



Application for approval, renewal or amendment 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, renew or amend your approval of premises as an Accredited Pathology Laboratory (APL) under section 23DN of the *Health Insurance Act 1973*.

Important Information

When applying or renewing for approval of premises as an APL, it is recommended that you provide the applicable accreditation fee with your completed form.

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

Payment for the applicable accreditation fee can be made to Services Australia (ABN: 75 174 030 967) by Electronic Funds Transfer (EFT), cheque or money order.

This payment does not attract a Goods and Services Tax (GST).

EFT details:

- BSB: 092-009
- Account Number: 120260
- Account Name: Services Australia Medicare Official Administered Payments Other Health Programs
- Reference: APA number and proposed APL suburb or APL Number (if renewal)

If you pay by EFT, include a copy of the Remittance Advice with this form.

Send cheque or money order to:

Services Australia
Pathology Registration
GPO Box 9822
MELBOURNE VIC 3001

You will not be issued with a receipt unless requested.

If your application is incomplete, it will be returned to you along with your payment.

A copy of the Advisory or Assessment Report from the National Association of Testing Authorities (NATA) must be submitted with this application form. Make sure that the details on this form match what is in the NATA report.

For more information

The National Pathology Accreditation Advisory Council set the laboratory standards, including laboratory category definitions. To locate the relevant standards and guidelines, go to **www.health.gov.au**

If you need assistance completing this form, email **pathology.registration@servicesaustralia.gov.au**

There may be risks with sending personal information through unsecured networks or email channels.

Call **1300 721 546** Monday to Friday, 8.30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

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Filling in this form

You can complete this form on your computer, print 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.

1 This application is:

- Tick one only**
- for a new APL
- for renewal
- for relocation
- to update the details of an existing APL

Applicant's details

The applicant must be the authorised representative of the APA who is the proprietor of the laboratory and will also certify this application.

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

3 Relationship to the laboratory
(for example, owner, manager, senior scientist)

4 APA number

5 APA name

Laboratory details

6 APL number (for existing laboratories)

7 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.

8 Closure date
(To be completed only if the laboratory is relocating or closing)

9 Current laboratory address

Laboratory name

Building name

Unit Suite Shop Floor

Street number

Street name

Suburb/Town

State Postcode

10 Postal address (if different to above)

Postcode

Relocating laboratory

11 Is this laboratory relocating?

No **Go to 14**

Yes

Questions 11, 12 and 13 should only be completed if the laboratory is relocating.

New laboratory address

Laboratory name

Building name

Unit Suite Shop Floor

Street number

Street name

Suburb/Town

State Postcode

12 Postal address (if different to above)

 Postcode

13 Commencement date

(This is the date the relocated laboratory will start)

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

Authorised representative's contact details

14 Full name

Dr Mr Mrs Miss Ms Other

Family name

First given name

15 Position held

16 Daytime phone number

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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.

17 Full name

Dr Mr Mrs Miss Ms Other

Family name

First given name

18 Approved Pathology Practitioner (APP) number (if applicable)

or

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

19 Designated person's qualification

20 Relevant experience

years

21 Hours in attendance at this laboratory per week

hours per week

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

No Complete Principal laboratory (laboratory 1)

Yes Give details of the 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.

23 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

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

25 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

26 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

Date pathology group(s) to be added



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

27 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

Date pathology group(s) to be removed



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.

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

Your application cannot be processed unless all relevant questions are answered and supporting documentation is supplied to us. Where you are asked to supply documents, provide original documents.

a copy of the latest Advisory or Assessment Report from NATA

a copy of the remittance advice if payment of the accreditation fee has been made by EFT (only if it is a new application or renewing an existing registration)

the cheque or money order for payment of the accreditation fee (only if it is a new application or renewing an existing registration)

Privacy notice

29 The privacy and security of your personal information is important to us, and it is protected by law. We need to 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/privacy

Declaration

30 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.
- I will inform the Director, Provider Eligibility and Accreditation Section, Services Australia, without delay, 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.

Applicant's full name

Applicant's signature



Date

Returning this form

This form must be manually signed if it is lodged by post or fax. Forms submitted via Health Professional Online Services (HPOS) may be signed manually or appended with a digital signature.

Return this form and any supporting documents:

- **by uploading to:**
Health Professional Online Services (HPOS) at servicesaustralia.gov.au/hpos
- **by post to:**
Services Australia
Pathology Registration
GPO Box 9822
MELBOURNE VIC 3001
- **by fax to: 03 9605 7984**