



Patient Initiated REQUEST

Australasian Research Institute INC

ABN 14 539 575 487

A Medical Research Institute of **Sydney Adventist Hospital**

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Chief Scientist: A/Prof Ross Grant

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PATIENT DETAILS

Surname: _____ Given Name: _____
 Address: _____ DOB/Age: _____
 City: _____ Home phone: _____
 Postcode: _____ Mobile: _____
 Email: _____ Office phone: _____
 Fax number : _____

Tests requested (please tick the tests you require)	✓	COST/TEST	BLOOD COLLECTION & TRANSPORT (Path collection staff)
HYDROPEROXIDES		\$45	1. Whole blood collected in heparin tube (green top), no gel. 2. Store 4-8°C 3. Transport to <i>San Pathology</i> within 8hrs of collection
TOTAL ANTIOXIDANT CAPACITY		\$45	
Total cost	\$		

PAYMENT

You will be sent an invoice for the cost of the tests indicted above.

(Please NOTE: These tests do not attract a Medicare rebate)

Would you like a copy of these results sent to your health-care provider? Yes No

Name: _____
 Address: _____
 City: _____
 Postcode: _____