



GYNAE  
PRACTICE NO. 0774383

BARCODED STICKER AREA

GYNAECOLOGY FORM  
BARCODE STICKER

FOR URGENT RESULTS

Contact Person				
Please Indicate	Tel	Fax	Cell	Email
Contact Details				

* REFERRING DR.	1 <sup>st</sup> Copy Dr & Code	3 <sup>rd</sup> Copy Dr & Code
	2 <sup>nd</sup> Copy Dr & Code	Hospital Ward and Code

* PATHCARE CODE	File No.	PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT (* compulsory - please complete)
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* Patient ID Passport no.	DOB DD MM YYYY
* Patient Surname	* M F
* Patient First Name	* Patient Title
Tel. (h) / cell	Tel. (w)
E-mail	
Collected by	* Col Date DD MM YYYY * Col Time hh : mm
Site Priority S <input type="checkbox"/> U <input type="checkbox"/> H <input type="checkbox"/> R <input type="checkbox"/> Z <input type="checkbox"/>	Location Code
Received by	* Date DD MM YYYY * Time hh : mm

* 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.	

Births Single  Twins  (1-2) Triplets  (1-2-3)

OTHER TESTS AND CODES	RELEVANT CLINICAL DATA AND PRESENT MEDICATION
<input type="checkbox"/> DOWNS / NTD SCREEN (see separate request form)	LMP DD MM YYYY YYYY
	FASTING YES NO

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

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 consent to the processing of my personal information for the purposes of this test request. 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 hereby agree to PathCare's privacy policy and terms and conditions available at www.pathcare.co.za. I undertake to pay outstanding monies not covered by the medical aid.

May we contact you for feedback on our service? Yes  No

SIGNATURE PATIENT CONSENT

<b>Specimen Instructions</b>	<b>B CITRATE tube must be full</b> (blue stopper) <b>F FLUORIDE tube</b> (grey stopper) <b>G SST GEL tube</b> (gold stopper) <b>GG 2x SST Gel tubes</b> (gold stopper) <b>H HEPARIN lithium tube</b> (green stopper) <b>P EDTA tube</b> (purple stopper) 4ml	<b>P6 EDTA tube</b> (purple stopper) 6ml <b>R NO GEL plain tube</b> (red stopper) <b>K Capillary blood</b> <b>D Dry swab</b> (no transport medium) (Black or Purple) <b>DD 2x dry swabs</b> (no transport medium) (Black or Purple) <b>☞ Arrange with laboratory, on appointment only</b>	<b>U 25 ml random urine specimen</b> <b>U◇ 24hr urine collection without preservative</b> <b>* On ice</b> (refer patient to nearest depot) <b>** Separate within 4 hours &amp; Freeze asap after separation</b> <b>= Separate asap</b> <b>● Rest 15 minutes</b>
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<b>CHEMISTRY</b>	<b>ENDOCRINOLOGY continue...</b>	<b>TUMOUR MARKERS</b>
G N1001 <input type="checkbox"/> U&E, CREATININE GU◇ Q1005 <input type="checkbox"/> CREATININE CLEARANCE (serum and 24 hr urine) U◇ V1006 <input type="checkbox"/> PROTEIN (24hr urine) G C1262 <input type="checkbox"/> UREA G L1261 <input type="checkbox"/> CREATININE G H1007 <input type="checkbox"/> URIC ACID (serum) G A1038 <input type="checkbox"/> LIPOGRAM (fasting YES <input type="checkbox"/> NO <input type="checkbox"/> G W1382 <input type="checkbox"/> APOLIPOPROTEIN A1 & B G G1039 <input type="checkbox"/> LIPOPROTEIN (a) G Q1051 <input type="checkbox"/> CRP G G1016 <input type="checkbox"/> LIVER FUNCTION TESTS K P1020 <input type="checkbox"/> BILIRUBIN (neonatal) Weight: _____ K F3043 <input type="checkbox"/> HEMATOCRIT (neonatal) F D1044 <input type="checkbox"/> GLUCOSE (fasting) F X1045 <input type="checkbox"/> GLUCOSE (random) B1046 <input type="checkbox"/> OGTT (2hr) N1047 <input type="checkbox"/> OGTT pregnancy (100g, 3hr) E4047 <input type="checkbox"/> OGTT pregnancy (75g, 2hr) G=F P3228 <input type="checkbox"/> INSULIN RESISTANCE (fasting insulin & glucose) P J1048 <input type="checkbox"/> HbA1c	G G1062 <input type="checkbox"/> THYROID PROFILE (TSH / T4) G* M1063 <input type="checkbox"/> THYROID ANTIBODIES (TPO Ab and Tg Ab) G* F2767 <input type="checkbox"/> TSH RECEPTOR Ab (Graves) R R1059 <input type="checkbox"/> TSH (cord blood) Patient on Eltroxin / Euthyrox / Tertroxin? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> G T1058 <input type="checkbox"/> TSH G W1060 <input type="checkbox"/> FREE T4 G A1061 <input type="checkbox"/> FREE T3 <b>ENDOCRINE - MENOPAUSAL</b> G Q1074 <input type="checkbox"/> FSH G V1075 <input type="checkbox"/> LH G H1076 <input type="checkbox"/> OESTRADIOL (E) <b>ENDOCRINE - INFERTILITY</b> <b>D1067 ♀ FEMALE (INCL. tests below)</b> G W1060 <input type="checkbox"/> FREE T4 ; G H1076 <input type="checkbox"/> E <sub>2</sub> G T1058 <input type="checkbox"/> TSH ; G L1077 <input type="checkbox"/> PROG G S1073 <input type="checkbox"/> PROL (rest 15min); G E1080 <input type="checkbox"/> TESTO G Q1074 <input type="checkbox"/> FSH ; G B2380 <input type="checkbox"/> SHBG G V1075 <input type="checkbox"/> LH ; G K1079 <input type="checkbox"/> DHEA-S <b>♂ MALE (INCL. tests below)</b> G S1073 <input type="checkbox"/> PROL (rest 15 min) G Q1074 <input type="checkbox"/> FSH G V1075 <input type="checkbox"/> LH G E1080 <input type="checkbox"/> TESTO G B2380 <input type="checkbox"/> SHBG	G J1094 <input type="checkbox"/> AFP G Z1486 <input type="checkbox"/> β-HCG (tumour marker) G B1092 <input type="checkbox"/> CA 125 (ovary) G N1093 <input type="checkbox"/> CA 15-3 (breast) G D1090 <input type="checkbox"/> CEA (GIT, lung, breast)

