

Application for approval, amendment or renewal of premises as an accredited pathology laboratory (HW010)

When to use this form

This form should be used by an approved pathology authority (APA) to apply for, renew or amend your approval of premises as an accredited pathology laboratory (APL) under section 23DN of the *Health Insurance Act 1973*.

Important information

Payment is not required until your premises has been Approved in Principle (AIP).

If your premises is AIP, a request for payment will be sent by standard mail and email, if you provided an email address on this form.

Your approval will be granted and provided to you when payment is received.

For renewal applications, make sure the date you sign the application and send it to us is no more than 3 months before your current approval expires.

If your APL has expired, you will need to provide a letter of request telling us why your application is late. Backdated approvals can only be granted by the Services Australia delegate within one month of the previous approval's expiry date.

Amending an existing APL can include an APL that is relocating to another location. A relocation is an application to close an existing APL and an application for a new APL.

Laboratory accreditation fees:

Category GX (General)	\$2,500
Category GY (General)	\$2,000
Category B (Branch)	\$1,500
Category M (Medical)	\$750
Category S (Specialised)	\$750

A copy of the Advisory or Assessment Report from the National Association of Testing Authorities, Australia (NATA) must be submitted with this application form. Make sure the details on this form are consistent with the NATA report or your application will be deemed to be incorrect.

For more information

Go to servicesaustralia.gov.au/medicarepathology or call 1300 721 546 Monday to Friday, 8.30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

The National Pathology Accreditation Advisory Council (NPAAC) is responsible for developing and maintaining the accreditation standards for pathology laboratories in Australia. For more information, go to safetyandquality.gov.au

Filling in this form

You can fill and sign this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this Go to 1 skip to the question number shown.

Applicant's details

The applicant must be the proprietor of the laboratory.

1 APA number

2 APA name

Application type

3 This application is:

Tick one only

- for a new APL **Go to 5**
to renew an existing APL *Go to next question*
to relocate an existing APL *Go to next question*
to amend an existing APL *Go to next question*



MCA0HW010 2402

Laboratory details

4 APL number

5 Laboratory category

Tick one only

GX (General)

GY (General)

B (Branch)

M (Medical)

S (Special)



Provide a copy of the latest Advisory or Assessment Report from NATA.

6 Current laboratory address

Laboratory name

Building name

Unit Suite Shop Floor

Street number

Street name

Suburb/Town

State Postcode

7 Postal address (if different to above)

8 Is this laboratory closing?

If your APL is relocating, provide the date the current premises closed.

No

Yes Closure date (DD MM YYYY)

9 Is this laboratory relocating?

No **Go to 13**

Yes **Go to 10**

Relocating laboratory

A new APL number will be created for the new location.

10 New laboratory address

Laboratory name

Building name

Unit Suite Shop Floor

Street number

Street name

Suburb/Town

State Postcode

11 Postal address (if different to above)

12 Read this before answering the following question.

New pathology services are effective from the date approved by the Services Australia delegate or a future date if advised below.

Commencement date (DD MM YYYY)



Provide a copy of the latest Advisory or Assessment Report from NATA.

Authorised representative's details

13 Give details of each authorised representative

Authorised representative 1

Dr Mr Mrs Miss Ms Other

Authorised representative's full name

Position held

Daytime phone number (including area code)

Mobile phone number

Email

This is the email address we will use to notify you of the outcome of your application.

Authorised representative 2

Dr Mr Mrs Miss Ms Other

Authorised representative's full name

Position held

Daytime phone number (including area code)

Mobile phone number

Email

Designated person's details

A designated person is a registered medical practitioner with appropriate qualifications, competence and relevant Scope of Practice who has the responsibility for the clinical governance of the laboratory. The designated person provides oversight and management of staff and processes to ensure ethical patient care and the provision of accurate and timely test results.

