FLOWPATH
CLINICAL & LABORATORY PRACTICE CC
SANAS & HPCSA ACCREDITED LABORATORY

Making Quality Pathology Affordable

HEAD OFFICE
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ACCREDITATIONS
sanas Medical Laboratory M0839

HPCSA Health Professions Council of South Africa

PATIENT DETAILS

COLLECTION DATE D D M M Y Y COLL TIME

REFERRING DOCTOR

COPY DOCTOR 1 2

PATIENT SURNAME AGE

PATIENT FIRST NAME SEX

ID Number or DOB

E-MAIL ADDRESS

PATIENT TEL. No (H) (CELL)

PHLEBOTOMIST FASTING NON FASTING

DOCTOR REFERENCE HOSPITAL/WARD

PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT

HAVE YOU VISITED THIS LAB BEFORE? YES NO MEDICAL AID CASH CARD AMOUNT COLLECTED R.....

FULL NAME

PAYER ID NUMBER

MEDICAL AID PLAN OPTION

MEDICAL AID NO. PATIENT DEP CODE

POSTAL ADDRESS

POSTAL CODE

TEL (H) TEL (W) CELL

Patient/Guardian Signatures: My signature indicates my understanding of, and my agreement to: comply with the terms of the legal declaration, provide consent for the processing of personal information and the releasing of test results. I give consent for tests and guarantee payment of any amounts. I consent that ICD10 may be provided to my medical aid as per statut ory requirements on my account. I agree to the terms and conditions on the reverse side of this form.

SIGNATURE _____

CLINICAL HISTORY

CHRONIC CARE/ ICD - 10 CODE

URGENT X

OTHER TESTS

SPECIMEN GUIDE

BC BLOOD CULTURE ____ C CITRATE____ S SST____ H HEPARIN____ E EDTA____ FL FLUORIDE____ ST STOOL ____ P PAP____
U URINE____ BS BACTERIAL SWAB (GEL)____ DS VIRAL SWAB (DRY)____ 24U 24hr URINE____ ASP ASPIRATE ____ SP SPUTUM ____ CSF CSF ____

BIOCHEMISTRY
- U & E, Creatinine (S)
- Urea, Creatinine (S)
- Uric Acid (S)
- Ca/Alb/Phos/Mg (S)
- Vitamin D(25-OH) (S)
- Osmolality (Serum) (S)
- SACE (S)

GLUCOSE METABOLISM
- Glucose Fasting (FL)
- Glucose Random (FL)
- Insulin Fasting (S)
- Insulin Random (S)
- GTT (2hr) (75g) std (FL)
- HbAIC/Glycated Hb (E)
- Microalbumin/Creat. (Urine) (U)

LIPID METABOLISM
- Lipogram (Fasting) (S)
- Cholesterol (S)
- Chol, HDL (S)
- Triglycerides (S)
- LDL - Measured (S)

URINE/FAECAL CHEM.
- Urine - Osmolality (U)
- Porphyrin (Urine/Serum) (U)+(S)
- Porphyrins Stool(Qual) (ST)
- Occult Blood - Stool (ST)
- Creatinine Clearance 24hr (24U)+(S)
- Protein - 24hr (24U)
- Cortisol - 24hr (Boric Acid) (24U)
- 5HIAA - 24hr (HCL) (24U)
- Metanephrines(24hr) (HCL) (24U)

LIVER/ PANCREAS /GIT
- LFT (S)
- Liver Enzymes (S)
- LFT + QPE (S)
- TP/ALB (S)
- Alk Phos (S)
- Gamma GT (S)
- ALT , AST (S)
- LDH (S)
- Bilirubin Total/Conj. (S)
- Amylase (S)
- Lipase (S)
- Lactate (H)
- Protein Electrophoresis (S)

CARDIAC / MUSCLE
- Cardiac Profile (S)x2
- CK, CK-MB (S)
- Troponin T (S)
- Myoglobin (H)
- Homocysteine (On Ice) (E)
- Ultra-Sensitive CRP (S)
- ProBNP (S)
- D-Dimer (C)

TUMOR MARKERS
- AFP (S)
- Beta HCG - Quant (S)
- PSA - Monitoring (S)
- PSA if >2.5 + Free PSA (S)
- Free PSA (S)
- CA 724 (S)
- CA 125 (Ovary) (S)
- HE4-ROMA (S)
- CA 153 (Breast) (S)
- CA 199 (S)
- CEA (S)
- Beta 2 Microglobulin (S)

DRUGS
- Therapeutic specify (S) .....
- Drugs of abuse Screen (U) .....

