



Molecular Genetics Laboratory,
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Molecular Genetics Test Request Form

Instructions:

Please complete this form and return to the Molecular Genetics Laboratory at LabPlus.

Page 1 required for tests performed at LabPlus.

Pages 1 and 2 required for sendaway tests.

Requesting Doctor:		Date:
Name:	Address:	
Tel:	Fax:	E-mail:

Patient Details:

Name:	DOB:	Sex:
Ethnicity (Country of Origin):	NHI:	
Test requested:		
Clinical / family details:		

Results/report and Invoice will be sent to the requesting Dr unless we are otherwise instructed.



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Molecular Genetics Test Request Form page 2 (for Sendaway tests)

(i.e. testing not available at LabPlus)

- Once samples have been sent a report will follow with details of the sendaway.
- For information on testing, please contact the laboratory performing the test.
- For other questions please contact staff in the Molecular Genetics Laboratory.

Patient Details

Name:	DOB:	NHI:
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Details of Laboratory to send samples to:

- Testing laboratory not known.
- Please send samples to:

Name:	Address:
Tel:	Fax: (Important for import permit request)

Report:

Test results are to be sent to the requesting doctor.

Invoice:

- Please send invoice to requesting doctor.
- Please send invoice to:

Name:	Address:
Tel:	Fax:
Signature of requesting doctor:	

NOTE: The Molecular Genetics Laboratory is NOT responsible for any test or shipping charges.

For Lab Use only:

Lab ID:	DNA conc (in TE):
Vol of DNA sent:	Extraction method/date:
Date sent/initial:	ADNA reported date/initial: