



GRF PRACTICE NO. 0774383

BARCODED STICKER AREA

BARCODE STICKER

FOR URGENT RESULTS

Contact Person table with fields for Tel, Fax, Cell, Email

REFERRING DR. table with fields for 1st, 2nd, 3rd Copy Dr & Code, Hospital Ward and Code

PATHCARE CODE and File No. fields

Patient ID, Surname, First Name, DOB, M/F, Patient Title, Tel, E-mail, Collected by, Site Priority, Received by

PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT table with Guarantor ID No, Surname, Postal Address, Tel, E-mail, Medical Aid No, ICD 10 CODE

OTHER TESTS AND CODES, RELEVANT CLINICAL DATA AND PRESENT MEDICATION, LMP, FASTING

SPECIMEN INFORMATION AND TEST COUNT table with URINE, HEPARIN, EDTA, CITRATE, GEL, ACD, CLOTTED, FLUORIDE, OTHER

Consent text: 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 have received adequate pre-test counseling...

Main test menu table with categories: CHEMISTRY, ENDOCRINOLOGY, HAEMATOLOGY, IMMUNOLOGY, RENAL, ELECTROLYTES / BONE, ENDOCRINE - THYROID, GENERAL, ENDOCRINE - AUTO-IMMUNE, LIVER / PANCREAS, ENDOCRINE - REPRODUCTIVE, BLOOD GROUPING, COAGULATION, DRUGS, DRUGS OF ABUSE / OVERDOSE, DRUG MONITORING, CARDIAC / MUSCLE, HYPERTENSION / OTHER ENDOCRINE, TUMOUR MARKERS, METABOLIC / GENETIC DISORDERS, ALLERGY, INFLAMMATION / IMMUNE, DIABETES, HEPATITIS TESTS, HEPATITIS B STATUS, HEPATITIS B (acute), HEPATITIS B (chronic), HEPATITIS B (immunity), HEPATITIS B (acute) (HBsAb), HEPATITIS B sAg, HEPATITIS B PCR (viral load), HEPATITIS A IgG (immunity), HEPATITIS A IgM (acute), HEPATITIS C PCR (viral load), HEPATITIS C Virus Ab, HEPATITIS C Viral Load and Genotype, HEPATITIS E IgM, HIV ELISA (Combined HIV-1/2 Ab + p24), CD4 COUNT, CD4/CD8 COUNT, HIV PCR QUALITATIVE, HIV PCR VIRAL LOAD, HIV-1 RESISTANCE GENOTYPING(INCL. INTEGRASE)



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Contact Person, Please Indicate, Contact Details, Tel, Fax, Cell, Email

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., Surname, Postal Address, Title Mr Mrs Ms Dr Prof, Initials

Patient ID Passport No., Patient Surname, Patient First Name, Patient Title, Tel. (h) / cell, E-mail, Collected by, Site Priority, Received by, Date, Time

Births Single, Twins, Triplets, SPECIMEN INFORMATION AND TEST COUNT, ICD 10 CODE

OTHER TESTS AND CODES, RELEVANT CLINICAL DATA AND PRESENT MEDICATION, LMP, FASTING, SIGNATURE PATIENT CONSENT

MICROBIOLOGY / VIROLOGY, URINE, BLOOD CULTURE, CSF CEREBROSPINAL FLUID, RESPIRATORY PCR, SPUTUM, NPV / TRACHEAL / BRONCHIAL, TB, HPV TYPING, SWABS, GENITAL INFECTION, STool, FUNGI & YEAST, CATHETER TIPS, INTRA-UTERINE DEVICE, SPECIMEN TYPE, NON-GYNAECOLOGY CYTOLOGY, CERVICAL SCREENING, LIQUID BASED CERVICAL SCREENING, CONVENTIONAL CYTOLOGY, ORIGIN OF SMEAR, CLINICAL INFORMATION

