

PATIENT LAST NAME	GIVEN NAMES	SEX	DATE OF BIRTH	YOUR REF:
ADDRESS	TEL (HOME)		TEL (MOB)	

REQUESTING PRACTITIONER <b>PRACTITIONER CODE:</b> _____ <b>BILL CODE:</b> _____	COPY TO	ROOM STAMP	FASTING YES <input type="checkbox"/> NO <input type="checkbox"/>
SIGNATURE  .....			

**PLEASE TICK PROFILES AND/OR TESTS REQUIRED - NO PAYMENT REQUIRED AT TIME OF COLLECTION**

**Profiles - Please tick profile required**

✓	PROFILES	CODE
<input type="checkbox"/>	Comprehensive Biochemical Analysis Profile	=CBA
<input type="checkbox"/>	General Wellbeing Profile - Basic Fasting	=GBP
<input type="checkbox"/>	General Wellbeing Profile - Extensive Fasting	=GEP
<input type="checkbox"/>	Thyroid Profile - Basic	=TBP
<input type="checkbox"/>	Thyroid Profile - Extensive	=TFP
<input type="checkbox"/>	Female Hormone Profile	=FHP
<input type="checkbox"/>	Male Hormone Profile	=MHP
<input type="checkbox"/>	Coeliac Disease Profile	=COP
<input type="checkbox"/>	Vitamin B12 & Folate Deficiency Profile	=BFP
<input type="checkbox"/>	Cardiovascular Profile - Fasting	=CP

✓	PROFILES	CODE
<input type="checkbox"/>	Diabetes Monitoring Profile - Fasting	=DMP
<input type="checkbox"/>	Full Gastrointestinal Profile	=FGP
<input type="checkbox"/>	Methylation Profile	=MP
<input type="checkbox"/>	Nutritional and Metal Toxicity Profile	=MTP
<input type="checkbox"/>	Stress/Fatigue Profile	=SFP
<input type="checkbox"/>	Obesity Profile Fasting	=OP
<input type="checkbox"/>	Insulin Resistance Profile Fasting	=IRP
<input type="checkbox"/>	Neuro Immunology Profile	=NIP
<input type="checkbox"/>	Urinary Metabolic Profile	=MEP
Collector - Please refer to A-Z Guide		

**Individual Tests - Please tick tests required**

✓	TEST	CODE
<input type="checkbox"/>	1,25-Dihydroxy Vitamin D	D12
<input type="checkbox"/>	24hr Blood Pressure	BPM
<input type="checkbox"/>	24hr Catecholamines urine	CAT
<input type="checkbox"/>	24hr Metanephrines urine	CAT
<input type="checkbox"/>	Active B12	A12
<input type="checkbox"/>	Allergen - Adult Panel	RAS
<input type="checkbox"/>	Allergen - Food Panel	RAS
<input type="checkbox"/>	Allergen - Nut Panel	RAS
<input type="checkbox"/>	Allergen - Pollen Panel	RAS
<input type="checkbox"/>	Allergen - Seafood Panel	RAS
<input type="checkbox"/>	Aluminium blood	ALU
<input type="checkbox"/>	Amino Acids urine	AAS
<input type="checkbox"/>	Amino Acids blood	AMC
<input type="checkbox"/>	Androstenedione	ANE
<input type="checkbox"/>	Apolipoproteins A & B	APO
<input type="checkbox"/>	Arsenic urine	ARS
<input type="checkbox"/>	Cadmium blood	BCD
<input type="checkbox"/>	Caeruloplasmin	CAE
<input type="checkbox"/>	Calprotectin stool	CAL
<input type="checkbox"/>	Chromium blood	SCM
<input type="checkbox"/>	Clostridium Difficile Toxin stool	CDP
<input type="checkbox"/>	Cobalt blood	SCO
<input type="checkbox"/>	Coeliac Gene Test	CDG
<input type="checkbox"/>	Coeliac Serology	GLG,TTA,IgA
<input type="checkbox"/>	Copper plasma	CU
<input type="checkbox"/>	Copper serum	SCU
<input type="checkbox"/>	Copper:Zinc Profile	<b>CUZ</b>
<input type="checkbox"/>	Cortisol blood	CO1
<input type="checkbox"/>	Cortisol AM & PM blood	CO1
<input type="checkbox"/>	Cortisol salivary x 4 (6am, 12pm, 6pm, 12am)	IWY
<input type="checkbox"/>	Cortisol salivary x 1 (midnight)	IWY
<input type="checkbox"/>	CRP	CRP
<input type="checkbox"/>	DHEAS	DHE
<input type="checkbox"/>	ELFT'S	=LFF
<input type="checkbox"/>	Essential fatty acid blood	IWY
<input type="checkbox"/>	Faecal Multiplex PCR	FMP

