



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



- Mt Edgecombe Suite 8A Life Mt Edgecombe Hospital
Umhlanga Suite 11 Medigate|1 Medigate Drive | Umhlanga |
Sydenham Suite 2 Ground Floor | Sydenham Medical Centre |
Central Durban Suite 10, 10th Floor | Medcentre |

REF:

Kindly complete in detail VAT NO.: 4550 269 817

Referring Doctor, Doctors Add, Dr's email, Practice no, Copy Doctor

PATIENT DETAILS, PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT, PATIENT/GUARDIAN SIGNATURE, HOSPITAL PATIENT, COLLECTION DATE, SPECIAL REQUEST, PATIENT MEMBERSHIP CARD VERIFIED, ACCOUNT NUMBER

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

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

ADDITIONAL: Specimen Taken, ICD 10 Code, Doctors Signature:



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- 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 | Medcentre | 78 Lorne Street Durban | Tel : 081 545 8485

REF:

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

PATIENT DETAILS	HAVE YOU VISITED LAB 24 BEFORE? <input type="checkbox"/> Y <input type="checkbox"/> N	PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT
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	SEX <input type="checkbox"/> M <input type="checkbox"/> F AGE	GUARANTOR ID
HOSPITAL/DR REF NO		POSTAL ADDRESS
PATIENT TEL (H)	(W)	TEL (H)
PATIENT CELL		CELL
PATIENT E-MAIL		E-MAIL
PATIENT/GUARDIAN SIGNATURE 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		EMPLOYER
HOSPITAL PATIENT <input type="checkbox"/> Y <input type="checkbox"/> N	SPECIMEN: FASTING <input type="checkbox"/> RANDOM <input type="checkbox"/>	MEDICAL AID
COLLECTION DATE	COLL TIME	MEDICAL AID/RECEIPT NO
COLLECTED BY		AUTHORISATION NO
SPECIAL REQUEST	ROUTINE <input type="checkbox"/> URGENT <input type="checkbox"/> STAT <input type="checkbox"/>	PATIENT MEMBERSHIP CARD VERIFIED <input type="checkbox"/> Y <input type="checkbox"/> N
	TEL/FAX	ACCOUNT NUMBER
		DEP CODE

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

Description	Description	Description	Description
Haematology <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 Coagulation <input type="checkbox"/> PI/INR <input type="checkbox"/> PTT Pregnancy <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	Gynaecology <input type="checkbox"/> Pap smear Date LMP: _____ Malaria Blood Smear <input type="checkbox"/> Malaria : Antigen <input type="checkbox"/> Parasites in blood smear <input type="checkbox"/> Concentration techniques for parasites General Endocrine <input type="checkbox"/> TSH Lung, Kidney, Skeleton <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	Glucose Metabolism <input type="checkbox"/> Glucose -random/fasting <input type="checkbox"/> HbA1C <input type="checkbox"/> Glucose Tolerance Test Lipid Metabolism <input type="checkbox"/> Cholesterol -Total <input type="checkbox"/> HDL Cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> LDL Cholesterol Liver, Pancreas, GIT <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	HIV Tests <input type="checkbox"/> HIV: Elisa (no West.Blot) HIV Monitoring <input type="checkbox"/> HIV viral load <input type="checkbox"/> Cd4 count Immunology <input type="checkbox"/> Hepatitis:A IgMAB <input type="checkbox"/> Hepatitis : B sAg <input type="checkbox"/> C-reactive Protein Microbiology <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

Specimen Taken

ICD 10 Code

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.