PATIENT FORM for Non-Funded Tests



	NHI:	Contact number:
Street Address:		
REQUESTOR Name:		Location:
Originating Laborator	y Name:	Contact number:
FEES and CHARGES:		GST Number: 79 427 594
_	_	ule. Unless you receive advice that it is funded from another source e required to pay for this testing.
unable to commence unti Pathlab BOP. This fee doe	il payment has cleared in our a	enable you to make payment to Pathology Associates Ltd. Testing is account and the blocks/tissue sections of your tumour are received by another Pathology Service may charge for the retrieval and sending or ges occur.
PATIENT PAYMENT:		
		ular / oncology page of our website nz/molecular-/-oncology-gene-testing)
TOTAL: \$	Overseas requests may incur	r additional costs. Please contact us for prices.
Payment via CREDIT CAI I hereby authorise Patholog		redit card for payment as indicated above.
mán mán	Mastercard	
Card Number:		
CVV number:	3 digit number on back of cal	rd
Name on Card:		
Signature:		Date:
Dayment via INITEDALET	PANIZING:	
Payment via INTERNET I Bank - BNZ	BANKING:	Branch – Tauranga
•		Branch – Tauranga Account details – 020466 0344008 00

ON YOUR FORM - PLEASE INDICATE METHOD OF PAYMENT

Enquiries: molecular.testing@pathlab.co.nz

Phone: +64 7 578 7073, ext 6519 Website: www.pathlab.co.nz