

# NORTHERN TASMANIAN PATHOLOGY SERVICES

Launceston General Hospital (A.P.A. No. 449)

Charles Street, Launceston 7250

REQUESTED BY: (PRINT)

DR \_\_\_\_\_ PROVIDER No. \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

PATIENT  
LOCATION

RESULTS  
TO

ENQUIRIES: 6348 7690

UR  
No.

SURNAME

OTHER NAMES

ADDRESS

DATE OF BIRTH

MEDICARE No.

SEX:  M  F

Copy of  
report to:

IF URGENT  
TELEPHONE  
RESULTS TO:

Phone No:

Phone By:

## ROUTINE TESTS REQUESTED

## URGENT TESTS REQUESTED

### CLINICAL NOTES

SD

DOCTOR'S  
SIGNATURE

MANDATORY

PAGER  
NUMBER

DATE

FULL  REBATE  BULK  
FEE  FEE  BILL

### PATIENT STATUS

WAS OR WILL THE PATIENT BE  
AT THE TIME OF THE SERVICE  
OR WHEN THE SPECIMEN IS  
OBTAINED:

1. A PRIVATE PATIENT IN A  
RECOGNISED HOSPITAL  
OR    
YES  NO
2. A HOSPITAL PATIENT IN A  
RECOGNISED HOSPITAL  
OR    
YES  NO
3. AN OUTPATIENT OF A  
RECOGNISED HOSPITAL  
OR    
YES  NO
4. A PRIVATE PATIENT IN A  
PRIVATE HOSPITAL OR AN  
APPROVED DAY HOSPITAL  
Facility  
 YES  NO

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# TELEPHONE NUMBERS

<b>Director of Pathology</b>	<b>Dr T. Brain</b> M.B.B.S., F.R.C.P.A.	<b>6348 7685</b>
<b>Laboratory Manager</b>		<b>6348 7684</b>
<b>General Enquiries</b>		<b>6348 7690</b>
<b>Histopathology/Cytology Reports</b>		<b>6348 7689</b>
<b>Laboratory Results</b>		<b>6348 7677 or 6348 7698</b>
<b>Blood Bank</b>		<b>6348 7700</b>
<b>After Hours</b>		<b>6348 7682</b>

**Intranet Lab Enquiries** <http://ntpspathresults.dhhs.tas.gov.au/webtrak/default.htm>

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