

COURIER PATCH TEST REQUEST FORM

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

Requesting Doctor's Name	
<i>Address to send patch tests to</i>	
<i>Patient's name</i>	
<i>Date you require them by</i>	
<i>Any special instructions</i>	

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

Baseline series	NZ Core (30)	
	NZ Extended (60)	
	Paediatric (30)	
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 (5)	

Supplementary Series	
Nursing /medical (23)	
Oil and cooling fluid (26)	
Orthopaedic implant (17)	
Perfumes (27)	
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)	