



Northland  
PATHOLOGY  
www.norpath.co.nz

Northland  
PATHOLOGY

LABORATORY – 24 Rust Avenue,  
Phone 438 4243 Fax 438 4737

for Collection Centres  
see back of form

LAB  
No.

SURNAME	M / F	NHI No.						Date
		PATIENT No.						
GIVEN	<small>Patient ineligible for Health Benefits</small> D O B	D	M	Y			Midwife Signature	

Phone or .....  
Address .....

Tick when patient does **not consent** other healthcare providers having access to these results.

Midwife..... NCONZ No.....  
Copies to .....

**HAEMATOLOGY**

- Full Blood Count
- Reticulocytes
- Anti Human Globulin Test (inc Coombs)
- Coagulation Screen
- ABO Group

**ANTENATAL**

- Antenatal First Visit  
*FBC, Group, Antibodies  
HBsAg, Rubella, Syphilis*
- HIV Screen Ante
- Antenatal Subsequent Visit  
*FBC and Antibodies ONLY*

Clinical Details:

**IMMUNOLOGY**

- Rubella Immunity
- Syphilis Screen
- Hepatitis B Antigen
- Hepatitis C Antibody
- HIV Antibody Screen
- Herpes Simplex Direct Antigen

**CYTOLOGY**

- Cervix (Gynae)

**BIOCHEMISTRY**

- Fasting  Random
- Glucose
- Creatinine
- Urate
- Bilirubin, Total
- Liver Tests
- Quantitative Gonadotrophin (HCG)
- Polycose Screen\*\*
- Glucose Tolerance (Preg)\*\*
- \*\* *By appointment only*
- Ferritin
- Folate Red Cell
- 24hr Urine Protein
- Hb A1c

**MICROBIOLOGY**

- Urine  Microscopy & Culture
- Ear  L  R
- Eye  L  R
- Nose  L  R
- Throat  L  R
- Skin Site \_\_\_\_\_
- Wound Site \_\_\_\_\_
- Vaginal
- Cervical
- Urethral
- Chlamydia Site \_\_\_\_\_

**MIDWIVES may ONLY request the tests set out above.**

These tests are intended to be relevant to the management of a particular pregnancy. Intrapartum and post partum.

Signing this request form "I certify that the test(s) requested are for an eligible person and meet the criteria for a subsidised service".



PLEASE USE BLACK PEN