Additional Medical Tests

Request Form

June 2019

OnePath Life Limited (OnePath Life)
ABN 33 009 657 176 AFSL 238341
GPO Box 4129, Sydney NSW 2001

Group Risk Administration
Phone 1800 199 414
Email group.riskuw@onepath.com.au
Website onepath.com.au

Details of life insured

Plan name

Member number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Other

Surname

Given name(s)

Date of birth (dd/mm/yyyy) / / Date of application(s) (dd/mm/yyyy) / /

Phone Home Work

Mobile

Email

Gender ☐ Male ☐ Female Smoker ☐ Yes ☐ No

Marital status ☐ Single ☐ De facto ☐ Married ☐ Widow/Widower

Dear Doctor/Pathologist,

The above client has applied to OnePath Life for insurance cover.

Could you please arrange for the client to undergo the following test(s) where ticked.

Tests requested

- ☐ MediQuick
- ☐ Medical with:
  - ☐ GP ☐ Specialist
- ☐ Fasting MBA-20 (including HDL/LDL)
- ☐ HIV
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Resting ECG
- ☐ Stress (exercise) ECG
- ☐ MSU
- ☐ Spirometry (including FEV1, FEV, VC, PEFR)
- ☐ Three blood pressure readings taken at five minute intervals
- ☐ Other Details:
- ☐ FBC
- ☐ PSA
- ☐ Fasting Lipids (including HDL/LDL)
- ☐ Glycosylated Haemoglobin (HbA1c)
- ☐ Iron Studies to include Ferritin and Transferrin Saturation
- ☐ Fasting Blood Glucose
- ☐ Liver Function test (including AST, ALT, GGT)

Adviser name:

Adviser number:

Date (dd/mm/yyyy) / /

Head office

Office located at
347 Kent Street
Sydney NSW 2000

Postal address
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GPO Box 4129
Sydney NSW 2001

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