

Additional Medical Tests – Request form

Details of person to be insured		
Policy number:		
Given name(s):		Surname:
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth: / /
Postal address:		
Suburb:	State:	Postcode:
Policy Owner:	Insured person:	

Dear Doctor/Pathologist,

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

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

Tests requested

- | | |
|--|---|
| <input type="checkbox"/> Quick Check | <input type="checkbox"/> MSU |
| <input type="checkbox"/> Medical with: | <input type="checkbox"/> Spirometry (including FEV1, FEV, VC, PEFr) |
| <input type="checkbox"/> GP | <input type="checkbox"/> Three blood pressure readings taken at five minute intervals |
| <input type="checkbox"/> Specialist | <input type="checkbox"/> FBC (including ESR) |
| <input type="checkbox"/> Nurse/Paramedic | <input type="checkbox"/> PSA |
| <input type="checkbox"/> Fasting MBA20 (including HDL/LDL)* | <input type="checkbox"/> Fasting Lipids (including HDL/LDL) |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Glycosylated Haemoglobin (HbA1c) |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Iron Studies to include Ferritin and Transferrin Saturation |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Fasting Blood Glucose |
| <input type="checkbox"/> Resting ECG (including interpretation) | <input type="checkbox"/> Renal Function Tests |
| <input type="checkbox"/> Stress (exercise) ECG | |
| <input type="checkbox"/> Liver Function test (including AST, ALT, GGT) | |
| <input type="checkbox"/> Other: _____ | |

Adviser name:	Adviser number:
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Please forward all results to insurance@macquarie.com or to our mailing address:

Macquarie Life
GPO Box 5216
BRISBANE QLD 4001





To enable our prompt payment of the fees associated with these tests, please include your GST compliant tax invoice with the above requirements.

If you wish to query any aspect of these requirements, please feel free to call us on 1800 005 057 or email insurance@macquarie.com

* For insurance purposes, a Fasting MBA20 includes the following tests: Bilirubin, LDH, ALT, AST, ALP, GammaGT, Urea, Creatinine, eGFR, Sodium, Potassium, Chloride, Bicarbonate, Total Protein, Albumin, Globulin, Anion Gap, Calcium, Phosphate, Uric Acid, Total Cholesterol, Triglycerides, LDL Cholesterol, HDL Cholesterol, Cholesterol to HDL Ratio.

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Macquarie Life

-  **Admin/Underwriting Freecall** 1800 804 026
-  **Fax Gateway** 1800 812 175
-  **Mail** GPO Box 5216 Brisbane QLD 4001
-  **Email** insurance@macquarie.com