

Southern Community Laboratories Ltd

Consent and Payment Form

(To be accompanied by a referral form)

Patient Information:

Surname: _____

First Names: _____

Date of Birth: _____ NHI: _____

Address: _____

Contact number: _____

E-mail: _____

Requesting Clinician: _____

Laboratory Testing:

PD-L1 immunohistochemistry score: scoring the proportion of positive cells in metastatic tumours

Patient Consent:

I understand that laboratory testing on my tissue sample is part of the investigation for my tumour and the test to be performed has been explained to me by the requesting clinician. I give permission for my tissue sample to have the following test performed and the test result will be sent to the requesting clinician:

PD-L1 immunohistochemistry

Patient Signature: _____

Date: _____

Payment Details (Samples will be processed when payment is received)

PD-L Immunohistochemistry \$200.00 (inclusive of GST)

Internet Banking Details (Please use SURNAME and NHI as reference)

Bank: ANZ

Account: Southern Community Laboratories

Account number: 01 0906 0090006 000

Credit Card Payment: Payment by Credit Card may be made over the phone by calling the Southern Community Laboratories Accounts Department on 03 474 8341.

Cheques: Please make cheques out to Southern Community Laboratories Ltd

Total Paid: _____ **Tick if Receipt required**

Contact Details: Southern Community Laboratories
Plunket House, 472 George Street,
Dunedin, New Zealand
Ph 0800 101 444

OFFICE USE ONLY:

Total Paid: _____ Date Paid: _____ Results released Date Released: _____

