URINARY PYRROLE ANALYSIS

REQUEST/PAYMENT FORM

PATHCODE	COLLECTION DATE	TIME

PATIENT DETAILS (Please print ALL details clearly. All personal information will remain confidential and will not be used for solicitation)

Surname:	Given Name:	
Address:	State:	Postcode __ __ __ __
DOB:	Phone:	
Email:		

NOTES (Please tick boxes)

Zinc Supplements Ceased Y ◯ N ◯ N/A ◯
If Yes please state date ____/___/____

Weight (Kgs)_____

Menstruating	◯	Mood Disorder	◯
Jaundice	◯	Depression	◯
Diabetic	◯	ASD	◯
Food Allergy_____	◯	Medication_____	◯

PRACTIONERS DETAILS (Please print clearly and fill all details)

Name:	Doctor ◯	Naturopath ◯
Practice Name:	Provider Number	
Address:	State:	Postcode __ __ __ __
Phone:	Fax:	

TESTING FEES (Prices include GST) Charged at Applied Analytical Laboratories		**COLLECTION FEES** Charged at collection centers	
$80 AUD Per Test ◯	$65 AUD Pension/ Student concession rate ◯	AAL 15 $ pickup	◯
Concession Card ☐☐☐ ☐☐☐ ☐☐☐ ☐	Sighted ◯	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 _____ @ _____.com

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.

Applied Analytical Laboratories Pty Ltd ABN: 18 138 912 875

Shop 6, 11 Logandowns Drive, Meadowbrook QLD 4131 Phone: (07) 3133 1615 Email: info_apan@bigpond.com