

PathCare		BARCODED STICKER AREA		FOR URGENT RESULTS	
		CORONA VIRUS REQUEST FORM BARCODE STICKER		Contact Person Please indicate Tel Fax Cell Email Contact number	
PRACTICE NO. 5200539					
* REFERRING DR.		1 st Copy Dr & Code		3 rd Copy Dr & Code	
		2 nd Copy Dr & Code		Hospital Ward and Code	
* PATHCARE CODE		File No.		PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT (* compulsory - please complete)	
				* Guarantor ID No. * Title Mr Mrs Ms Dr Prof	
* Patient ID Passport nr		DOB		* Surname * Initials	
* Patient Surname		* M F		* Postal Address	
* Patient First Name		* Patient Title			
Tel. (h) / cell		Tel. (w)			
E-mail				* Tel. (h) / cell * Tel. (w)	
Collected by		* Date DD MM YYYY * Time		* E-mail	
Priority		Location Code		* Medical Aid	
Received by		* Date DD MM YYYY * Time		* Medical Aid No.	
Births Single <input type="checkbox"/> Twins <input type="checkbox"/> 1 2 Triplets <input type="checkbox"/> 1 2 3		SPECIMEN INFORMATION AND TEST COUNT		* ICD 10 CODE	
OTHER TESTS AND CODES		RELEVANT CLINICAL DATA AND PRESENT MEDICATION LMP DD MM YYYY FASTING YES NO		URINE HEPARIN EDTA 4ml 6ml CITRATE GEL ACD CLOTTED FLUORIDE OTHER - please specify TEST COUNT	
				I certify that the above information is correct. I give specific consent for tests analysis and fully understand the implications of the test(s) and I have received adequate pre-test counselling. I hereby request and agree that all my pathology test results and accounts from Drs. Dietrich, Voigt, Mia & Partners ("PathCare") may be sent to my nominated email address, to my medical aid administrators, medical practitioner(s) and/or insurance company. I indemnify PathCare against action that may be brought by virtue of this request and I understand that it is entirely my responsibility to safeguard access to my email. I undertake to pay outstanding monies not covered by the medical aid. SIGNATURE PATIENT CONSENT I give consent for my contact details to be shared with a 3rd party organisation in order to participate in a survey to rate PathCare's service. [N/Y]	
D5897 <input type="checkbox"/> COVID-19 K5541 <input type="checkbox"/> Influenza A&B / RSV PCR (GeneXpert)					
Specimen requirements: 1. Lower respiratory tract specimen (e.g. sputum, tracheal aspirate, bronchoalveolar lavage); or 2. Respiratory swabs (nasopharyngeal (item # 702437) and oropharyngeal swab (item # 702436) placed into the same tube of transport media to increase the viral load; or 3. Lung tissue from biopsy Transportation: cold, on ice if transport is expected to exceed 6 hours Specimen viability: 2 days, if refrigerated TAT: 48 hours after reaching the analysing laboratory					