PathCare

GYNAE

PRACTICE NO. 5200539

BARCODED STICKER AREA

GYNAECOLOGY FORM

BARCODE STICKER

FOR URGENT RESULTS

Contact Person

Please Indicate: Tel | Fax | Cell | Email

Contact Details

* REFERRING DR.

1st Copy Dr & Code

2nd Copy Dr & Code

3rd Copy Dr & Code

Hospital Ward and Code

* PATHCARE CODE

File No.

REQ. INFO

* Patient ID Passport nr

DOB

* Patient Surname

* M F

* Patient First Name

* Patient Title

* 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

Births Single Twins 1 2 Triplets 1 2 3

PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT (* compulsory - please complete)

HOSPITAL STICKER

* Guarantor ID No.

* Title Mr Mrs Ms Dr Prof

* Surname

* Initials

* Postal Address

* Tel. (h)/cell

* Tel. (w)

* E-mail

* Medical Aid

* Medical Aid No.

HOSPITAL STICKER

IMPORTANT

* ICD 10 CODE

OTHER TESTS AND CODES

RELEVANT CLINICAL DATA AND PRESENT MEDICATION

LMP D D M M Y Y Y Y

FASTING YES NO

SPECIMEN INFORMATION AND TEST COUNT

URINE	HEPARIN	EDTA 4ml	EDTA 6ml	CITRATE	GEL	ACD	CLOTTED	FLUORIDE	OTHER - please specify	TEST COUNT

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)
- ☎ **Arrange with laboratory, on appointment only**
- **U** **25 ml random urine specimen**
- **U◇** **24hr urine collection without preservative**
- ∗ **On ice** (refer patient to nearest depot)
- ∗∗ **Seperate within 4 hours & Freeze asap after seperation**
- = **Separate asap**
- ◕ Rest 15 minutes

CHEMISTRY

G	N1001	U&E, CREATININE
GU◇	Q1005	CREATININE CLEARANCE
U◇	V1006	PROTEIN (24hr urine)
G	C1262	UREA
G	L1261	CREATININE
G	H1007	URIC ACID (serum)
☎	N1047	GTT pregnancy (100g, 3hr)
☎	E4047	GTT pregnancy (75g, 2hr)
G	A1038	LIPOGRAM (fasting)
G	W1382	APOLIPOPROTEIN A1 & B
G	G1039	LIPOPROTEIN (a)
G	G1016	LIVER FUNCTION TESTS
K	P1020	BILIRUBIN (neonatal)
K	F3043	HEMATOCRIT (neonatal)
F	D1044	GLUCOSE (fasting)
F	X1045	GLUCOSE (random)
☎	B1046	GLUCOSE TOLERANCE (2hr)
G=F	P3228	INSULIN RESISTANCE (fasting)
P	J1048	HbA1c (GLYCATED Hb)

OSTEOPOROSIS

G	L1031	PROT ELECTROPHORESIS
G	X1022	ALP
GU◇	Q1005	CREATININE CLEARANCE
P	Y1110	FULL BLOOD COUNT
P	X1114	ESR
G	K1010	CALCIUM (serum-no cuff)
G	E1011	PHOSPHATE (serum)
G	T1058	TSH
U◇	R1013	CALCIUM / PHOSPHATE (24hr urine)
G=	P2837	VITAMIN D (25 hydroxy)

ENDOCRINOLOGY

DOWNS / NTD SCREEN (see separate request form)

G	P1066	HIRSUTISM SCREEN (restricted)
GG	F1065	HIRSUTISM SCREEN (full)
GG◕	D1067	INFERTILITY female (rest 15 minutes)
G◕	X1068	INFERTILITY male (rest 15 minutes)
H	J1071	β-HCG Pregnancy
H	Z1072	β-HCG SCREEN
☎	B1069	SEMEN ANALYSIS (<40% motility reflex SV)
G	G1062	THYROID PROFILE (TSH / T4)
G*	M1063	THYROID ANTIBODIES

ENDOCRINOLOGY continue...

