OnePath

Additional Medical Tests

Request Form

August 2022

Zurich Australia Limited (Zurich, OnePath)
ABN 92 000 010 195 AFSL 232510

Customer Care
Phone 133 667
Email client.onepath@zurich.com.au
Website onepath.com.au

Details of life insured

Application/Policy number(s) if known

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

Surname

Given name(s)

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

Dear Doctor/Pathologist,

The above client has applied to OnePath 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
- ☐ Non-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
- ☐ FBC
- ☐ PSA
- ☐ Lipids (including HDL/LDL)
- ☐ Glycosylated Haemoglobin (HbA1c)
- ☐ Iron Studies to include Ferritin and Transferrin Saturation
- ☐ Blood Glucose
- ☐ Liver Function test (including AST, ALT, GGT)
- ☐ Other Details:

Adviser name:

Adviser number:

Date (dd/mm/yyyy) / /

Postal address

OnePath
Locked Bag 994
North Sydney NSW 2059

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