



# ISET® CTC & Pathogen TEST REQUEST FORM

ID No.
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**\*CTC = Circulating Tumour Cell**

Blood collection Mon-Fri 9am-3pm

Enquiries: NIIM lab: [03 9912 9545 \(Karin\)](tel:0399129545); [karinried@niim.com.au](mailto:karinried@niim.com.au)

Blood taken	Blood filtered
Date/Time	Date/Time
By	By

1. PATIENT DETAILS				
Title:	Surname:	First name:	DOB:	Sex:
Street:		Suburb:	State:	Postcode:
Phone:	Emergency Contact:	Email:		

2. PRACTITIONER DETAILS	
Name:	Type of practitioner:
Provider number:	Practitioner email:
Practice name:	Practice address:
PRACTITIONER SIGNATURE:	DATE:

3. Test requested: <input type="checkbox"/> CTC count <input type="checkbox"/> Lightbed Study Eligibility				
CTC: Type of cancer / Stage / Screening			CTC: Date of initial diagnosis	
Family history of cancer?			Current symptoms? Covid vax?	
Previous Therapy	Details	Dates	Current Therapy	Commencement date dd/mm/yyyy
Surgery			Radiotherapy	
Radiotherapy			Chemotherapy	
Chemotherapy			Hyperthermia	
Hyperthermia			Intravenous Vit C	
IVC/ IV Curcumin			IV Curcumin	
Other Therapy			Other Therapy	
Please provide details:			Please provide details:	

3. ISET® CTC TESTING & PATHOGEN SCREENING	
<input type="checkbox"/> CTC count - microscopy	AUD \$ 850
<input type="checkbox"/> Shipping - if Test Kit is required (interstate)	AUD \$ 50
<input type="checkbox"/> Optional: CTC prostate / breast marker testing	AUD \$ 150
<input type="checkbox"/> Optional: EBV and/or HSV virus testing	AUD \$ 150
<input type="checkbox"/> Optional: Pathogen PCR-DNA analysis (incl Borrelia, fungal/mould)	AUD \$ 250 (paid later)

**CONSENT:** By signing below, I the person undertaking the test:

- (i) Give my consent to the NIIM Lab to use the blood sample and my medical history, incl NIIM Clinic patient record, for medical testing and analysis, as per this request form; and I consent to the storage of any unused blood sample for future research.
- (ii) I agree that CTC test results will be made available to the referring doctor(s) for discussion with me.
- (iii) I understand that my information is being collected and will be handled in accordance with the Privacy Act 1988 (Cth) and the NIIM privacy policy, available at <https://niim.com.au/privacy-policy>.
- (iv) I understand that this is a screening CTC test request, providing a one-point-in-time CTC result. Follow-up investigations and regular CTC monitoring are needed to confirm any possible positive findings. **The CTC report is not a standalone diagnostic test, and should be interpreted together with other clinical patient data.**
- (v) I understand that I have the right to withdraw my consent for storage of unused blood sample at any time.
- (vi) I understand that NIIM conducts CTC testing as part of a clinical study. The study has been approved by an NHMRC registered ethics committee, and is registered on the ANZ Clinical Trial Registry ACTRN12614001143617.

PATIENT SIGNATURE:	DATE:
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**5. PAYMENT SECTION** The ISET-CTC test is not publicly funded and is undertaken as a private cost.

<b>An invoice will be issued on receipt of the blood sample</b>	<b>Total</b> _____
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