


Gastroenterology  
Clinical Laboratory Service  
72 King William Road  
North Adelaide 5006



Government of South Australia  
SA Health



Lab No:
Date of test:
Date Rec'd:

PATIENT LABEL	TESTS REQUESTED
<p>Last Name:.....</p> <p>Given Name:.....</p> <p>DOB:.....Sex: M / F</p> <p>Address: .....</p> <p>.....</p> <p>Preferred Contact Number: .....</p>	<p><b>Blood tests (Intestinal Permeability)</b></p> <p><input type="checkbox"/> Lactulose/Rhamnose</p> <p><b>Test Procedure:</b></p> <p>Fast for 8-10 hours before test A test drink will be given to you A blood sample will be taken after 90 mins</p> <p><b>For appointments contact:</b></p> <p> CSIRO Nutrition &amp; Health Research Clinic SAHMRI North Terrace, Adelaide SA 5000 PO Box 10097, Adelaide SA 5000</p> <p>Phone 1800 850 036</p> <p><b>Appt Date:</b>                      <b>Appt Time:</b></p>
<p><b>Requesting Practitioner details</b></p> <p>Name:</p> <p>Provider No:</p> <p>Address:</p> <p>Ph:                                      Fax:</p>	<p><b>Clinical Indications</b></p>
<p><b>Copy to:</b></p> <p><b>Requesting Practitioner signature                      Date</b></p>	