

Test Requisition Form



Please fill in English and in BLOCK LETTERS.
Bold fields are mandatory.

PATIENT DETAILS

Name:	<input type="text"/>	Family Name:	<input type="text"/>				
D.O.B:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Consanguinity:	<input type="checkbox"/> Y <input type="checkbox"/> N
Address:	<input type="text"/>						
City:	<input type="text"/>	State:	<input type="text"/>	Pincode:	<input type="text"/>		
Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email ID:	<input type="text"/>				

I request genetic testing at Redcliffe Life Science and my particular is under medical advice.

.....
Date

.....
Patient's Signature

TEST REQUESTED

Test Name:	<input type="text"/>	Test Code:	<input type="text"/>		
Date of Sample Collection:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time of Sample Collection:	<input type="text"/> <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM		
Sample Type:	<input type="checkbox"/> Blood (in EDTA tube)	<input type="checkbox"/> Blood (in PAX gene tube)	<input type="checkbox"/> Fresh Frozen Tissue	<input type="checkbox"/> DNA	<input type="checkbox"/> Buccal Swab
<input type="checkbox"/> FFPE Tissue Block Block no:	<input type="text"/>	<input type="checkbox"/> Other Sample Site (Specify Site):	<input type="text"/>		

CLINICIAN DETAILS

Name:	<input type="text"/>	Hospital:	<input type="text"/>
Address:	<input type="text"/>		
Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email ID:	<input type="text"/>

I am ordering the test(s) for my Patient above. I certify that appropriate information has been provided regarding testing and the patient has consented to get the test performed at your laboratory.

.....
Date

.....
Clinician's Signature

CLINICAL NOTES & FAMILY HISTORY

DETAILS OF ACCOMPANYING SAMPLES (IF ANY)

Name	Age	Gender	Relationship with Patient
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

TERMS & CONDITIONS

DELIVERY OF SERVICES

Subject to receipt of the Fees, Redcliffe Lab ("Redcliffe") shall carry out the test(s) as requested in this Test Requisition Form ("Test(s)") in conformity with the applicable industry standards.

REPORTS

The Report shall be generated within such Turn-Around-Time ("TAT") as mentioned in this Test Requisition Form(s). However, such TAT may vary depending upon the complexity of Test(s) requested. Redcliffe shall under no circumstances be liable for any delay beyond the aforementioned TAT. It is hereby clarified that the Report(s) generated from the Test(s) do not provide any diagnosis or opinion or recommends any cure in any manner. Redcliffe hereby recommends the Patient and/or the guardians of the Patients to take assistance of the Clinician or a certified physician or doctor, to interpret the Report(s) thus generated. Redcliffe hereby disclaims all liability arising in connection with the Report(s).

FEES

The fees specified by Redcliffe for the Test(s) ("Fees") are exclusive of taxes. All taxes and levies as required under applicable laws shall be charged in addition to the Fees.

The mode of payment of Fees and the details of the Test(s) for which the payment of Fees is made should be notified to Redcliffe in advance either through telephone by dialing its Single Point Contact No.

+91-8882-914-915 or through e-mail by mailing at its e-mail id: care@redcliffels.com.

All Fees should be paid in conformity with the 'Payment Details' provided in this Test Requisition Form. Redcliffe shall not be liable towards the Fees if the payment for the Fees is not made in the manner provided herein. To avoid any confusions pertaining to the payment of Fees and the Test(s) requested, the Patients and/or their guardians are hereby advised to confirm the successful remittance of the Fees and the details of the Test(s) requested at the earliest either through telephone by dialing the Toll-Free No or through e-mail by mailing at the email provided above.

ROLES & RESPONSIBILITIES

By signing this Test Requisition Form, in addition to the warranties made by the Clinician elsewhere in this Test Requisition Form, the Clinician warrants that the information provided in this Test Requisition Form is true and correct and that the Clinicians have the necessary rights, permissions and authorities to extract the Sample from the Patient and provide the sample for the Test(s) to Redcliffe. While Redcliffe can help in sample shipment it is not liable for any sample damage that may occur during collection and transport from the collection center/hospital to Redcliffe laboratory facility.

