Pathology Clinical Request Form

Tanzanite One and Beryl

gems
Government Employees Medical Scheme

☐ Urgent ☐ Routine

Copies to Doctors: _____ Contact Person: _____

Test Laboratory: _____

Section A: Refferring Family Practitioner Details

Doctor's Name: _____ Practice no. ☐☐☐☐☐☐☐☐

Tel no. ☐☐☐☐☐☐☐☐☐☐ Fax no. ☐☐☐☐☐☐☐☐☐☐ Email: _____

Signature _____

Section B: Patient details (Patient to complete)

☐ Male ☐ Female Date of birth ☐☐☐☐☐☐☐☐

Surname: _____

First Name: _____

Medical Scheme: _____

Medical Scheme Option: _____

Member no. ☐☐☐☐☐☐☐☐☐ Dependent code ☐☐

Section C: Account payment (Person responsible)

ID Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname: _____

First Name: _____

Tel Number: ☐☐☐☐☐☐☐☐☐☐

Postal Address: _____

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 insurance company. I fully understand the implication of the test(s) and have received adequate pre-test counselling.

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.

Chemistry			Endocrinology			Inflammation/Immunology		
Renal / electrolytes / bone		**Request**	**Endocrine – thyroid**		**Request**	**Auto-immune**		**Request**
☐	Creatinine		☐	TSH		☐	CRP	
☐	Calcium (serum - no cuff)		☐	Free T4		☐	ESR	
☐	Magnesium		**Endocrine – reproductive**			☐	Uric acid	
☐	Phosphate (serum)		☐	b-HCG screen		☐	Rheumatoid factor	
☐	Sodium		☐	Prolactin (rest 15 minutes)		☐	ANF	
						☐	Agglutination test per antigen	
☐	Potassium		**Diabetes**			**Infectious diseases**		
☐	Urea		☐	Glucose fasting		☐	VDRL (Qualitative)	
☐	Lactate		☐	Glucose random		☐	VDRL (Quantitative)	
Liver / pancreas			☐	HBA1C		☐	Rubella immunity (IgG only)	
☐	Albumin		☐	Creatinne		**Hepatitis tests: specify**		
☐	Total protein		☐	Microalbunurea (quanititative)		☐	Acute hepatitis A (IgM)	
☐	ALP		**Ante-natal screen**			☐	Chronic hepatitis A (IgG)	
☐	ALT		☐	Haemoglobin estimation		☐	Acute hepatitis B (Bs AG)	
☐	AST		☐	Platelet count		☐	Hepatitis B (carrier/immunity : BsAB)	
☐	Bilirubin (total, conjugated) - fee		☐	Blood group: A B and O antigen		**HIV tests**		
☐	GGT		☐	Coombs test		☐	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 PCR Testing**		
☐	Troponin		☐	VDRL		☐	HIV PCR viral load	
☐	CK-MB mass		☐	Rubella igg, IgM - fee		☐	HIV PCR qualitative (diagnostic only)	
Lipids / cad risk			**Tumour markers**			**Microbiology**		
☐	Cholesterol		☐	PSA		☐	Micro specimen type and site	
☐	HDL and LDL		**Haematology**			☐	MCS	
☐	Triglycerides (fasting)		☐	Grouping: A B and O antigens		☐	AFB fluorochrome auramine (ZN) only	
☐	Creatinine kinase (ck)		☐	Grouping: Rh antigen		☐	Parasites	
Histology			☐	Full blood count		☐	Bilharzia microscopy	
☐	Histology per sample		☐	Platelet count		**TB tests**		
Clinical data (please supply):			☐	Haemoglobin estimation		☐	TB culture	
			☐	Reticulocyte count		☐	TB sensitivity	
Specimen type:			☐	Iron		☐	Adenosine deaminase (Peritoneal)	
			☐	Transferrin		☐	Adenosine deaminase (Pleural)	
Cytology			☐	Folate (serum)		**The following TB related tests require an authorisation**		
☐	Cervical/vaginal smear		☐	Vit B12		☐	TB PCR Testing	
Specimen type:			☐	Coombs test		For advanced pathology tests not included on this form, please contact 0860 436 777 and request an authorisation number.		
			☐	Parasites in blood smear		☐	Other tests requested:	
Collected By:			**Coagulation**			**Pre-authorisation number:**		
Collection Date:			☐	INR/PI				
Collection Time:			**Miscellaneous**					
			☐	Faecal occult blood test (FOB)				