

REFERRING DOCTOR	mahaj01 – Dr Ajesh Maharaj		HOSPITAL PATIENT	COPY DOCTOR
PATIENT DETAILS			ACCOUNT AND GUARANTOR DETAILS	
PATIENT ID.			MEDICAL AID & PLAN	
SURNAME			MEDICAL AID NO.	PMB <input type="checkbox"/> Y <input type="checkbox"/> N
FIRST NAMES			AUTHORISATION NO.	DEP. CODE
SEX	DATE OF BIRTH	TITLE	GUARANTOR ID NO.	
DR REF/FILE NO.		AGE	SURNAME	
PATIENT ADDRESS			FIRST NAME	LANGUAGE E <input type="checkbox"/> A <input type="checkbox"/>
			POSTAL ADDRESS	
PATIENT PHONE	H	W	PHONE	H
	Cell	EMAIL		W
ICD 10 CODES			CELL	EMAIL
			I consent that ICD10 codes may be provided to my medical aid and/or insurance company, as per statutory requirements on my account. <input type="checkbox"/> Y <input type="checkbox"/> N	
			I consent to tests and guarantee payment of any amounts. I verify that all information is correct. <input type="checkbox"/> Y <input type="checkbox"/> N	
PATIENT/GUARDIAN SIGNATURES:				

SPECIMEN DETAILS	COLLECTION DATE	COLLECTION TIME	PRIORITY	STAT	PHONE	ROUTINE	FAX	COLLECTED BY					
	RECEIVED DATE	RECEIVED TIME	RECEIVED BY										
SPECIMENS COLLECTED	E1	E2	S1	C1	M1	UB	F0	H1	H2	H4	A2	B3	OTHER
									TUBE CHART		H1 GREEN HEPARIN		
									E1 PURPLE EDTA HAEM		B3 BLUE SCREW TOP		
									E2 PURPLE EDTA OTHER		M1 MICRO		
									S1 YELLOW CLOTTED/PLAIN		UB URINE		
									C1 BLUE CITRATE		A2 MANTOUX		
									F0 GREY FLUORIDE		A4 SEMEN		

BIOCHEMISTRY

LIVER / PANCREAS TESTS

S1 LIVER FUNCTIONS

S1 PROTEIN ELECTROPHORESIS

S1 HEPATITIS A,B,C

S1 ALKALINE PHOSPHATASE

S1 GAMMA GT

S1 ALT

S1 AST

S1 LDH

S1 BILIRUBIN

S1 PROTEIN /ALBUMIN

S1 AMYLASE

S1 LIPASE

RENAL / ELECTROLYTES / BONE

S1 U&E, CREATININE

S1 UREA

S1 POTASSIUM

S1 CREATININE

S1UB CREATININE CLEARANCE

UB 24 HR URINE PROTEIN

S1 SERUM OSMOLALITY

UB URINE OSMOLALITY

M1 URINALYSIS (DIPSTICK / MICRO)

S1 CALCIUM

S1 PHOSPHATE

S1 MAGNESIUM

E2 PARATHORMONE

UBS1 URINE CALCIUM / PHOSPHATE

S1 URIC ACID

A1 BLOOD GASES

HAEMATOLOGICAL / IMMUNE

S1 IRON STUDIES

S1 FERRITIN

S1 FOLATE / VIT B12

E2 FOLATE (RED CELL)

S1 IGG, IGM, IGA

S1 IGG SUBCLASSES

CAD RISK / LIPID

S1 LIPOGRAM

S1 CHOLESTEROL + HDL

S1 CHOLESTEROL

S1 LIPOPROTEIN (a)

S1 HS-CRP

H1 HOMOCYSTEINE (ON ICE)

DIABETES TESTS

F0 GLUCOSE (FASTING)

F0 GLUCOSE (RANDOM)

F0F4 GLUCOSE TOLERANCE TEST

E2 GLYCOSYLATED HB (HBA1C)

S1 INSULIN (FASTING)

S1 INSULIN (RANDOM)

S1 C-PEPTIDE (ON ICE)

