Test Request

BIOSCREEN
Specialist Microbiological Laboratory

Patient Name (Print)		Date of Birth (DD/MMM/YY)	

Street Address (No PO Boxes)		City	
State		Post Code	
Country		Contact Phone Number	
Email address			

Requesting Practitioner (Print)		Practice Location	

Signature of Requesting Practitioner		Date of Request	

Reason for Testing (Optional)	

Please tick the test required:

☐ **Faecal Microbial Analysis (FMA test)**
Australia: AUD$ 470, New Zealand: AUD$555

☐ **FMA test, follow up test within 6 months of initial FMA test**
Australia AUD $ 376, New Zealand: AUD$444

The FMA test quantifies aerobic and anaerobic bacteria and yeasts. There are restrictions on antibiotics, some herbs and probiotics prior to sample collection. Consult the Bioscreen instruction sheet.

Please send a completed copy of this form to admin@bioscreenmedical.com. Preferred method of payment is by bank transfer (Australian patients only).
If you have any questions, please call us on (03) 9687 3355

Name on Card		Expiry Date		CVV	
Card Number	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___	

Please note: Bioscreen will only give partial refund for dispatched kits for a valid reason. Our refund policy is valid for 3 months only from the date of purchase.

Bioscreen ABN 87 682 058 987. 5 Little Hyde Street, Yarraville, Victoria, 3013, Australia

Telephone 03 9687 3355, Email: admin@bioscreenmedical.com