# Patient Initiated REQUEST

Australasian Research Institute

Australasian Research Institute INC
ABN 14 539 575 487
A Medical Research Institute of **Sydney Adventist Hospital**
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***B.Ed(Sc) MAppSc (Clin Chem), PhD (NeuroPharm)***

## PATIENT DETAILS

**Surname:** _____ **Given Name:** _____

**Address:** _____ **DOB/Age:** _____

_____

**City:** _____ **Home phone:** _____
**Postcode:** _____ **Mobile:** _____
**Email:** _____ **Office phone:** _____
**Fax number :** _____

| **Tests requested** (please tick the tests you require) | ✓ | COST/TEST | BLOOD COLLECTION & TRANSPORT (Path collection staff) |
|---|---|---|---|
| OMEGA 3 INDEX (EPA+DHA) | | $60 | 1. Whole blood collected in heparin tube (green top), no gel.<br>2. Store 4-8°C<br>3. Transport to *San Pathology* within 8hrs of collection |
| OMEGA 6:3 RATIO | | $60 | |
| OMEGA 3 INDEX (EPA+DHA) + OMEGA 6:3 RATIO | | $75 | |
| TOTAL MEMBRANE FATTY ACID (INCLUDES OMEGA-3 INDEX AND OMEGA 6:3 RATIO) | | $115 | |
| **Total cost** | $ | | |

## PAYMENT

**You will be sent an invoice for the cost of the tests indicted above.**

(Please NOTE: These tests do not attract a Medicare rebate)

**Would you like a copy of these results sent to your health-care provider?** Yes ☐ No ☐

**Name:** _____
**Address:** _____
**City:** _____
**Postcode:** _____

The **Australasian Research Institute** operates as an **approved research facility**, at the Sydney Adventist Hospital by authority of the Department of Health & Aging for the purposes of subsection 73A(7)(a) of the *Income Tax Assessment Act 1936*