Perth Pathology

SKIN EXCISION EVALUATION PROGRAM

1300 367 674 | perthpathology.com.au

LAB NO. & IMAGE BOTH SIDES OF REQUEST FORM

MEDICARE CARD NUMBER & IRN:

ACC STAMP

TITLE | PATIENT SURNAME | GIVEN NAME (INCLUDING MIDDLE INITIAL) | SEX | DATE OF BIRTH | YOUR REFERENCE

POSTCODE | TEL (HOME) | TEL (BUS)

TESTS REQUESTED

LAB NO. & IMAGE BOTH SIDES OF REQUEST FORM

CLINICAL NOTES

RULE 3 EXEMPTION ☐
SELF DETERMINED ☐
REPEAT FORMS ☐

RECORD CLINICAL DATA FOR LESION ON THE REVERSE SIDE OF FORM

Fasting ☐
Non Fasting ☐
Pregnant ☐
Horm Therapy ☐
LNMP
EDC

CERVICAL CYTOLOGY
SITE Cervix ☐ Vaginal Vault ☐ Endometrium ☐ Other ☐
Post Natal ☐
Post Menopausal ☐
Radio Therapy ☐
IUCD ☐
Abnormal Bleeding ☐
APPEARANCE OF CERVIX Benign ☐ Suspicious ☐

URGENT ☐ PHONE ☐ FAX ☐ BY TIME: ___:___

PHONE/FAX No.:

PRIVATE ☐ SCHEDULE FEE ☐ BULK BILL ☐

VET AFFAIRS No.:

PERSON COLLECTING SPECIMEN(S) TO COMPLETE

I certify that I collected the accompanying sample from the above patient, whose identity was confirmed by inquiry and/or examination of their name-band, and that I labelled the sample immediately following collection.

SIGNED: X COLLECTOR INITIALS:

DATE: / / TIME: :

DOCTOR'S SIGNATURE AND REQUEST DATE

X DOCTOR DATE: / /

COPY REPORTS TO:

HOSPITAL/WARD:

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS)

Skin Excision Evaluation Program Request

MEDICARE ASSIGNMENT (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. In the alternate I authorise Perth Pathology to submit my unpaid account to Department of Human Services so that Department of Human Services can assess my claim and issue a cheque to me payable to Perth Pathology for the Medicare benefit.

Practitioner's Use Only (Reason patient cannot sign):

PENSIONER/HCC HOLDER - PATIENT'S SIGNATURE AND DATE

X PATIENT DATE: / /

See over for Billing Policy and Privacy Note

FOR HOSPITAL PATIENTS

Patient status at the time of the service or when the specimen was collected:

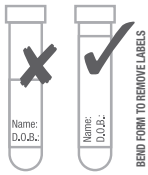
	yes	no
1. Private patient in a private hospital or approved day hospital facility	☐	☐
2. Private patient in a recognised hospital	☐	☐
3. A public patient in a recognised hospital	☐	☐
4. Outpatient of a recognised hospital	☐	☐

TUBES							URINE					SLIDES			CONTAINERS					SWABS:	OTHER:
GEL	EDTA	FL OX	SOD CIT	ESR	HEP	PLAIN	MSU	CYTO	24 HR	PCR	CHEM	PAP	MICRO	CYTO	HIST	FAECES	SPUT	FUNG	CSF		

FOLD & TEAR

LABELLING REQUIREMENTS

1. Complete PATIENT NAME and DATE OF BIRTH prior to attaching to specimen
2. **PLACE LABEL VERTICALLY**
3. IF MORE THAN 3 specimens please write patient details on additional specimens



BEND FORM TO REMOVE LABELS

DATE: NAME: D.O.B.: LIFT

DATE: NAME: D.O.B.: LIFT

DATE: NAME: D.O.B.: LIFT

BEND FORM TO REMOVE LABELS

RCPA The Royal College of Pathologists of Australasia — This document is issued in accordance with the NATA/RCPA accreditation requirements

NATA ACCREDITED TECHNICAL COMPETENCE

Perth Pathology

PATIENT COPY

1300 367 674
perthpathology.com.au

Perth Medical Laboratories Pty Ltd (APA) 26 Leura Street, Nedlands WA 6009 Fax: (08) 9389 7836

SKIN EXCISION EVALUATION PROGRAM REQUEST

MEDICARE CARD NUMBER

TITLE | PATIENT LAST NAME | GIVEN NAME (INCLUDING MIDDLE INITIAL) | SEX | DATE OF BIRTH | YOUR REFERENCE

PATIENT ADDRESS | POSTCODE | TEL (HOME) | TEL (BUS)

TESTS REQUESTED

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS)

PATIENT COPY

IMPORTANT NOTE: Your doctor has recommended that you use Perth Pathology. 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.

PRIVACY NOTE: 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 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.

