

QML REF NO. \_\_\_\_\_

MEDICARE CARD NUMBER \_\_\_\_\_

**PATHOLOGY REQUEST**  
 QML PATHOLOGY  
 WARFARIN CONTROL FORM  
**USE BLACK PEN ONLY**

PATIENT LAST NAME	GIVEN NAMES	SEX	DATE OF BIRTH
PATIENT ADDRESS		POSTCODE	TEL(HOME)
			TEL(BUS)

Is this a new postal address or contact phone number since your last test?  Yes  No **If "Yes" also tick Q7 below**

TESTS REQUESTED  
**QML Pathology Control – PT/INR AS REQUIRED – Rule 3 Exemption** Wt: \_\_\_\_\_ kg Ht: \_\_\_\_\_ cm

**Note: Please read important information on the back of this form.**  
**PLEASE REMEMBER: The preferred time to present for testing is 9am – 12pm**

CLINICAL NOTES  
**Current Warfarin Dose Schedule:** (Complete schedule AND current dose information)  
 Daily \_\_\_\_\_ mg OR  Alternate Days \_\_\_\_\_ / \_\_\_\_\_ mg OR  Other \_\_\_\_\_  
 Last dose of \_\_\_\_\_ (number of) x \_\_\_\_\_ mg tablets (strength) = Total of \_\_\_\_\_ mg. Taken on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at \_\_\_\_\_

**COLLECTION STAFF: IT IS YOUR DUTY TO ENSURE ALL QUESTIONS ARE ANSWERED AND APPROPRIATE BOX TICKED AND DATES ARE PROVIDED**

**Important questions to ask the patient/carer (please answer all questions and provide details below to any 'yes' responses):**

- Are you **new** to the QML Pathology Warfarin Care Clinic?  YES  NO
- Have you **missed** or **withheld** any doses in the last **Z** days **OR** are you on a **heparin (e.g. clexane) injection**?  YES  NO  UNSURE
- Has anyone **other** than QML Pathology (e.g. your doctor or yourself) **changed your warfarin dose** since your last test?  YES  NO  UNSURE
- Since your last QML dosed test, have you been **hospitalised** for more than **1** day?  YES  NO  UNSURE
- Since your last QML dosed test, have you had **any changes** to medicines **other than warfarin** for more than **1** day?  YES  NO  UNSURE
- Since your last QML dosed test, have you had any notable **changes to your health?** (e.g. weight loss/bleeding/blood clots)  YES  NO  UNSURE
- Other points of note (e.g. **impending surgery, difficult collect, travel, holidays**) or other relevant information for Warfarin Clinic?  YES  NO
- Are there any accompanying **updated clinical notes or forms?** Once scanned, send to Warfarin Clinic via internal mail.  YES  NO

If 'yes' answered to any of the above, please give brief details, including any medicines and/or changes and reasons – **YOU MUST PROVIDE DATES:**

Details for each issue/detail to a YES response	Date began	Date ceased

I confirm that the information provided on this form by myself to QML Pathology is based upon accurate responses. I have included any medication changes as prescribed by my doctor. I understand QML Pathology will not be responsible for any adverse medical outcome sustained by me as a consequence of providing QML Pathology with inaccurate information.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

For a full list of our collection centres and their opening hours, please visit [qml.com.au](http://qml.com.au) or call **(07) 3121 4100**

**QML PATHOLOGY/DOCTOR USE**

**QML PRIORITY REQUEST / URGENT TEST**  
 Ensure sample is sent in a "Priority Specimen" bag.

**Visit Type:**  
 Rooms  
 Nursing Institution/Care Facility  
 Home Visit  
 HV Booking Number: \_\_\_\_\_

**If patient has presented with a new, signed Rule 3 Form.**  
**Attach Collection Label CL/005** to that form and use it to answer the standard questions. Ensure dates and details are provided for YES answers, and you provide last warfarin dose information. **DO NOT** use this form as an attachment. **Refer SOP/CL/02/003.**

COPY REPORTS TO:  
 HOSPITAL/WARD \_\_\_\_\_

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)  
 \_\_\_\_\_

Was or will the patient be, at the time of the service or when the specimen is obtained: (✓ appropriate box)

a. a private patient in a private hospital or approved day hospital facility	yes <input type="checkbox"/>	no <input type="checkbox"/>
b. a private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
c. a public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
d. an outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

**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. In the alternate, I authorise that APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue me a cheque payable to the APP for the Medicare Benefit.

