

# Australian Biologics Testing Services Pty Ltd.

ABN 83 057 347 387

Fayworth House, Suite 605, 6th Floor, 379-383 Pitt Street, Sydney, NSW 2000  
Tel: (02) 9283 0807 Fax: (02) 9283 0910 Web: www.australianbiologics.com.au

## PATIENT REFERRAL

Male

Female

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Phone No's: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (MOB) \_\_\_\_\_

Previous Tests: YES  NO  Previous Lab No.: [ \_\_\_\_\_ ]

Clinical Notes - (Diagnosis - Medication)

### TESTS REQUESTED

#### Haematology

CRT

CRT collect

LBA

LBA collect

LVT

#### Allergy IgE

Scratch

#### Intolerance IgG

210 Foods   
(No fasting required)

Foods 60  *Fasting 12 hours*

Foods 111  *please drink water*

Additives  *prior to testing*

Chemicals  *testing*

#### Other

Thermography   
(Preparation required)

Hair Analysis

Candida

Antibodies

Blood Group

#### Molecular Biology

Mycoplasma sp.

M. fermentans

Chlamydia sp.

Borrelia

### REFERRED BY:

Practitioners Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Urgent:  Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Copy to Patient: