



BARCODED STICKER AREA

GYNAECOLOGY FORM
BARCODE STICKER

FOR URGENT RESULTS

Contact Person
Please indicate Tel Fax Cell Email
Contact number

REFERRING DR.
1st Copy Dr & Code
2nd Copy Dr & Code
3rd 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

REQ. INFO
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
Time
Site Priority
Location Code
E-mail
Medical Aid
Received by
Date
Time
Medical Aid No.

Birthing Single Twins Triplets
SPECIMEN INFORMATION AND TEST COUNT
URINE HEPARIN EDTA CITRATE GEL ACD CLOTTED FLUORIDE OTHER - please specify TEST COUNT

OTHER TESTS AND CODES
RELEVANT CLINICAL DATA AND PRESENT MEDICATION
LMP
FASTING
I certify that the above information is correct. I give specific consent for test 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 and cellphone number, to my medical aid administrators, medical practitioner 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

Specimen Instructions
B CITRATE tube must be full (blue stopper)
F FLUORIDE tube (grey stopper)
G SST GEL tube (gold stopper)
GG 2x SST Gel tubes (gold stopper)
H HEPARIN lithium tube (green stopper)
P EDTA tube (purple stopper) 4ml
P6 EDTA tube (purple stopper) 6ml
R NO GEL plain tube (red stopper)
K Capillary blood
D Dry swab (no transport medium) (Black or Purple)
DD 2x dry swabs (no transport medium) (Black or Purple)
U 25 ml random urine specimen
UO 24hr urine collection without preservative
* On ice (refer patient to nearest depot)
** Separate within 4 hours & Freeze asap after separation
= Separate asap
Rest 15 minutes

CHEMISTRY
U&E, CREATININE
CREATININE CLEARANCE
PROTEIN (24hr urine)
UREA
CREATININE
URIC ACID (serum)
GTT pregnancy (100g, 3hr)
GTT pregnancy (75g, 2hr)
LIPOGRAM (fasting)
APOLIPOPROTEIN A1 & B
LIPOPROTEIN (a)
LIVER FUNCTION TESTS
BILIRUBIN (neonatal)
HEMATOCRIT (neonatal)
GLUCOSE (fasting)
GLUCOSE (random)
GLUCOSE TOLERANCE (2hr)
INSULIN RESISTANCE (fasting)
HbA1c (GLYCATED Hb)

ENDOCRINOLOGY continue...
TSH (cord blood)
TSH
FREE T4
FREE T3
PROGESTERONE
TESTOSTERONE (FAI)
DHEA-S
ANTI-MULLERIAN HORMONE (AMH)
ENDOCRINE - MENOPAUSAL
FSH
LH
OESTRADIOL (E)
ENDOCRINE - AMENORRHOEA
FSH
LH
OESTRADIOL (E)
PROLACTIN (rest 15 min)
TSH

TUMOUR MARKERS
AFP
beta-HCG tumour marker (trophobl. dis.)
OV 125 (ovary)
BR15.3 (breast)
CEA (G.I.T., lung, breast)
FETAL MATURITY
LAMELLAR BODY COUNT
INFECTIOUS DISEASES
ARTHRITIS PROFILE (ESR / UA / CRP / RF)
Sexual Health Screen (Incl HIV)
HIV ELISA, Syphilis, Hepatitis B sAg, Hepatitis C Ab, Urogenital panel (PCR)
Sexual Health Screen (Excl HIV)
Syphilis, Hepatitis B sAg, Hepatitis C Ab, Urogenital panel (PCR)
Genital Ulceration Panel PCR (C. trachomatis, T. pallidum, HSV1&2, H. ducreyi) (urine / swab in urine / LBC)
Genital discharge PCR (Gonococcal / Chlamydia)
Herpes simplex I / II SEROLOGY
CARDIOLIPIN & B2 GLYCOPROTEIN Ab
HIV ELISA (Combined HIV-1/2 Ab + p24)
RPR only
RUBELLA IMMUNITY (IgG only)
RUBELLA IgG / IgM
SYPHILIS (automated antibody screening; positive results will reflex RPR)
HEP B IMMUNITY (HBsAb)
HEP B sAg
HEPATITIS C Ab
AURAMINE, TB ID & susceptibility if culture +
MYCO - / UREA PLASMA Vaginal / Semen / Cervical
Mycoplasma / Ureaplasma ID+ susceptibility (urine)
Vaginal / cervical / urethral swab MC&S
URINE MC&S
STREPTOCOCCUS GROUP B SCREEN
Site: Vaginal Rectal
STREPTOCOCCUS GROUP B (PCR)

OSTEOPOROSIS
PROT ELECTROPHORESIS
ALP
CREATININE CLEARANCE
FULL BLOOD COUNT
ESR
CALCIUM (serum-no cuff)
PHOSPHATE (serum)
TSH
CALCIUM / PHOSPHATE (24hr urine)
VITAMIN D (25 hydroxy)

