



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 & Time of Flight DD MM YYYY HH : MM
* Passport Expiry Date DD MM YYYY				* Date & Time of results needed DD MM YYYY HH : MM
* Tel. Local cell				* Tel. (alt)
* E-mail				
* Traveller Local address				
* Address				
* City				* Postal Code
* Province				
* Collected by	* Date DD MM YYYY	* Time		
Site Priority	S <input type="checkbox"/> U <input type="checkbox"/> H <input type="checkbox"/> R <input type="checkbox"/> Z <input type="checkbox"/>			
* 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

NO CONTACT LIST REQUIRED

V5928 Travel/Tourist COVID-19 PCR

MEDICAL AID : SD CORONA

MEDICAL AID NO : RECEIPT NO
AMOUNT

NO CONTACT LIST REQUIRED

M5939 Travel to China

MEDICAL AID : SD CHINA

MEDICAL AID NO : RECEIPT NO
AMOUNT

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

Single nasopharyngeal swab placed into the supplied tube; If not available, an oropharyngeal swab placed into the supplied tube. SST (transport on ice).

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

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

- 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.
- I am not currently in self-isolation due to exposure to a COVID-19 infected individual.
- I realise that this screening test is only for travel purposes. It is not for diagnostic or clinical purposes.
- 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.
- 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.
- I realise that COVID-19 is a notifiable disease and that the Department of Health will be informed accordingly.
- Travellers testing positive for COVID-19 are presumably asymptomatic. False positive COVID-19 PCR tests are unusual but false negative tests are frequently seen, especially in asymptomatic patients. Subsequent tests may prove negative depending on a range of factors including but not limited to the shedding rate of the virus, immune response and sample quality. Drs Dietrich, Voigt, Mia & Partners takes no responsibility for ANY claims of whatsoever nature or any consequential losses relating to test results falling within the aforementioned category.

SIGNATURE TRAVELLER'S CONSENT