



Ishara Ramparsad Inc  
Medical Technologist  
Pr No: 0579378  
www.lab24.co.za



- Mt Edgecombe** Suite 8A Life Mt Edgecombe Hospital  
163 Redberry Drive Phoenix | Tel : 031 502 3344
- Umhlanga** Suite 11 Medigate|1 Medigate Drive | Umhlanga |  
Opp Netcare Umhlanga Hospital | Tel: 031 566 2565
- Sydenham** Suite 2 Ground Floor | Sydenham Medical Centre |Cnr Bazley and Randles Rd|  
Opp Shifa Hospital | Tel : 031 207 1925
- Central Durban** Suite 10, 10th Floor | Medicentre | 78 Lorne Street Durban | Tel : 081 545 8485

REF:

**Kindly complete in detail** VAT NO.: 4550 269 817

Referring Doctor: \_\_\_\_\_ Dr's email: \_\_\_\_\_ Practice no: \_\_\_\_\_  
 Doctors Add: \_\_\_\_\_ Copy Doctor: \_\_\_\_\_

PATIENT DETAILS	PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT
HAVE YOU VISITED LAB 24 BEFORE? <input type="checkbox"/> Y <input type="checkbox"/> N	
ID.NO	SURNAME & INITIALS
SURNAME	FIRST NAME
INITIALS & FIRST NAME	LANG <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> TITLE:
DATE OF BIRTH	GUARANTOR ID
SEX <input type="checkbox"/> M <input type="checkbox"/> F AGE	POSTAL ADDRESS
HOSPITAL/DR REF NO	TEL (H)
PATIENT TEL (H)	CELL
PATIENT CELL	E-MAIL
PATIENT E-MAIL	EMPLOYER
<p><b>PATIENT/GUARDIAN SIGNATURE</b></p> <p>I give consent for tests and guarantee payment of any amounts. I verify that all information is correct <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>I consent that ICD 10 codes may be provided to my medical aid as per statutory requirements on my account <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
HOSPITAL PATIENT <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL AID
SPECIMEN: FASTING <input type="checkbox"/> RANDOM <input type="checkbox"/>	MEDICAL AID/RECEIPT NO
COLLECTION DATE	AUTHORISATION NO
COLLECTED BY	DEP CODE
SPECIAL REQUEST	PATIENT MEMBERSHIP CARD VERIFIED <input type="checkbox"/> Y <input type="checkbox"/> N
ROUTINE <input type="checkbox"/> URGENT <input type="checkbox"/> STAT <input type="checkbox"/>	ACCOUNT NUMBER
TEL/FAX	

**MOST FREQUENTLY REQUESTED TESTS COVERED BY MOST HEALTH PLANS(INCL. KEYCARE)**

<p><b>VIROLOGY</b></p> <p><input type="checkbox"/> HIV Elisa</p> <p><input type="checkbox"/> CD4/CD8/CD3 Count</p> <p><input type="checkbox"/> HIV Viral Load</p> <p><b>VIRUS ANTIBODIES</b></p> <p><input type="checkbox"/> Hepatitis A IgM</p> <p><input type="checkbox"/> Hepatitis B Immunity</p> <p><input type="checkbox"/> Hepatitis B Screen</p> <p><input type="checkbox"/> Hepatitis C</p> <p><input type="checkbox"/> Rubella IgM</p> <p><input type="checkbox"/> Rubella IgG</p> <p><input type="checkbox"/> CMV IgM</p> <p><input type="checkbox"/> Herpes IgM</p> <p><input type="checkbox"/> Measles IgM</p> <p><input type="checkbox"/> Measles IgG</p> <p><input type="checkbox"/> VZV</p> <p><b>SEROLOGY</b></p> <p><input type="checkbox"/> RPR</p> <p><input type="checkbox"/> CRP</p> <p><input type="checkbox"/> Rheum Factor</p> <p><input type="checkbox"/> Widal</p> <p><b>AUTO-IMMUNE</b></p> <p><input type="checkbox"/> ANF AB</p> <p><input type="checkbox"/> Anti CCP</p> <p><input type="checkbox"/> Angiotensin Conv Enz (S ACE)</p> <p><b>ANTE NATAL PROFILE</b></p> <p><input type="checkbox"/> FBC/Platelets</p> <p><input type="checkbox"/> ABO/RH</p> <p><input type="checkbox"/> IgM Rubella</p> <p><input type="checkbox"/> IgG Rubella</p> <p><input type="checkbox"/> RPR</p> <p><input type="checkbox"/> HIV</p> <p><b>MISCELLANEOUS TESTS</b></p> <p><input type="checkbox"/> Procalcitonin (PCT)</p> <p><input type="checkbox"/> Parathyroid Hormone(PTH)</p> <p><input type="checkbox"/> Vitamin D3</p> <p><input type="checkbox"/> Gonorrhoea</p> <p><input type="checkbox"/> Chlamydia</p> <p><input type="checkbox"/> Gene Xpert TB</p> <p><input type="checkbox"/> N1H1(Screen)</p> <p><input type="checkbox"/> N1H1(PCR)</p>	<p><b>HAEMATOLOGY</b></p> <p><input type="checkbox"/> FBC/Platelets/ESR</p> <p><input type="checkbox"/> FBC/Platelets</p> <p><input type="checkbox"/> Hb Only</p> <p><input type="checkbox"/> FBC/Diff Count</p> <p><input type="checkbox"/> WBC/Diff</p> <p><input type="checkbox"/> Blood Group</p> <p><input type="checkbox"/> Malaria</p> <p><b>COAGULATION SCREEN</b></p> <p><input type="checkbox"/> PI/INR</p> <p><input type="checkbox"/> PTT</p> <p><input type="checkbox"/> Fibrinogen</p> <p><b>BIOCHEMISTRY</b></p> <p><input type="checkbox"/> Urea + Electrolytes</p> <p><input type="checkbox"/> Sodium</p> <p><input type="checkbox"/> Potassium</p> <p><input type="checkbox"/> Chloride</p> <p><input type="checkbox"/> Bicarbonate</p> <p><input type="checkbox"/> Urea</p> <p><input type="checkbox"/> Creatinine</p> <p><b>LIVER FUNCTION</b></p> <p><input type="checkbox"/> Total Protein</p> <p><input type="checkbox"/> Albumin</p> <p><input type="checkbox"/> Bilirubin Total</p> <p><input type="checkbox"/> Bilirubin Direct</p> <p><input type="checkbox"/> AST (SGOT)</p> <p><input type="checkbox"/> ALT (SGPT)</p> <p><input type="checkbox"/> Alk Phos</p> <p><input type="checkbox"/> Gamma GT</p> <p><input type="checkbox"/> LDH</p> <p><b>CARDIAC ENZYMES</b></p> <p><input type="checkbox"/> CK</p> <p><input type="checkbox"/> CKMB</p> <p><input type="checkbox"/> Troponin T</p> <p><input type="checkbox"/> Troponin I</p> <p><input type="checkbox"/> LDH</p> <p><input type="checkbox"/> Myoglobin</p> <p><b>IRON STUDIES</b></p> <p><input type="checkbox"/> Serum Iron</p> <p><input type="checkbox"/> Ferritin</p> <p><input type="checkbox"/> Transferrin</p> <p><b>LIPOGRAM</b></p> <p><input type="checkbox"/> Cholesterol</p> <p><input type="checkbox"/> Triglycerides</p> <p><input type="checkbox"/> HDL</p> <p><input type="checkbox"/> LDL</p>	<p><b>INDIVIDUAL TESTS</b></p> <p><input type="checkbox"/> Glucose-Fasting</p> <p><input type="checkbox"/> Glucose=Random</p> <p><input type="checkbox"/> Glycosal HB (HbA1c)</p> <p><input type="checkbox"/> Glucose Tolerance-Norm</p> <p><input type="checkbox"/> Glucose Tolerance-Pregnancy</p> <p><input type="checkbox"/> Phosphate</p> <p><input type="checkbox"/> Magnesium</p> <p><input type="checkbox"/> Calcium</p> <p><input type="checkbox"/> Amylase</p> <p><input type="checkbox"/> Lipase</p> <p><input type="checkbox"/> PSA Total</p> <p><input type="checkbox"/> Vitamin B12</p> <p><input type="checkbox"/> Folate</p> <p><input type="checkbox"/> Uric Acid</p> <p><input type="checkbox"/> Occult Blood</p> <p><input type="checkbox"/> Insulin</p> <p><b>TUMOUR MARKERS</b></p> <p><input type="checkbox"/> AFP</p> <p><input type="checkbox"/> CEA</p> <p><input type="checkbox"/> CA 125(Ovary)</p> <p><input type="checkbox"/> CA15-3(Breast)</p> <p><input type="checkbox"/> CA 19-9</p> <p><b>ENDOCRINOLOGY</b></p> <p><b>THYROID FUNCTION</b></p> <p><input type="checkbox"/> TSH</p> <p><input type="checkbox"/> T4-Free</p> <p><input type="checkbox"/> T3-Free</p> <p><input type="checkbox"/> Thyroid ABS</p> <p><b>FERTILITY-MALE</b></p> <p><input type="checkbox"/> FSH</p> <p><input type="checkbox"/> Prolactin</p> <p><input type="checkbox"/> LH</p> <p><input type="checkbox"/> Testosterone-Total</p> <p><b>FERTILITY-FEMALE</b></p> <p><input type="checkbox"/> TSH</p> <p><input type="checkbox"/> LH</p> <p><input type="checkbox"/> Prolactin</p> <p><input type="checkbox"/> FSH</p> <p><input type="checkbox"/> Oestradiol</p> <p><input type="checkbox"/> Progesterone</p> <p><input type="checkbox"/> Testosterone-Total</p>	<p><b>PREGNANCY</b></p> <p><input type="checkbox"/> βHCG Qual</p> <p><input type="checkbox"/> βHCG Quant</p> <p><b>MICROBIOLOGY</b></p> <p><i>Specimen</i></p> <p><input type="checkbox"/> MCS-PUS Swab</p> <p><input type="checkbox"/> MCS-Sputum</p> <p><input type="checkbox"/> Bilharzia</p> <p><input type="checkbox"/> TB Micro(AFB)</p> <p><input type="checkbox"/> TB Culture+Sens</p> <p><input type="checkbox"/> Fungal(MCS)</p> <p><b>URINALYSIS</b></p> <p><input type="checkbox"/> Microalbumin</p> <p><input type="checkbox"/> Drug Screen</p> <p><input type="checkbox"/> Bilharzia Microscopy</p> <p><input type="checkbox"/> 24Hr Urine Protein/Creat Ratio</p> <p><b>CYTOLOGY</b></p> <p><input type="checkbox"/> Pap Smear</p> <p><input type="checkbox"/> Liquid Based Cytology</p> <p><b>ALLERGY TESTS</b></p> <p><input type="checkbox"/> IgE</p> <p><input type="checkbox"/> Rast Inhalants</p> <p><input type="checkbox"/> Rast Foods</p>
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ADDITIONAL

