

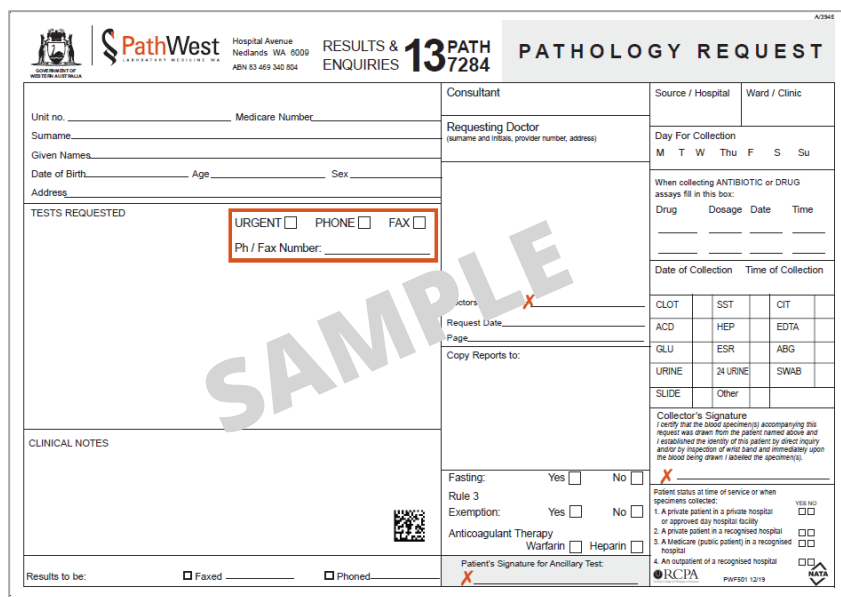
# Pathology Request Pads Order Form - Hospital

## Repeat Orders

If you have ordered PathWest request pads before, please email a copy of the form you are currently using, with any changes required, to [requestpads.pathwest@health.wa.gov.au](mailto:requestpads.pathwest@health.wa.gov.au)

## New Orders

Please complete the details below and email your completed form to [requestpads.pathwest@health.wa.gov.au](mailto:requestpads.pathwest@health.wa.gov.au)



The form is a 'PATHOLOGY REQUEST' form from PathWest. It includes fields for Unit no., Medicare Number, Surname, Given Names, Date of Birth, Age, Sex, Address, and Tests Requested. There are checkboxes for URGENT, PHONE, and FAX, and a field for Ph / Fax Number. The form also has sections for Clinical Notes, Results to be (Fax or Phone), and a Collector's Signature section. It includes a QR code and a Patient Status section with checkboxes for various patient types. The form is marked with a large 'SAMPLE' watermark.

## Clinic Details

<b>Clinic / Hospital Name</b>			
<b>Ward Name</b>			
<b>Address</b>			
<b>Telephone</b>		<b>Fax</b>	
<b>Doctor Details (up to seven Doctors per pad)</b>			
<b>Doctor Full Name</b>		<b>Provider Number</b>	
<b>Doctor Full Name</b>		<b>Provider Number</b>	
<b>Doctor Full Name</b>		<b>Provider Number</b>	
<b>Doctor Full Name</b>		<b>Provider Number</b>	
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<b>Doctor Full Name</b>		<b>Provider Number</b>	
<b>Quantity required (50 request forms per pad)</b>			