✓	TEST	CODE
<input type="checkbox"/>	Faeces MCS & OCP	FMC
<input type="checkbox"/>	FBC & ESR	FBC,ESR
<input type="checkbox"/>	Fibrinogen	FIB
<input type="checkbox"/>	Folate Red Cell + FBC	<b>IRC, FBC</b>
<input type="checkbox"/>	Free Testosterone	TSF
<input type="checkbox"/>	FSH	FSH
<input type="checkbox"/>	Gastrin	GAS
<input type="checkbox"/>	Gastric Parietal Cell Antibody	GPC
<input type="checkbox"/>	Glucose	GLU
<input type="checkbox"/>	Glucose Tolerance Test (GTT)	GTT
<input type="checkbox"/>	Growth Hormone	GH
<input type="checkbox"/>	GTT with Insulin	EIN, EGT
<input type="checkbox"/>	Haemochromatosis Gene	HGA
<input type="checkbox"/>	HBA1C	A1C
<input type="checkbox"/>	Helicobacter Pylori Stool Antigen	HPA
<input type="checkbox"/>	High Sensitive CRP	SCP
<input type="checkbox"/>	Histamine blood	HST
<input type="checkbox"/>	HOMA index	HOM, GLU, INS
<input type="checkbox"/>	Homocysteine	HMA
<input type="checkbox"/>	IA2 Antibodies	IA2
<input type="checkbox"/>	IGE	IGE
<input type="checkbox"/>	IGF-1	SOM
<input type="checkbox"/>	Insulin serum	INS
<input type="checkbox"/>	Intrinsic Factor	IFB
<input type="checkbox"/>	Iodine urine	UIO
<input type="checkbox"/>	Ionised Calcium	CAW
<input type="checkbox"/>	Iron Studies	FES
<input type="checkbox"/>	Lead blood	BPB
<input type="checkbox"/>	LH	LH
<input type="checkbox"/>	Lipid Profile- HDL, LDL, Cho, Tri	=CTL
<input type="checkbox"/>	Lipoprotein (a)	APA
<input type="checkbox"/>	Magnesium serum	MG
<input type="checkbox"/>	Manganese blood	BMN
<input type="checkbox"/>	Mercury blood	BHG
<input type="checkbox"/>	MTHFR blood	MTH
<input type="checkbox"/>	Nickel blood	IWY

✓	TEST	CODE
<input type="checkbox"/>	Oestradiol	E2
<input type="checkbox"/>	Organic Acids urine	ORG
<input type="checkbox"/>	Pancreatic Elastase	ELS
<input type="checkbox"/>	Parathyroid Hormone	PTH
<input type="checkbox"/>	Porphyrin urine	POU
<input type="checkbox"/>	Progesterone	PGS
<input type="checkbox"/>	Prolactin	PRL
<input type="checkbox"/>	Pyrrroles urine - Collector ORDER KIT	UKP \$\$CH
<input type="checkbox"/>	PSA	PSA
<input type="checkbox"/>	Renin Aldosterone Ratio	RNM
<input type="checkbox"/>	Rheumatoid Factor	RF
<input type="checkbox"/>	Reverse T3	RT3
<input type="checkbox"/>	Selenium plasma	SEL
<input type="checkbox"/>	SHBG	SHG
<input type="checkbox"/>	Testosterone	TES
<input type="checkbox"/>	Thyroglobulin	THY
<input type="checkbox"/>	Thyroid Receptor Ab	TRA
<input type="checkbox"/>	Thyroid Autoantibodies	THA
<input type="checkbox"/>	<b>TSH, FT3, FT4 (all must be tested)</b>	<b>TSH,FT3,FT4</b>
<input type="checkbox"/>	Urea Breath Test	C14
<input type="checkbox"/>	Urine Microalbumin	UMA
<input type="checkbox"/>	Urine Protein	UMP
<input type="checkbox"/>	Vitamin A	AVI
<input type="checkbox"/>	Vitamin B1	VB1
<input type="checkbox"/>	Vitamin B12	<b>I12</b>
<input type="checkbox"/>	Vitamin B6	VB6
<input type="checkbox"/>	Vitamin C	CVI
<input type="checkbox"/>	Vitamin D	DVI
<input type="checkbox"/>	Vitamin E	EVI
<input type="checkbox"/>	Zinc plasma	ZN
<b>OTHER</b>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

<b>LAB USE</b>	Collected By	Collect Date
	Tubes/Containers Collected	

SIGN	DATE	TIME
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Collection Declaration: I certify that the accompanying sample from the above patient whose identity was confirmed by enquiry and that I labelled the sample immediately following collection.

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