14 Full name

Dr Mr Mrs Miss Ms Other

Family name

First given name

15 Approved pathology practitioner (APP) number (if applicable)

If you are not an APP, provide the name and number of the APP that Medicare services are being claimed on their behalf at this laboratory

Dr Mr Mrs Miss Ms Other

Family name

First given name

APP number

16 Designated person's qualification

17 Relevant experience

years

18 Hours in attendance at this laboratory per week

hours per week

19 Does the designated person work at more than one laboratory?

- No Complete **Principal laboratory (laboratory 1)**
- Yes Give details of all laboratories where the designated person works

Principal laboratory (laboratory 1)

APL number

Full APL address
APL name

Building name

Unit Suite Shop Floor

Street number

Street name

Suburb/Town

State Postcode

Hours in attendance at principal laboratory per week
 hours per week

Laboratory 2

APL number

Full APL address
APL name

Building name

Unit Suite Shop Floor

Street number

Street name

Suburb/Town

State Postcode

Hours in attendance at laboratory per week
 hours per week

Laboratory 3

APL number

Full APL address
 APL name

Building name

Unit Suite Shop Floor

Street number

Street name

Suburb/Town

State Postcode

Hours in attendance at laboratory per week
 hours per week

If the designated person works at more than 3 laboratories, provide a separate sheet with details.

20 For Category B laboratories, does a Category GX or GY laboratory have access to view reports?

- N/A
 No
 Yes Give details below

Laboratory supervision and staff

21 What are the normal working days and hours of the laboratory?

22 How many full-time equivalent (FTE) staff are in each category (for example, a part-time staff member working 20 hours per week counts as 0.5 FTE)?

Pathologists

Medical practitioners

Technical

Scientists

Other

Pathology services

23 Groups of pathology services from the Pathology Services Table, for which approval is sought:

Tick all that apply

- Group P1 – Haematology
 Group P2 – Chemical
 Group P3 – Microbiology
 Group P4 – Immunology
 Group P5 – Tissue Pathology
 Group P6 – Cytology
 Group P7 – Genetics
 Group P8 – Infertility and pregnancy tests

New pathology services are effective from the date approved by the Services Australia delegate.

 Provide a copy of the latest Advisory or Assessment Report from NATA.


24 Groups of pathology services from the Pathology Services Table, for which approval is to be removed:

Tick all that apply

- Group P1 – Haematology
 Group P2 – Chemical
 Group P3 – Microbiology
 Group P4 – Immunology
 Group P5 – Tissue Pathology
 Group P6 – Cytology
 Group P7 – Genetics
 Group P8 – Infertility and pregnancy tests

Pathology services are removed effective from the date advised by NATA.

Date pathology group(s) to be removed (DD MM YYYY)

 Provide a copy of the latest Advisory or Assessment Report from NATA.

Checklist

An updated NATA report will need to be provided if the laboratory has changed category, relocated or changed groups of pathology services.

25 Which of the following documents are you providing with this form?

If you are not sure, check the question to see if you should provide the documents.

A copy of the latest Advisory or Assessment Report from NATA (if you answered question 5, 12, 23, 24)

If your APL has expired and you wish to request a backdated approval, a letter of request telling us why your application is late

Privacy notice

- 26** The privacy and security of your personal information is important to us, and it is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

The authorised representative that completed the form does not need to **sign** the declaration if they return this form through Health Professional Online Services (HPOS) at servicesaustralia.gov.au/hpos

27 I declare that:

- I am authorised on behalf of the approved pathology authority being the laboratory proprietor, to make this application.
- the only services for which a Medicare benefit will be claimed are those proposed for approval in the attached Report on Laboratory Premises from the National Association of Testing Authorities, Australia.
- a Medicare benefit will only be claimed for pathology services if that service was determined to be necessary by the treating practitioner, or if the service is a pathologist determinable service, that was determined to be necessary by that approved pathology practitioner.
- a Medicare benefit will only be claimed for pathology services if that service was rendered by or on behalf of an approved pathology practitioner in this laboratory if approved by Services Australia for that service on the date of service.
- I will ensure I am properly aware of the requirements detailed in the Approved Pathology Authority Undertaking.
- I will inform the Director, Medicare Providers, Pathology and Diagnostic Imaging Section, Services Australia, **within 14 days**, of changes relating to this laboratory and information provided on this application.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

I have read, understood and agree to the above.

Authorised representative's full name

Date (DD MM YYYY)

--	--	--	--	--	--	--	--	--	--

Authorised representative's signature (**only** required if returning by post or fax)

Returning this form



Check that you have answered all the required questions and provide the requested documentation when you return this form. If the application is incomplete or incorrect, it will be returned and you will need to re-apply.

Return all pages of the completed form and supporting documents:

- **online** (no signature required), using your Provider Digital Access (PRODA) account and the Form upload function in HPOS. For more information, go to servicesaustralia.gov.au/hpos
- by post (signature required) to
Services Australia
Pathology Registration
GPO Box 9822
MELBOURNE VIC 3001
- by fax (signature required) to 03 9605 7984