

REFERRING DOCTOR	<b>murph00-Dr Philliswe Muragijeyesu</b>
COPY DOCTOR	

**INDIGENT PATIENT  
USE ONLY**  
www.ampath.co.za



PATIENT DETAILS				PERSON RESPONSIBLE FOR ACCOUNT (GUARANTOR)			
ID NUMBER				GUARANTOR ID NUMBER			
SURNAME			TITLE	SURNAME			TITLE
INITIALS & FIRST NAME			AGE	INITIALS & FIRST NAME			TITLE
DATE OF BIRTH	D D M M Y Y Y Y	GENDER	M F	POSTAL ADDRESS			
PATIENT (H)	(H)	(W)		POSTAL CODE			
PATIENT (CELL)				EMAIL			
PRIORITY/STAT/PHONE/ROUTINE				AMOUNT	RECEIPT NUMBER		

ESSENTIAL PATHOLOGY MEDICAL AID MNEMONIC

**c a s h k z**

BLEED SITE	COLLECTION DATE	D D M M Y Y Y Y	COLL. TIME	COLL. BY	FASTING	Y N	PREGNANT	Y N
	RECEIVED DATE	D D M M Y Y Y Y	REC. TIME	REC. BY	THYROID MEDICATION	Y N	ON ANTICOAGULANT	Y N
NO OF TUBES DRAWN	S01	S02	E01	E02	HEP	CIT	FLU	MICRO/OTHER

PLEASE NOTE: PAYMENT MUST ACCOMPANY THIS FORM, IF NOT, NORMAL RATES WILL BE CHARGED TO PATIENT.

1. THIS SERVICE IS FOR THE EXCLUSIVE USE OF PATIENTS WHO ARE INDIGENT i.e. OF RESTRICTED FINANCIAL MEANS.
2. PATIENT MUST PAY CASH AT TIME OF SPECIMEN COLLECTION TO AVOID NORMAL RATES BEING CHARGED.
3. TESTS NOT PRINTED ON THIS FORM WILL BE CHARGED AT NORMAL RATES.

