* referrers: please e-mail a copy of this form to A/Professor Kurmis at the time of completion [admin@kurmisorthopaedics.com.au].

VICTORIAN TRANSPLANTATION AND IMMUNOGENETICS SERVICE

Australian Red Cross BLOOD SERVICE

RCPA The Royal College of Pathologists of Australasia

NATA WORLD RECOGNISED ACCREDITATION

Bookings +61 3 9694 0354
Fax +61 3 9328 8232
Email vicvtis@redcrossblood.org.au
Website transfusion.com.au/transplantation_services
100-154 Batman Street, West Melbourne VIC 3003
PO Box 354, South Melbourne VIC 3205
Dr Jeremy McComish 230814HH
Prof James McCluskey 0170567B

* **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) tube preferred.

(Alternative, EDTA tube).

* **REQUESTING DOCTOR** PROVIDER No

SURNAME AND INITIALS ☐ SD

ADDRESS POSTCODE

TELEPHONE FACSIMILE

DOCTOR'S SIGNATURE DATE / / 2021.

REPORTS TO BE SENT TO Provider number: 425219 LT

NAME A/Professor Andrew P. Kurmis

ADDRESS Suite 2, 283-285 Unley Road, Malvern, SA 5061.

TELEPHONE 0479 147 400 FAX 08 6444 7400

COPY TO

NAME

ADDRESS

TELEPHONE FAX

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

HLA-DQA, HLA-DQB and HLA-DR (Luminex Labtype Technology) - including DNA extraction.

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

☐ INPATIENT ☐ OUTPATIENT

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 *Heath 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.

FRM-01335 Version 3 Date Effective: 01/10/2017

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