

Referring Doctor		Doctor's Code		Copies to Doctors		Medical Centre/Hospital & Ward		File No.	
PATIENT DETAILS		File No	* ACCOUNT TO(Compulsory-Please Complete)						
Patient ID./ Passport No.				* Guarantor ID No.					
Patient Surname	Patient First Name		* Surname & Initials						
Date of birth	Gender (✓)	M	F	Is this your first visit to Nampath?	Yes	No	* Postal Address		
Tel. (h)	Cell								
Tel. (w)	E-mail			* Tel. (h)					
I certify that the above information is correct and give specific consent for the selected test(s) to be done. I authorize you to disclose these results to my medical aid administrators and/or insurance company. I undertake to pay all outstanding fees not covered by the medical aid. I fully understand the implication of the test and have received adequate pre-test counselling.				* Tel. (w)					
Signature:		Signature:		* Medical Aid No or Receipt No					
Signature:		Signature:		* Employer Name					
Collected By	Date	Time	Location Code	Tel		BARCODE STICKER			
Relevant Clinical Data and Present Medication- See Diagnostic/Clinical Testing below				Email:					
				Tel:					
				Fax:					

- SARS-CoV-2 RT-PCR
- SARS-CoV-2 Antigen Detection (ELISA)
- SARS-CoV-2 Antibody Test (ELISA) IgG/IgM
- Respiratory Panel (2.1 Plus Panel)

Specimen Requirements:

- Lower respiratory tract specimen(e.g. sputum, tracheal aspirate, bronchoalveolar lavage; or
- Single respiratory swab (preferable nasopharyngeal swab. If not available an oropharyngeal swab placed in transport media.

Transportation: Cold, on ice if transport is expected to exceed 6 hours

Diagnostic/Clinical Testing

- Date of symptom onset None(Asymptomatic) Y
- Fever (38 C or higher) and/or one of the following symptoms Y/N
- Persistent dry cough Y/N
- Dizziness/vertigo Y/N
- Difficulty breathing Y/N
- Muscle pain, diarrhea and vomiting Y/N
- Appears obviously unwell. Y/N
- Contact of a laboratory confirmed case Y/N
- Voluntary testing through a doctor Y/N

Travel/Tourist Covid-19 PCR

- Passport Number of Traveller
 - Passport Expiry Date
 - Date of Departure
- Traveller Consent**
- I understand clearly that this screening test is for travel/tourism reasons only and not for clinical or diagnostic reasons
 - I am also aware that Covid-19 is a notifiable disease hence the Ministry of health & Social Services will be informed.

SIGNATURE TRAVELLER'S CONSENT:

The BioFire® FilmArray® Respiratory Panel 2.1 plus Panel

Panel Menu

BACTERIA

Bordetella parapertussis
Bordetella pertussis
Chlamydia (Chlamydophila) pneumoniae
Mycoplasma pneumoniae

VIRUSES

Adenovirus	Influenza A
Coronavirus 229E	Influenza A/H1
Coronavirus HKU1	Influenza A/H1-2009
Coronavirus OC43	Influenza A/H3
Coronavirus NL63	Influenza B
Middle East Respiratory Syncial	Parainfluenza 1
Coronavirus (Mers-CoV)	Parainfluenza 2
Severe Acute Respiratory	Parainfluenza 3
Syndrome Coronavirus 2 (SARS-CoV-2)	Parainfluenza 4
Human Metapneumovirus	RSV
Human Rhinovirus/Enterovirus	