



SELF REQUEST TESTS

Compulsory fields

Surname:		<p>Allow 7-10 working days for results. Select result option below. Sendaway Test – please contact laboratory for results. **Phlebotomist - Print password barcode for email or INR/HCG results. **</p> <input type="checkbox"/> EMAIL – please print your email address below. <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																								
First Name:																																										
Date of Birth:	Sex:																																									
Address:																																										
Phone No:																																										
<input type="checkbox"/> POST via DX Mail/NZ Post – enter address below. <table border="1" style="width: 100%; height: 50px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																										
<input type="checkbox"/> INR/HCG only – patient will phone with password for results as well as email/post.																																										
<input type="checkbox"/> Patient ID confirmed <input type="checkbox"/> Password supplied																																										
Medical History/Medication/Travel history:																																										

I have read and understood the terms and conditions overleaf and accept that follow-up of any abnormal results is my responsibility. Signed: _____ Date: _____

PATIENT TO PAY	PATIENT TO PAY	Faecal Parasites: Indicate travel history Overseas Travel Yes <input type="checkbox"/> No <input type="checkbox"/> Country _____ FUNGAL SITE _____ MRSA SITE _____ Please note if more than one site required for MRSA testing, a separate form must be completed for each. A separate fee will be charged for each site.
Bleeding Fee <input checked="" type="checkbox"/>	Thyroid Functions (TSH, T3, T4)	FASTING: YES <input type="checkbox"/> NO <input type="checkbox"/> THYROXINE: YES <input type="checkbox"/> NO <input type="checkbox"/> PREGNANT: YES <input type="checkbox"/> NO <input type="checkbox"/> <hr/> Lab Use Only:
Blood Group	Uric Acid (urate)	
Cholesterol only	Urinary Tract Infection	
Coeliac Screen	Urine Albumin/Creatinine ratio	
Cortisol	Vitamin B12 and Folate	
Creatinine	Vitamin D	
CRP	SENDAWAY TESTS: <i>*Admin Fee applies to all sendaway tests*</i>	
DHEAS	Admin Fee <input type="checkbox"/>	
Electrolytes (Na/K)	Apolipoprotein E <input type="checkbox"/>	
Faeces Micro/Culture/Parasites	Co-enzyme Q10 <input type="checkbox"/>	
FSH	Copper <input type="checkbox"/>	
Full Blood Count	Cortisol Binding Globulin <input type="checkbox"/>	
Full Lipid Panel	Dihydrotestosterone <input type="checkbox"/>	
Fungal culture (indicate site)	Free Cortisol – 24hr urine <input type="checkbox"/>	
Giardia and/or Cryptosporidium	Homocysteine <input type="checkbox"/>	
Faecal Parasites	IGF-1 (Insulin growth factor) <input type="checkbox"/>	
Glucose	IGF-BP3 (Insulin Growth Factor Binding Protein) <input type="checkbox"/>	
HbA1c	Iodine – casual urine <input type="checkbox"/>	
Hepatitis A antibody Immunity	Lipoprotein (a) <input type="checkbox"/>	
Hepatitis B antibody	Mercury (blood) <input type="checkbox"/>	
Hepatitis C antibody	Mercury (urine) <input type="checkbox"/>	
INR	Red Cell Magnesium <input type="checkbox"/>	
Insulin (Fasting)	Selenium <input type="checkbox"/>	
Iron/Ferritin	Vitamin B6 (protect from light) <input type="checkbox"/>	
LH	Zinc <input type="checkbox"/>	
Liver Function	OCCUPATIONAL SCREENING	
MRSA (per swab - indicate site)	Hepatitis B Antibody (immunity)	
Oestradiol	Hepatitis B Antigen (infection)	
Parasites (per sample)	Hepatitis C Antibody	
Pregnancy Test (HCG)	Measles IgG	
Progesterone	Mumps IgG	
Prolactin	Rubella status	
PSA	Quantiferon Gold TB	
Rubella antibodies	Varicella zoster IgG	
Testosterone (Total)		
Testosterone (Free) ^{Total Testosterone + SHBG}		

Your test results

1. Your test results will not be sent to or copied to your GP or any other health care provider. It is your responsibility to follow up with your GP or health care provider to review or discuss your results should this be required.
2. Your test results, and any accompanying comment will be emailed in an encrypted file or via the postal service. We may also contact you by telephone about the availability of your test results. The laboratory accepts no responsibility for the security of results received by email.
3. Except in the case of a critical health issue, none of your personal information will be passed on to your GP or any other person without your consent (which may be given online or by telephone).
4. If your test results indicate a critical health issue (such as a notifiable disease), or are critically abnormal subject to our legal obligations we will first try to contact you. We reserve the right to contact, your GP where we know their identify, a Medical Officer of Health, a local territorial authority, a hospital Emergency Department and potentially the NZ Police if we are unable to contact you or in addition to contacting you.
5. The laboratory will not be liable on your failure to act on any recommendation we give you, including a recommendation to seek medical advice;
6. The laboratory will not be liable on your failure to show your test results to or discuss them with your GP or another suitable health practitioner, whether or not those results have been reviewed by our clinical staff;
7. The laboratory will not be liable for your use of any test result for anything other than your personal use and information.
8. Further information and understanding about your lab test can be found at <https://www.labtestsonline.org.au/>

Terms and Conditions

1. These terms (“Terms”) apply to all Services we provide. If there is any conflict between these Terms and any written or verbal communication between you and us including your online order, these Terms prevail.
2. You must be at least 16 years old to order Services and must provide certain personal information including your name, address, gender (at birth) and date of birth.
3. You are solely responsible for selecting the Services and for ensuring that any Service you order is suitable for you and your intended purpose in ordering it. If in doubt, please talk to your GP or another suitable health practitioner.
4. By ordering a Service, you give us your informed consent to obtain a suitable sample and perform the tests you have ordered.
5. Any sample you provide (whether it is blood, tissue, body fluid or any other biological sample) will be analysed only in relation to the Services you have ordered. All samples will be collected, tested and retained in accordance with the Human Tissue Act 2008.
6. Test results and any comment or recommendation we make about them are for information only. They may help you understand your health status but are not intended to, and do not, constitute a clinical diagnosis or medical advice.
7. Our Services are not a substitute for such diagnosis or advice. Any comment we provide is based on the information you make available to us at the time, which may be insufficient to gain a complete understanding of your health status or any health condition you may be suffering from.
8. If you have any concerns about your test results or your health generally, you should discuss them directly with your GP or another suitable health practitioner.