## **Pathology Clinical Request Form**



## Tanzanite One and Beryl

	Urgent Co	Copies to Doctors:				Contact Person:				
	Routine Te	Test Laboratory:								
Se	ction A: Refferrin	ng Family Pr	acti	tioner Details	<b>S</b>					
Docto	or's Name:							Practice no.	$\neg \neg \neg$	
Tel no. Fax no. Email:										
Signa	ture					<u>.                                    </u>				
Section B: Patient details (Patient to complete)  Section C: Account payment (Person responsible)										
Male Female Date of birth DDMMYYYYY					ID Number:					
Surname:					Surname:					
First Name:					First Name:					
Medical Scheme:					Tel Number:					
Medical Scheme Option:					Postal Address:					
Member no. Dependent code										
I certify that the above information is correct and give specific consent for selected test(s) to be done. I authorise the disclosure of these results to my doctor, medical aid administrators and/or										
-	that the above information is col ce company. I fully understand th						ure of th	ese results to my doctor, medical aid admil	histrators and/or	
Dotio	at Ciamatura				ICD10 C	a daa.				
Patient Signature ICD10 Codes:										
Clinical Information:										
Please note that the prices listed below are reference prices only. GEMS has specific arrangements in place with various laboratories.										
Chemi				rinology			Inflam	mation/Immunology		
Renal	/ electrolytes / bone	Request	Endoc	rine – thyroid		Request	Auto-i	mmune	Request	
	Creatinine Calcium (serum - no cuff)			TSH Free T4				CRP ESR		
	Magnesium		Endoc	rine - reproductive				Uric acid		
	Phosphate (serum)			b-HCG screen				Rheumatoid factor		
	Sodium			Prolactin (rest 15 minute	es)			ANF		
								Agglutination test per antigen		
	Potassium		Diabet			1	Infecti	ous diseases		
	Urea			Glucose fasting				VDRL (Qualitative)		
Liver /	Liver / pancreas			Glucose random HBA1C			VDRL (Quantitative) Rubella immunity (IgG only)			
LIVOI	Albumin			Creatinne			Hepati	tis tests: specify		
	Total protein			Microalbunurea (quanitit	ative)			Acute hepatitis A (IgM)		
	ALP		Ante-n	atal screen				Chronic hepatitis A (IgG)		
	ALT			Haemoglobin estimation	1			Acute hepatitis B (Bs AG)		
	AST			Platelet count				Hepatitis B (carrier/immunity : BsAB)		
	Bilirubin (total, conjugated) - fee			Blood group: A B and O antigen Coombs test			HIV tes	HIV 1+2 Ab + P24 Ag		
	Lactate dehydrogenase			Grouping: Rh antigen				HIV Ab - Rapid Test		
Lactate dehydrogenase				HEP B s Ag				CD4 count		
Cardiac / muscle				HIV 1+2 Ab + P24 Ag			HIV PC	CR Testing		
Troponin				VDRL				HIV PCR viral load		
CK-MB mass			_	Rubella igg, IgM - fee				HIV PCR qualitative (diagnostic only)		
Lipids / cad risk Cholesterol			Tumour markers PSA			1	Microk		l l	
	HDL and LDL		Haema					Micro specimen type and site MCS		
	Triglycerides (fasting)		Hacine	Grouping: A B and O an	tigens			AFB fluorochrome auramine (ZN) only		
	Creatinine kinase (ck)			Grouping: Rh antigen				Parasites		
Histol	рду			Full blood count				Bilharzia microscopy		
	Histology per sample			Platelet count			TB tes			
Clinical data (please supply):				Haemoglobin estimation				TB culture		
Cytology				Reticulocyte count Iron				TB sensitivity Adenosine deaminase (Peritoneal)		
Cervical/vaginal smear				Transferrin				Adenosine deaminase (Pleural)		
HPV T	·			Folate (serum)			The fo	llowing TB related tests require an autho	risation	
	Hr-HPV-DNA test			Vit B12				TB PCR Testing		
Specin	nen type:			Coombs test			For adv	vanced pathology tests not included on this t 0860 436 777 and request an authorisation	s form, please	
				Parasites in blood smear			Other tests requested:			
Collected By:				lation			Pre-au	thorisation number:		
Collection Date:				INR/PI						
			Miscel	llaneous						
Collection Time:				Faecal occult blood test	(FOB)					

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