td>☒</td> </tr> <tr> <td>Public patient in a recognised hospital</td> <td>☐</td> <td>☒</td> </tr> <tr> <td>Private patient in a recognised hospital</td> <td>☐</td> <td>☒</td> </tr> <tr> <td>Outpatient of a recognised hospital</td> <td>☐</td> <td>☒</td> </tr> </table>		yes	no	Private patient in a private hospital or approved day hospital facility	☐	☒	Public patient in a recognised hospital	☐	☒	Private patient in a recognised hospital	☐	☒	Outpatient of a recognised hospital	☐	☒
	yes	no														
Private patient in a private hospital or approved day hospital facility	☐	☒														
Public patient in a recognised hospital	☐	☒														
Private patient in a recognised hospital	☐	☒														
Outpatient of a recognised hospital	☐	☒														

Clinical Notes
☐ SD (self determined)

Requesting Doctor's Signature and Request Date Date: Signature: X DOCTOR	☒ Pre-Assignment ☒ Yes- Patient is the assignor
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PERSON COLLECTING SPECIMEN(S) TO COMPLETE: I certify that the Pathology specimen accompanying this request was collected from the patient stated above as established by direct enquiry. Signature: X COLLECTOR Date: Name: Time:	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. Medicare Agreement (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: X PATIENT Date: Practitioner Use Only (Reason patient cannot sign)
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Privacy Note: The information provided will be used to perform pathology testing as requested, assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs. Its collection and disclosure are authorised by provisions of the Health Insurance Act 1973, the Public Health and Wellbeing Act 2008 (Vic) and the My Health Records Regulations 2026 (Cth).