In case of inadequate samples or failure of QC with respect to sample provided for test, Redcliffe may seek for further samples to perform the tests. If further samples are not provided for tests, then Redcliffe will deduct the costs incurred for such sample provided and refund the balance amount.

The Clinicians and/or the Patient and/or the guardians of the Patients, shall jointly and severally, defend, indemnify and hold harmless Redcliffe from and against

any claim, liability, demand, compensation, loss, damage, judgment or other obligation or right of action which may arise out of and/or in relation to the Test(s) requested in this Test Requisition Form and/or this Terms & Conditions.

TERM

This Terms & Conditions shall become effective from the date of signing of this test Requisition Form and shall remain valid, effective and binding till delivery of the Report.

TERMINATION

It is agreed that if the Test(s) requested in this Test Requisition Form is terminated for any reason whatsoever, Redcliffe shall not be required to refund the Fees paid in advance by the Patient and/or the guardians of the Patients for the Test(s). However, refund shall be awarded if and only if the sample provided doesn't pass the QC or if the sample provided is inadequate for performing the test.

LIMITATION OF LIABILITY

In addition to any disclaimer of liability provided by Redcliffe elsewhere in this test Requisition Form, Redcliffe further disclaims any and all liability arising out of any claim, liability, demand, compensation, loss, damage, judgment or other obligation or right of action which is suffered by the Clinician and/or the Patient and/or the guardians of the Patients or any third party whether directly or indirectly for relying on the Report(s) and/or in relation to the Test(s) availed under this Test Requisition Form(s).

GOVERNING LAW, JURISDICTION AND DISPUTE RESOLUTION

These Terms and Conditions and this Test Requisition Form shall be governed by and construed in accordance with Indian law and the courts in Gurgaon-Haryana shall have exclusive injunctive jurisdiction. In the event of any dispute, controversy or claim whatsoever arising from these Terms and Conditions and/or this Test Requisition Form, the parties shall undertake to make every effort to reach an amicable settlement within fifteen (15) days upon reference of the dispute by any party through discussions among the concerned representatives of parties, failing which the dispute, controversy or claim shall be settled by Arbitration by a Sole Arbitrator appointed by the Gurgaon Court, Gurgaon, Haryana as per Indian Arbitration and Conciliation Act, 1996 as amended from time to time. The venue of arbitration shall be Gurgaon and it shall be conducted in English language. The award passed by the Sole Arbitrator shall be final and binding upon the parties.

NOTICE

All notices, statements or other communication required or permitted to be given or made shall be in writing and in English language. Such notices will deliver by hand or sent by prepaid post with recorded delivery, or facsimile transmission addressed to the intended recipient at the address mentioned in this Test Requisition Form.

INDEPENDENT PARTIES

All parties effected hereunder are independent entities and neither of the parties are an agent, employee or joint venture of the other and they shall not represent themselves as such to any third parties.

REFUND

Refund of fees for any reason must be claimed by the Patient or the guardians of the Patients within 30 days from the date of delivery of report.

PAYMENT INSTRUCTIONS

<input type="text"/>	<input type="text"/>	DD/Cheque Should be drawn in favor of " Redcliffe Life Science Pvt. Ltd. " Payable at " Delhi "
Amount: <input type="text"/>	In Words: <input type="text"/>	
DD/Cheque No./Ref. No: <input type="text"/>	Bank Name: <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

On Line Transfer or Direct Cash Deposit to, "**Redcliffe Life Science Pvt. Ltd**"
Account #: 50200026955921, IFSC Code: "**HDFC0001719**" Gurgaon Branch.

Kindly Notify prior to deciding the mode of payment and confirm transactions at the earliest.