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

VCS Pathology

Australian Centre for the Prevention of Cervical Cancer

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

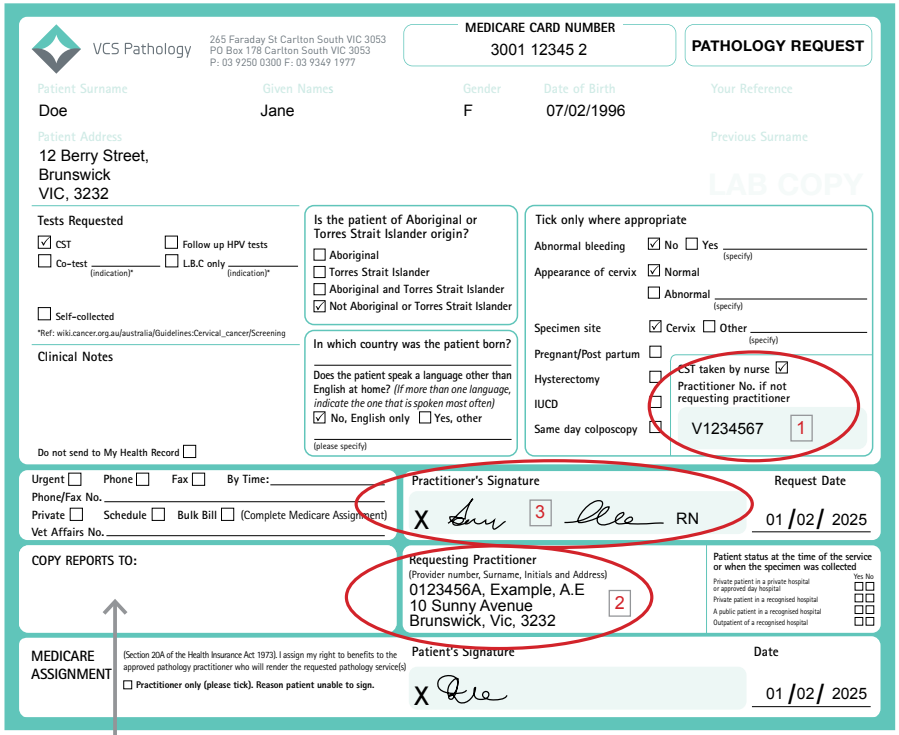
Ensure GP or NP name and provider number is included

Requesting Practitioner
(Provider number, Surname, Initials and Address) 2

Patient status at the time of the service or when the specimen was collected (Yes / No)
- 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

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

Practitioner's Signature X 3 Request Date / /



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.

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.

For further information and support
Clinical Advisory Number: 03 9250 0309
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