

REQUEST FOR ADDED TESTS

Date	
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Number of pages including cover sheet	
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To	<i>Added Test Department</i>
Organisation	<i>Mater Pathology</i>
Fax	07 3163 8752

From	
Phone	

Patient Details

Surname	
Given name (s)	
Date of Birth	
Mater Pathology Laboratory No.	

Notes

The following are some examples of tests that can only be added if special collection and storage requirements have been met:

ACTH, Ammonia, β -Hydroxybutyrate, BNP, C-Peptide, CH50, Chromogranin A, CSF Neurotransmitters, Dehydrocholesterol, Growth Hormone, Ionised Calcium, Lactate, PTH, Renin, TB Quantiferon, Vitamin A, Vitamin E, White Cell Enzymes.

The following are some examples of tests that can only be added within the indicated timeframe, post collection:

Special Coagulation Tests including Factor Assays (2 hours), Coagulation Profile (4 hours), ESR (6 hours).

Added Tests Required

Doctor's Name: _____ **Signature:** _____ **Date:** _____

Confidentiality Notice

This facsimile is intended solely for the named address. The contents are confidential and may contain legally privileged information. If you have received this document in error, please telephone the sender immediately.