THYROID
- Thyroid Profile (S)
- TSH/T4 (S)
- T3 (S)
- Thyroid Ab (S)

GENERAL ENDOCRINE
- Hirsutism Profile (S)
- Infertility Screen-Male (S)
- Infertility Screen Female (S)
- Menopausal Screen (S)
- Pituitary Screen (FSH,LH,TSH,Prol) (S)
- PCO Screen (S)x3+(FL)
- Antimullerian Hormone (AMH) (S)
- FSH (S)
- LH (S)
- Oestradiol(E2) (S)
- Prolactin (S)
- Progesterone (S)
- 17-OH Progesterone (S)
- DHEA-S (S)
- Growth Hormone (S)
- Insulin (S)
- Testosterone (FTI) (S)
- Renin (E)
- Parathyroidhormone (E)
- Gastrin (S)
- Aldosterone (S)
- Androstenedione (S)
- ACTH (On Ice) (E)x2
- Cortisol (Serum) (S)
  Time .....am/pm

PREGNANCY
- Beta-HCG Qualitative (S)
- Beta-HCG Quantitative (S)
- Antenatal Screen with HIV (S)x3+(E)x2
- Antenatal Screen without HIV (S)x3+(E)x2
- Downs Screen(1st Trimester) (P.T.O) (S)x2
- Downs Screen(2nd Trimester) (Triple T) [P.T.O] (S)x2
- NIPT

HAEMATOLOGY
- FBC/Diff/ESR (E)
- ESR (E)
- Reticulocytes (E)
- Malaria Screen/Antigen (E)
- Blood Group + Rh (E)
- Coombs Direct/ Indirect (E)
- Thalassaemia Screen (E)
- Haemolytic Profile (E)

Fe STUDY NUTRITION
- Iron Profile (S)
- Ferritin (S)
- Vit B12, Folate (S)
- RBC Folate (E)

COAGULATION
- Bleeding Screen
- DIC Screen
- Inherited Thrombophilia
- Thrombosis Screen
  Call Lab for the above
- D-Dimer (C)
- Fibrinogen (C)
- (PT/INR) (C)
- (PTT) (C)

MICROBIOLOGY
- Specimen.....
- Site.....
- MC & S
- Urine (MCCS) (U)
- Micro and Chem only (U)
- Fungal Micro + Culture
- Sputum (MCS) (SP)
- GeneXpert MTB (SP)
- Sputum (TB) (MCS) (SP)
- AFB Only (SP)
- Blood Culture (BC)
- C Difficille (Stool) (ST)
- Cryptosporidium (ST)
- Stool - Rota+ Adeno (ST)
- Stool H.pylori Ag (ST)
- MRSA Screen (DS)
- CRE Screen (DS)

IMMUNOLOGY
- Arthritis Profile (S)x3+(E)
- Autoimmune Screen (S)x3+(E)
- ENA Profile (S)
- Anti-Phospholipid Abs (S)
- ANF/ANTI DNA (S)
- HLA B27 (E)
- Rheumatoid Factor (S)
- ANTI CCP (S)
- Complement C3,C4 (S)
- CRP (S)
- PCT-Quant (S)
- Immunoglobulins (S)
- IgG Subfractions (S)
- Coeliac Dx (S)
- IL-6 (S)

OTHER INFECTIONS
- STD Profile with HIV (S)x3+(E)+(U)
- STD Profile without HIV (S)x3+(E)+(U)
- Syphilis Serology (S)
- Mycoplasma Ab (S)
- Rickettsiae Ab (S)
- RPR only (S)
- Toxoplasma Ab (S)
- Typhoid (TMX) (S)
- Amoebic Ab (S)
- Bilharzia Ab (S)
- Brucella Ab (S)
- Cysticercosis Ab (S)
- Helicobacter Ab (S)

ALLERGY
- IgE (S)
- PHADIOTOP (S)
- Fx5 (FOOD SCREEN) (S)
- INHALANT SCREEN (S)
- INDIVIDUAL ALLERGENS(specify) (S) .....

