

REQUEST FOR TEST ADD

Date

Lab No Date of Spec

Surname First Names

D.O.B. NHI

Tests to be added:

.....

Requested by: Dr / Nurse / Mr / Ms

Clinic

PLEASE RETURN BY FAX

Pathlab Waikato
07 858 0879

Pathlab Bay of Plenty
07 577 5202

Pathlab Whakatane
07 306 0908

Sections below are to be completed by laboratory staff

Test added:

Test add not performed:

Reason:

Test added on Delphic Yes / No

Fax: Yes / No

Scanned: Yes / No

Test assigned Yes / No

Sign