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Specimen Taken

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ICD 10 Code

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Doctors Signature:



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Medical Technologist  
Pr No: 0579378  
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Referring Doctor: \_\_\_\_\_ Dr's email: \_\_\_\_\_ Practice no: \_\_\_\_\_  
 Doctors Add: \_\_\_\_\_ Copy Doctor: \_\_\_\_\_

PATIENT DETAILS	HAVE YOU VISITED LAB 24 BEFORE?	Y	N	PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT
ID.NO				SURNAME & INITIALS
SURNAME				FIRST NAME
INITIALS & FIRST NAME				LANG E A TITLE:
DATE OF BIRTH	SEX	M	F	AGE
HOSPITAL/DR REF NO				GUARANTOR ID
PATIENT TEL (H)				POSTAL ADDRESS
PATIENT CELL				TEL (H)
PATIENT E-MAIL				CELL
<b>PATIENT/GUARDIAN SIGNATURE</b> I give consent for tests and guarantee payment of any amounts. I verify that all information is correct.				E-MAIL
I consent that ICD 10 codes may be provided to my medical aid as per statutory requirements on my account.				EMPLOYER
HOSPITAL PATIENT	Y	N	SPECIMEN:	MEDICAL AID
COLLECTION DATE	FASTING		RANDOM	
COLLECTED BY	COLL TIME			MEDICAL AID/RECEIPT NO
SPECIAL REQUEST	ROUTINE	URGENT	STAT	AUTHORISATION NO
	TEL/FAX			DEP CODE
	PATIENT MEMBERSHIP CARD VERIFIED	Y	N	ACCOUNT NUMBER

**MOST FREQUENTLY REQUESTED TESTS COVERED BY MOST CAPITATION PLANS(INCL. KEYCARE,BONCAP,ETC)**

Description	Description	Description	Description
<b>Haematology</b> <input type="checkbox"/> Haemoglobin estimation(Hb) <input type="checkbox"/> Leucocyte total + Diff count <input type="checkbox"/> Hb total WBC + Diff count <input type="checkbox"/> Haematocrit/PCV <input type="checkbox"/> Full blood count + platelets <input type="checkbox"/> ESR <b>Coagulation</b> <input type="checkbox"/> PI/INR <input type="checkbox"/> PTT <b>Pregnancy</b> <input type="checkbox"/> BHCG Qualitative <input type="checkbox"/> Blood group (ABO) <input type="checkbox"/> Grouping: Rh Antigen <input type="checkbox"/> Indirect Coombs <input type="checkbox"/> Syphilis Serology	<b>Gynaecology</b> <input type="checkbox"/> Pap smear Date LMP: _____ <b>Malaria Blood Smear</b> <input type="checkbox"/> Malaria : Antigen <input type="checkbox"/> Parasites in blood smear <input type="checkbox"/> Concentration techniques for parasites <b>General Endocrine</b> <input type="checkbox"/> TSH <b>Lung, Kidney, Skeleton</b> <input type="checkbox"/> Potassium <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium/Sodium/ <input type="checkbox"/> Chloride/Creatinine <input type="checkbox"/> U & E only <input type="checkbox"/> Creatinine <input type="checkbox"/> Uric Acid	<b>Glucose Metabolism</b> <input type="checkbox"/> Glucose -random/fasting <input type="checkbox"/> HbA1C <input type="checkbox"/> Glucose Tolerance Test <b>Lipid Metabolism</b> <input type="checkbox"/> Cholesterol -Total <input type="checkbox"/> HDL Cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> LDL Cholesterol <b>Liver, Pancreas, GIT</b> <input type="checkbox"/> Amylase <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> Bilirubin: Total <input type="checkbox"/> Bilirubin:Conjugated <input type="checkbox"/> AST(SGOT) <input type="checkbox"/> ALT (SGPT) <input type="checkbox"/> LDH <input type="checkbox"/> Gamma GT	<b>HIV Tests</b> <input type="checkbox"/> HIV: Elisa (no West.Blot) <b>HIV Monitoring</b> <input type="checkbox"/> HIV viral load <input type="checkbox"/> Cd4 count <b>Immunology</b> <input type="checkbox"/> Hepatitis:A IgMAB <input type="checkbox"/> Hepatitis : B sAg <input type="checkbox"/> C-reactive Protein <b>Microbiology</b> <input type="checkbox"/> Urine Microscopy <input type="checkbox"/> Urine MC&S <input type="checkbox"/> Faecal Microscopy <input type="checkbox"/> Faecal MC&S <input type="checkbox"/> Faecal Occult Blood <input type="checkbox"/> Sputum microscopy <input type="checkbox"/> Sputum MC&S <input type="checkbox"/> Sputum TB micro

**This side for Limited Option Plans Only.**

ADDITIONAL

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Specimen Taken

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ICD 10 Code

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Doctors Signature:

*NB: Kindly assist us by providing ALL contact details of patient as well as person responsible for account/main member of scheme. All forms must also be signed by the patient and the Doctor. All work will only be processed after approval of funds.*