



ISET® CTC* & PATHOGEN TEST REQUEST FORM

ID No.

Interstate

***CTC = Circulating Tumour Cell**

Interstate TOLL Priority CTC blood transport

Please email form to: karinried@niim.com.au AND ntravica@niim.com.au

Blood taken	Blood filtered
Date/Time By	Date/Time By

1. PATIENT DETAILS				
Title:	Surname:	First name:	DOB:	Sex:
Street:		Suburb:		State:
Phone:		Mobile:	Email:	
2. PRACTITIONER DETAILS				
Name:		Type of practitioner:		
Provider number:		Practitioner email:		
Practice name:		Practice address		
PRACTITIONER SIGNATURE:			DATE:	
3. Primary Test requested (tick one):				
<input type="checkbox"/> CTC count <input type="checkbox"/> Pathogen Screen				
CTC: Type of cancer / Stage / Screening			CTC: Date of initial diagnosis	
			<input type="checkbox"/> Pathogen Test: History Questionnaire by phone	
Family history of cancer?			Current symptoms?	
Previous Therapy	Details	Dates	Current Therapy	Commencement date dd/mm/yyyy
Surgery			Radiotherapy	
Radiotherapy			Chemotherapy	
Chemotherapy			Hyperthermia	
Hyperthermia			Intravenous Vit C	
IVC/ IV Curcumin			IV Curcumin	
Other Therapy			Other Therapy	
Please provide details:			Please provide details:	
3. ISET® CTC TESTING & PATHOGEN SCREENING				
<input type="checkbox"/> CTC count and Pathogen Screening - microscopy			AUD \$ 850 + 100 shipping	
<input type="checkbox"/> Optional (paid later) – Pathogen test follow-up: PCR-DNA Analysis: (Fungal/Mould, Borrelia, Rickettsia, Babesia)			AUD \$ 250	
4. CONSENT: By signing below, I the person undertaking the test:				
(i) Give my consent to the NIIM Lab to use the blood sample for medical testing and analysis, as per this request form and I relinquish any claim of ownership of the blood sample or any of its components;				
(ii) I agree that CTC & Pathogen test results will be made available to the referring doctor(s) for discussion with me.				
(iii) I understand that NIIM conducts CTC & Pathogen testing as part of a clinical study. The study has been approved by an NHMRC registered ethics committee, and is registered on the Australia New Zealand Clinical Trial Registry.				
PATIENT SIGNATURE:			DATE:	
5. PAYMENT SECTION				
<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		CARD NUMBER		Expiry Date (mm/yy)
Cardholder's name:		Cardholder's signature:		Amount AUD \$