

IMPORTANT: This form MUST be returned to Healthscope Pathology with your specimens to ensure testing can proceed.

PATIENT DETAILS		Surname	Given Names
<input type="checkbox"/> Mr <input type="checkbox"/> Miss			
<input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms			
DOB	Sex	Phone:	
/ /		Mobile:	
Postal Address			
P/Code			
Clinical Notes			

Requesting Practitioner Details	
Copy To	
Practitioner Signature	Date / /

For Collection Centre Staff Only: Date and time of blood collection

PLEASE <input checked="" type="checkbox"/> TEST(S) REQUIRED	SPECIMEN/KIT	FEE
GASTROINTESTINAL TRACT TESTS (GUT)		
<input type="checkbox"/> Complete Digestive Tract Analysis (CDSA) Level 1	Stool – Kit	\$123.00
<input type="checkbox"/> Complete Digestive Stool Analysis (CDSA) Level 2	Stool – Kit	\$215.00
<input type="checkbox"/> Complete Digestive Stool Analysis (CDSA) Level 3	Stool – Kit	\$268.00
<input type="checkbox"/> Complete Digestive Stool Analysis (CDSA) Level 4	Stool – Kit	\$360.00
<input type="checkbox"/> Complete Digestive Stool Analysis (CDSA) Level 5	Stool – Kit	\$280.00
<input type="checkbox"/> Calprotectin	Stool – Kit	\$50.00
<input type="checkbox"/> Functional Liver Detoxification Profile (FLDP)	Saliva/Urine – Kit	\$140.00
<input type="checkbox"/> Adult <input type="checkbox"/> Child (4-12yrs) TOTAL URINE VOLUME		
<input type="checkbox"/> Helicobacter pylori Stool Antigen (HpSA)	Stool – Kit	\$90.00
<input type="checkbox"/> Intestinal Permeability (IP)	Urine – Kit	\$123.00
<input type="checkbox"/> Adult <input type="checkbox"/> Child (4-12yrs) TOTAL URINE VOLUME		
<input type="checkbox"/> Secretory IgA (sIgA)	Saliva – Kit	\$90.00
<input type="checkbox"/> 3 Day Parasitology	Stool – Kit	\$150.00

HORMONE PROFILES – MALE & FEMALE			
SALIVA HORMONE PROFILES	Suggested Collection Day(s) & Time(s)	SPECIMEN/KIT	No of Hormones and Cost
<input type="checkbox"/> Adrenal Hormone Profile Cortisol x 4, DHEA-S x 1	Times – 0600, 1200, 1800, 2200	Saliva – Kit	\$128.00 (5 hormones)
<input type="checkbox"/> Baseline Hormone Profile (FEMALE) E1, E2, E3, Progesterone, Testosterone, DHEA-S	Day 21 or any day 0600-0800	Saliva – Kit	\$148.00 (6 hormones)
<input type="checkbox"/> Baseline + Adrenal Hormone Profile (FEMALE) E1, E2, E3, Progesterone, Testosterone, DHEA-S, Cortisol x 4	Day 21 or any day Times – 0600, 1200, 1800, 2200	Saliva – Kit	\$228.00 (10 hormones)
<input type="checkbox"/> Baseline Hormone Profile (MALE) E1, E2, Testosterone, DHEA-S, Cortisol	Any day – between 0600-0800	Saliva – Kit	\$128.00 (5 hormones)
<input type="checkbox"/> Baseline + Adrenal Hormone Profile (MALE) E1, E2, Testosterone, DHEA-S, Cortisol x 4	Times – 0600, 1200, 1800, 2200	Saliva – Kit	\$188.00 (8 hormones)
<input type="checkbox"/> Full Cycle Hormone Profile E1, E2, Progesterone, Testosterone, DHEA-S	Days 7, 14, 21, 25, 30	Saliva – Kit	\$368.00 (17 hormones)
<input type="checkbox"/> Luteal Phase Hormone Profile E1, E2, Progesterone, Testosterone, DHEA-S	Days 14, 21, 28	Saliva – Kit	\$248.00 (11 hormones)
<input type="checkbox"/> Melatonin Hormone Profile Melatonin x 2	Midnight (2400) & Morning (0600-0800)	Saliva – Kit	\$51.20 (2 hormones)

