

LABORATORY REQUEST FORM

Requesting Doctor: _____ Collection Date: _____ Collection Time: _____ Copies to: _____

PATIENT DETAILS PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT

Patient I.D. No.		I.D. No.	
Patient Surname		Surname & Initials	
Patient Initials & First Name		First Name	Title
Patient Date of Birth		Postal Address	
Hospital / Folio Number		Telephone No.	(C) (H)
Patient Cell No.		Email	
Patient Email		Employer	(W)

By signing this form, I give full authority for these requested tests to be performed by this laboratory and, or by any of its other reference laboratories. I confirm that I understand and accept that additional tests may be performed at the discretion of the laboratory when specific results are obtained. Indemnify Namibia Central Pathology against action that may be brought by virtue of this request and I undertake to settle all outstanding funds should the medical aid fail to make such payments.

Signature _____

Hospital Patient Y N Fasting Random Routine Urgent

Telephone / Fax Number _____

Medical Aid Name _____ Med. Aid # Cash Receipt # _____

Authorisation # _____ Dependent code _____

Patient Membership Card Verified? Y N

COLOUR	ADDITIVE	NAME	COLOUR	ADDITIVE	NAME	COLOUR	ADDITIVE	NAME
●	Serum Separator	SST tube	●	None	Red tube	■	None	Stool Jar
●	Potassium EDTA	EDTA tube	●	Sodium Citrate	Coagulation tube	■	None	Urine Jar
●	Sodium Fluoride	Grey tube	●	Sodium Heparin	Green tube	■	None	Other Fluids' Jar

HAEMATOLOGY GENERAL

H001	FBC + ESR ●
H002	FBC ●
H003	ESR ●
H004	PLATELETS ●
H005	HAEMOGLOBIN
H006	RETICULOCYTE COUNT ●
H007	BORELIA QUANTITATIVE ●
H008	BORELIA QUALITATIVE ●
H009	SICKLING TEST ●
H010	ANTIBODY SCREEN ●
H011	COOMBS TEST ●
H012	FERRITIN ●
H013	FOLATE (SERUM) ●
H014	MALARIA SCREEN (SMEAR + ICT) ●
H015	MALARIA ICT ●
H016	BLOOD GROUP (A,B, AB, O) ●

COAGULTAION

H0151	INR ●
H0161	PTT ●
H017	XDP (D-DIMER) ●
H018	BLEEDING TIME ●
H019	FIBRINOGEN ●
H020	FACTOR ASSAYS (FACTORS 8 + 9) ●●
H021	VON WILLEBRAND FACTOR (VWF) ●●

HIV INVESTIGATION TESTS

H022	HIV1+2Ab ●
H023	HIV CD4 COUNT ●
H024	HIV PCR QUALITATIVE ●●
H025	HIV PCR VIRAL LOAD ●●
H026	HIV RESISTANCE TEST ●●

ENDOCRINOLOGY

E001	TFT (TSH, FT3, FT4) ●
E002	TSH ●
E003	FT3 ●
E004	FT4 ●
E005	PROLACTIN ●
E006	FSH ●
E007	LH ●
E008	OESTRADIOL ●
E009	PROGESTERONE ●
E010	SHBG ●
E011	DHEA-S ●
E012	TESTOSTERONE ●
E013	PREGNANCY SCREEN ●
E014	BHCG TOTAL (Quantitative) ●
E015	BHCG TOTAL (Qualitative) ●

MICROBIOLOGY

M001	URINE MCS □
M002	URINE (Micro + Chemistry only) □
M003	CSF MCS □
M004	STOOL URINE MCS □

STOOL PARASITES □

M005	STOOL PARASITES □
M006	BLOOD CULTURE
M007	SEMEN ANALYSIS □
M008	VAGINAL SWAB MCS
M009	CERVICAL SWAB MCS
M010	SWAB (Please indicate origin)
M011	PUS (Ear, Nose, Throat, etc)
M012	SPUTUM TB (ZN) X3 □
M013	SPUTUM MCS □
M014	TB MOLECULAR (Gene Xpert) □

CHEMISTRY

C001	UE & CREATININE ●
C002	POTASSIUM ●
C003	SODIUM ●
C004	UREA ●
C005	CREATININE ●
C006	IRON ●
C007	CO2 ●
C008	CMP ●
C009	CALCIUM ●
C010	MAGNESIUM ●
C011	PHOSPHATE ●
C012	URIC ACID ●
C013	AMYLASE ●
C014	BILIRUBIN (TOTAL) ●
C015	BILIRUBIN (DIRECT) ●
C016	TRANSERRIN ●
C017	F-OCULT BLOOD □
C018	BLOOD GAS ●
C019	PROCALCITONIN ●

LIVER / PANCREASE

C0191	LFT ●
C020	TOTAL PROTEIN ●
C021	ALBUMIN (Total) ●
C022	BILIRUBIN (Total) ●
C023	BILIRUBIN (Direct) ●
C024	ALP ●
C025	ALT ●
C026	AST ●
C027	GGT ●
C028	LDH ●
C029	LIPASE ●

DIABETES

C030	GLUCOSE (Random / Fasting) ●
C031	Glucose Tolerance Test (GTT) ●
C032	GTT (3 Hour / pregnancy) ●
C033	INSULIN (Fasting) ●
C034	HBA1C ●

LIPOGRAM

C036	LIPOGRAM (Random) ●
C037	LIPOGRAM (Fasting) ●
C038	CHOLESTEROL ●

HDL-CHOLESTEROL ●

C039	HDL-CHOLESTEROL ●
C040	TRIGLYCERIDES ●
C041	LDL-CHOLESTEROL ●

DRUG MONITORING

C042	AMIKACIN ●
C043	DIGOXIN ●
C044	GENTAMYCIN ●
C045	LITHIUM ●
C046	PARACETAMOL ●
C047	PHENOBARBITONE ●
C048	PHENYTOIN ●
C049	SALICYCLATE ●
C050	VALPROIC ACID ●
C051	THEOPHYLINE ●

