Pathology Clinical Request Form



Tanzanite One and Beryl

<u> </u>	Jrgent Copies	Copies to Doctors:			Contact Person:				
Routine Test Laboratory:									
Se	ction A: Refferring F	amily Pr	acti	tioner Details	;				
Docto	r's Name:							Practice no.	
Tel no. Fax no.				Email:				Tractice no.	
Signature									
Section B: Patient details (Patient to complete) Section C: Account payment (Person responsible)									
Male Female Date of birth DDMMY									
Surname:				Surname:					
First Name: Medical Scheme:					First Name: Tel Number:				
Medical Scheme Option:									
<u>'</u>					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					mation/Immunology	
Renal /	/ electrolytes / bone Creatinine	Request	Endoc	rine - thyroid TSH		Request	Auto-i	nmune CRP	Request
	Calcium (serum - no cuff)			Free T4				ESR	
	Magnesium Phosphate (serum)		Endoc	b-HCG screen				Uric acid Rheumatoid factor	
	Sodium			Prolactin (rest 15 minute				ANF	
								Agglutination test per antigen	
	Potassium Urea		Diabetes Glucose fasting				Infecti	vDRL (Qualitative)	
	Lactate			Glucose random				VDRL (Quantitative)	
Liver /	pancreas	1		HBA1C				Rubella immunity (IgG only)	
	Albumin Total protein			Creatinne Microalbunurea (quanititative)			Hepati	tis tests: specify Acute hepatitis A (IgM)	
	ALP		Ante-n	atal screen		l.		Chronic hepatitis A (IgG)	
	ALT			Haemoglobin estimation				Acute hepatitis B (Bs AG)	
	AST Bilirubin (total, conjugated) - fee			Platelet count Blood group: A B and O antigen			HIV tes	Hepatitis B (carrier/immunity : BsAB)	
	GGT			Coombs test			1117 101	HIV 1+2 Ab + P24 Ag	
	Lactate dehydrogenase			Grouping: Rh antigen				HIV Ab - Rapid Test	
Lactate dehydrogenase Cardiac / muscle				HEP B s Ag HIV 1+2 Ab + P24 Ag			HIV DO	CD4 count	
Carula	Troponin			VDRL			IIIV FC	HIV PCR viral load	
	CK-MB mass			Rubella igg, IgM - fee				HIV PCR qualitative (diagnostic only)	
Lipids	/ cad risk Cholesterol		Tumou	r markers PSA			Microb	niology Micro specimen type and site	
	HDL and LDL		Haema	atology				MCS	
	Triglycerides (fasting)			Grouping: A B and O and	tigens			AFB fluorochrome auramine (ZN) only	
Histolo	Creatinine kinase (ck)			Grouping: Rh antigen				Parasites	
Histolo	Histology per sample			Full blood count Platelet count			TB tes	Bilharzia microscopy	
Clinical data (please supply):				Haemoglobin estimation				TB culture	
Cutology				Reticulocyte count				TB sensitivity	
Cervical/vaginal smear				Iron Transferrin				Adenosine deaminase (Peritoneal) Adenosine deaminase (Pleural)	
HPV Te				Folate (serum)			The fo	lowing TB related tests require an author	risation
	Hr-HPV-DNA test			Vit B12			-	TB PCR Testing	,
Specim	nen type:			Coombs test			For adv	vanced pathology tests not included on this to860 436 777 and request an authorisation	n number.
				Parasites in blood smear				Other tests requested:	
Collected By:			Coagu	lation INR/PI			Pre-au	thorisation number:	
Collection Date:				INR/PI Ianeous			1		
Collection Time:				Faecal occult blood test	(FOB)		1		

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