



CONSULTING GASTROENTEROLOGISTS
Dr George Marinou MBBS MD FRACP
Dr Adrian Sartoretto MBBS BMedSc FRACP

HEAD SCIENTIST
Mary Kaffes BSc

Request for ¹³C- Urea Breath Test for *Helicobacter pylori*

Please complete and submit request to **ABAL** via **FAX** or **EMAIL**
FAX: 1300 122 399 **EMAIL:** abal@abal.com.au

Patient Details:

First Name:

Surname:

Date of birth:

Phone:

Test Indications:

Confirm or exclude *H. pylori* colonisation

Monitor outcome of *H. pylori* eradication therapy

Referring Doctor:

Name:

Prov. No.:

Practice Address:

Referrer Signature:

electronically signed by

Date:

Please complete and submit request to **ABAL** via **FAX** or **EMAIL**

FAX: 1300 122 399 **EMAIL:** abal@abal.com.au