



URINARY PYRROLE ANALYSIS REQUEST/PAYMENT FORM

PATHCODE	COLLECTION DATE	TIME
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PATIENT DETAILS (Please print <u>ALL</u> details clearly. All personal information will remain <u>confidential</u> and will not be used for solicitation)			
Surname:		Given Name:	
Address:		State:	Postcode _____
DOB:		Phone:	
Email:			
NOTES (Please tick boxes)		Menstruating <input type="checkbox"/>	Mood Disorder <input type="checkbox"/>
Zinc Supplements Ceased Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> If Yes please state date _____/_____/_____		Jaundice <input type="checkbox"/>	Depression <input type="checkbox"/>
Weight (Kgs) _____		Diabetic <input type="checkbox"/>	ASD <input type="checkbox"/>
		Food Allergy _____ <input type="checkbox"/>	Medication _____ <input type="checkbox"/>

PRACTIONERS DETAILS (Please print clearly and fill all details)	
Name:	Doctor <input type="checkbox"/> Naturopath <input type="checkbox"/>
Practice Name:	Provider Number
Address:	State: Postcode _____
Phone:	Fax:

TESTING FEES (Prices include GST)
Charged at Applied Analytical Laboratories

\$80 AUD Per Test \$65 AUD Pension/ Student concession rate

Concession Card Sighted

COLLECTION FEES
Charged at collection centers

AAL 15 \$ pickup

DHM 45\$

(independently billed)
QML 35\$

(independently billed)

PAYMENT METHOD (Please provide at least ONE form of payment, results will be withheld if no payment option is provided)

Mastercard Visa Cheque Money Order Invoice

Card Number. Exp. _____/_____

Email Invoice _____ @ _____

Name on card: _____ Signed: _____ Date: _____

By signing this form, you are consenting for AAL ONLY to process payment for the testing fee. Tampering with this form and accompanying sample or misuse of this information is regarded as a criminal offence.