PathCare
Vermaak and Partners

Client Service
Telno: 012 404 2303
Emergency Cell no: 071 687 8857

T50000100850

Service Request	STAT	Routine	Special Instruction
Referring Doctor	Dr Cobus Laubscher	Mnemonic 12309	File no
Copy to doctor	Dr SA Peach (10509)	Copy to doctor	
Copy to doctor		Hospital & Ward	

PATIENT DETAILS

Patient ID No			
Patient Surname			
First Name			
Date of Birth	Y Y M M D D	Gender M F	Title
Tel: (H)		Tel: (W)	
Cell:		Medical Aid Dependant no:	
Email:			

"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 Pathcare Vermaak and Partners may be sent to my nominated email address, to my medical aid administrators, medical professionals and/ or insurance company. I indemnify Pathcare Vermaak and Partners 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 any outstanding account balance not covered by the medical aid."

SIGNATURE PATIENT CONSENT

Collection Date:	Y Y M M D D	Time:	H H M M

PERSON RESPONSIBLE FOR ACCOUNT

Guarantor ID No			
Surname & Initials		Title	
Postal Address			
		Code	
Tel: (H)		Tel: (W)	
Cell:			
Email:			
Medical aid		Auth No	
Medical aid no.		Language	ENG AFR
ICD10 code (s)			

☐ Submitted ☐ Collected Collected by:

☐ Patient id confirmation:

ID Method: ☐ Self ☐ ID Band ☐ Ward Sr ☐ Other:

Patient / Hospital Sticker Area

Collection Method:

☐ **Venous Antecubital Area** ☐ Left or ☐ Right / ☐ Basilic Vein ☐ Median Vein ☐ Cephalic Vein
☐ **Venous Dorsum of Hand Area** ☐ Left or ☐ Right / ☐ Basilic Vein ☐ Metacarpal Vein ☐ Cephalic Vein
☐ **Arterial-Prick Area:** ☐ Left or ☐ Right / ☐ Brachial Artery ☐ Radial Artery / ☐ Modified Allen Test / ☐ Any adverse reaction to prick
☐ **Heel Prick:** ☐ Left or ☐ Right ☐ **Arterial Line** **Method:** ☐ Vacutainer ☐ Syringe ☐ Winged Set

Specimens collected:	EDTA		GEL		FLUORIDE		CITRATE		HEPARIN		URINE		OTHER

CLINICAL DATA:	Pregnant:	Yes	No	Fasting:	Yes	No	Medication:

FBC
UKE
CMP
TSH / T4
INR / D-dimer
HbA1c

LFT
CRP
U-MCS
Nose - dipper (MRSA)

T50000100850

FOR CONTINGENCY USE ONLY			SPECIMEN INFORMATION AND COUNT								
Received by:	Logged by:	Reviewed by:	Do specimen/s and form meet requirements? YES ☐ NO ☐	EDTA	GEL	FLUORIDE	CITRATE	HEPARIN	URINE	Other:	Count: