



**NIIM Pathogen Blood Test  
Research Study  
REQUEST FORM  
Interstate transport**

ID
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Blood taken   Date   Time
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Interstate TOLL Express Blood Transport

Please email the form to: [karinried@niim.com.au](mailto:karinried@niim.com.au) OR [ntravica@niim.com.au](mailto:ntravica@niim.com.au)

<b>1. PATIENT DETAILS</b>				
Title	Surname	First name	DOB	M
Street address		Suburb	State	Postcode
Phone ( )	Mobile		Email	
<b>2. PRACTITIONER DETAILS</b>				
Full name			Type of practitioner	
Provider number			Email	
Practice name			Practice address	
<b>PRACTITIONER SIGNATURE</b>			<b>DATE (dd/mm/yy)</b>	
<b>3. HISTORY /SYMPTOMS</b>				
See History questionnaire (by phone call)			Date of initial diagnosis	
<b>4. PATHOGEN TESTING</b>				
			<b>3x ACD tubes</b>	
<input type="checkbox"/> Standard Analysis – Microscopy (2 week turn around)			<b>\$ 850</b>	
<input type="checkbox"/> + PCR-DNA analysis for Fungi/mould (5 week turn around)			<b>+ \$250</b>	
<input type="checkbox"/> + PCR-DNA analysis for Borrelia, Rickettsia, Babesia (5 weeks)				
<input type="checkbox"/> Shipping and handling			<b>\$ 100</b>	
<b>5. CONSENT:</b> 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 the test results will be made available to the consulting doctor(s) for discussion with me.				
(iii) I understand that NIIM conducts the Pathogen Blood 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.				
<b>PATIENT SIGNATURE:</b> _____			<b>DATE:</b> _____	
<b>6. PAYMENT SECTION</b>				
<input type="checkbox"/> Cash or Cheque				
<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard			Card Number	Expiry date (mm/yyyy)
Cardholder's name		Cardholder's signature		Amount AUD \$