CREATE YOUR OWN SALIVA HORMONE PROFILE			
Time	Day of Cycle		
Oestrone (E1)			
Oestradiol (E2)			
Oestrinol (E3)			
Progesterone (P4)			
Testosterone (TT)			
DHEA-S			
Cortisol			
Melatonin			

1-5 hormones = \$25.60 each
Additional hormone(s) over five = \$20.00 each

HORMONES		
<input type="checkbox"/> 2 & 16 Urinary Oestrogen Metabolites	Urine – Kit	\$150.00
<input type="checkbox"/> Complete Thyroid Profile (TSH, fT4, fT3, rT3, Thy Ab)	Blood – SST Gel	\$160.00
<input type="checkbox"/> Thyroid Hormone Profile (TSH, fT4, fT3)	Gold SST Gel	\$80.00
<input type="checkbox"/> Reverse T3 (rT3) <input type="checkbox"/> Thyroid Autoantibodies	Gold SST Gel	\$60.00 each

PLEASE <input checked="" type="checkbox"/> TEST(S) REQUIRED	SPECIMEN/KIT	FEE
METABOLIC PROFILES		
<input type="checkbox"/> Amino Acids – Urine	Urine – Kit	\$360.00
<input type="checkbox"/> Kryptopyrroles (VIC ONLY)	Collection Centre (urine)	\$120.00
<input type="checkbox"/> Essential Fatty Acids – Red Cell	Plasma frozen from LiHep or EDTA - Fasting	\$120.00
<input type="checkbox"/> Essential Fatty Acids – Total Plasma	Plasma frozen from LiHep or EDTA - Fasting	\$120.00
<input type="checkbox"/> Iodine SPOT	Urine – Kit	\$60.00
<input type="checkbox"/> Optimal Nutrition Evaluation (ONE)	Urine – Kit	\$595.00
<input type="checkbox"/> Organic Acids – Metabolic Analysis Profile	Urine – Kit	\$370.00
<input type="checkbox"/> Osteoporosis Risk Assessment (Urinary Telopeptides – NTx)	Urine – Kit	\$95.00

NUTRITIONAL PROFILES			
TRACE ELEMENTS (Please specify)			
Serum	<input type="checkbox"/> Mg	SST gel	\$55.00 each
Serum	<input type="checkbox"/> Cu <input type="checkbox"/> Se <input type="checkbox"/> Zn	Trace metals	\$55.00 each
Red Cell	<input type="checkbox"/> Cu <input type="checkbox"/> Mg <input type="checkbox"/> Mn <input type="checkbox"/> Se <input type="checkbox"/> Zn	Trace metals	\$55.00 each
Whole Blood	<input type="checkbox"/> Mn <input type="checkbox"/> Se	Trace metals	\$55.00 each

VITAMINS/ANTIOXIDANTS		
<input type="checkbox"/> Vitamin B1	LiHep, light protection foil, transport frozen	\$50.00
<input type="checkbox"/> Vitamin B6	LiHep, light protection foil, transport frozen	\$50.00
<input type="checkbox"/> Vitamins B12	Gold SST Gel	\$30.00
<input type="checkbox"/> Folate	Gold SST Gel	\$30.00
<input type="checkbox"/> Active B12	Gold SST Gel	\$55.00
<input type="checkbox"/> Vitamin D	Gold SST Gel	\$65.00
<input type="checkbox"/> Co-Enzyme Q10	Light protection foil, Hep Plasma, transport frozen	\$80.00
<input type="checkbox"/> Homocysteine	SST Gel, send serum frozen if not on same day	\$32.00

TOXIC ELEMENTS		
<input type="checkbox"/> Hair Mineral Analysis (HMA)	Hair – Kit	\$125.00
<input type="checkbox"/> Comprehensive Urine Elements Profile (CUEP)	Urine – Kit	\$150.00
<input type="checkbox"/> Comprehensive Urine Elements Profile – Post Chelation	Urine – Kit	\$160.00

