

Cervical Screening Test (CST) | Request Form

Patient details

First name _____ Middle name _____

Surname _____

Date of birth ____ / ____ / ____ Sex **Female**

Address _____

Phone (mobile) _____

Medicare No.

TO BE COMPLETED BY THE PATIENT OFFERING TO ASSIGN BENEFITS FOR THE REQUESTED SERVICES

I offer to assign my rights to benefits to the Approved Pathology Practitioner who will render the requested pathology services.

Signature  **PATIENT SIGNATURE** Date _____

Practitioner's Use Only (Reason for Patient being unable to sign)

Requesting doctor

Name _____

Address _____

Phone _____ Provider No. _____

Signature  **DOCTOR SIGNATURE** Date _____

Copy reports to

Name _____

Address _____

Reason for test

SYMPTOMS

- ☐ Post-menopausal bleeding
☐ Post-coital bleeding
☐ Unexplained bleeding

SPECIAL CIRCUMSTANCE

- ☐ <25yr old meeting specific criteria
☐ Immune-deficient
☐ DES exposed

Test/s requested

- ☐ Cervical Screening Test (CST) - Routine
☐ Co-test (HPV+LBC)
☐ HPV test
☐ Self-collected HPV
☐ ThinPrep® LBC only
☐ Cervical biopsy

ADDITIONAL TESTS (Not funded by Medicare)

- ☐ ThinPrep® (Privately billed)
☐ HPV (Privately billed)
☐ Co-test (HPV+LBC) (Privately billed)

SITE ☐ Cervix ☐ Vagina

CLINICAL ☐ Pregnant ☐ Postnatal
☐ Post-menopausal ☐ Hysterectomy
☐ HRT ☐ IUD

LMP ____ / ____ / ____

PREVIOUS CERVICAL SCREENING TEST Date ____ / ____ / ____
Result _____

Clinical notes Important for assigning the correct test

☐ SD

National Cancer Screening Register (NCSR)

The National Cancer Screening Register (NCSR) is an 'opt out' register. Patients who wish to alter their consent status must contact the register directly on 1800 627 701.

Your doctor has recommended that you use Clinpath Laboratories. 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.