

Referring Doctor		Doctor's Code		Copies to Doctors		Medical Centre/Hospital & Ward		File No.	
PATIENT DETAILS				(☆ Compulsory please complete) ICD 10 CODE _____ AFTER HOURS <input type="checkbox"/> (0098)				BARCODE STICKER	
Patient ID No.		Patient Surname		Patient First Name		Date of Birth			
Date of Birth		Gender		Male <input type="checkbox"/>		Female <input type="checkbox"/>		ACCOUNT TO (☆ Compulsory - please complete)	
Tel. (w)		Cell		☆ Guarantor ID No.		☆ Surname & Initials		☆ Postal Address	
E-mail		SIGNATURE: PATIENT/GUARDIAN		SIGNATURE: PERSON RESPONSIBLE FOR PAYMENT IF DIFFERENT FROM PATIENT		☆ Tel. (w)		☆ Medical Aid	
Collected by		Date		Time		Location code		☆ Medical Aid No. or Receipt No.	
		DD MM YYYY		:				☆ Employer Name	

Relevant Clinical Data and Present Medication

COMPLETION OF THIS SECTION IS COMPULSORY FOR ALL PSEMAS MEMBERS.
I, the undersigned, do hereby declare that I am currently a registered member/dependant of Psemas:

MAIN MEMBER'S SURNAME.....INITIALS.....MINISTRY.....

MEMBER NUMBER..... PATIENT'S NAME.....

I hereby confirm that treatment/medical service was provided by above medical practitioner for the above patient:

SIGNATURE OF MEMBER/DEPENDANT/GUARDIAN.....

<p>Special Request URGENT <input type="checkbox"/></p> <p>SENT RESULT/S TO:.....</p> <p>CONTACT NUMBER:.....</p> <p>EMAIL ADDRESS:.....</p>	<p>CHEMISTRY</p> <p>RENAL/ELECTROLYTES/BONE</p> <p><input type="checkbox"/> BLOOD GASES</p> <p><input type="checkbox"/> U&E, CREAT</p> <p><input type="checkbox"/> CREATININE <input type="checkbox"/> UREA</p> <p><input type="checkbox"/> SODIUM <input type="checkbox"/> POTASSIUM</p> <p><input type="checkbox"/> URINE PROTEIN CREAT RATIO (UPCR)</p> <p><input type="checkbox"/> CREATININE CLEARANCE</p> <p><input type="checkbox"/> RANDOM URINE PROTEIN</p> <p><input type="checkbox"/> URIC ACID</p> <p><input type="checkbox"/> MAGNESIUM</p> <p><input type="checkbox"/> CALCIUM (serum)</p> <p><input type="checkbox"/> PHOSPHATE (serum)</p> <p><input type="checkbox"/> CALCIUM/PHOSPHATE (24hr urine)</p> <p><input type="checkbox"/> VITAMIN D (25-OH) <input type="checkbox"/> VITAMIN D3</p> <p>LIVER/PANCREAS</p> <p><input type="checkbox"/> LFT</p> <p><input type="checkbox"/> LIVER ENZYME [ALP] [GGT] [AST] [ALT]</p> <p><input type="checkbox"/> PROT ELECTROPHORESIS</p> <p><input type="checkbox"/> PROTEIN TOTAL/ALBUMIN</p> <p><input type="checkbox"/> BILIRUBIN (neonatal)</p> <p><input type="checkbox"/> BILIRUBIN (total, conj)</p> <p><input type="checkbox"/> AMYLASE</p> <p><input type="checkbox"/> AMYLASE (urine random)</p> <p><input type="checkbox"/> LIPASE</p> <p><input type="checkbox"/> LACTATE</p> <p>CARDIAC/MUSCLE</p> <p>Time of suspected MI- : : :</p> <p><input type="checkbox"/> TROPONIN T (Quantitative)</p> <p><input type="checkbox"/> TROPONIN I</p> <p><input type="checkbox"/> CKMB</p> <p><input type="checkbox"/> MYOGLOBIN</p> <p><input type="checkbox"/> PRO BNP</p> <p><input type="checkbox"/> TOTAL CK</p> <p><input type="checkbox"/> hs-CRP</p> <p>LIPIDS/CARDIAC RISK</p> <p><input type="checkbox"/> LIPOGRAM</p> <p><input type="checkbox"/> LIPOPROTEIN (a)</p> <p><input type="checkbox"/> CHOLESTEROL</p> <p><input type="checkbox"/> TRIGLYCERIDES (fasting)</p> <p>DIABETES</p> <p><input type="checkbox"/> GLUCOSE Fasting <input type="checkbox"/> Random</p> <p><input type="checkbox"/> GLUCOSE TOLERANCE TEST (24hrs)</p> <p><input type="checkbox"/> GLUCOSE TOLERANCE PREGNANCY</p> <p><input type="checkbox"/> HBA1C</p> <p><input type="checkbox"/> MICROALBUMIN (urine/quantitative)</p> <p><input type="checkbox"/> QUICKI (INSULIN RESISTANCE)</p> <p><input type="checkbox"/> HOMOCYSTEINE</p> <p>INFLAMMATION/IMMUNE</p> <p><input type="checkbox"/> CRP</p> <p><input type="checkbox"/> COMPLEMENT C3/C4</p> <p><input type="checkbox"/> IgG, IgA, IgM</p> <p><input type="checkbox"/> PROCALCITONIN (PCT)</p>	<p>ENDOCRINOLOGY</p> <p>ENDOCRINE - THYROID</p> <p><input type="checkbox"/> THYROID FUNCTION SCREEN</p> <p><input type="checkbox"/> TSH (neonatal)</p> <p><input type="checkbox"/> TSH Patient on Eltroxin</p> <p><input type="checkbox"/> FREE T3 Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><input type="checkbox"/> THYROID ANTIBODIES</p> <p><input type="checkbox"/> PTH</p> <p>ENDOCRINE REPRODUCTIVE</p> <p><input type="checkbox"/> MENOPAUSAL SCREEN</p> <p><input type="checkbox"/> HIRSUTISM SCREEN</p> <p><input type="checkbox"/> INFERTILITY (female)</p> <p><input type="checkbox"/> INFERTILITY (male)</p> <p><input type="checkbox"/> SEMEN ANALYSIS</p> <p><input type="checkbox"/> SEMEN POST VASECTOMY</p> <p><input type="checkbox"/> β-HCG quantitative</p> <p><input type="checkbox"/> PROLACTIN (rest 15 minutes)</p> <p><input type="checkbox"/> FSH <input