

**Request for Medical Record by Patient**

**Part A** **Date.....**

These requests will only be actioned once the Doctor has received the report.  
Copies of results may take up to 30 days to complete.

**Patient Identity**

Surname ..... First Name.....

Date of Birth.....

Address.....

.....

Medicare Number.....

Referring Doctor.....(GGG code.....)

Request results by post

Episode date.....

*In signing this request I understand it is my responsibility to obtain the necessary medical assistance to interpret any results supplied.*

Patient/Carer signature..... Date.....

**Part B – for office use only**

Report copy requested - Laboratory Number.....

- *Reports containing abnormal results and all reports for cytogenetics, cytology or histopathology must be given to the Privacy Officer/Area Manager.*

**Report issued to:**

- Patient by Post.....date posted.....
- Patient in person (3 ID or 2 if Photo ID included).....  
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Report Issued by.....Date.....

Report Received by.....Date.....

**Forms for action / complete to  
Privacy Officer, Lavery Pathology,  
60 Waterloo Road, North Ryde 2113.**

**Privacy officer use:**

All information entered in tracking.....Reported.....