



Labtests

Orange Fields Compulsory

# Restricted Test Form

[www.labtests.co.nz](http://www.labtests.co.nz)

<b>NHI</b>		Surname		Given Names	
DOB / /		Sex	Address		
Phone No.					
GP Name				Copy to:	
GP Address					
Collection Centre Code:		Collector:		Date:	Time:

LABTESTS			LAB USE
<input type="radio"/>	Vitamin D	VID	FASTING Y / N
<input type="radio"/>	Insulin (Fasting)	IRI	
<input type="radio"/>	Homocysteine	HCY	
<input type="radio"/>	DHEAS	DHS	
<input type="radio"/>	Free Testosterone	FRT	
CHL			<b>PATIENT TO PAY</b>  <b>SAMPLES</b> <input type="radio"/> SST <input type="radio"/> EDTA <input type="radio"/> Citrate <input type="radio"/> Flox <input type="radio"/> Urine <input type="radio"/> Other
<input type="radio"/>	Copper	PCU	
<input type="radio"/>	Cortisol Binding Globulin	BGC	
<input type="radio"/>	Free Cortisol – 24hr Urine	FCU	
<input type="radio"/>	IGF 1	ING	
<input type="radio"/>	IGF – BP3	IBP	
<input type="radio"/>	Q10 Coenzyme	COQ	
<input type="radio"/>	Vitamin B6	B6V	
<input type="radio"/>	DHT	TDH	
<input type="radio"/>	Iodine – casual urine	URI	
<input type="radio"/>	Lipoprotein (a)	PRA	
<input type="radio"/>	Red Cell Magnesium	MGR	
<input type="radio"/>	Mercury (blood)	BHG	
<input type="radio"/>	Selenium	PSE	
<input type="radio"/>	Zinc	PZN	
<input type="radio"/>	Salivary Testosterone	SAT	
<input type="radio"/>	Salivary Progesterone	SAP	
<input type="radio"/>	Apolipoprotein E Genotype	APO	
<input type="radio"/>	Mercury (urine)	UHG	

Clinical Details

<b>FASTING</b> <b>YES / NO</b>
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Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_