ISET® CTC – NIIM LABORATORY TEST REQUEST FORM

ID

Blood taken by	Date

Interstate TOLL Express CTC blood transport
Please email form to: karinried@niim.com.au OR ntravica@niim.com.au

1. PATIENT DETAILS

Title	Surname	First name	DOB	M / F

Street address	Suburb	State	Postcode

Phone ( )	Mobile	Email

2. PRACTITIONER DETAILS

Full name	Type of practitioner
Provider number	Email
Practice name	Practice address

PRACTITIONER SIGNATURE **DATE (dd/mm/yy)**

3. DIAGNOSIS/TREATMENT/ HISTORY

Type of cancer / Stage / Screening	Date of initial diagnosis
Family history of cancer	Current symptoms

Previous therapy [year only]		Current therapy	Start date (dd/mm/yyyy)
Surgery	[ ]	Radiotherapy	___/___/_____
Radiation therapy	[ ]	Chemotherapy	___/___/_____
Chemotherapy	[ ]	Hyperthermia	___/___/_____
Other Therapy	[ ]	Intravenous Vitamin C	___/___/_____
Please provide details:		Other Therapy	___/___/_____
		Please provide details:	

4. ISET® CTC TESTING

[ ] CTC count	AUD $850
[ ] Shipping and handling	AUD $100

5. CONSENT (A): By signing below, I the person undertaking the test:

(i) Give my consent to the NIIM Lab to use the blood sample for medical testing and analysis, as per this request form and I relinquish any claim of ownership of the blood sample or any of its components;

(ii) I agree that CTC test results will be made available to the referring doctor for discussion with me.

(iii) I understand that NIIM conducts CTC testing as part of a clinical study. The study has been approved by an NHMRC registered ethics committee, and is registered on the Australia New Zealand Clinical Trial Registry.

PATIENT SIGNATURE: _____ **DATE:** _____

(iv) PAYMENT SECTION

[ ] Cash or Cheque		
[ ] VISA [ ] Mastercard	Card Number	Expiry date (mm/yyyy)
Cardholder's name	Cardholder's signature	Amount AUD $