



**Australian Government**

**Medicare Australia**

## **Application for approval of premises as an accredited pathology laboratory (Section 23 DN, Health Insurance Act, 1973)**

### **Instructions to applicants**

#### **Please ensure that:**

- ❖ all questions are answered by clearly printing a response as required;
- ❖ you attach a separate sheet for additional information;
- ❖ **a copy of the laboratories latest inspection report is attached to your application – approval by Medicare Australia shall not extend beyond the period recommended by NATA**

### **Applicant**

An applicant will be an authorised representative of the Approved Pathology Authority, being at the time of application, the proprietor of the laboratory.

### **Accreditation fee**

An accreditation fee is not payable until the application has been approved in principle. Once this has been granted by the delegate Medicare Australia will notify the applicant seeking the required payment. The delegate can finalise approval of the premises only after receiving the fee. Should you choose to forward the accreditation fee with the application; the payment will be held by Medicare Australia pending approval in principle. If approval in principle is not granted the payment will be returned to the applicant.

### **New applicants**

Before Medicare Australia can approve a laboratory for Medicare benefits, new laboratories have to arrange a pre-application advisory visit from the National Association of Testing Authorities (NATA). These visits are conducted before the laboratory starts specimen testing or processing.

### **Laboratory categories**

The categories for which approval is sought are as follows:

#### **Category G (General)**

being a pathology service, consisting of one laboratory or a group of laboratories at the one location, where tests in one or more pathology division(s) are performed, and where there is direct, full-time (or equivalent full-time) professional and scientific accountability and supervision by a pathologist or pathologists or by a senior scientist or senior scientists qualified in the relevant division(s) of pathology.

For the purpose of allocating accreditation fee levels, category G laboratories are divided into two categories:

**Category GX****\$2500**

premises comprising a laboratory or a number of co-located laboratories performing services in one or more groups of pathology:

- (a) under the direction, control and full-time supervision of a pathologist or senior scientist who is an expert in the group or groups concerned; and
- (b) in relation to which more than two pathologists are employed on a full-time basis (or equivalent).

**Category GY****\$2000**

premises comprising a laboratory or a number of co-located laboratories performing services in one or more groups of pathology:

- (a) under the direction, control and full-time supervision of a pathologist or senior scientist who is an expert in the group or groups concerned; and
- (b) in relation to which no more than two pathologists are employed on a full-time basis (or equivalent).

**Category B****\$1500**

being a branch laboratory in which the range of pathology tests provided and the standard of work in the laboratory is under the direction and control of a designated pathologist or senior scientists employed in an accredited pathology laboratory conforming to the description in category G. A category B laboratory must have an on-site scientist providing day-to-day supervision and a written agreement with a Category G pathology service for direction and control as required for this category and be either:

- ❖ an integral part of a category G laboratory, apart from its location; or
- ❖ a part of a regional pathology service.

**Category M****(medical )****\$750**

being a laboratory in which pathology tests are provided by or under the supervision of a medical practitioner for patients only of the medical practice in which that practitioner works.

**Category S****\$750****(specialised)**

being a laboratory in which performs a limited range of pathology tests where those services are either performed on a particular target population or are of a specialised nature and are performed under the supervision of a person having special qualifications or skills in the field of those services.

Where the supervisor is a medical practitioner, approved pathology services may be provided for both patients of the supervising practitioner and those of other practitioners.

**Send the completed forms and any attachments to:**

Pathology Registration  
Medicare Australia  
GPO Box 9822  
MELBOURNE VIC 3001

Ph: (03) 9605 7013; Fax: (03) 9605 7984  
Email: vic.provider.liaison@medicareaustralia.gov.au

### Applicant details

I (person who certifies the application)

Being an authorised representative of the proprietor (enter name and number of APA)

Relationship to the laboratory  
(owner, manager, senior scientist)

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### Laboratory Approval

Name of Laboratory

Laboratory Number

Category of Laboratory  
(see instructions to applicants)

NATA application number

Latest NATA report attached **Y**  **N**

Address of laboratory for which  
approval is sought.

(where the laboratory premises  
are part of a building, identify the  
exact location for example,  
Suite 1, level 4

Number	
-----	
Street name	
-----	
Suburb	
-----	
State	Postcode

Postal address  
(if same as above write 'as above')

Number	
-----	
Street name	
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Suburb	
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State	Postcode

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### Contact details

Contact person for this application

Telephone number

Fax number

Email address

Mobile number

**Person having day-to-day direction and control of the laboratory**

- The person with direction and control over the laboratory is the pathologist or senior scientist under whose control the laboratory operates, for example the person with direction and control of a category B laboratory must be a pathologist/senior scientist employed by the category G laboratory.

Full Name

APP number

If you are not an APP, provide name and number of APP for whom Medicare services are being claimed for this laboratory.

Qualifications

Relevant experience (years)

Hours in attendance at this laboratory (per week)

\* NPACC standards and guidelines are available at [www.health.gov.au](http://www.health.gov.au)

**If the designated supervisor works at more than one laboratory, complete the following:**

Name and address of principal pathology laboratory	Hours in attendance per week
<input type="text"/>	<input type="text"/>

Name and address of other laboratories	Hours in attendance per week
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you are a category B laboratory, does a category G laboratory have access to view reports, if yes give details

**Laboratory supervision**

What are the normal working days/hours of the laboratory?

## Laboratory staff

For this laboratory, indicate the number of full-time equivalent (FTE) staff in each category (for example part time staff member working 20 hours per week count as 0.5 FTE).

Pathologists	<input type="text"/>	Technical	<input type="text"/>
Medical Practitioner	<input type="text"/>	Scientists	<input type="text"/>
Other	<input type="text"/>		

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## Groups of pathology services for which approval is sought



The format used relates to divisions found in the pathology services table and are the only groups of services for which a Medicare Benefit will become available if the application is approved.

<b>Group P1 – Haematology</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
<b>Group P2 – Chemical</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
<b>Group P3 – Microbiology</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
<b>Group P4 – Immunology</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
<b>Group P5 – Tissue Pathology</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
<b>Group P6 – Cytology</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
<b>Group P7 – Cytogenetics</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
<b>Group P8 – Infertility and pregnancy tests</b>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

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## Certification

I am authorised on behalf of the approved pathology authority being the laboratory proprietor, to certify that the statement made in this application are, to the best of my knowledge, true and correct.

-  The only services for which a Medicare Benefit will be claimed are those proposed for approval in the attached NATA report.
-  The APA shall inform the Manager Diagnostic Accreditation Section, without delay, of changes since the attached NATA report was issued in: the laboratory ownership, location, procedures, staffing, supervision and quality assurance program enrolment.

Signature

Date