UB MICROALBUMIN

CARDIAC MARKERS

S1H1 CHEST PAIN PROFILE

S1H1 TROPONIN

S1H1 MYOGLOBIN

S1 CK

OTHER TESTS

HAEMATOLOGY

E1 FBC / PLTS / ESR

E1 RBC INDICES

E1 WBC + DIFF COUNT

E1 RETICULOCYTES

E1 MALARIA

S1 PAUL BUNNELL

E1 BLOOD GROUP

E1 DIRECT COOMB'S

E1S1 ABNORMAL HB SCREEN

BLEEDING TIME

C1 PT/INR

C1 PTT

C1 D-DIMER

C1 FIBRINOGEN

E1C1 BASIC BLEEDING SCREEN

E1E1 HAEMOLYSIS SCREEN

E1C1 DIC SCREEN

E1C1H1 HEREDITARY THROMBOTIC SCREEN

2C1 ANTI PHOSPHOLIPID SCREEN (On Ice)

E1C1H1 FULL THROMBOTIC SCREEN

OBSTETRIC

S1E1 ANTENATAL PROFILE

S1 B-HCG (QUALITATIVE) (PREGNANCY)

S1 B-HCG (QUANTITATIVE)

S1 NTD SCREEN (AFP)

B1 FOETAL LUNG MATURITY

E1 INDIRECT ANTIGLOBULIN TEST (Rep Abs)

E1 ANTENATAL GROUP (BLD GRP + IAGT)

REPRODUCTIVE ENDOCRINE

S1 PRE-MENOPAUSAL SCREEN

S1 HIRsutISM SCREEN

S1 INFERTILITY (FEMALE)

S1 INFERTILITY (MALE)

S1 PROLACTIN

S1 FSH

S1 LH

S1 OESTRADIOL

S1 PROGESTERONE

S1 17-OH PROGESTERONE

S1 TESTOSTERONE

PITUITARY AXES

S1 PITUITARY FUNCTION SCREEN - BASAL

S1 CORTISOL

S1 DEXAMETHAZONE SUPPRESSION TEST

E2 ACTH (ON ICE)

S1 GROWTH HORMONE

THYROID FUNCTION

S1 THYROID PROFILE (TSH / FT4)

S1 TSH

S1 T3 - FREE

S1 T4 - FREE

S1 THYROID ANTIBODIES

PROSTATE MARKERS

S1 PSA (FPSA IF INDICATED)

S1 PSA (NO FPSA)

S1 COMPLEXED PSA

CLINICAL INFORMATION / DIAGNOSIS / COMMENTS

FASTING Y N

ON ANTI COAGULANT Y N

PREGNANT Y N

THYROID MEDICATION Y N

MICROBIOLOGY

NATURE OF SPECIMEN AND SITE E.G. URINE, STOOL

1.

2.

1. MCS

AFB + TB CULTURE

AFB + XPRT TB + TB CLUTURE

TB PCR (NON RESPIRATORY)

AFB ONLY

FUNGAL CULTURE

BLOOD CULTURE

MICROSCOPY (GRAM STAIN)

BILHARZIA / PARASITES

STOOL OCCULT BLOOD

STOOL ROTA-/ADENOVIRUS

H PYLORI STOOL ANTIGEN

RSV ANTIGEN (NO VIM)

CHLAMYDIA TRACHOMATIS PCR

CSF BACTERIAL ANTIGENS

CSF-FTA

CRYPTOCOCCAL ANTIGEN

CSF ENTEROVIRUS PCR

CSF HSV PCR

CSF OLIGOCLONAL BANDS

MANTOUX

CYTOTOLOGY (MALIGNANT CELLS)

SEROLOGY

S1E1 AUTOIMMUNE PROFILE

S1 ANF / ANTI-ENA SCREEN

S1 RHEUMATOID FACTOR

S1 ANTI-CCP

S1 ENA FOR SM, RNP, RO, LA, SCL-70, JO-1

S1 COMPLEMENT

S1 PARIETAL CELL AB

S1 MITOCHONDRIAL /SMOOTH MUSCLE AB

S1 ANGIOTENSIN CONV ENZ (SACE)

