



**Nomination Form for the New Zealand Branch Committee of the
Australasian Association of Clinical Biochemistry and Laboratory
Medicine
2024 - 2025**

I and
(Please Print Title, Initials and Surname)

I ,
(Please Print Title, Initials and Surname)

members of the Australasian Association of Clinical Biochemistry
and Laboratory Medicine, hereby nominate

..... as

..... of the New Zealand Branch of
(Print Office)
the Association, for the year 2024–2025.

Signature of first nominator

Signature of second nominator

Acceptance Form

I
(Please Print Title, Initials and Surname)

accept the nomination for the position of :
on the NZ Branch Committee of AACB for the year 2024–2025.

Signature of Nominee

Email address.....

Nominations must be made in writing by two members (excluding Corporate and Affiliate members) of AACB and should be accompanied by the nominee's written acceptance.
Please send completed forms to:

Christian Christian
Secretary, NZ Branch of AACB
Email: christian.christian@awanuilabs.co.nz