Pathology Request Form

OTAKARO PATHWAYS

Mail this form to: info@otakaropathways.co.nz or John Aitken, Otakaro Pathways Ltd, Innovation Park, 185 Kirk Road, Templeton, Christchurch, 7625, New Zealand. Tel:+64 3 341 2195

Patient details

Name	
DOB	(dd/mm/yy) _____/_____/_____
Sex	
Email	
Address	
Fax	
Clinical history	
Medication	

Test requested

- ☐ Mycobacteria blood test
- ☐ Other _____

Blood test collection

Collection date	____ / ____ / ____
Shipment date to NZ	____ / ____ / ____

Delivery of results

Please select preferred option

- ☐ Email
- ☐ Fax
- ☐ Post mail

Gastroenterologist/Specialist details (optional)

Name	
Clinic	
Email	
Address	
Tel	
Fax	

General Practitioner details (optional)

Name	
Clinic	
Email	
Address	
Tel	
Fax	

Payment

Cost of test: $250

Payment to be made within 14 days of sending this request. Visit otakaropathways.co.nz/orderbyemail to pay online or for payment instructions.

Signature

Patient signature _____

Date _____ / _____ / _____

(Optional)

Requesting Dr signature_____

Date _____ / _____ / _____

DISCLAIMER: This test was developed by Otakaro Pathways and is performed in New Zealand as a laboratory developed test (LDT) to support research. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA).