



Dr Pierre van der Walt & Associates Pathologists & Laboratory

LABORATORY : PR5202450

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|--------------------------|--|--|--|--|-----------------|--|--|----------------------|--|--|
| PATIENT'S SURNAME | | | | | INITIALS | | | TITLE | | |
| FULL NAMES | | | | | SEX | | | DATE OF BIRTH | | |
| PATIENT ID NUMBER | | | | | | | | AGE | | |
| | | | | | | | | | | |

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|----------------------------|-----------------------|----------|--|-------------|----------|-----------------|--------------------|------------------|--------------|--|------------------|
| ACCOUNT DETAILS | SURNAME | | | | | INITIALS | | | TITLE | | |
| | POSTAL ADDRESS | | | | | MED. AID | | | | | |
| | CITY | | | CODE | | | MED. AID NO | | | | |
| | TEL | W | | | H | | | COL. DATE | | | COL. TIME |
| | | | | | | | | EMPLOYER | | | FILE NO |

| | | |
|--------------------------------|-------------------------|-----------------------|
| HEMATOLOGY | | ALLERGY TESTS |
| | VIT. B12/Folate | |
| | TUMOURS MARKERS SPECIFY | |
| Full Blood Count | HCG (Semi quantitative) | IgE |
| ESR | HCG (Quantitative) | Caprast Foods (adult) |
| Haemoglobin | PROFILES | Caprast Inhalants |
| Blood Group + Rh | Ante Natal Profile | MICROBIOLOGY |
| Ferritin | Arthritis Profile | Specimen..... |
| Coagulation Screen | Autoimmune Profile | |
| Prothrombin Index | Diabetic Monitoring | Site |
| Malaria Smears + Ag | Infertility – Hormones | MCS |
| CHEMISTRY | Lipids (CHOL, TGL) | Bloodculture |
| Urea & Electrolytes | Lipogram (MOD) | TB Micro Culture |
| Uric Acid | PSA (Prostate spes. ag) | OTHER TESTS |
| Enzymes Specify | Renal Profile (UUC+E) | |
| Glucose Fasting | Secondary Hypertension | |
| Glucose Random | Torch | |
| Calcium | Venereal Disease | |
| Magnesium | Down Syndrome | |
| Bilirubin |weeks pregnant | |
| Liver Functions | SEROLOGY | |
| Cardiac Enzymes | ASOT | |
| Iron Studies | Anti-Nuclear Ab | |
| ISOTOPES/ENDOCRINE | CRP | |
| Thyroid Functions with Ab | Rubella Ab | |
| Thyroid Functions without Ab | Cytomegalovirus Ab | |
| TSH | Hepatitis A,B,C | |
| LH/FSH | Herpes Simplex Ab | |
| Estradiol | HIV (Aids) Ab | |
| Progesterone | Paul Bennell (EBV) | |
| Prolactin | Rheumatoid Factor | |
| Ovarian Profile (LH, FSH, E+P) | RPR/TPHA | |
| Menopausal Screen | Tick Bite Fever Ab | |
| | TMX | |

I confirm that the patient details are correct on this form and hereby consent to having the appropriate samples collected as requested by doctor, an institution or myself.
 I also consent to additional tests that a doctor may request to assist him/her in your clinical management.
 I also agree that I remain responsible for the settlement of this account and undertake to pay any amount not cover by insurance or medical aid.

Name: _____ Signed: _____

Main member (or other) cell phone no.: _____