MEDLAB PATHOLOGY

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REFERRING DOCTOR

PATIENT DETAILS

Ref. No.														
***Surname**														
***First Name**														
***DOB**														
M/F														
Address														

*** Unique Identifiers**

When completing this form, please provide at least 3 unique identifiers.

The sample must also contain a minimum of 3 unique identifiers.

SAMPLE DETAILS

SAMPLE COLLECTION DATE		SAMPLE COLLECTION TIME	

SAMPLE TYPES

COMPLETE BY	EDTA	SST	GREY	MSU	OTHERS	INITIALS

COMPLETE BY	EDTA	SST	GREY	MSU	OTHERS	INITIALS

CLINICAL DETAILS

☐ **Urgent** ☐ **Routine**

☐ **Fasting Sample** ☐ **Non-Fasting**

☐ **Ethnic Origin (Please specify)**_____

☐ **Drug Therapy (please specify)**_____

PROFILES & TESTS

Test Being Requested

☐ **NCOV** COVID-19 PCR Swab (PCR swab)

☐ **COVID19** COVID IMMUNOGLOBULINS (Roche) (serum)

Please note: this form **cannot** be used to order any other tests

These samples must be packed and sent seperately from all other testing

FOR LABORATORY USE ONLY