Perth Pathology

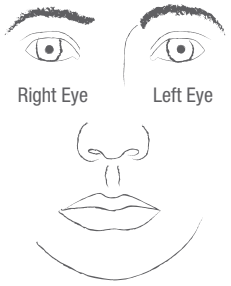
SKIN EXCISION EVALUATION PROGRAM

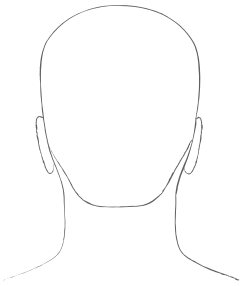
1300 367 674 | perthpathology.com.au

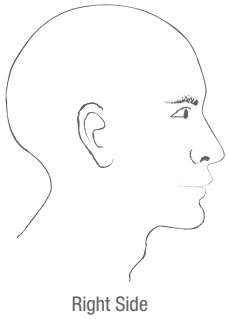
LAB NO. & IMAGE BOTH SIDES OF REQUEST FORM

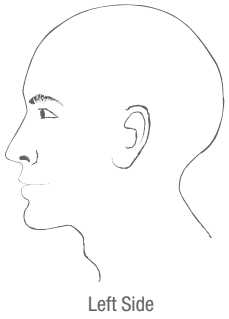
Instructions: *Please ensure each specimen is clearly numbered and the details are recorded below.*

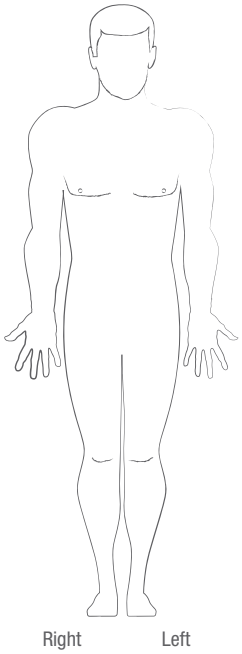
	Body Region See key	Provisional Diagnosis See key	New biopsy	Previous Diagnosis See key	Biopsy Type See key	Excision Type See key	Dermoscopy
e.g.	AR	NB	Y	n/a	-	CE	Y
1							
2							
3							
4							
5							
6							

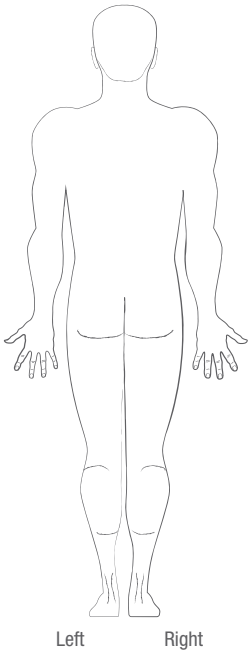


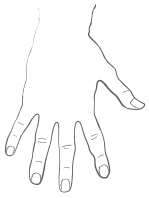


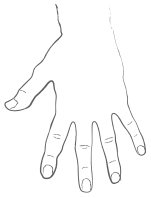












KEY

Body Region	Code
Nose	NO
Lip	LI
Ear	EA
Eyelid	EY
Other face	OF
Scalp	SC
Neck	NE
Shoulder	SH
Chest	CH
Abdomen	AB
Back	BA
Buttock	BU
Genitalia	GE
Arm	AR
Forearm (elbow & below)	FO
Hand	HA

Body Region	Code
Palm	PM
Finger	FI
Upper Leg (above knee)	UL
Leg (knee & below)	LE
Foot	FT
Toe	TO
Sole	SO

Provisional Diagnosis or Previous Result	Code
Atypical Fibroxanthoma	AF
Basal Cell carcinoma	BC
Benign other	BO
Dermatofibroma	DF
Epidermal cyst	EC

Provisional Diagnosis or Previous Result	Code
Fibroepithelial polyp / skin tag	FE
Haemangioma	HA
Inflammatory lesion	IL
Keratoacanthoma	KA
Keratosis, benign	KB
Lentigo	LE
Lipoma	LI
Malignant other	MO
Melanoma in situ / HMF / lentigo maligna	MS
Melanoma, invasive	MM
Merkel Cell Carcinoma	MC
Naevus, Benign melanocytic	NB

Provisional Diagnosis or Previous Result	Code
Naevus, Blue	NL
Naevus, Dysplastic	ND
Naevus, Spitz	NS
Neurofibroma	NF
Pilar cyst	PC
Scar	SR
SCC in situ / Bowens / intraepidermal carcinoma	SI
Seborrhoeic keratosis	SB
Solar keratosis	SO
Squamous Cell Carcinoma, invasive	SC
Viral wart	VW

Biopsy Type	Code
Punch	P
Shave	S
Incisional	I
Curettage	C
Other	O

Excision Type	Code
Conventional full thickness excision	CE
Punch excision	PE
Shave excision	SE
Other excision	OE

PATHOLOGY PATIENT BILLING POLICY:
Perth Pathology reserves the right to privately bill all Tests listed and unlisted in the Medicare Benefits Schedule.