CARDIAC MARKERS

C060	CRP ●
C061	Troponin T (Qualitative) ●
C062	Troponin I (Quantitative) ●
C063	CK (Total) ●
C064	CK-MB ●

TUMOUR MARKERS

T001	PSA (Total) ●
T002	PSA (Free) ●
T003	CEA ●
T004	CA-199 ●
T005	CA-153 ●
T006	CA-125 ●
T007	AFP ●

ALLERGY INVESTIGATION

A001	IGE TOTA ●
A006	PHADIATOP FOR INHALANTS SCREEN ●●
A005	ADULT FOOD SCREEN ●●
A007	PAEDIATRIC FOOD SCREEN ●

IMMUNOCHEMISTRY

I001	TORCH ●
I002	TOXOPLASMOSIS ●
I003	RUBELLA ●
I004	CMV ●
I005	HSV ●
I006	EBV ●
I007	BILHARZIA ●
I008	ASOT ●
I009	RPR ●
I010	H. PYLORI (Serum Ab) ●
I011	H. PYLORI (Stool Ag) ●
I012	CHLAMYDIA / GONNORRHEA (Urine) □
I013	MEASLES IgG, IgM ●
I014	MUMPS PCR ●
I015	TPHA ●
I016	WIDAL ●
I017	RHEUMATOID FACTOR ●
I018	ANF ●
I019	COMPLIMENT C3/C4 ●

HEPATITIS TESTS

I0011	HEPATITIS SCREEN (Whole) ●
I021	HEPATITIS B SCREEN ●
I022	HEPATITIS B sAg ●
I024	HEPATITIS B IMMUNITY (HBsAb) ●
I025	HEPATITIS B core (Total) Ab ●
I026	HEPATITIS B core IgM ●
I027	HEPATITIS A TEST ●
I028	HEPATITIS C TEST ●

SPECIAL TESTS

I050	AMH ●
I051	Anti CCP ●
I052	Cortisol ●
I053	ds-DNA Antibodies ●
I054	Hepatitis B Viral load ●●
I055	Hepatitis C Viral load ●●
I056	Hepatitis B e Ag ●
I057	Hepatitis B e Ab ●
I058	NT-proBNP ●
I059	Urine Proten-Creatinine ratio □
I060	Urine Microalbumin □
I061	Vitamin B12 ●
I062	Vitamin D ●

ADDITIONAL TESTS

S001	ANTENATAL SCREEN ●●●●●
S002	IRON STUDIES ●●
S003	CARDIAC MARKERS ●●●
S004	HEPATITIS SCREEN ●●●
S005	STD SCREEN ●●
S006	MENOPAUSAL SCREEN ●
S007	WELL WOMAN SCREEN ●●●●●□
S008	WELL MAN SCREEN ●●●●●□
S009	DIC SCREEN ●●●
S010	HAEMOLYTIC SCREEN ●●●
S011	BLEEDING SCREEN ●●●●●
S012	ARTHRITIS SCREEN ●●●
S013	INFERTILITY FEMALE ●●●
S014	INFERTILITY MALE ●●●
S015	HAART /ARV BASELINE

OTHER TESTS

SCREEN	TEST IN THE SCREEN	SPECIMEN TUBES TO COLLECT
ANTENATAL SCREEN	FBC • ESR • BLOOD GROUP • RPR • CRP • HBsAg • RUBELLA • HIV • GLUCOSE • HSV	
IRON STUDIES	FE • FERRITIN • TRANSFERRIN	
CARDIAC MARKERS	TROP T • TROP I • CK-MB • CK TOTAL	
HEPATITIS SCREEN	HBsAg • HBSAb • Hep B core • Hep B core IGM • Hep C • Hep A.	
STD SCREEN	RPR • HSV • HBsAg • CHLAMYDIA & GONOR (URINE) • HIV	
MENOPAUSAL SCREEN	FSH • LH • OESTRADIOL (E2)	
WELL WOMAN SCREEN	FBC • ESR • UE • LFT • CMP • UA • FE • FERRITIN • GLUCOSE • CRP • LIPOGRAM • TFT • URINE MCS • PAP SMEAR • CA-125 • CA153	
WELL MAN SCREEN	FBC • ESR • UE • LFT • CMP • UA • FE • FERRITIN • GLUCOSE • LIPOGRAM • TFT • URINE MCS • PSA.	
DIC SCREEN	FBC • INR • PTT • FIBRINOGEN • XDP (D-DIMER).	
HAEMOLYTIC SCREEN	FBC • BILIRUBIN • RETICULOCYTE COUNT	
BLEEDING SCREEN	FBC • INR • PTT • FACTOR ASSAYS (8 & 9 ONLY)	
ATHRITIS SCREEN	FBC • ESR • CRP • RF • UA • ANF	
INFERTILITY FEMALE	FSH • LH • PROL • E2 • PROG • TESTO • SHBG • TSH • DHEA-S	
INFERTILITY MALE	FSH • LH • PROLACTIN • TESTOSTERONE • SHBG	
HAART / ARV BASELINE	FBC • ESR • CD4 • HIV • HBsAg • UREA, • CREAT • ALT • AST • AMY • GLUCOSE • CHOL • TRIG • RPR • HIV VIRAL LOAD • ALP	

FOR OFFICE USE ONLY

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FOR PSEMAS PATIENTS - COPY OF THE 5% PAYMENT RECEIPT

Reference No.....

Received from.....

The Sum of.....NS\$.....

Patient Signature.....