

Surname, Given name \_\_\_\_\_ Sex \_\_\_\_\_ Date of birth \_\_\_\_\_

Patient address \_\_\_\_\_ Phone (Mobile) \_\_\_\_\_

Tests requested **PUBLIC HEALTH DIRECTIVE REQUEST FORM**  
**Coronavirus PCR**

Clinical notes

Please tick where applicable

Brisbane Girls Grammar School     Brisbane Grammar School     Other: \_\_\_\_\_

Student - grade: \_\_\_\_\_     Staff     Family member

IF RULE 3 EXEMPTION

URGENT!  Phone  Fax  By time: \_\_\_\_\_

Phone/Fax no \_\_\_\_\_

Private  Schedule Fee  Bulk Bill

Vet Affairs no \_\_\_\_\_

**PERSON COLLECTING SPECIMEN(S) TO COMPLETE:**  
I certify that the blood specimen(s) accompanying this request was drawn from the patient named above, and I established the identity of this patient by direct enquiry and/or by inspection of the wrist band, and that I labelled the specimen immediately upon the blood being drawn.  
Name: \_\_\_\_\_  
Signature: \* COLLECTOR

PRIVATE AND CONFIDENTIAL

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

REQUESTING DOCTOR'S SIGNATURE AND REQUEST DATE

\* DOCTOR

Copy reports to

Requesting Doctor

Dr Jennifer Robson    **R1286**  
Provider No: 0495195A

Hospital code	Ward code								
HOSPITAL STATUS State the patient's status at the time of service or when the specimen was collected: <input type="checkbox"/> a private patient in a private hospital <input type="checkbox"/> a private patient in a recognised hospital									
SST Tube	EDTA Tube	CIT Tube	Histo Cont	Pap Slide	ThP Thin Prep	Swab	Frozen	Dedicated EDTA Tube	Other
Staff ID/Location code/Collection type (stamp)								Pay cat	Con code
<b>/CPU1/P</b>								QHHQ	
								Date collected	Time collected
MERIDIO 401373 AUGUST 2021								/ 8 / 21	:

**PATIENT ADVISORY STATEMENT**  
**PRACTITIONER TO TICK IF SNP REQUIRED:**   
Your treating practitioner has recommended that you use Sullivan Nicolaides Pathology. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist named on this form on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

**MEDICARE ASSIGNMENT** (Section 20A of the Health Insurance Act 1973):  
I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner. **ACCOUNT STATEMENT:**  
I understand that if any of the tests requested are not eligible for a Medicare rebate, I will receive an account, which I agree to pay in full. Patient signature and date:  
\* PATIENT \_\_\_\_\_ / /  
**CONCESSION**  
PRACTITIONER'S USE ONLY (Reason patient cannot sign):

Medicare card number \_\_\_\_\_

**Getting tested**

Sullivan Nicolaides Pathology COVID car collections is available at the Brisbane Showgrounds.

**Street address**

Brisbane Showgrounds (please access Gregory Tce from Bowen Bridge Rd)  
Gate 3, 600 Gregory Tce  
Bowen Hills QLD 4006

**Opening hours**

Wednesday 11 August: 8 am to 7 pm\*  
Thursday 12 August: 8 am to 7 pm\*  
Friday 13 August: 8 am to 12 noon\*  
Gates open daily from 7am and close 30 minutes prior to closing time.

\*Hours are subject to change, please visit [www.snp.com.au](http://www.snp.com.au) for current opening hours.



Scan for current opening hours