ANDROLOGY
- Semen Analysis
- Semen Culture

HIV TESTS
- HIV Ab ELISA only (S)
- If positive, do Viral Load & CD4 (E)x2
- HIV PCR Qualitative (E)
- Cd4 + Viral Load (E)x2
- CD4 Count (E)
- HIV Viral Load (E)

PCR TESTING
- Gastro (Stool)
- Respiratory (Dry Swab)
- Pneumonia (Sputum)
- Meningitis (CSF)

VIRAL STUDIES
- Hep A, B, C (all markers) (S)
- Hep A Screen (S)
- HbsAg (Carrier) (S)
- HbsAb (Immunity) (S)
- Hep C + PCR (if +) (S)
- CMV Ab (S)
- Coxsackie B Virus (S)
- Epstein Barr Virus (S)
- Herpes Type 1 / 2 (S)
- Measles (S)
- Mumps (S)
- Rubella (S)
- Varicella (S)
- H1N1 (DS)

COVID
- Covid PCR (DS)
- Covid Ag (DS)
- Covid Ab (S)

PATERNITY / DNA
- Call Lab for appointment

HISTOLOGY
- Reverse (P.T.O)

CYTOLOGY
- Reverse (P.T.O)

For Administration Office Use

Received by:	Logged by:	Reviewed by:	Do specimen/s and form meet requirements? Yes ☐ No ☐

Specimen Information and Count

EDTA	SST	FLOURIDE	CITRATE	HEPARIN	URINE	Other:	Count:

TREVOR DOORASAMY- HAEM (SPEC.), NHD, M. MED SC. (NATAL)
PREVEN DOORASAMY - B. MED SC. (NATAL), B. MED SC.(HONS) (UKZN)

Practice No: 0164305

FLOWPATH BRANCHES

Main Lab/Head Office 305 Musgrave Road Strathmore Office Park, Strathway, Ground Floor Tel: 031 208 2834	**Parklands FlowPath Branch** Parklands Flowpath Branch 22 Hopelands Road, Overport, Durban En Route to Parklands Hospital Tel: 031 902 1626	**Umhlanga FlowPath Branch** 1 Medigate Road Suite 6 B Medigate Medical Centre Alongside Umhlanga Hospital, Umhlanga Tel: 031 566 1433	**Ballito FlowPath Branch** 1 Simbithi Drive, Suite 16 Odyssey Medical Centre The Odyssey Ballito Tel: 032 586 1206	**Heritage Hillcrest FlowPath Depot** Block 14 K&L Oxford Village No 9 Old Main Road, Hillcrest Tel: 031 765 8336 Tel: 031 208 2834 Cell: 081 519 7611
Pietermaritzburg FlowPath Lab 311 Bulwer Street, Pietermaritzburg En Route Mediclinic Tel: 033 342 2357	**Midlands Hospital Branch** 162 Masukwana Street Suite 202 Block A Tel: 033 812 4800	**Florida Road Branch** 309 Florida Road Morningside, Durban Tel: 031 208 2834	**Chatsworth FlowPath Branch** Cnr of Woodhurst & Gemini Cresent Chatsworth Opposite Chatsmed Hospital Tel: 031 401 8037	**Hillcrest FlowPath Depot** Shop 16, Linkhills Shopping Centre Inanda Road , Waterfall Inside Linkhills Pharmacy Tel: 031 208 2834

Legal Declaration and Consent for the Processing of Personal Information and releasing of results:

