



Hep B Free 1 Plain Tube HBsAg, HBeAg, LFT, AFP	Requested by: _____		
	MC# _____ Please sign: _____		

Supporting Clinical Information: Chronic HBV – HEP B FREE PROGRAMME

Family name										Dr Code			
First names										Drs reference :			
Date of Birth					M/F		NHI No.					Copies to The Hepatitis Foundation of NZ	
Patient Address													
Time collected		Date collected		Time received		Date received		Depot		CMDHB Dr Code HEPFOU CMDHB Location HEPFOU			
DML staff – register code 7844 AFP (SAFP) Alpha Fetoprotein HbeAg (HBEE) Hepatitis B e antigen HbsAg (HBS) Hepatitis B Surface antigen LFT (LFT) Liver Function Tests						Additional Tests for Hep B Programme: <u>Note: DML staff do NOT register these</u>							
CMDHB staff – register code HBPF						Specimen Reception: <i>All tests must be sent to Middlemore Hospital Laboratory</i>							

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