



Australasian Research Institute INC

ABN 14 539 575 487

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

**185 Fox Valley Rd, Wahroonga NSW 2076**

**Telephone: 02 94879601**

**Facsimile: 02 94879626**

*www.australasianresearch.org*

**Chief Scientist: A/Prof Ross Grant**

*B.Ed(Sc) MAppSc (Clin Chem), PhD (NeuroPharm), FASLM*

# NK-Vue<sup>®</sup> test REQUEST

## PATIENT INFORMATION

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ DOB/Age: \_\_\_\_\_  
 Sex: Male  Female  Other \_\_\_\_\_  
 City: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_ Office phone: \_\_\_\_\_  
 Fax number : \_\_\_\_\_

Tests requested (please tick the tests you require)	COST/TEST	SAMPLE	BLOOD COLLECTION & TRANSPORT (NK-VUE <sup>®</sup> ) (Path collection staff)
NATURAL KILLER (NK) CELL activity (NK-Vue <sup>®</sup> )	\$420.00	WB/Plasma	After incubating the NK Vue <sup>®</sup> tube with blood for 20-24 hrs at 37°C, send plasma/WB sample (transport between 2 to 8°C) to <b>San Pathology</b> attention <b>ARI Lab</b> within 24hrs  Sample collection Date: _____ Time: _____ Incubation started: _____ Incubation ended: _____ Specimen sent to Lab: Date: _____ Time: _____ Specimen received at Lab: Date: _____ Time: _____ By: _____
<b>Total cost</b>	<b>\$420.00 PRICE INCLUSIVE OF GST</b>		

## PAYMENT

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

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

### Physician/Client information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 \_\_\_\_\_  
*Ordering Physician Signature* *Date DD/MM/YY*

Patient Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_