PATIENT'S SIGNATURE AND DATE  
 X \_\_\_\_\_ X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Practitioner's Use Only \_\_\_\_\_  
 (Reason patient cannot sign)

**PERSON DRAWING BLOOD**  
 I certify that the blood specimen(s) accompanying this request was drawn from the patient named above. I established the identity of this patient by direct inquiry and/or by inspection of wrist band and immediately upon the blood being drawn I labelled the specimen(s).  
 Signature \_\_\_\_\_

L U A S B E	Collect Date	Coll. Time	Test Codes	Attachments: Yes / No (please circle) If yes, no. of pages:	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
	Received Date	Rec. Time			B/C	Clinic			

# Important Information for Patients

Remember between now and your next test date to contact QML Pathology on **1300 661 963** or email [warfarincare@qml.com.au](mailto:warfarincare@qml.com.au), if any of the following apply:

- There are any changes to your medicines that you will be taking for more than three days. (This includes prescription and non-prescription medicines, vitamins, and herbal and health supplements)
- You commence antibiotics or pain killers
- There have been any relevant changes to your health, e.g. new medical conditions or health deterioration
- You have been hospitalised for more than 24 hours and/or you are on heparin (clexane) injection
- Your Warfarin needs adjusting prior to planned procedures or surgery
- Your Warfarin dosage is altered by any other doctors

## PREPARING FOR YOUR TEST

For your convenience, please ask for a blank request form from the Collector for you to complete prior to your next test. For those with access to the internet this form can be downloaded and completed prior to you attending a QML Pathology collection centre.

Go to: [qml.com.au/WarfarinCare.aspx](http://qml.com.au/WarfarinCare.aspx) and download the QML Pathology Warfarin Request Form.

## RECEIVING YOUR RESULTS

We ask that you continue to take the same dose until we contact you. All phoning out to patients is done in order of clinical priority, we contact new patients and those with abnormal results first, then those with minor dose changes. If, however, you do not receive your results within 2 - 3 days of your test, you should contact us on **1300 661 963** to confirm your INR and Warfarin doses.

If you are a new warfarin patient and you do not receive a call after 24 hours, please telephone our Warfarin Support Service on **1300 661 963**.

Stable patients and those with minor dose changes will receive their results by SMS or mail.

## TRAVELLING AWAY

You must notify QML Pathology if you are going away on holidays or business. Sometimes we can change your next test date to fit in with your plans but other times you will need a test whilst you are away. If testing outside of the QML Pathology network, you will need to make alternative arrangements for testing and obtaining your results and warfarin doses.

## HOSPITAL ADMISSIONS

Prior to, or once discharged, you will need to be reinstated onto the Warfarin Care Clinic monitoring program by the Hospital. Ask them to contact us before you are discharged. Short stay or minor procedures may be exempt from this process. If you have been prescribed heparin (e.g. clexane) injection, you will need to remain under the care of your hospital or be referred to your doctor (unless under a private specialist) until you have stopped taking heparin and your INR results have returned to range. You can then be reinstated onto the Warfarin Care Clinic monitoring program.

**Reminder: This service is not Government funded. We require your full cooperation to make this service run efficiently and effectively. Those failing to cooperate may be removed from the service and your doctor notified.**

It is important that your contact details, phone numbers and postal address are up to date and current at all times. Mobiles should be switched on and/or other phones should have a suitable answering service if you are unable to attend to these.

QML Pathology may telephone you, send an SMS to your mobile or send your results by mail.