

Diagnostic Request Form

1) Practitioner Details

Name: _____
Qualification: _____
Address: _____

Phone: _____
Email: _____

2) Patient Details

Name: _____
Sex: M / F Date of Birth: _____
Address: _____

Email: _____
Phone: _____

- Practitioners account, Signature Required: _____
 Internet Payment to account number: 06 0101 0896694 00 Reference (customer name/diagnostic)
 Patient Credit Card: No.: _____ Exp: _____ NOTE: 1.6% surcharge applies.

4) Test requested:

IgG Food Allergy Panel

Assesses delayed sensitivities to 96 foods including common Dairy Products, Fish/Crustacea/Mollusc, Vegetables, Grains/Legumes/Nuts, Fruits and Meats (see reverse side for the complete list)

Blood spot test
RRP\$382.50

Additional Supporting Information E.g. Symptoms, current medications etc

Notes:

Dairy (Bovine Derived)	Fish/ Crustacea/ Molluscs	Fruits	Grains/Legumes /Nuts
Casein Cheese, Cheddar Cheese, Cottage Cheese, Mozzarella Whey Malt Milk Milk, Goat Yoghurt	Clam, Manila Cod, Atlantic Crab, Dungeness Halibut Lobster, American Oyster Red Snapper Salmon, Pacific Shrimp, Western Sole Tuna, Yellowfin	Apple Apricot Banana Blueberry Cranberry Grape, red Grapefruit Lemon Orange Papaya Peach Pear Pineapple Plum Raspberry, Red Strawberry	Almond Amaranth Flour Barley Bean, Kidney Bean, Lima Bean, Pinto Bean, Soya Bean, String Buckwheat Coconut Corn Filbert Gliadin, Wheat Gluten, Wheat Lentil Oat Pea, Green Peanut, Runner Pecan Rice, White Rye Sesame Spelt Sunflower Walnut Wheat, Whole
Meat/Fowl	Vegetables	Miscellaneous	
Beef Chicken Egg White, Chicken Egg Yolk, Chicken Lamb Pork Turkey	Asparagus Avocado Beet Broccoli Cabbage, White Carrot Cauliflower Celery Cucumber Garlic Lettuce Mushroom Olive, Black Olive, White Pepper, Green Potato, Sweet Pumpkin Radish Spinach, Green Squash, Zucchini Tomato, Red	Cocoa Bean Coffee Bean Honey Sugar Cane Yeast, Baker's Yeast, Brewer's	