FOOD SENSITIVITY PROFILES		
<input type="checkbox"/> IgG 93 Foods	Pre-payment required.	S, Plain/Gel \$380.00
<input type="checkbox"/> IgG 40 Foods	Test will not proceed without payment.	S, Plain/Gel \$260.00
<input type="checkbox"/> IgG 5 Foods	Call (03) 9926 7800 or (03) 9926 7801 for payment.	S, Plain/Gel \$100.00

RAST PROFILES		
<input type="checkbox"/> Total IgE	Gold SST Gel	\$30.00
<input type="checkbox"/> Staple Food Mix	Gold SST Gel	\$40.00
<input type="checkbox"/> Cereal Mix	Gold SST Gel	\$40.00
<input type="checkbox"/> Seafood Mix	Gold SST Gel	\$40.00
<input type="checkbox"/> Nut Mix	Gold SST Gel	\$40.00

GENETIC DIAGNOSTIC TESTING		
<input type="checkbox"/> MTHFR Gene Test - Swab (i:it) <input type="checkbox"/> MTHFR Gene Test - Blood	EDTA	\$50.00
<input type="checkbox"/> DNA Dose - Blood	EDTA	\$270.00
<input type="checkbox"/> Coeliac Gene Test (HLA DQ2, DQ8)	EDTA	\$150.00
<input type="checkbox"/> Haemochromatosis Test (C2827, H63D)	EDTA	\$60.00

These laboratory investigations ARE NOT eligible for Medicare or Concession Card Holder rebates. Please send payment of this account with your specimens if not already pre-paid.

Cost of Tests \$

Postage & Handling Fee per kit order **\$15.00**

Blood Collection Fee (if applicable) **\$10.00**

Amount Due \$

CREDIT CARD PAYMENT:

Mastercard Visa

Print Name on Credit Card

Card No.

CCV

Expiry Date

Cardholder's Signature

PATIENT DETAILS		Surname	Given Names
<input type="checkbox"/> Mr	<input type="checkbox"/> Miss		
<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr		
<input type="checkbox"/> Ms			
DOB / /	Sex M / F	Phone Mobile	
Postal Address			P/Code
Clinical Notes			

Requesting Practitioner Details:

Practitioner Signature _____ Date / /

Copy to _____

Collected By _____

Date of Collection _____

Time of Collection _____

COLLECTION CENTRE
STAMP

Samples Collected

<input type="checkbox"/> Plain	<input type="checkbox"/> Lithium Heparin	<input type="checkbox"/> Sodium Hep
<input type="checkbox"/> SST	<input type="checkbox"/> Sodium Citrate	<input type="checkbox"/> ACD
<input type="checkbox"/> EDTA	<input type="checkbox"/> Fluoride Oxalate	<input type="checkbox"/> Other

PLEASE <input checked="" type="checkbox"/> TEST(S) REQUIRED	FEE	SPECIMEN TYPE REQUIRED
GENERAL PROFILE (AGP)		
<input type="checkbox"/> Full Profile (As listed below) = HFPAGP	\$90.00	Grey Fluoride Oxalate x 1 1 x SST, EDTA
<input type="checkbox"/> Liver Function Test (LFT)	\$24.80	Gold SST gel
<input type="checkbox"/> Urea, Electrolytes & Creatinine	\$24.80	Gold SST gel
<input type="checkbox"/> Lipid Studies. 10hr FAST HDL/LDL	\$28.00	Gold SST gel
<input type="checkbox"/> Glucose (1 test). 8hr FAST	\$14.75	Grey Fluoride Oxalate
<input type="checkbox"/> CRP	\$14.75	Gold SST gel
<input type="checkbox"/> Full Blood Examination / ESR	\$28.00	Purple EDTA
<input type="checkbox"/> Iron Studies	\$38.10	Gold SST gel
BLOOD GROUPING		
<input type="checkbox"/> Blood Group (must be labelled) Declaration required	\$16.25	Pink EDTA
CARDIOVASCULAR (CD)		
<input type="checkbox"/> Full Profile (As listed below) = HFPCVP	\$69.15	2 x Blue NaCit, 1 x SST
<input type="checkbox"/> C-Reactive Protein - Highly Sensitive	\$14.75	Gold SST gel
<input type="checkbox"/> Fibrinogen	\$18.80	Sodium Citrate x 2
<input type="checkbox"/> Homocysteine 10hr FAST (Send serum frozen if not on same day)	\$32.00	Gold SST gel
<input type="checkbox"/> Lipid Studies. 10hr FAST HDL/LDL	\$28.00	Gold SST gel
COELIAC PROFILE		
<input type="checkbox"/> Gliadin Antibodies	\$30.15	Gold SST gel
<input type="checkbox"/> Tissue Transglutaminase	\$30.15	Gold SST gel
<input type="checkbox"/> Endomysial Antibodies	\$50.00	Gold SST gel
<input type="checkbox"/> Coeliac Gene Test (HLA DQ2, DQ8)	\$150.00	EDTA
<input type="checkbox"/> IgA	\$28.00	Gold SST gel
GLUCOSE TOLERANCE		
<input type="checkbox"/> Fasting Insulin (Send serum frozen if not on same day)	\$31.10	Gold SST gel
<input type="checkbox"/> Fasting Glucose 1hr and 2hr samples. 8hr FAST	\$24.30	Grey Fluoride Oxalate x 3
METHYLATION PROFILE		
<input type="checkbox"/> Full Profile (As listed below)	\$113.60	1 x EDTA, 2 x SST
<input type="checkbox"/> MTHFR gene test	\$50.00	EDTA
<input type="checkbox"/> Homocysteine (Send serum frozen if not on same day)	\$32.00	Gold SST fasting
<input type="checkbox"/> Vitamin B12	\$30.00	Gold SST gel
<input type="checkbox"/> Folate	\$30.00	Gold SST gel