CYTOGENETICS
AMNIOTIC FLUID
HAEMATOLOGY
ANTENATAL SCREEN (Excl. Rubella IgM) request Rubella IgM if recent exposure or rash
ANTENATAL SCREEN + HIV (Excl. Rubella IgM) request Rubella IgM if recent exposure or rash
ANTENATAL RESTRICTED
IRON STUDIES (FERRITIN incl.)
BLOOD GROUP + RBC ANTIBODY SCREEN (antenatal)
LUPUS ANTICOAGULANT
INHERITED THROMBOTIC SCREEN
LIMITED SCREEN FOR BLEEDING DISORDER
VON WILLEBRAND DISEASE
FULL BLOOD COUNT
ESR
HAEMOGLOBIN
PLATELETS
FERRITIN
FOLATE (RBC)
FOLATE (serum)
VITAMIN B12
RBC ANTIBODY SCREEN antenatal
RBC ANTIBODY identification
RBC ANTIBODY titration

ENDOCRINOLOGY
DOWNS / NTD SCREEN (see separate request form)
HIRSUTISM SCREEN (restricted)
HIRSUTISM SCREEN (full)
INFERTILITY female (rest 15 minutes)
INFERTILITY male (rest 15 minutes)
beta-HCG Pregnancy
beta-HCG SCREEN
SEMEN ANALYSIS (<40% motility reflex SV)
THYROID PROFILE (TSH / T4)
THYROID ANTIBODIES

CERVICAL SCREENING
LIQUID BASED CYTOLOGY (LBC) - PRIMARY SCREENING
CONVENTIONAL CYTOLOGY - PRIMARY SCREENING
CLINICAL HISTORY
CO-TESTING (LBC AND HPV TESTING)
ORIGIN OF SMEAR
HPV TESTING - PRIMARY SCREENING
PREGNANT /40W
POST PARTUM /52W
LACTATING
POST MENOPAUSAL
RADIO/CHEM. Rx
IUD
HORMONES (supply):
LASER / CRYO. Rx
LMP
PREVIOUS REFERENCE No.

REQ. INFO

HOSPITAL STICKER

IMPORTANT

z / Gynae & Down's frm / DTP print / A4 GYNAE & DOWN Template / 2020 / A4 Gynae & Down Template 22.05.2020 .IND



BARCODED STICKER AREA
DOWN SYNDROME FORM
BARCODE STICKER

FOR URGENT RESULTS
Contact Person
Please indicate Tel Fax Cell Email
Contact number

* REFERRING DR.
1st Copy Dr & Code
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3rd 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

REQ. INFO
* Patient ID Passport nr
* Patient Surname
* Patient First Name
* Patient Title
* Surname
* Initials
* Postal Address
* Tel. (h) / cell
* Tel. (w)
* E-mail
* Collected by
* Date DD MM YYYY
* Time
* Site Priority S U H R Z
* Location Code
* Received by
* Date DD MM YYYY
* Time
* Medical Aid No.

Births Single Twins Triplets
SPECIMEN INFORMATION AND TEST COUNT
BLOOD CULTURE STOOL PUSSWAB TISSUE URINE ENTIS CSF RESPIRATORY OTHER TEST COUNT
OTHER TESTS AND CODES
RELEVANT CLINICAL DATA AND PRESENT MEDICATION
LMP
FASTING YES NO
* ICD 10 CODE
SIGNATURE PATIENT CONSENT

ANTENATAL TESTS

G*P+P6P6 A1107 ANTENATAL SCREEN
G*GP+P6P6 G1108 ANTENATAL SCREEN + HIV
P Y1110 FULL BLOOD COUNT
P P1112 HAEMOGLOBIN
P6P6 L1123 BLOOD GROUP + ANTIBODY SCREEN
P6P6 C1124 RBC ANTIBODY SCREEN antenatal
P6P6 H1375 RBC ANTIBODY identification
P6P6 L1376 RBC ANTIBODY titration
G* S1188 T Pallidum Ab (automated antibody screening; positive results will reflex RPR)
G L2342 RPR only
G M1178 RUBELLA IgG, IgM
G Y1179 RUBELLA IgG only
G V1213 HEB B sAg
G E3127 HIV ELISA (combined HIV-1/2 Ab + p24)
F D1044 GLUCOSE fasting
F X1045 GLUCOSE random

DOWN'S SYNDROME and OPEN NEURAL TUBE SCREENING

Please note that these are screening tests only with an approximate 60-90% detection rate and a false positive rate of 5-6%. These are NOT definitive diagnostic tests. Please consult your physician for advice.

Please indicate (✓) which test is required, and complete the relevant section:
2nd Trimester (15w - 20w6d)
V1236 Downs & NTD screen
G1315 AFP for NTD screen
1st Trimester
H1237 Combined risk (biochemistry & sonar)
H1237 Combined risk calculation only
H1237 Biochemistry only, with risk calculation
H1237 Biochemistry only, without risk calculation
Gestational age according to sonar: w d on m m y y y y Weight: kg

A Maternal & Gestational data

Ethnic origin: White Black Coloured Asian
Previous Downs/NTD: No T21 T18 T13 NTD
Type I DM (IDDM): No Yes Smoking: No Yes
Twins: No Yes If Yes: Dichorionic Monochorionic
Gestational age (sonar): w d on m m y y y y
Weight: kg LMP (if no sonar done)
IVF pregnancy: No Yes
If yes, please complete:
DOB of egg donor:
Date of egg collection:
Date of embryo transfer:

B 1st Trimester sonar data (11w -13w6d)

If biochemistry was done at 8 - 10w, please supply laboratory reference number:
CRL: mm on m m y y y y NT: mm Nasal bone: Present Absent Unable to examine
Ductus Venosus blood flow: Forward Reverse / Absent Not examined
Ultrasonographer :