

IMPORTANT INFORMATION for Nurse Cervical Screening Providers when completing VCS Pathology request forms



Completing this ensures the test is correctly assigned to you

Add your pseudo provider number in the box to indicate you took the test

CST taken by nurse ☐
Practitioner No. if not requesting practitioner

1

Completing these steps will ensure your cervical screening test request forms can be invoiced to Medicare

Ensure GP or NP name and provider number is included

Ensure request form is co-signed by a GP or NP, alongside your signature

Requesting Practitioner
(Provider number, Surname, Initials and Address)

2

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

Private patient in a private hospital or approved day hospital	Yes ☐ No ☐
Private patient in a recognised hospital	Yes ☐ No ☐
A public patient in a recognised hospital	Yes ☐ No ☐
Outpatient of a recognised hospital	Yes ☐ No ☐

Practitioner's Signature

3

Request Date

X

IMPORTANT: It is essential to include the name and signature of a General Practitioner (GP) or Nurse Practitioner (NP). This co-signature allows VCS Pathology to receive a Medicare rebate for the test. As a not-for-profit organisation, this helps us to continue to provide high-quality laboratory services and continue to cover the costs of Cervical Screening Tests taken by nurses in remote areas who may not have a GP or NP available to sign their request forms.

VCS Pathology 265 Faraday St Carlton South VIC 3053
PO Box 178 Carlton South VIC 3053
P: 03 9250 0300 F: 03 9349 1977

MEDICARE CARD NUMBER 3001 12345 2

PATHOLOGY REQUEST

Patient Surname: Doe Given Names: Jane Gender: F Date of Birth: 07/02/1996 Your Reference: Previous Surname: LAB COPY

12 Berry Street, Brunswick VIC, 3232

Tests Requested: ☒ CST ☐ Follow up HPV tests ☐ Co-test (indication)* ☐ L.B.C only (indication)*

Is the patient of Aboriginal or Torres Strait Islander origin? ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☒ Not Aboriginal or Torres Strait Islander

Tick only where appropriate: Abnormal bleeding ☒ No ☐ Yes (specify) Appearance of cervix ☒ Normal ☐ Abnormal (specify)

Specimen site ☒ Cervix ☐ Other (specify)

Pregnant/Post partum ☐ Hysterectomy ☐ IUCD ☐ Same day colposcopy ☐

CST taken by nurse ☒ Practitioner No. if not requesting practitioner V1234567 1

Practitioner's Signature X [Signature] 3 RN Request Date 01/02/2025

Urgent ☐ Phone ☐ Fax ☐ By Time: Private ☐ Schedule ☐ Bulk Bill ☐ (Complete Medicare Assignment) Vet Affairs No. Do not send to My Health Record ☐

COPY REPORTS TO: Requesting Practitioner (Provider number, Surname, Initials and Address) 0123456A, Example, A.E 10 Sunny Avenue Brunswick, Vic, 3232 2

Patient status at the time of the service or when the specimen was collected: Private patient in a private hospital or approved day hospital ☐ Private patient in a recognised hospital ☐ A public patient in a recognised hospital ☐ Outpatient of a recognised hospital ☐

MEDICARE ASSIGNMENT [Section 20A of the Health Insurance Act 1973, I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s)] ☐ Practitioner only (please tick). Reason patient unable to sign. Patient's Signature X [Signature] Date 01/02/2025

For nurses who work on pre-filled request forms, please ensure you include the co-signing provider's details in the 'copy reports to' section.

For further information and support
Clinical Advisory Number: 03 9250 0309
Email: data.queries@acpcc.org.au