PathCare

GYNAE
PRACTICE NO. 0774383

BARCODED STICKER AREA

GYNAECOLOGY FORM

BARCODE STICKER

FOR URGENT RESULTS

Contact Person
Please Indicate: Tel | Cell | Email
Contact Details

* REFERRING DR.

1st Copy Dr & Code
2nd Copy Dr & Code
3rd Copy Dr & Code
Hospital Ward and Code

REQ. INFO

* PATHCARE CODE
File No.

* Patient ID Passport No.
DOB D D M M Y Y Y Y
* Patient Surname
* M F
* Patient First Name
* Patient Title
* Tel. (h) / Cell
* Tel. (w)
* Email
* Collected by
* Col Date DD MM YYYY
* Col Time hh : mm
Site Priority S ☐ U ☐ H ☐ R ☐ Z ☐
Location Code
* Received by
* Date DD MM YYYY
* Time hh : mm
Births Single ☐ Twins ☐ 1 2 Triplets ☐ 1 2 3

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

* 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

HOSPITAL STICKER

IMPORTANT

* ICD 10 CODE
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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 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(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 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

OTHER TESTS AND CODES

RELEVANT CLINICAL DATA AND PRESENT MEDICATION

LMP D D M M Y Y Y Y
FASTING YES NO

COLLECTION METHOD

Method
☐ Vacutainer ☐ Syringe ☐ Winged Set
☐ IV Drip Site _____(Vol)_____
☐ Arterial Line
☐ Any adverse reaction to prick

☐ Venous Antecubital Area
☐ Venous Dorsum of Hand Area
☐ Arterial-Prick Area
☐ Heel Prick

☐ L or ☐ R / ☐ Basilic Vein
☐ L or ☐ R / ☐ Basilic Vein
☐ L or ☐ R / ☐ Brachial Artery

☐ Median Vein ☐ Cephalic Vein
☐ Metacarpal Vein ☐ Cephalic Vein
☐ Radial Artery / ☐ Modified Allen Test

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 (serum and 24 hr urine)
U◇	V1006	☐	Protein (24hr urine)
G	C1262	☐	Urea
G	L1261	☐	Creatinine
G	H1007	☐	Uric Acid (serum)
G	A1038	☐	Lipogram (fasting Yes ☐ No ☐)
G	W1382	☐	Apolipoprotein A1 & B
G	G1039	☐	Lipoprotein (a)
G	Q1051	☐	CRP
G	G1016	☐	Liver Function Tests
K	P1020	☐	Bilirubin (neonatal) Weight:_____
K	F3043	☐	Hematocrit (neonatal)
F	D1044	☐	Glucose (fasting)
F	X1045	☐	Glucose (random)
☎	B1046	☐	OGTT (2hr)
☎	N1047	☐	OGTT pregnancy (100g, 3hr)
☎	E4047	☐	OGTT pregnancy (75g, 2hr)
G=F	P3228	☐	Insulin Resistance (fasting insulin & glucose)
P	J1048	☐	HbA1c

OSTEOPOROSIS

G	L1031	☐	Prot Electrophoresis (+Immuno Fixation, Ig, sFLC if required)
G	X1022	☐	ALP
GU◇	Q1005	☐	Creatinine Clearance (serum and 24hr urine)
P	Y1110	☐	Full Blood Count
P	X1114	☐	ESR
G	K1010	☐	Calcium (serum-no cuff)
G	E1011	☐	Phosphate
G	T1058	☐	TSH
U◇	R1013	☐	Calcium and Phosphate (24hr urine)
G=	P2837	☐	Vitamin D3 (25 OH)

ENDOCRINOLOGY

G	P1066	☐	Hirsutism Screen (restricted) (Testo, SHBG, DHEA-S)
GG	F1065	☐	Hirsutism Screen (full) (Testo, SHBG, DHEA-S, 17-OHP, 11 Doc)
H	J1071	☐	β-hCG Quant Pregnancy
☎	B1069	☐	Semen Analysis (<40% motility reflex SV)
G	L1077	☐	Progesterone (Day 21)
G	L1951	☐	Testosterone (FAI)
G	K1079	☐	DHEA-S
G	K3655	☐	Anti-Mullerian Hormone (AMH)

ENDOCRINOLOGY continue...

G	G1062	☐	Thyroid Profile (TSH, T4)
G*	M1063	☐	Thyroid Antibodies (TPO Ab and Tg Ab)
G*	F2767	☐	TSH Receptor Ab (Graves)
R	R1059	☐	TSH (cord blood)
G	T1058	☐	TSH
G	W1060	☐	Free T4
G	A1061	☐	Free T3

Patient on Eltroxin / Euthyrox / Tertroxin? YES ☐ NO ☐ UNKNOWN ☐

ENDOCRINE - MENOPAUSAL

G	Q1074	☐	FSH
G	V1075	☐	LH
G	H1076	☐	E2 (Routine)
G	EE2ROC	☐	E2 (On anti-E2 Rx)

ENDOCRINE - INFERTILITY

D1067 ☐ Female (Incl. tests below)

G	W1060	☐	Free T4
G	T1058	☐	TSH
G◕	S1073	☐	Prol (rest 15min)
G	Q1074	☐	FSH
G	V1075	☐	LH
G	H1076	☐	E2 (Routine)
G	EE2ROC	☐	E2 (On anti-E2 Rx)
G	L1077	☐	Prog
G	E1080	☐	Testo
G	B2380	☐	SHBG
G	K1079	☐	DHEA-S

X1068 ☐ Male (Incl. tests below)

G◕	S1073	☐	Prol(rest 15min)
G	Q1074	☐	FSH
G	V1075	☐	LH
G	E1080	☐	Testo
G	B2380	☐	SHBG

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
P6P6	L1123	☐	Blood Group + RBC Antibody Screen (antenatal)
BB=**G	X1137	☐	Lupus Anticoagulant
BB=**P+P*	D1136	☐	Inherited Thrombotic Screen
BB=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	N1116	☐	Iron Studies (Iron, Transferrin, Ferritin)
G	J1117	☐	Ferritin
P	D3988	☐	Folate (RBC)
G=*	X2379	☐	Folate (serum)
G=*	S1119	☐	Vitamin B12
P6P6	C1124	☐	RBC Antibody Screen antenatal
P6P6	H1375	☐	Antibody identification
P6P6	L1376	☐	Antibody titration

Fasting? YES ☐ NO ☐

TUMOUR MARKERS

G	J1094	☐	AFP
G	Z1486	☐	β-hCG (tumour marker)
G	B1092	☐	CA 125 (ovary)
G	N1093	☐	CA 15-3 (breast)
G	D1090	☐	CEA (GIT, lung, breast)

FETAL MATURITY

	P4792	☐	Lamellar Body Count

IMMUNOLOGY

AUTO-IMMUNUE

GP	Z1164	☐	Arthritis Profile (ESR, UA, CRP, RF)
G	K1171	☐	Cardiolipin & β-2-Glycoprotein Ab

INFECTIOUS DISEASES

	MUR	☐	Urine MC&S
	MSTD	☐	Vaginal / cervical / urethral swab MC&S
	MSTREPB	☐	Streptococcus Group B Screen with antibiogram ☐ without antibiogram ☐
			Allergic to Penicillin? (✓) YES ☐ NO ☐
	MUMYCO	☐	Mycoplasma/Ureaplasma ID & susceptibility (urine)
	MSTDM	☐	Mycoplasma/Ureaplasma ID & susceptibility (vaginal/cervical/semen)
	MTBR	☐	TB microscopy, culture, PCR ID & susceptibility if culture +
DD*	V4410	☐	Streptococcus Group B (PCR)
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)
	Q5306	☐	Urogenital Panel PCR (*T.vaginalis, M.genitalium, M.hominis, C.trachomatis* (all serotypes), *N.gonorrhoeae, U.urealyticum, U.parvum*)
D/U	L2089	☐	STI Screen (*T.vaginalis,M.genitalium,C. trachomatis, N. gonorrhoea*)
GD	P1181	☐	Genital Ulceration Panel PCR (C. trachomatis (Serovar L only), T. pallidum, HSV-1/2, H. ducreyi) (urine/swab in urine/LBC)
D	Q3512	☐	HSV-1, HSV-2, VZV PCR (dry swab, vesicle fluid)
G*	F2445	☐	Syphilis (automated antibody screening; positive results will reflex RPR)
G	L2342	☐	RPR only
G	R1174	☐	CMV IgM, IgG
G	J1186	☐	HSV-1 & 2 Serology
G	E3127	☐	HIV Elisa (Combined HIV-1/2 Ab + p24)
G	Y1179	☐	Rubella Immunity (IgG only)
G	M1178	☐	Rubella IgG, IgM
G	M4490	☐	Hep B Immunity (HBsAb)
G	V1213	☐	Hep B sAg
G	Y1202	☐	Hepatitis C Ab

Patient Pregnant? (✓) YES ☐ NO ☐

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, 45 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, 45 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
☐ Endometrium
☐ Vaginal
☐ Posterior Fornix
☐ Vulva
☐ Lateral Fornix For Hormonal Assessment
☐ Vault (Hysterectomy)

CLINICAL HISTORY

☐ Pregnant /40w
☐ Post Partum /52w
☐ Lactating
☐ Post Menopausal
☐ Radio/Chem. Rx
☐ IUD
☐ Hormones (supply):
☐ Laser / Cryo. Rx

LMP D D M M Y Y Y Y
Previous Reference No._____

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ANTENATAL SCREENING FORM

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Site Priority S U H R Z
Location Code
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Births Single Twins 1 2 Triplets 1 2 3

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

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HOSPITAL STICKER

HOSPITAL STICKER

IMPORTANT

* ICD 10 CODE
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SPECIMEN INFORMATION AND TEST COUNT

BLOOD	CULTURE	STOOL	PUSSWAB	TISSUE	URINE MICR / FOR	ENT/S MICR / FOR	CSF MICR / FOR	RESPIRATORY	OTHER	TEST COUNT

OTHER TESTS AND CODES

RELEVANT CLINICAL DATA AND PRESENT MEDICATION

LMP D D M M Y Y Y Y
FASTING YES NO

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

SIGNATURE PATIENT CONSENT

COLLECTION METHOD

Method
Vacutainer | Syringe | Winged Set
IV Drip Site _____(Vol)_____
Arterial Line
Any adverse reaction to prick
Venous Antecubital Area
Venous Dorsum of Hand Area
Arterial-Prick Area
Heel Prick
L or R / Basilic Vein
L or R / Basilic Vein
L or R / Brachial Artery
L or R
Median Vein | Cephalic Vein
Metacarpal Vein | Cephalic Vein
Radial Artery / Modified Allen Test

ANTENATAL TESTS

G*P+P6P6	A1107	Antenatal Screen	P6P6	C1124	RBC Antibody Screen antenatal	G	M1178	Rubella IgG, IgM
G*GP+P6P6	G1108	Antenatal Screen + HIV	P6P6	H1375	RBC Antibody identification	G	Y1179	Rubella IgG only
P	Y1110	Full Blood Count	P6P6	L1376	RBC Antibody titration	G	V1213	Hep B sAg
P	P1112	Haemoglobin	G*	S1188	T Pallidum Ab (automated antibody screening; positive results will reflex RPR)	G	E3127	HIV Elisa (combined HIV-1/2 Ab + p24)
G	J1117	Ferritin				F	D1044	Glucose fasting
P6P6	L1123	Blood Group + Antibody Screen	G	L2342	RPR only	F	X1045	Glucose random

Patient Pregnant? (✓) YES NO

DOWN'S SYNDROME AND OPEN NEURAL TUBE SCREENING

1st Trimester

NB: Biochemical risk calculation (T21/T18/T13 and pre-eclampsia) is not available on TWIN PREGNANCIES

Specimen:

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)	GA according to sonar: w d on d d m m y y Weight: kg G*=
B5945	PLGF biochemistry only, without risk calculation	(11w – 13w6d)	Risk calculator www.fetalmedicine.org
F2928	Down's syndrome, trisomy 18 + 13 + Pre-eclampsia	(11w – 13w6d)	Please complete sections A + B + C

2nd Trimester

NB: Biochemical risk (T21/T18) is not available on TWIN PREGANCIES

V1236	Downs & NTD screen (15w – 20w6d)	Please complete section A	G/Amnfl.
G1315	AFP for NTD screen	(15w – 20w6d)	Please complete section A — G/Amnfl.

A Maternal & Gestational data

Ethnic origin: White Black Coloured Asian
Previous Downs/NTD: No T21 T18 T13 NTD
Smoking: No Yes
DM on insulin: 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: 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:

Single / Twin A: CRL: . mm on d d m m y y y y (date sonar done) NT: . mm Nasal bone: Present Absent Unable to examine
Twin B: CRL: . mm on d d m m y y y y (date sonar done) NT: . mm Nasal bone: Present Absent Unable to examine
Vanishing twin: No Yes
Ductus Venosus blood flow: Forward Reverse / Absent Not examined
Ultrasonographer:

C 1st Trimester Pre-eclampsia Risk (11w –13w6d)

Previous pregnancy with Pre-eclampsia: No Yes
Family history of Pre-eclampsia: No Yes
Parity: 0 ≥1 previous births to a foetus with a gestation > 20 weeks
MAP . mmHg OR Systolic BP mmHg and Diastolic BP mmHg
Uterine Artery Pulsatility Index: .