

Patient Last Name / Address

Given Names

Sex Date of Birth

Your Ref:

Tel (Home)

Tel (Bus)

Tests Requested

- Fasting
- Non Fasting
- Pregnant
- HormTherapy
- LMP
- EDC
- Cervical Cytology**
- Cervix
- Vaginal Vault
- Endometrium
- Other
- Post Natal
- PostMenopausal
- Radio Therapy
- IUCD
- Abn Bleeding
- Cx Benign
- Cx Suspicious

Clinical Notes

Lab Use Only

**Completing the Cervical Screening Clinical History on rear of form compulsory for Audit Inclusion**

Urgent  Phone  Fax  By Time: \_\_\_\_\_  
 Phone/Fax No: \_\_\_\_\_  
 Private  Schedule  Bulk Bill   
 Vet Affairs/Work Comp No: \_\_\_\_\_

I assign my right to benefits to the approved pathology practitioner who will render the requested pathology services and any eligible pathologist determinable services. Your doctor has requested tests according to clinical need. Some of these tests may not be eligible for Medicare rebate for which you will receive an account.  
**Patient Signature and Date:**  
 ✓ \_\_\_\_\_ Date: \_\_\_\_\_

**Doctor Signature & Date:**  
 ✓ \_\_\_\_\_

Copy Reports To:

Requesting Practitioner

ACC STAMP

Collector Signature I certify that I collected the accompanying sample from the above patient whose identity I confirmed by enquiry and then labelled the sample immediately following collection:  
 ✓ \_\_\_\_\_

Collected By: \_\_\_\_\_  
 Collect Date:   /   /

Collect Time:   :

Citrate	ACD	Plain	SST	Li Hep	EDTA	Trace	FI Ox
Spot U	24H U	Faeces	LBC	Sterile	Swab	Histo	Other



Tel: 13 42 98 www.4Cyte.com.au

Last: \_\_\_\_\_  
 First: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_

L I F T

Last: \_\_\_\_\_  
 First: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_

L I F T

Last: \_\_\_\_\_  
 First: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_

L I F T

Your treating practitioner has recommended that you use 4Cyte Pathology. You are free to choose your own pathology provider. However, if your treating practitioner 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 treating practitioner. **PRIVACY NOTE:** The information provided will be used to verify your name, DOB and details with Medicare, 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 or to a person in the medical practice associated with this claim, or as authorised/required by law.

Medicare Number

Patient Last Name / Address

Given Names

Sex Date of Birth

Your Ref:

Tel (Home)

Tel (Bus)

Tests Requested

*PATIENT COPY*

Requesting Practitioner

## Cervical Screening Clinical History for Audit Participation

REASONS	SYMPTOMS	SITE	APPEARANCE OF CERVIX	PREVIOUS HISTORY	PREVIOUS PROCEDURE
Routine	Post-menopausal bleeding	Cervix	Benign	Negative	LLETZ
Co-test (LBC+HPV)	Post Coital bleeding	Vagina	Suspicious	LSIL/PLSIL	Cone
Patient Symptomatic	Intermenstrual bleeding	Vault	Other (specify)	HSIL/PHSIL	Hysterectomy
Follow up of Abnormal	Unexplained bleeding			HPV positive	Subtotal hysterectomy
Previous Unsatisfactory	Abnormal discharge			AIS	Total hysterectomy
Self Collected sample				Cervical Cancer	Malignancy
LBC only				Uterine Cancer	Benign
Early Debut				Other (specify)	

SPECIAL CIRCUMSTANCES	CLINICAL STATUS	ABORIGINAL OR TORRES STRAIT ISLANDER STATUS	VACCINATION STATUS
Immunosuppressed	Pregnant	Aboriginal	Vaccinated
DES exposure	Postmenopausal	Torres Strait Islander	Not vaccinated
	Postnatal	Aboriginal & Torres Strait Islander	
	Hormone	Not Aboriginal or Torres Strait Islander	
	HRT		
	IUD		
	OCP		

## Find a Collection Centre

For a full listing of our collection centres and operating hours

Please visit [www.4Cyte.com.au/OurLocations.php](http://www.4Cyte.com.au/OurLocations.php)

Or

Scan the QR code below with your smart phone.



### FINDING A LOCATION

The QR code above will direct you to the 4Cyte Pathology locations page where you can enter your suburb or postcode to find the nearest collection centre to you.

Or

Select your state and the collection centres will appear in alphabetical order. Click on any location to show it on the map and view the operating hours.