



Laboratory test request.

| Customer details. | | |
|-------------------|--------------------------------|--|
| Name | Date of birth (DD/MM/YYYY) Sex | |
| | | |
| Phone number | Application number | |
| | | |
| Address | | |
| | | |

| Laboratory tests required. | | | | | | | |
|----------------------------|-------------------------------|--------------|-----------|--|--|--|--|
| Creatinine | HIV | MSU | Uric Acid | | | | |
| ESR | LFT | PSA | Other | | | | |
| Full Blood Count | Нер С | Serum Lipids | | | | | |
| HbA1c | Hep B (HBAb, HBsAg, HBeAg) | Urea | | | | | |

Please remember to take this form with you

Some useful information

- If you have been asked to have a fasting test, then it is important that you do not eat or drink (water is okay) in the 12 hours before the tests are done. This is because test results can be affected by food and drink and may show an abnormal or inaccurate reading.
- If possible, have your fasting tests done first thing in the morning. You will then be able to eat and drink as normal for the rest of the day.
- The cost of these tests will be met by Fidelity Life. Please use a laboratory that is convenient for you.

Please send test results to:

@ newbusiness@fidelitylife.co.nz 📙 09 303 5732 🖂 Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

If you have any questions please contact us on 0800 88 22 88.

And a copy to the customers GP:

| Laboratory use only. | | | | | | | | |
|--|----------------|------------------|---------------|-------|-----|------|--|--|
| Patient ineligible for health benefits | | Reference number | | | | | | |
| | | | | | | | | |
| Time collected | Date collected | Time received | Date received | Depot | H/C | Fast | | |
| | | | | | | | | |
| | | | | | | | | |
| Results can be emailed, faved on posted to Fidelity I ife's Chief medical officer at the address above | | | | | | | | |