

\*\*\* ACD (yellow top) specimen tube preferred. Alternative, EDTA tube.

\* PATHOLOGY SERVICE: please phone VTIS to confirm specimen tube selection and transport.

# VICTORIAN TRANSPLANTATION AND IMMUNOGENETICS SERVICE



Bookings +61 3 9694 0354

Fax +61 3 9328 8232

Email vicvtis@redcrossblood.org.au

Website transfusion.com.au/transplantation\_services

Dr Jeremy McComish 230814HH

Prof James McCluskey 0170567B

100-154 Batman Street, West Melbourne VIC 3003  
PO Box 354, South Melbourne VIC 3205

SURNAME (please print) .....

GIVEN NAMES ..... DOB / / SEX

ADDRESS .....

TELEPHONE ..... UR No

Name of Collector, Date and Time

TT Specimen No. and Date (for lab use only)

TRANSPLANT CENTRE (if applicable) .....

\*\*\* ACD (yellow top) specimen tube preferred.

REQUESTING DOCTOR ..... PROVIDER No

SURNAME AND INITIALS .....  SD

ADDRESS ..... POSTCODE

TELEPHONE ..... FACSIMILE

DOCTOR'S SIGNATURE ..... DATE / / 2020.

REPORTS TO BE SENT TO 409347 AJ  
NAME A/Professor Andrew P. Kurmis  
ADDRESS PO Box 81,  
Black Forest, SA, 5035.  
TELEPHONE (08) 182 9000 FAX (08) 6444 7400

COPY TO  
NAME  
ADDRESS  
TELEPHONE FAX

TEST/S REQUESTED (Please see reverse for code list)

CLINICAL NOTES PROVISIONAL DIAGNOSIS/REASON FOR REQUEST

\*\*\* Project No. VP 26

\* e-mail result to: andrew@kurmisorthopaedics.com.au

PLEASE COMPLETE RECIPIENT DETAILS BELOW IF SPECIMEN ABOVE IS FROM A POTENTIAL DONOR:  
NAME  
DOB / /  
RELATIONSHIP OF DONOR TO PATIENT

PLEASE COMPLETE MEDICARE DETAILS:  
PLEASE ADVISE PATIENT STATUS AT THE TIME OF SERVICE OR SPECIMEN COLLECTION BY CIRCLING A, B, C OR D BELOW AND TICKING THE RELEVANT BOX

- A Private patient in a private hospital or approved day hospital facility
- B Private patient in a recognised hospital
- C A public patient in a recognised hospital
- D Outpatient of a recognised hospital

**Medicare Assignment Form** 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.  
**Medicare Patient Choice Advisory Statement** Your doctor has recommended that you use the Australian Red Cross Blood Service. 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 No [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] REF No ..... EXPIRY DATE

PATIENT'S SIGNATURE ..... DATE

PRACTITIONER'S USE ONLY - Verbal consent was provided by patient to submit unpaid account to Medicare. No signature available

"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 and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.

