

### INFORMATION FORM FOR VWF CBA AND RICOV TEST REQUESTS

- This form **MUST accompany** the standard pathology request form/referral letter.
- Testing will not proceed until this information is supplied.
- Contact the lab on 03 9076 3109 for further details.

#### Patient details:

First Name and Surname: .....

D.O.B: ..... Sample collection date: .....

Indication for request: .....

Test	Patient Results	Units	Testing lab	Date of result
F8				
VWF Antigen				

#### Requesting doctor's details:

First name and Surname .....

Mobile number ..... Medical practice / Service .....

