

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 both sides of this form is essential 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

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

Skin Audit Data Collection

Doctor please: Record details below.
Label and number each specimen clearly.

Office use only
Place lab number barcode here

Anatomical Site of Specimen (See key)	Provisional Clinical Diagnosis (See key)	Past Biopsy Result (See key)	Provisional Clinical Disease Categorisation (See key)	Dermoscopy used? Yes / No	Current Biopsy Type (See key)	Current Surgical Management (See key)
1						
2						
3						
4						
5						
6						
7						
8						

Key:

Anatomical Site

- Nose
- Lip
- Ear
- Eyelid
- Other Face
- Scalp
- Neck
- Shoulder
- Chest
- Abdomen
- Back
- Buttock
- Genitalia
- Arm
- Forearm (Elbow & below)
- Hand
- Finger
- Thigh
- Leg (Knee and below)
- Foot
- Toe
- Palm or Sole

Provisional Clinical Diagnosis / Past Biopsy Result

BCC	Basal Cell Carcinoma
IEC	IEC/Bowens Disease
SCC	Squamous Cell Carcinoma
MMis	Melanoma: in situ / HMF
MMinv	Melanoma: invasive
MMmet	Melanoma: metastasis
OM	Other Malignant
N	Naevus: Benign
DN	Naevus: Dysplastic
BN	Naevus: Blue
SN	Naevus: Spitz
SK	Solar Keratosis
KA	Keratoacanthoma
SL	Solar Lentigo
SebK	Seborrhoeic Keratosis
LPLK	Lichen Planus Like Keratosis
DF	Dermatofibroma
SGH	Sebaceous Gland Hyperplasia
B Cyst	Benign Cyst
OB	Other: Benign

Provisional Clinical Disease Categorisation

Mel	Melanocytic
NMSC	Non Melanocytic Skin Cancer
Inf	Inflammatory
O	Other

Current Biopsy Type

P	Punch
PE	Punch Excision
S	Shave
SE	Shave Excision
I	Incisional
E	Excisional
C	Curettage
O	Other

Current Surgical Management

E	Ellipse
F	Flap
SSG	Graft: SSG
FTG	Graft: FTG
NC	No Closure
SxEx	Shave/ Saucerisation
CxCx	Curettage and Cautery
O	Other