type="checkbox"/> LH</p> <p><input type="checkbox"/> OESRADIOL (E2)</p> <p><input type="checkbox"/> PROGESTERONE (ovulation)</p> <p><input type="checkbox"/> 17-OH PROGESTERONE</p> <p><input type="checkbox"/> DHEA-S</p> <p><input type="checkbox"/> TESTOSTERONE</p> <p><input type="checkbox"/> TOTAL TESTOSTERONE & SHBG</p> <p><input type="checkbox"/> ANTI-MÜLLERIAN HORMONE (AMH)</p> <p>HYPERTENSION/OTHER ENDOCRINE</p> <p><input type="checkbox"/> RENIN/ALDOSTERONE</p> <p><input type="checkbox"/> CORTISOL (serum)</p> <p><input type="checkbox"/> GROWTH HORMONE</p> <p>ENDOCRINE TUMOUR MARKERS</p> <p><input type="checkbox"/> PSA TOTAL</p> <p><input type="checkbox"/> TOTAL + FREE PSA + RATIO (calculated)</p> <p><input type="checkbox"/> CEA (G.I.T., lung, breast)</p> <p><input type="checkbox"/> CA19-9 (G.I.T., pancreas)</p> <p><input type="checkbox"/> CA125 (ovary)</p> <p><input type="checkbox"/> CA15-3 (breast)</p> <p><input type="checkbox"/> AFP (liver, gonads)</p> <p><input type="checkbox"/> BENICE-JONES PROT (urine)</p> <p>DRUG MONITORING</p> <p><input type="checkbox"/> DIGOXIN <input type="checkbox"/> LITHIUM</p> <p><input type="checkbox"/> PHENYTOIN</p> <p><input type="checkbox"/> VALPROIC ACID (sodium valproate)</p> <p><input type="checkbox"/> THEOPHYLLINE <input type="checkbox"/> CARBAMEZEPINE</p> <p><input type="checkbox"/> Pre AMIKACIN <input type="checkbox"/> Post</p> <p><input type="checkbox"/> Pre GENTAMYCIN <input type="checkbox"/> Post</p> <p>DRUG OF ABUSE</p> <p><input type="checkbox"/> CANABIS (urine) <input type="checkbox"/> ETHANOL (blood)</p> <p><input type="checkbox"/> PARACETAMOL (blood)</p> <p><input type="checkbox"/> DRUGS OF ABUSE Group test (urine)</p> <p>ALLERGY</p> <p><input type="checkbox"/> IgE Total</p> <p><input type="checkbox"/> PHADIATOP (inhalants)</p> <p><input type="checkbox"/> PAED FOOD SCREEN (RAST)</p> <p><input type="checkbox"/> ADULT FOOD SCREEN (RAST)</p> <p>Other RASTS please specify</p>	<p>HAEMATATOLOGY</p> <p>GENERAL</p> <p><input type="checkbox"/> ANTENATAL SCREEN</p> <p><input type="checkbox"/> ANTENATAL SCREEN + HIV</p> <p><input type="checkbox"/> FULL BLOOD COUNT</p> <p><input type="checkbox"/> FBC + ESR</p> <p><input type="checkbox"/> WBC + DIFF COUNT</p> <p><input type="checkbox"/> PERIPHERAL SLIDE (BLOOD SMEAR)</p> <p><input type="checkbox"/> ESR</p> <p><input type="checkbox"/> RETICULOCYTES</p> <p><input type="checkbox"/> IRON STUDIES</p> <p><input type="checkbox"/> FERRITIN</p> <p><input type="checkbox"/> FOLATE (serum/rbc)</p> <p><input type="checkbox"/> VITAMIN B12</p> <p><input type="checkbox"/> BLOOD GROUP</p> <p><input type="checkbox"/> ANTIBODY/SCREEN (antenatal)</p> <p><input type="checkbox"/> INDIRECT COOMBS TEST</p> <p><input type="checkbox"/> MALARIA (Blood parasites)</p> <p>HAEMATATOLOGY COAGULATION</p> <p><input type="checkbox"/> BLEEDING TENDENCY SCREEN</p> <p><input type="checkbox"/> INR</p> <p><input type="checkbox"/> PTT</p> <p><input type="checkbox"/> DIC SCREEN</p> <p><input type="checkbox"/> FIBRINOGEN</p> <p><input type="checkbox"/> D-DIMER</p> <p><input type="checkbox"/> INHERITED THROMBOSIS SCREEN</p> <p><input type="checkbox"/> LUPUS ANTICOAGULANT</p> <p>MICROBIOLOGY ANALYSIS</p> <p><input type="checkbox"/> ASPIRATE (indicate type & origin) MC&S</p> <p><input type="checkbox"/> CATHETER TIP MC&S</p> <p><input type="checkbox"/> BLOOD CULTURE (Aerobic)</p> <p><input type="checkbox"/> BLOOD CULTURE (Anaerobic)</p> <p><input type="checkbox"/> CSF MC&S</p> <p><input type="checkbox"/> EAR/NOSE/THROAT SWAB