PLEASE <input checked="" type="checkbox"/> TEST(S) REQUIRED	FEE	SPECIMEN TYPE REQUIRED
HORMONES (BLOOD)		
<input type="checkbox"/> Luteinising Hormone (LH)	\$35.70	Gold SST gel
<input type="checkbox"/> Follicle Stimulating Hormone (FSH)	\$35.70	Gold SST gel
<input type="checkbox"/> Prolactin	\$35.70	Gold SST gel
<input type="checkbox"/> Sex Hormone Binding Globulin (SHBG)	\$35.70	Gold SST gel
<input type="checkbox"/> Progesterone (P4)	\$35.70	Gold SST gel
<input type="checkbox"/> Oestradiol (E2)	\$35.70	Gold SST gel
<input type="checkbox"/> DHEA-S	\$35.70	Gold SST gel
<input type="checkbox"/> Testosterone	\$35.70	Gold SST gel
<input type="checkbox"/> Free Testosterone	\$35.70	Gold SST gel
<input type="checkbox"/> PSA	\$35.70	Gold SST gel
THYROID HORMONES		
<input type="checkbox"/> Complete Thyroid Profile (TSH, fT4, fT3, rT3, Thy Ab)	\$160.00	Gold SST gel
<input type="checkbox"/> Thyroid Hormone Profile (TSH, fT4, fT3)	\$80.00	Gold SST gel
<input type="checkbox"/> Reverse T3 (rT3)	\$60.00	Gold SST gel
<input type="checkbox"/> Thyroid Autoantibodies	\$60.00	Gold SST gel
OTHER TESTS		
<input type="checkbox"/> MTHFR Gene Test	\$50.00	Swab-Test Kit or EDTA
<input type="checkbox"/> Vitamin D	\$65.00	Gold SST gel
<input type="checkbox"/> Vitamin B12	\$30.00	Gold SST gel
<input type="checkbox"/> Folate	\$30.00	Gold SST gel
<input type="checkbox"/> Active B12	\$55.00	Gold SST gel
<input type="checkbox"/> Calcium	\$14.75	Gold SST gel
<input type="checkbox"/> Phosphate	\$14.75	Gold SST gel
<input type="checkbox"/> Parathyroid Hormone (Send serum frozen if not on same day)	\$35.70	Gold SST gel
ADDITIONAL TESTS		

Please Note: In some cases tests are referred to another laboratory and you may be billed additionally.

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Blood Collection Fee per order **\$10.00**

Amount Due \$

CREDIT CARD PAYMENT:

Mastercard Visa

Print Name on Credit Card

Card No.

CCV

Expiry Date

/

Cardholder's Signature

PAYMENT METHOD:

Cheque Money Order