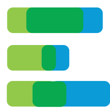

EasyDNA

RCPA The Royal College of Pathologists of Australasia | ilac-MRA | NATA Accreditation No. 19325

Accredited for compliance with NPAAC Standards and ISO 15189.

FAX FORM TO: +617 3054 4363
DELIVER TO: The Genetic Testing Lab
P.O. Box 3088, Newmarket Q 4051

ALLERGIES TESTING REQUEST FORM

ATTENTION: Complete all fields below. Once the Test Requisition form has been completed, fax to **+617 3054 4363** with a copy of the pathology report. Patient must sign consent form to perform the test.

PATIENT INFORMATION

Patient Family Name:	**Patient Given Names:**	**Gender:** ☐ **Male** ☐ **Female**	**DOB:** ____ /_____ /______
Email:		**Contact Number:**	
Patient Address:		**Medicare Details: (Australia only)**	

TEST (S) REQUESTED

INHALANT PANEL

☐ **Inhalant Panel I:** Cover 6 Inhalant Allergen - Aspergillus fumigatus, Bermuda grass, Cockroach-German, Common ragweed, D. farinae, D. pteronyssinus

☐ **Inhalant Panel II:** Cover 9 Inhalant Allergen (Pollen) - Acacia, Bahia grass, Bermuda grass, Common ragweed, Johnson grass, Melaleuca, Mugwort, Timothy grass, White pine

☐ **Inhalant Panel III:** Cover 6 Inhalant Allergen (HDM, epidermals, cockroach) - Blomia tropicalis, Cat dander, Cockroach-American, Dog dander, D. farinae, D. pteronyssinus

☐ **Inhalant Panel IV:** Cover 4 Inhalant Allergen (Mold) - Alternaria alternata, Aspergillus fumigatus, Cladosporium herbarum, Penicillium notatum

FOOD PANEL

☐ **Food Panel I:** Cover 3 Food Allergen (Fish) - Fish (Cod), Tuna, Salmon

☐ **Food Panel II:** Cover 8 Food Allergen (Shellfish) - Blue mussel, Clam, Crab, Lobster, Oyster, Scallop, Shrimp, Squid

☐ **Food Panel III:** Cover 9 Food Allergen (Nuts) - Almond, Brazil nut, Cashew nut, Hazel nut, Macadamia nut, Peanut, Pine nut, Pistachio, Walnut

☐ **Food Panel IV:** Cover 7 Food Allergen (Infant) - Cow's milk, Egg, Fish (Cod), Peanut, Shrimp, Soya bean, Wheat

DRUG PANEL

☐ **Amoxicilloyl (c6)** ☐ **Ampicilloyl (c5)** ☐ **Cefaclor (c7)**
☐ **Penicilloyl G (c1)** ☐ **Penicilloyl V (c2)**

ALLERGEN COMPONENTS TESTING

☐ **PEANUT:** • f422, r Ara h 1 • f423, rAra h 2 • f424, rAra h 3 • f427, rAra h 9 LTP

☐ **WHEAT:** • f416, rTri a 19 Omega-5 Gliadin

☐ **EGG:** • f233, nGal d 1 Ovomucoid • f232, nGal d 2 Ovalbumin

☐ **MILK:** • f78, nBos d 8 Casein

OTHER

☐ **SPECIFY:**

ORDERING MEDICAL PRACTITIONER DETAILS

Insert Medical Practioner Contact details

Phone Number:

By signing this form I confirm to the best of my knowledge that I have the consent of the patient to request allergy testing, and that the patient is aware that this test may require pre-payment prior to commencement of the test.

Signature:

Date:

PATIENT INFORMED CONSENT STATEMENT

I agree to the genetic analysis, and the release of my tissue for allergy testing.

Patient Name:

Patient Signature:

Date:

SPECIMEN COLLECTOR USE ONLY			
Coll. Date		Sample Type	
Coll. Time		Collectors Initials	

GTL STAFF USE ONLY			
Rec. Date		Sample Type (Exp Date)	
Rec. Time		Rec. By	