MC&S</p> <p><input type="checkbox"/> PUS SWAB (indicate type & origin) MC&S</p> <p><input type="checkbox"/> STOOL MC&S</p> <p><input type="checkbox"/> STOOL PARASITES ONLY</p> <p><input type="checkbox"/> ROTA VIRUS <input type="checkbox"/> ADENO VIRUS</p> <p><input type="checkbox"/> H. Pylori Antigen (Stool)</p> <p><input type="checkbox"/> OCCULT BLOOD (Stool)</p> <p><input type="checkbox"/> SEMEN MC&S</p> <p><input type="checkbox"/> URETHRAL / PENILE SWAB MC&S</p> <p><input type="checkbox"/> VAGINAL/CERVICAL SWAB MC&S</p> <p><input type="checkbox"/> Gr B Streptococcus screen: Vaginal / Rectal Swab</p> <p><input type="checkbox"/> MS URINE MC&S <input type="checkbox"/> CHEMISTRY ONLY</p> <p><input type="checkbox"/> TB LAM Ag (urine)</p> <p><input type="checkbox"/> SPUTUM MC&S</p> <p><input type="checkbox"/> TB CULTURE</p> <p><input type="checkbox"/> TB MICROSCOPY (Auramine/ZN only)</p> <p><input type="checkbox"/> TB PCR <input type="checkbox"/> Gene Xpert</p> <p><input type="checkbox"/> FUNGAL CULTURE</p> <p><input type="checkbox"/> INFLUENZA A&B ANTIGEN TEST</p> <p><input type="checkbox"/> SARS-CoV-2 <input type="checkbox"/> Ag <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> SINUS/ANTRUM specimen MC&S</p>	<p>SEROLOGY</p> <p>AUTO-IMMUNE</p> <p><input type="checkbox"/> ARTHRITIS/AUTO-IMMUNE SCREEN</p> <p><input type="checkbox"/> ANF</p> <p><input type="checkbox"/> ANTI-CCP</p> <p><input type="checkbox"/> ANTI-DNA</p> <p><input type="checkbox"/> RHEUMATOID FACTOR</p> <p><input type="checkbox"/> CARDIOLIPIN ANTIBODIES</p> <p>SEROLOGY INFECTIVE</p> <p><input type="checkbox"/> ASOT</p> <p><input type="checkbox"/> BILHARZIA</p> <p><input type="checkbox"/> CMV (IgG, IgM)</p> <p><input type="checkbox"/> EBV SEROLOGY (IgG/IgM)</p> <p><input type="checkbox"/> VARICELLA ZOSTER (IgG/IgM)</p> <p><input type="checkbox"/> H PYLORI (Antibodies)</p> <p><input type="checkbox"/> RUBELLA (IgG, IgM)</p> <p><input type="checkbox"/> RUBELLA IMMUNITY (IgG only)</p> <p><input type="checkbox"/> TOXOPLASMA (IgG, IgM)</p> <p><input type="checkbox"/> COXSACKIE</p> <p><input type="checkbox"/> STI SCREEN</p> <p><input type="checkbox"/> STI SCREEN (without HIV)</p> <p><input type="checkbox"/> RPR</p> <p><input type="checkbox"/> CHLAMYDIA/GONOCOCCAL PCR</p> <p><input type="checkbox"/> UREAPLASMA UREALYTICUM</p> <p><input type="checkbox"/> HERPES SIMPLEX I & II (IgM/IgG)</p> <p><input type="checkbox"/> TREPONEMA ELISA/TPHA</p> <p><input type="checkbox"/> BRUCELLA (IgG & IgM)</p> <p><input type="checkbox"/> RICKETTSIA conori (IgG & IgM)</p> <p><input type="checkbox"/> WIDAL <input type="checkbox"/> TMX</p> <p><input type="checkbox"/> TORCH SCREEN</p> <p>SEROLOGY HEPATITIS</p> <p><input type="checkbox"/> HEPATITIS A (IgM)</p> <p><input type="checkbox"/> HEP B IMMUNITY (HBsAb)</p> <p><input type="checkbox"/> HEPATITIS (B sAg)</p> <p><input type="checkbox"/> HEPATITIS C (IgG)</p> <p><input type="checkbox"/> HEPATITIS Screen</p> <p><input type="checkbox"/> HEPATITIS B Screen</p> <p>SEROLOGY HIV</p> <p><input type="checkbox"/> HIV1&2 Antibodies (ELISA)</p> <p><input type="checkbox"/> HIV PCR qualitative (diagnostic)</p> <p><input type="checkbox"/> HIV VIRAL LOAD quantitative PCR</p> <p><input type="checkbox"/> Cd4</p> <p><input type="checkbox"/> Cd3/Cd4/Cd8+</p> <p>OTHER TESTS</p>
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Received by	Date	Time	Logged by	Checked by	SPECIMEN INFORMATION AND COUNT										
	DD MM YYYY	:			EDTA	GEL	FLUORIDE	RED	PPT	CITRATE	HEPARIN	ACD	JAR	SWAB	OTHER

