

BLOOD TEST REQUEST & CONSENT FORM

Please write legibly otherwise there may be delays in receipt of your results.

PATIENTS NAME

DATE OF BIRTH

ADDRESS FOR INVOICE

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I have read the Patient Information Sheet about tests for Natural Killer cells and understand that these tests are currently experimental. I agree to have blood taken for the following tests (please tick):

YES NO TEST

YES	NO	TEST
<input type="checkbox"/>	<input type="checkbox"/>	NK (CD69) cell assay
<input type="checkbox"/>	<input type="checkbox"/>	NK cytotoxicity assay
<input type="checkbox"/>	<input type="checkbox"/>	NK (CD69) cell and NK cytotoxicity assay
<input type="checkbox"/>	<input type="checkbox"/>	NK cytotoxicity with suppression with steroids, IVIg and intralipin
<input type="checkbox"/>	<input type="checkbox"/>	NK cytotoxicity with suppression with steroids, IVIg and intralipin, and NK (CD69) cell assay
<input type="checkbox"/>	<input type="checkbox"/>	Th1/Th2 cytokine profile
<input type="checkbox"/>	<input type="checkbox"/>	Lymphocyte Subsets
<input type="checkbox"/>	<input type="checkbox"/>	Anti Thyroid Peroxidase (TPO) antibodies
<input type="checkbox"/>	<input type="checkbox"/>	Anti Nuclear Antibodies
<input type="checkbox"/>	<input type="checkbox"/>	Anti Cardiolipin Antibodies

For prices for the above tests, please refer to www.ri-centre.co.uk RIC will send two copies of your results to your GP. Please provide your Doctor's name and address below:

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DOCTOR'S SIGNATURE

DATE / /

PATIENT'S SIGNATURE

DATE / /