

Ph: (07) 3828 3100 iqpathology.com.au

Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) APA No. 000042 t/a IQ Pathology

MEDICARE CARD NUMBER

SKIN AUDIT REQUEST

LAB NUMBER & IMAG	IE/FAX BUTH SID	ES OF FORIVI					
PATIENT LAST NAME	GIVEN NAM.	ES	MALE / FEMALE	/UNKNOWN/OTHER	DATE OF BIRTH	YOUR FILE No.	
PATIENT ADDRESS			POSTCODE	TEL(HOME & MOBILE)	TEL(BUS)		
TESTS REQUESTED						Size	
					1	Lesion Defect	
					3		
					4		
CLINICAL NOTES/CLINICAL DIAGNOSIS (e.g., DURAT		both sides of this form is e	ssential for	audit inclusio	on .	Do not send reports to My Health Record ☐	
URGENT PHONE PHONE/FAX No:	FAX BY TIME: BY DATE:						
PRIV FEE. SCHED. VET AFFAIRS No:	В/В		DOCT	OR'S SIGNATURE		REQUEST DATE	
COPY REPORTS TO: HOSPITAL/WARD				ER NUMBER, SURNAME &			
Collect Date Coll. Time L U	Attachments: Yes / No (please circle) If yes, no. of pages:	h Ref. No. Lab. No.		Description & Collector Containers	1. a privati or appro 2. a privati 3. a public	the patient be, at the time of the service or pecimen is obtained: (\star appropriate box) ep atient in a private hospital yes nowed day hospital facility patient in a recognised hospital patient in a recognised hospital atlent of a recognised hospital	
PATIENT'S SIGNATURE A MEDICARE ASSIGNMENT (Section 20A of the He Loffer to assign my right to benefits to the approved pathology practit service(s) and any eligible pathologist determinable service(s) estable alternate, Lauthorise that APP to submit my unpaid account to Medic issue me a cheque payable to the APP for the Medicare Benefit. SIGNATURE X Practitioner's Use Only	alth Insurance Act 1973) ioner who will render the requested pathology shed as necessary by the practitioned. In the are so that Medicare can assess my daim and X DATE / /	SITE: NAME: D.O.B.: d, Windsor, Brisbane QLD 4030. PO Box 2280, Mansfield QLD 4122. P	SITE: NAME: D.O.B.:		D.O.B.		
PATHOLOGY	The People College of Pathshipment Assentian NPAN The People College of Pathshipment Assentian N	redited for compliance with AC Standards and ISO 15189 creditation Number: 14856	М	EDICARE CARD NUMBER			
PATIENT LAST NAME	GIVEN NAMES	5	MALE / FEMALE	/UNKNOWN/OTHER	DATE OF BIRTH	YOUR FILE No.	
PATIENT ADDRESS			POSTCODE	TEL(HOME & MOBILE)		TEL(BUS)	
			REQUESTING DOCI	TOR (PROVIDER NUMBER, SUI	RNAME & INITIALS, ADD	RESS)	
		F FORM					

Skin Audit Data Collection

Doctor please: Record details below.

Label and number each specimen clearly.

Office use only

Place lab number barcode here

Specimen Region (See key below)	Specimen Location (Unless provided other side)	Provisional Diagnosis (See key)	Dermoscopy used? Yes/No	Past Biopsy Result (See key)	Disease Category (See key)	Current Biopsy Type (See key)	Current Surgical Management (See key)	Sequentially Monitored Lesion Yes/No	IF RELEVANT: Rapid Access Dermatology Clinic Yes/No
1									
2									
3									
4									
5									
6									
7									
8									

Kev

• Foot

ToePalm or Sole

Specimen Region
• Nose
• Lip
• Ear
• Eyelid
• Other Face
• Scalp
• Neck
• Shoulder
• Chest
• Abdomen
• Back
• Buttock
• Genitalia
• Arm
 Forearm (Elbow and below)
• Hand
• Finger
• Thigh
• Leg (Knee and below)
F .

Provisional Diagnosis or Past Biopsy ResultBCC Basal Cell Carcinoma

DCC	Dasar Cell Carellionia
IEC	IEC/Bowens Disease
SCC	Squamous Cell Carcinoma
MMis	Melanoma: in situ / HMF
MMinv	Melanoma: invasive
MMmet	Melanoma: metastasis
OM	Other Malignant
N	Naevus: Benign
DN	Naevus: Dysplastic
BN	Naevus: Blue
SN	Naevus: Spitz
SK	Solar Keratosis
KA	Keratoacanthoma
SL	Solar Lentigo
SebK	Seborrhoeic Keratosis
LPLK	Lichen Planus Like Keratosis

Dermatofibroma

Benign Cyst

Other: Benign

Sebaceous Gland Hyperplasia

SGH

B Cyst

OB

e S Shave tz SE Shave Excision sis I Incisional homa E Excisional o C Curettage Keratosis O Other

Р

PE

Disease Category Current Surgical Management

	- '
Mel	Melanocytic
NMSC	Non Melanocytic
	Skin Cancer
Inf	Inflammatory
0	Other

Current Biopsy Type

Punch

Punch Excision

Ė	EIIIpse
F	Flap
SSG	Graft: SSG
FTG	Graft: FTG
NC	No Closure
SxEx	Shave/Saucerisation

CxCx Curettage and Cautery

Other