- I hereby consent to Flowpath Clinical and Laboratory Practice (Flowpath) processing the personal information on the reverse of this request form in accordance with the protection of Personal information Act (POPI Act).
- I confirm to the best of my knowledge having provided accurate and complete information on the request form and that same has been provided voluntarily. I will not hold Flowpath liable for any injury, illness or harm suffered where i have given inaccurate information.
- I agree that the personal information will be used by Flowpath for:
  - Performing and processing the tests documented on the request form
  - For the purpose of retaining patient information in accordance with the Health Professions Council of South Africa (HPCSA) guidelines.
- From time to time Flowpath may engage third party service providers to perform services on our behalf. These third parties have access to your personal information so that they may perform these tasks on our behalf and they are prohibited by us from using or disclosing your personal information for any purpose other than to provide this assistance, except to the extent required by law. The patient consents to Flowpath sharing their Personal Information in order to render the above services necessary.
- The consent of this document is valid from the date of my signature on this request on this request form and ill continue until such time as the consent is withdrawn or changed. I understand that I may, at any time withdraw the consent, in which case the personal information will no longer be processed by Flowpath. The lawfulness of the processing of personal information before such withdrawal of consent will not be affected.
- In the event of the patient being a child (under the age of 18 in terms of the POPI Act), I, the aprent/guardian will receive access to information and consent on the child's behalf.
- I consent to the tests documented on this request form to be performed by Flowpath.
- I agree that any tissues removed from my body may be examined and then disposed of by Flowpath in line with legal regulations.
- I agree to settle all amounts due by me.
- I guarantee payment of amounts not covered by my funder/medical aid. Where amounts quoted exceed the estimated quotation Flowpath will contact me and obtain my consent before carrying the services listed on such quotation.
- In the event of amounts not being settled timeously, I agree that such amounts, my contact information and ICD 10 codes may be handed over to Flowpath collection agents.
- I agree that Flowpath fees are separate from hospital charges (if any), and I agree that I am liable for such fees.
- I consent that ICD 10 codes may be provided to my medical aid for reimbursement as per statutory requirement on my account.
- I agree to the disclosure of the test results obtained by Flowpath to third parties (i.e. refering doctor, copy doctor, medical aid fund administrator or insurance company as applicable).
- I have read and understand the information I received about the test collection procedures as testing.
- I agree that the health care providers who supply me with care and not part of Flowpath and Flowpath will not be liable for their actions or omissions.
- I agree that no guarantee or representation has been given by anyone as the results that may be obtained.
- I acknowledge that most pathology tests require expert interpretation by a medical professional and that I may require additional testing to confirm positive results. I acknowledge that I am responsible for seeking such expert medical advice in the case of tests results that require same.
- Flowpath accepts no liability for any loss (direct/indirect/consequential) which occurs as a result of mis/interpretation of results, delays in providing results or as a result of harm or injury which occurred outside of Flowpath's reasonable control and responsibility.
- I hereby consent to receiving results which may have adverse psychological effects which may require counselling, consultation and discussions with the referring medical practitioner.

HISTOLOGY / CYTOLOGY REQUESTS

Clinical History

Ⓣ TISSUE ☐

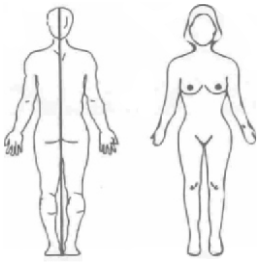
Nature of Specimen:

1.

2.

Date of Procedure:

.....



GYNAECOLOGICAL CYTOLOGY

CERVIX	**OTHER SPECIFY**	**PREVIOUS SMEAR**	**PREVIOUS BIOPSY OR TREATMENT**
LATERAL VAGINA	**FIRST DAY LMP**	☐ **YES** ☐ **NO**	☐ **YES** ☐ **NO**
POST FORNIX	.....	**DATE**	**DATE** .....

CYTOLOGY OTHER

Please Note HPV PCR will only be performed on LBC medium

1. ☐ Cytology Primary Screen 2. ☐ HPV PCR Primary Screen

DOWN'S SYNDROME AND NEURAL TUBE DEFECT SCREENING

Confirmation of gestation period:_____ **weeks**_____**days** **Patient Signature:**_____

Please indicate (✓) which test is required, and complete the relevant section:

2nd Trimester (15w-20w6d)

CDOWN2 ☐ Downs & NTD screen - Please complete section A CNEURAL ☐ NTD screen - Please complete section A

1st Trimester

CDOWN1 ☐ Combined risk (biochemistry & sonar) **(11w-13w6d)** - CRL (39-79 mm) - Please complete sections A & B

CDOWN1RISK ☐ Combined risk calculation only (biochem already done) **(11w-13w6d)** - CRL (39-79 mm) - Please complete sections A & B

CDOWN1BR ☐ Biochemistry only, with risk calculation **(8w-13w6d)** - CRL (16-79mm) - Please complete section A

CDOWN1B ☐ Biochemistry only, without risk calculation **(8w-13w6d)** - CRL (16-79mm) - Please supply Weight:_____kg

CDOWNTWIN ☐ NT-based risk assessment (11w-13w6d) Please complete section A & B

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 ☐

Gestational age (sonar): ☐☐ w ☐ d on D D M M Y Y

Weight: ☐☐☐.☐ kg ☐ LMP (if no sonar done) D D M M 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

NT: ☐.☐ mm Nasal bone: Present ☐ Absent ☐ Unable to examine ☐

NT 2nd twin: ☐.☐ mm Nasal bone: Present ☐ Absent ☐ Unable to examine ☐

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