Australian Red Cross Lifeblood
100-154 Batman Street, West Melbourne VIC 3003
PO Box 354, South Melbourne VIC 3205

RCPA | NATA | ASHI
ASHI Accreditation No: 12-9-AU-05-1
NATA Accreditation No: 18808

Bookings +61 3 9694 0354
Fax +61 3 9328 8232
vicvtis@redcrossblood.org.au
transfusion.com.au/transplantation_services
Dr Jeremy McComish 230814HH
Prof James McCluskey 0170567B

VTIS LABORATORY USE ONLY

VTIS Specimen Number	VTIS National ID	VTIS Date and Time Stamp

PATIENT DETAILS Please complete or affix hospital label here	DOCTOR DETAILS
UR Number	Provider No.:
Surname:	Surname and initials:
Given name(s):	Address:
DOB: ☐ M ☐ F	
Address:	Telephone:
	Email:
Telephone:	Signature: Date:

REPORT TO BE SENT TO	COPY TO
Transplant Centre (if applicable):	Transplant Centre (if applicable):
Name:	Name:
Address:	Address:
Email:	Email:
Telephone:	Telephone:

CLINICAL NOTES (mandatory) Provisional diagnosis/reason for request

☐ SD

PLEASE COMPLETE RECIPIENT DETAILS BELOW IF SPECIMEN ABOVE IS FROM A POTENTIAL DONOR:

Name:	DOB:
Relationship of donor to patient:	

ORGAN TYPE		TEST REQUEST and SAMPLE REQUIREMENT		
		Whole blood ACD/Buccal swab:	**Serum Separator Tube (SST GEL):**	☐ Other- please specify:
☐ Bone Marrow	☐ Kidney	☐ HLA Typing - Initial	☐ HLA Antibody Screen	
☐ Heart	☐ Pancreas	☐ HLA Typing – Verification	☐ HLA Ab Specificities / DSA	
☐ Lung	☐ Liver / Intestine	☐ Lymphocyte Crossmatch	☐ TWL monthly serum (CYT)	

SPECIMEN COLLECTION

Collector's Name:	**Date and Time of collection:**

MEDICARE DETAILS Please complete at time of collection

PLEASE ADVISE PATIENT STATUS AT THE TIME OF SERVICE OR SPECIMEN COLLECTION BY CIRCLING A,B,C OR D BELOW AND TICKING THE RELEVANT BOX ☐ INPATIENT ☐ OUTPATIENT

A Private patient in a private hospital or approved day hospital facility
B Private patient in a recognised hospital
C A public patient in a recognised hospital
D Outpatient of a recognised hospital

Medicare Assignment Form Section 20A of the *Heath 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.
Medicare Patient Choice Advisory Statement Your doctor has recommended that you use the Australian Red Cross Lifeblood. You are free to choose your own pathology provider. However, if your doctor 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 doctor.

Medicare No:	REF No.	Expiry:

PATIENT'S SIGNATURE:

PRACTITIONER'S USE ONLY - Verbal consent was provided by patient to submit unpaid account to Medicare. No signature available ☐

"PRIVACY NOTE" The information provided will be used to 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 Human Services or to a person in the medical practice associated with this claim, or as authorised/required by law.