HEPATITIS MARKERS

S1 HEPATITIS A, B, C

S1 HEPATITIS A, B

S1 HEPATITIS A

S1 HEPATITIS B IMMUNITY

S1 HEPATITIS C

HIV TESTS

S1 HIV AB (WB ONLY IF POS)

S1 HIV ELISA ONLY (NO WB IF POS)

2E2 HIV VIRAL LOAD / CD4 (HIV Monitoring)

E2 HIV VIRAL LOAD

E2 HIV PCR (QUALITATIVE)

E2 CD4

2C1 ANTI PHOSPHOLIPID SCREEN (On Ice)

S1E1 ARTHRITIS PROFILE

S1 ASOT

S1 BILHARZIA AB

S1 BRUCELLA AB

S1 COELIAC AB

S1 CHLAMYDIA AB

S1 CMV IGG / IGM

S1 COXSACKIE AB

S1 EBV SEROLOGY

S1 GONOCOCCAL AB

S1 H PYLORI AB

S1 HERPES SIMPLEX AB

S1 MYCOPLASMA AB

S1 RICKETTSIA SPECIFIC AB

S1 RUBELLA IGG / IGM

3H1 TB SPOT

S1 TOXOPLASMA IGG / IGM

S1 VDRL(RPR) / SYPHILIS IGG

S1 WEIL-FELIX

S1 WIDAL

DOWN'S / NTD SYNDROME

To order these screens please use the GYNAECOLOGY REQUEST FORM.

Should you require GYNAECOLOGY REQUEST FORMS, please contact your local AMPATH LABORATORY

NB: Detailed clinical information is required for these screens for accurate risk assessment.

DRUGS OF ABUSE

F0 BLOOD ALCOHOL

UB DRUGS OF ABUSE SCREEN

UB CANNABINOIDS

UB AMPHETAMINES

UB BARBITURATES

UB BENZODIAZEPINES

UB COCAINE

UB OPIATES

UB MANDRAX

UB LSD

UB PHENCYCLIDINE

UB ECSTASY

UB METHCATHINONE (CAT)

UB METHAMPHETAMINE (TIK-TIK)

UB METHADONE

UB PROPOXYPHENE

DRUG MONITORING

S1 AMIKACIN (PRE / POST)

S1 CARBAMAZEPINE

E2 CYCLOSPORIN

E2 TACROLIMUS

E2 SIROLIMUS

S1 DIGOXIN

S1 GENTAMICIN (PRE / POST)

S1 LAMOTRIGINE (LAMICTIN)

S1 METHOTREXATE

S1 OXCARBAZEPINE (TRILEPTAL)

S1 PARACETAMOL

S1 PHENOBARBITONE

S1 PHENYTOIN (EPANUTIN)

S1 PRIMIDONE (MYSOLINE)

S1 RIVOTRIL (CLONAZEPAN)

S1 SALICYLATES

S1 THEOPHYLLINE

S1 VALPROIC ACID (EPLIM)

S1 VANCOMYCIN (PRE / POST DOSE)

INFLAMMATORY MARKERS

S1 CRP

S1 COMPLEMENT

S1 PROCALCITONIN

ALLERGY TESTS

S1 IGE / PHADIOTOP

S1 PHADIOTOP

S1 IGE

S1 RAST INHALANTS

S1 RAST PAEDIATRIC FOOD (FX5)

S1 RAST FOODS

A2 SKIN INHALANTS TESTING

TUMOUR MARKERS

S1 AFP

S1 B-HCG - QUANTITATIVE

S1 CEA (GIT)

S1 CA19-9 (GIT / PANCREAS)

S1 CA 125 (OVARY)

S1 CA 15-3 (BREAST)

S1 CA 72-4 (GASTRIC / OVARY)

HISTOLOGY

NATURE OF SPECIMEN

PREVIOUS BIOPSY OR TREATMENT: YES NO

CERVIX

VAGINA

MATURATION INDEX

FINE NEEDLE ASP (SITE:

HPV GENOTYPING

DATE:

NO. OF SLIDES SENT 1 2

NO ABNORMALITY

POSTNATAL

DISCHARGE

BLEEDING

PRURITIS

CX EROSION

MENOPAUSAL GEN.11

LIQUID BASED CYTOLOGY