R	R1059	TSH (cord blood)
G	T1058	TSH
G	W1060	FREE T4
G	A1061	FREE T3
G	L1077	PROGESTERONE
G	L1951	TESTOSTERONE (FAI)
G	K1079	DHEA-S
G	K3655	ANTI-MULLERIAN HORMONE (AMH)

Patient on Eltroxin / Euthyrox / Tertroxin? YES NO UNKNOWN

ENDOCRINE - MENOPAUSAL

G	Q1074	FSH
G	V1075	LH
G	H1076	OESTRADIOL (E_2)

ENDOCRINE - AMENORRHOEA

G	Q1074	FSH
G	V1075	LH
G	H1076	OESTRADIOL (E_2)
G◕	S1073	PROLACTIN (rest 15 min)
G	T1058	TSH

CYTOGENETICS

	A1337	AMNIOTIC FLUID

HAEMATOLOGY

G*P+P6P6	A1107	ANTENATAL SCREEN (Excl. Rubella IgM) request Rubella IgM if recent exposure or rash
G*GP+P6P6	G1108	ANTENATAL SCREEN + HIV (Excl. Rubella IgM) request Rubella IgM if recent exposure or rash
G*P+P6P6	C1354	ANTENATAL RESTRICTED
G	N1116	IRON STUDIES (FERRITIN incl.)
P6P6	L1123	BLOOD GROUP + RBC ANTIBODY SCREEN (antenatal)
B=**G☎	X1137	LUPUS ANTICOAGULANT
BB=**P+P*	D1136	INHERITED THROMBOTIC SCREEN
B=P☎	R1128	LIMITED SCREEN FOR BLEEDING DISORDER
BB=**	B1138	VON WILLEBRAND DISEASE
P	Y1110	FULL BLOOD COUNT
P	X1114	ESR
P	P1112	HAEMOGLOBIN
P	F1226	PLATELETS
G	J1117	FERRITIN
P	D3988	FOLATE (RBC)
G=*	X2379	FOLATE (serum)
G=*	S1119	VITAMIN B12
P6P6	C1124	RBC ANTIBODY SCREEN antenatal
P6P6	H1375	RBC ANTIBODY identification
P6P6	L1376	RBC ANTIBODY titration

TUMOUR MARKERS

G	J1094	AFP
G	Z1486	β-HCG tumour marker (male / female)
G	B1092	OV 125 (ovary)
G	N1093	BR15.3 (breast)
G	D1090	CEA (G.I.T., lung, breast)

FETAL MATURITY

	P4792	LAMELLAR BODY COUNT

INFECTIOUS DISEASES

GP	Z1164	ARTHRITIS PROFILE (ESR / UA / CRP / RF)
GGGU	F5872	Sexual Health Screen (Incl HIV) HIV ELISA, Syphilis, Hepatitis B sAg, Hepatitis C Ab, Urogenital panel (PCR)
GGU	Y5871	Sexual Health Screen (Excl HIV) Syphilis, Hepatitis B sAg, Hepatitis C Ab, Urogenital panel (PCR)
GD	P1181	Genital Ulceration *Panel PCR (C. trachomatis, T. pallidum, HSV1&2, H. ducreyi) (urine / swab in urine / LBC)*
D/U	B1184	Genital discharge PCR (Gonococcal / Chlamydia)
G	J1186	Herpes simplex I / II SEROLOGY
G	K1171	CARDIOLIPIN & B2 GLYCOPROTEIN Ab
G	E3127	HIV ELISA (Combined HIV-1/2 Ab + p24)
G	L2342	RPR only
G	Y1179	RUBELLA IMMUNITY (IgG only)
G	M1178	RUBELLA IgG / IgM
G*	F2445	SYPHILIS (automated antibody screening; positive results will reflex RPR)
G	M4490	HEP B IMMUNITY (HBsAb)
G	V1213	HEP B s Ag
	Y1202	HEPATITIS C Ab
	MTBR	AURAMINE, TB ID & susceptibility if culture +
	MSTDM	MYCO - / UREAPLASMA Vaginal / Semen / Cervical
	MUMYCO	Mycoplasma / Ureaplasma ID+ susceptibility (urine)
	MSTD	Vaginal / cervical / urethral swab MC&S
	MUR	URINE MC&S
	MSTREPB	STREPTOCOCCUS GROUP B SCREEN
		Site: Vaginal Rectal
DD *	V4410	STREPTOCOCCUS GROUP B (PCR)

