Patient Last Name / Address Given Name	s St	Medicare Number WWW		el: 13 4CYTE 13 42 98 Cyte.com.au	
		101 (110110)			
Tests Requested				Fasting	
				Non Fasting	
				Pregnant	
				HormTherapy	
				LMP	
				EDC	
Clinical Notes			Lab Use Only	Cervical Cytology	
				Cervix	
				Vaginal Vault	
				Endometrium	
				Other	
				Post Natal	
				PostMenopausal	
Urgent Phone Fax By Time:	I assign my right to benefits to the approved pathology p who will render the requested pathology services and an	actitioner	Doctor Signature & Date:	Radio Therapy	
Phone/Fax No:	pathologist determinable services. Your doctor has requi according to clinical need. Some of these tests may not I	ested tests		IUCD	
Private Schedule Bulk Bill	for Medicare rebate for which you will receive an account Patient Signature and Date:		Date:	Abn Bleeding	
	Fatient Signature and Date.			Cx Benign	
Vet Affairs/Work Comp No:	V Date:	······		Cx Suspicious	
Copy Reports To:	Requesting Practitioner	I		ACC STAMP	

Collector Signature I certify that I collected the accompanying sample from the above patient whose identify I confirmed by enquiry and then labelled the sample immediately following collection:	Collected By:	Collect Time:	Citrate	ACD	Plain	SST	Li Hep	EDTA	Trace	FI Ox
	Collect Date:		Spot U	24H U	Faeces	LBC	Sterile	Swab	Histo	Other

<ul><li>4Cyte</li><li>Pathology</li></ul>	Last:	Last:		L Last:	1 L
• I achology	First:	First:		First:	F
Tel: 13 42 98 www.4Cyte.com.au	D.O.B.:	D.O.B.:		T D.O.B.:	Ť
Your treating practitioner has recommended that you use 4Cyte Pathol practitioner has specified a particular pathologist on clinical grounds, a M discuss this with your treating practitioner. <b>PRIVACY NOTE:</b> The informat any Medicare benefit payable for the services rendered and to facilitate t enrolment records. Its collection is authorised by provisions of the Health to a person in the medical practice associated with this claim, or as author		Medicare Number			
Patient Last Name / Address Given Nam	ies	Sex	Date of Birth	Your Ref:	
			Tel (Home)	Tel (Bus)	

Tests Requested



Requesting Practitioner