

Date	
To	<b>Added Test Department</b>
Organisation	<i>Mater Pathology</i>
Fax	07 3163 8752

Number of pages including cover sheet	
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,  $\beta$ -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: _____