Patient pregnant? (✓) YES NO

Allergic to Penicillin? (✓) YES NO

D	Y3180	DNA High risk (Incl. GENOTYPING FOR HPV 16, 18 IF POSITIVE)
D	Q3512	HERPES PCR (dry swab, vesicle fluid)

CERVICAL SCREENING

LIQUID BASED CYTOLOGY (LBC) - PRIMARY SCREENING

LBCGE LBC

CO-TESTING (LBC AND HPV TESTING)

J5533 + *LBCGE* DNA hr HPV (Incl. GENOTYPING FOR HPV 16, 18 IF POSITIVE)

Q5398 + *LBCGE* mRNA hr HPV (Incl. GENOTYPING FOR HPV 16, 18, 45 IF POSITIVE)

HPV TESTING - PRIMARY SCREENING

J5533 + HPVCYE DNA hr HPV (Incl. GENOTYPING FOR HPV 16, 18 IF POSITIVE)

Q5398 + HPVCYE mRNA hr HPV (Incl. GENOTYPING FOR HPV 16, 18, 45 IF POSITIVE)

CONVENTIONAL CYTOLOGY - PRIMARY SCREENING

CYTOGE CONVENTIONAL SMEAR

ORIGIN OF SMEAR

- ECTO/ENDO CERVIX
- LATERAL FORNIX FOR HORMONAL ASSESSMENT
- ENDOMETRIUM
- VAGINAL
- VAULT (HYSTERECTOMY)
- POSTERIOR FORNIX
- VULVA

CLINICAL HISTORY

- PREGNANT /40W
- RADIO/CHEM. Rx
- POST PARTUM /52W
- IUD
- LACTATING
- HORMONES (supply):
- POST MENOPAUSAL
- LASER / CRYO. Rx

LMP D D M M Y Y Y Y

PREVIOUS REFERENCE No. _____

902461 SKELETON A4 ENG

z / Gynae & Down's frm / DTP print / A4 GYNAE & DOWN Template / 2020/ A4 Gynae & Down ENG Template 16.08.2021_TW

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DOWN SYNDROME FORM

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RELEVANT CLINICAL DATA AND PRESENT MEDICATION

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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
G	J1117	☐	FERRITIN
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 Patient pregnant? (✓) YES ☐ NO ☐
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:

Specimen:

2nd Trimester (15w – 20w6d)

V1236 ☐ **Downs & NTD screen** → Please complete section **A** — G/Amnfl.

G1315 ☐ **AFP for NTD screen** → Please complete section **A** — G/Amnfl.

1st Trimester

H1237 ☐ **Combined risk (biochemistry & sonar)** (11w – 13w6d) → Please complete sections **A + B** — G ✱=

H1237 ☐ **Combined risk calculation only** (biochem already done) (11w – 13w6d) → Please complete sections **A + B** — None

H1237 ☐ **Biochemistry only, with risk calculation** (8w – 13w6d) → Please complete section **A** — G ✱=

H1237 ☐ **Biochemistry only, without risk calculation** (8w – 13w6d) — G ✱=

Gestational age according to sonar: w d on d d 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 d d m m y y y y (date sonar done)

Weight: . kg LMP (if no sonar done) d d m m y y y y

IVF pregnancy: No ☐ Yes ☐

If yes, please complete:

DOB of egg donor: d d m m y y y y

Date of egg collection: d d m m y y y y

Date of embryo transfer: d d m m y y y y

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

If biochemistry was done at 8 - 10w, please supply laboratory reference number:

CRL: . mm on d d m m y y y y (date sonar done) NT: . mm Nasal bone: Present ☐ Absent ☐ Unable to examine ☐

Ductus Venosus blood flow: Forward ☐ Reverse / Absent ☐ Not examined ☐

Ultrasonographer : _____