<b>FETAL MATURITY</b>	P4792 <input type="checkbox"/> LAMELLAR BODY COUNT
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<b>IMMUNOLOGY</b>	<b>ENDOCRINE - AUTO-IMMUNE</b>
GP Z1164 <input type="checkbox"/> ARTHRITIS PROFILE (ESR / UA / CRP / RF) G K1171 <input type="checkbox"/> CARDIOLIPIN & B2 GLYCOPROTEIN Ab	GP Z1164 <input type="checkbox"/> ARTHRITIS PROFILE (ESR / UA / CRP / RF) G K1171 <input type="checkbox"/> CARDIOLIPIN & B2 GLYCOPROTEIN Ab

<b>INFECTIOUS DISEASES</b>	<b>ALLERGIC TO PENICILLIN? (✓) YES <input type="checkbox"/> NO <input type="checkbox"/></b>
MUR <input type="checkbox"/> Urine MC&S MSTD <input type="checkbox"/> Vaginal / cervical / urethral swab MC&S MSTREP B <input type="checkbox"/> STREPTOCOCCUS GROUP B SCREEN with antibiogram <input type="checkbox"/> without antibiogram <input type="checkbox"/>	MUMYCO <input type="checkbox"/> Mycoplasma / Ureaplasma ID + susceptibility (urine) MSTDM <input type="checkbox"/> Mycoplasma/Ureaplasma ID + susceptibility (vaginal / cervical / semen)

<b>CYTOTOXICITY</b>	A1337 <input type="checkbox"/> AMNIOTIC FLUID
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<b>HAEMATOTOXICOLOGY</b>	<b>HAEMATOLOGY</b>
G*P+P6P6 A1107 <input type="checkbox"/> ANTENATAL SCREEN (Excl. Rubella IgM) request Rubella IgM if recent exposure or rash G*GP+P6P6 G1108 <input type="checkbox"/> ANTENATAL SCREEN + HIV (Excl. Rubella IgM) request Rubella IgM if recent exposure or rash G*P+P6P6 C1354 <input type="checkbox"/> ANTENATAL RESTRICTED P6P6 L1123 <input type="checkbox"/> BLOOD GROUP + RBC ANTIBODY SCREEN (antenatal) BB>**G X1137 <input type="checkbox"/> LUPUS ANTICOAGULANT BB>**P+P R1136 <input type="checkbox"/> INHERITED THROMBOTIC SCREEN BB=P R1128 <input type="checkbox"/> LIMITED SCREEN FOR BLEEDING DISORDER BB>** B1138 <input type="checkbox"/> VON WILLEBRAND DISEASE P Y1110 <input type="checkbox"/> FULL BLOOD COUNT P X1114 <input type="checkbox"/> ESR P P1112 <input type="checkbox"/> HAEMOGLOBIN P F1226 <input type="checkbox"/> PLATELETS G N1116 <input type="checkbox"/> IRON STUDIES (Iron, Transferrin, Ferritin) G J1117 <input type="checkbox"/> FERRITIN P D3988 <input type="checkbox"/> FOLATE (RBC) G X2379 <input type="checkbox"/> FOLATE (serum) G S1119 <input type="checkbox"/> VITAMIN B12 P6P6 C1124 <input type="checkbox"/> RBC ANTIBODY SCREEN antenatal P6P6 H1375 <input type="checkbox"/> ANTIBODY identification P6P6 L1376 <input type="checkbox"/> ANTIBODY titration	G*P+P6P6 A1107 <input type="checkbox"/> ANTENATAL SCREEN (Excl. Rubella IgM) request Rubella IgM if recent exposure or rash G*GP+P6P6 G1108 <input type="checkbox"/> ANTENATAL SCREEN + HIV (Excl. Rubella IgM) request Rubella IgM if recent exposure or rash G*P+P6P6 C1354 <input type="checkbox"/> ANTENATAL RESTRICTED P6P6 L1123 <input type="checkbox"/> BLOOD GROUP + RBC ANTIBODY SCREEN (antenatal) BB>**G X1137 <input type="checkbox"/> LUPUS ANTICOAGULANT BB>**P+P R1136 <input type="checkbox"/> INHERITED THROMBOTIC SCREEN BB=P R1128 <input type="checkbox"/> LIMITED SCREEN FOR BLEEDING DISORDER BB>** B1138 <input type="checkbox"/> VON WILLEBRAND DISEASE P Y1110 <input type="checkbox"/> FULL BLOOD COUNT P X1114 <input type="checkbox"/> ESR P P1112 <input type="checkbox"/> HAEMOGLOBIN P F1226 <input type="checkbox"/> PLATELETS G N1116 <input type="checkbox"/> IRON STUDIES (Iron, Transferrin, Ferritin) G J1117 <input type="checkbox"/> FERRITIN P D3988 <input type="checkbox"/> FOLATE (RBC) G X2379 <input type="checkbox"/> FOLATE (serum) G S1119 <input type="checkbox"/> VITAMIN B12 P6P6 C1124 <input type="checkbox"/> RBC ANTIBODY SCREEN antenatal P6P6 H1375 <input type="checkbox"/> ANTIBODY identification P6P6 L1376 <input type="checkbox"/> ANTIBODY titration

<b>CERVICAL SCREENING</b>	<b>CLINICAL HISTORY</b>
<b>LIQUID BASED CYTOLOGY (LBC) - PRIMARY SCREENING</b> LBCGE <input type="checkbox"/> LBC	<input type="checkbox"/> PREGNANT /40W <input type="checkbox"/> RADIO/CHEM. R <sub>x</sub> <input type="checkbox"/> POST PARTUM /52W <input type="checkbox"/> IUD <input type="checkbox"/> LACTATING <input type="checkbox"/> HORMONES (supply): <input type="checkbox"/> POST MENOPAUSAL <input type="checkbox"/> LASER / CRYO. R <sub>x</sub>
<b>CO-TESTING (LBC AND HPV TESTING)</b> J5533 + LBCGE <input type="checkbox"/> DNA hr HPV (Incl. GENOTYPING FOR HPV 16, 18, 45 IF POSITIVE) Q5398 + LBCGE <input type="checkbox"/> mRNA hr HPV (Incl. GENOTYPING FOR HPV 16, 18, 45 IF POSITIVE)	<b>ORIGIN OF SMEAR</b> <input type="checkbox"/> ECTO/ENDO CERVIX <input type="checkbox"/> LATERAL FORNIX FOR HORMONAL ASSESSMENT <input type="checkbox"/> ENDOMETRIUM <input type="checkbox"/> VAGINAL <input type="checkbox"/> VAULT (HYSTERECTOMY) <input type="checkbox"/> POSTERIOR FORNIX <input type="checkbox"/> VULVA
<b>HPV TESTING - PRIMARY SCREENING</b> J5533 + HPV CYE <input type="checkbox"/> DNA hr HPV (Incl. GENOTYPING FOR HPV 16, 18, 45 IF POSITIVE) Q5398 + HPV CYE <input type="checkbox"/> mRNA hr HPV (Incl. GENOTYPING FOR HPV 16, 18, 45 IF POSITIVE)	LMP DD MM YYYY YYYY PREVIOUS REFERENCE No. _____

HOSPITAL STICKER

IMPORTANT

forms review / 2024 / December / 09 GYNAE / A4 GYNAE & DOWN ENG\_Y1\_05.12.2024\_TW

