# COURIER PATCH TEST REQUEST FORM

**Fax to 04 233 1497 or e-mail to admin@anwylmedical.co.nz**

| | |
|---|---|
| ***Requesting Doctor's Name*** | |
| ***Address to send patch tests to*** | |
| ***Patient's name*** | |
| ***Date you require them by*** | |
| ***Any special instructions*** | |
| *NB: We will invoice requesting doctor, unless instructed otherwise* | |

## Please select ✓ from the following: (number of haptens in brackets)

| | | | |
|---|---|---|---|
| **Baseline series** | **NZ Core** (30) | | |
| | **NZ Extended** (60) | | |
| | **Paediatric** (34) | | |
| **Unfilled tapes** (10 empty chambers) | **Send me (how many?)** | | **tapes** |

| Supplementary Series | |
|---|---|
| **Acrylates (17)** | |
| **Bakery (15)** | |
| **Beautician (52)** | |
| **Cheilitis (24)** | |
| **Cosmetic (37)** | |
| **Dental staff (15)** | |
| **Dental patient / stomatitis (40)** | |
| **Epoxy (12)** | |
| **Hairdresser (26)** | |
| **Isocyanate (7)** | |
| **Leg ulcer /wound care/ ostomy (39)** | |
| **Medications, topical (9)** | |
| **Nail cosmetics (20)** | |
| **Nursing /medical (23)** | |

| Supplementary Series | |
|---|---|
| **Oil and cooling fluid (26)** | |
| **Orthopaedic implant (17)** | |
| **Perfumes (28)** | |
| **Photo-allergens (27) We will supply 2 sets** | |
| **Pigmented contact dermatitis (22)** | |
| **Plants (11)** | |
| **Plastics and glues (14)** | |
| **Rubber (14)** | |
| **Shoe (8)** | |
| **Steroids (8)** | |
| **Sunscreen (20)** | |
| **Textile dyes (9)** | |
| **Vulval (39)** | |
| **Wound dressing and tapes (35)** | |