

# GENERAL REFERRAL FORM

## Patient Information:

Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
NHI: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_

## Referral Indication & Clinical Information:

Specimen type: \_\_\_\_\_  
Reference: \_\_\_\_\_  
Date and time collected: \_\_\_\_\_  
By whom: \_\_\_\_\_  
Patient history and clinical indication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pathology Report Attached: Y/N  
Test requested: \_\_\_\_\_  
Test category/Billing code: \_\_\_\_\_

## Referring Clinician information:

Referring Dr: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature/Date: \_\_\_\_\_

Copyto Dr: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copyto Dr: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Supplementary Information: (If required)

### Requirements: Paraffin Tissue

Please ensure the following:

- 6 x 2-4 micron sections on polylysine coated slides
- 2 forms of ID for each slide, identical to referral form
- Area of interest marked on an H&E slide
- Pathology report accompany referral form

### Requirements: Tissue or fluid

Please ensure the following:

- Contact laboratory prior to sending sample to obtain requirements for processing and transport
- 2 forms of ID on container, identical to referral form

## Contact information:

IGENZ Ltd, Level 2, Quay Park Health, 68-70 Beach Rd, Auckland CBD, New Zealand  
[www.igenz.co.nz](http://www.igenz.co.nz) Phone +64 9 307 3981 Fax +64 9 307 3983

## Office use only:

Date and Time received: \_\_\_\_\_ By whom: \_\_\_\_\_  
Comments: \_\_\_\_\_