



BARCODED STICKER AREA

FOR URGENT RESULTS

TRAVEL COVID-19 FORM
BARCODE STICKER

PRACTICE NO. 5200539

Please indicate Tel Fax Cell Email

* REFERRING DR.	TRAVEL AUTHORITY	1 st Copy Dr & Code	PATIENT	3 rd Copy Dr & Code
* PATHCARE CODE	COVID19	2 nd Copy Dr & Code		File No.
* Traveller ID				DOB DD MM YYYY
* Traveller Surname				* Gender M F
* Traveller Names (as on Passport)				* Traveller Title
* Passport No.				* Date of Flight DD MM YYYY
* Passport Expiry Date	DD MM YYYY			
* Tel. Local cell				* Tel. (alt)
* E-mail				
* Traveller Local address				
* Address				
* City				* Postal Code
* Province				
* Collected by	* Date DD MM YYYY	* Time		
Location Code				
* Identity Verified	STAFF SIGNATURE			
* Received by	* Date DD MM YYYY	* Time		

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 TRAVELLER'S CONSENT

V5928 Travel/Tourist COVID-19 PCR

Specimen requirement:

Single nasopharyngeal swab placed into the supplied tube; If not available, an oropharyngeal swab placed into the supplied tube.

Transportation: cold, on ice if transport is expected to exceed 6 hours

By requesting the above test, I confirm and acknowledge the following:

1. I do not currently suffer from any COVID-19 symptoms and signs, including fever, flu-like symptoms, loss of smell and taste, muscle pains, shortness of breath, etc.
2. I am not currently in self-isolation due to exposure to a COVID-19 infected individual.
3. I realise that this screening test is only for travel purposes. It is not for diagnostic or clinical purposes.
4. I understand that PathCare is mainly a referral laboratory and it is my responsibility to seek further care from my general or family practitioner in the event of my test being positive.
5. If the test is positive, it will be my duty and responsibility to self-isolate with immediate effect and to obtain medical assistance if indicated.
6. I realise that COVID-19 is a notifiable disease and that the Department of Health will be informed accordingly.

SIGNATURE TRAVELLER'S CONSENT