

Wang

Given Names Zanning Receipt: 10243455210

Male

Date of Birth

25/Feb/1997

0401470452

Tel: 13 4CYTE 13 4 298 www.4cyte.com.au

Your Ref:

Receipt: 10243455210

1 Bruce Be	ennetts Place	, Unit 412	
N 4 l	N 0005		

Maroubra, Nsw 2035

Tests Requested Covid-19 RT-PCR swab [CVP]		Fasting
		Non Fasting
Covid-19 IgM Ab [CFT]		Pregnant
		HormTherapy
		LMP
		EDC
		Cervical Cytology
Clinical Notes	Lab Use Only	Cervix
Send result to wangzanning@me.com	Red Line Y N Time Collected:	Vaginal Vault
Passport: E84787796 - Prepaid Covid-19 PCR	C Time Observed:	Endometrium
test ordered via website.	Top Of T Photo Sent:	Other
	Bottom of T Initials:	
		Post Natal
		PostMenopausal
Urgent Y Phone Fax By Time:	I assign my right to benefits to the approved pathology practitioner Doctor Signature & Date:	Radio Therapy
A	who will render the requested pathology services and any eligible pathologist determinable services. Your doctor has requested tests according to clinical need. Some of these tests may not be eligible	IUCD
Phone/Fax No:	according to clinical need. Some of these tests may not be eligible for Medicare rebate for which you will receive an account. Date:	Abn Bleeding
Private Schedule Bulk Bill	Patient Signature and Date:	Cx Benign
		Cx Suspicious
Vet Affairs/Work Comp No:	✓ Date: ✓	Ox Suspicious
Copy Reports To:	Requesting Practitioner	ACC STAMP

Dr Prepaid Travel - Dr Code CHI 4CYTE PATHOLOGY 1 Lucknow Road, North Ryde 2113

Collector Signature I certify that I collected the accompanying ample 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	FIOx
	Collect Date:		Spot U	24H U	Faeces	LBC	Sterile	Swab	Histo	Other



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Your treating practitioner has recommended that you use 4Cyte Pathology. You are free to choose your own pathology provider. However, if your treating practitioner 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 treating practitioner. **PRIVACY NOTE:** The information provided will be used to verify your name, DOB and details with Medicare, assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law.

Receipt: 10243455210 Medicare Number

Patient Last Name / Address Given Names Date of Birth

Wang Zanning Male 25/Feb/1997

1 Bruce Bennetts Place, Unit 412 Maroubra, Nsw 2035

Tests Requested

Covid-19 RT-PCR swab [CVP] Covid-19 IgM Ab [CFT]

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