

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

.....

.....

.....

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 TEST

- NK (CD69) cell assay
- NK cytotoxicity assay
- NK (CD69) cell and NK cytotoxicity assay
- NK cytotoxicity with suppression with steroids, IVIg and intralipid
- NK cytotoxicity with suppression with steroids, IVIg and intralipid, and NK (CD69) cell assay
- Th1/Th2 cytokine profile
- Lymphocyte Subsets
- Anti Thyroid Peroxidase (TPO) antibodies
- Anti Nuclear Antibodies
- Anti Cardiolipin Antibodies
- Factor V Leiden (FVL)
- Prothrombin Gene Mutation (PTG)

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

.....

.....

.....

DOCTOR'S
SIGNATURE

.....

DATE

..... / /

PATIENTS'S
SIGNATURE

.....

DATE

..... / /