

**➔ Form of consent and authority to release results**

**Member's instruction**

Please read this consent and authority form, then complete and check it before asking your doctor to sign it. If you make any changes or amendments, initial those changes or amendments.

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In view of my proposed insurance cover, and because it is a routine medical requirement of CommInsure Risk Administration, I understand I am required to have a blood test for the AIDS virus and other tests specified on the letter that accompanies this form, and on page 2 of this form.

I hereby consent to undertaking the tests and authorise the undersigned doctor to release to CommInsure Risk Administration the result of my blood tests for antibodies to the AIDS virus, together with the results of the other tests specified.

I understand:

- That the results will be used to determine my eligibility for insurance cover with CommInsure Risk Administration
- The test results, along with this **Form of consent and authority to release results**, will be sent direct to CommInsure Risk Administration
- The results will be treated in strictest confidence
- That if delays occur in CommInsure Risk Administration receiving the tests, my application for insurance cover may be delayed and could expire.

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Full name of person consenting to blood tests: .....  
(please print)

Signature of person consenting to blood tests: .....

Date signed: .....

Name of doctor: .....  
(please print)

Doctor's signature: .....

Date signed: .....

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Name of plan: **CareSuper**

Policy number: .....

**Doctor's instructions**

Prepare a tax invoice for CommInsure, including the full name and date of birth of the member. Return your invoice with this signed form and the test results to:

CommInsure Risk Administration  
PO Box 321  
Silverwater NSW 2128

When CommInsure receives this information, they will assess the member's application for increased insurance cover. Note that applications for increased cover have an expiry date so we appreciate your prompt response.



**➔ Blood test list**

Due to the amount of insurance requested, and in line with routine life insurance industry procedures, CommInsure, requires the following blood tests:

- Fasting MBA20, **including all items listed in the table below**
- Hepatitis B and C serology
- HIV antibody

**Include the following in the MBA20 blood test:**

<b>Lipid studies</b>	<b>Liver function tests</b>	<b>Other</b>
<ul style="list-style-type: none"> <li>• S-cholesterol</li> <li>• S-triglycerides</li> <li>• HDL cholesterol</li> <li>• HDL/total cholesterol ratio</li> <li>• Calculated LDL cholesterol</li> <li>• LDL/HDL ratio</li> </ul>	<ul style="list-style-type: none"> <li>• S-AST</li> <li>• S-ALT</li> <li>• S-alkaline phosphatase</li> <li>• S-gamma-GT (GGPT)</li> <li>• S-total bilirubin</li> <li>• S-albumin</li> <li>• S-globulin</li> </ul>	<ul style="list-style-type: none"> <li>• S-urea</li> <li>• S-creatinine</li> <li>• S-uric Acid</li> <li>• S-sodium</li> <li>• S-potassium</li> <li>• S-chloride</li> <li>• S-bicarbonate</li> <li>• S-calcium</li> <li>• S-phosphate</li> <li>• S-albumin</li> <li>• Albumin-corrected calcium</li> <li>• Plasma glucose (fasting)</li> </ul>