PRICES ONLY VALID UNTIL 28 FEBRUARY 2022

LIVER FUNCTION/PANCREAS			HAEMATOLOGY			DRUGS OF ABUSE (URINE)		
<input type="checkbox"/>	Liver function test	LF R184	<input checked="" type="checkbox"/>	FBC, Platelets	FBC R46	<input type="checkbox"/>	Amphetamines	AMPH R115
<input type="checkbox"/>	Alkaline Phosphatase	ALP R23	<input type="checkbox"/>	Hb only	HB R18	<input type="checkbox"/>	Barbiturates	BARBU R115
<input type="checkbox"/>	Gamma GT	GGT R23	<input type="checkbox"/>	ESR	ESR R11	<input type="checkbox"/>	Cannabis	CANN R98
<input type="checkbox"/>	ALT	ALT R23	<input type="checkbox"/>	Blood group - ABO/RH	GROUP R36	<input type="checkbox"/>	Cocaine	COCA R115
<input type="checkbox"/>	AST	AST R23	<input type="checkbox"/>	Malaria Smear	MA + ZMATS R46	<input type="checkbox"/>	Ecstasy	ECST R63
<input type="checkbox"/>	Bilirubin	BILI R46	<b>COAGULATION</b>			<input type="checkbox"/>	Mandrax	MAND R115
<input type="checkbox"/>	Neonatal bilirubin	BILNEO R46	<input type="checkbox"/>	INR (no dosage)	PT R41	<input type="checkbox"/>	Methamphetamines (Tik)	METAM R63
<input type="checkbox"/>	Albumin	ALB R23	<input type="checkbox"/>	PTT	PTT R41	<input type="checkbox"/>	Opiates	OPIA R115
<input type="checkbox"/>	Total Protein	TP R23	<input type="checkbox"/>	D Dimer	DDIM R160	<input type="checkbox"/>	Benzodiazepine	BENZU R115
<input type="checkbox"/>	LDH	LDH R23	<b>REPRODUCTIVE/ENDOCRINE</b>			<b>MICROBIOLOGY</b>		
<input type="checkbox"/>	Amylase	AMY R32	<input type="checkbox"/>	Beta-HCG (Quantative)	HCGQ R80	<input type="checkbox"/>	Urine MCS	UR R287
<input type="checkbox"/>	Lipase	LIP R32	<input type="checkbox"/>	Beta-HCG (Qualitative)	HCG R63	<input type="checkbox"/>	Stool MCS	STA R287
<b>ELECTROLYTES/BONE</b>			<input type="checkbox"/>	FSH	FSH R69	<input type="checkbox"/>	CSF MCS	CSF + CSFB R285
<input checked="" type="checkbox"/>	U & E, Creatinine	UE R126	<input type="checkbox"/>	LH	LH R69	<input type="checkbox"/>	Pus Swab MCS	PUS R285
<input type="checkbox"/>	Sodium	NA R23	<input type="checkbox"/>	Oestradiol	E2/E2M R69	<input type="checkbox"/>	Urine Dipstick / Microscopy	URMMC R58
<input type="checkbox"/>	Potassium	K R23	<input type="checkbox"/>	Progesterone	PROG R69	<input type="checkbox"/>	Stool Occult Blood	STOB R52
<input type="checkbox"/>	Urea	U R23	<b>THYROID FUNCTION</b>			<input type="checkbox"/>	Stool Rota/ Adenovirus	STROTA + STADENO R137
<input type="checkbox"/>	Creatinine	CR R23	<input checked="" type="checkbox"/>	TSH	TSH R75	<input type="checkbox"/>	Sputum AFB + TB Culture	TB + SPUTAFB R184
<input type="checkbox"/>	Calcium	CA R34	<input checked="" type="checkbox"/>	Free T4	FT4 R75	<input type="checkbox"/>	Sputum AFB Only	SPUTAFB R57
<input type="checkbox"/>	Magnesium	MG R34	<input checked="" type="checkbox"/>	Thyroid Antibodies	TAB R75	<input type="checkbox"/>	TB GeneXpert	TBXPRT R561
<input type="checkbox"/>	Phosphate	P R34	<b>AUTOIMMUNE SEROLOGY</b>			<b>CYTOTOLOGY</b>		
<input type="checkbox"/>	Uric Acid	UA R34	<input type="checkbox"/>	ANF Only	ANA R69	<input type="checkbox"/>	PAP Smear (1 Slide Only)	DC + CSCAN R75
<input checked="" type="checkbox"/>	Vit D 25 OH	VITD R103	<input type="checkbox"/>	Rheumatoid Factor	RF R41	<input type="checkbox"/>	PAP Smear (2 Slides)	DC + CSCAN R150
<b>HAEMATOLOGICAL / ANAEMIA STUDIES</b>			<input checked="" type="checkbox"/>	CRP	CRP R41	<input type="checkbox"/>	LBC	DC + CSCAN R172
<input type="checkbox"/>	Iron profile	FEP R344	<b>HEPATITIS SEROLOGY</b>			<b>CLINICAL INFORMATION</b>		
<input type="checkbox"/>	Ferritin	FER R63	<input type="checkbox"/>	Hepatitis B Surface Ag	HEPBSAG R86			
<input type="checkbox"/>	Folate	FOL R57	<input type="checkbox"/>	Hepatitis B Immunity	HEPBSAB R86			
<input checked="" type="checkbox"/>	Vitamin B12	B12 R63	<input type="checkbox"/>	Hepatitis A IgM	HEPAM R86			
<b>LIPIDS</b>			<b>HIV</b>					
<input checked="" type="checkbox"/>	Lipogram	LIPO R149	<input type="checkbox"/>	HIV-antibodies	HIV R46			
<input type="checkbox"/>	Cholesterol	CH R34	<input type="checkbox"/>	CD4/CD8 count	CD4CD8L R69			
<b>DIABETES/GLUCOSE</b>			<input type="checkbox"/>	HIV viral load	HIVVLL R629			
<input checked="" type="checkbox"/>	Glucose (Fasting)	GLF R23	<b>GENERAL SEROLOGY</b>					
<input type="checkbox"/>	Glucose (Random)	GLR R23	<input type="checkbox"/>	Amoebic Antibodies	AMOE R86			
<input checked="" type="checkbox"/>	Glycosylated HB	HBA R80	<input type="checkbox"/>	ASOT	ASO R57			
<input type="checkbox"/>	Insulin (Fasting)	INSF R75	<input type="checkbox"/>	CMV IgG	CMVG R86			
<input type="checkbox"/>	Urine Microalbumin	MAU R104	<input type="checkbox"/>	CMV IgM	CMVM R86			
<input type="checkbox"/>	Glucose Tolerance Test	GTT2 R149	<input type="checkbox"/>	EBV IgM Only	EBVM R86			
<b>CARDIAC MARKERS</b>			<input type="checkbox"/>	Rubella IgG	RUBG R86			
<input type="checkbox"/>	Troponin	TROPT/TROPTC R75	<input type="checkbox"/>	Rubella IgM	RUBM R86			
<input type="checkbox"/>	CK	CK R75	<input type="checkbox"/>	RPR only	RPRO R23			
<input type="checkbox"/>	CKMB	CKMB R114	<input type="checkbox"/>	RPR + Syphilis IgG	RPR R69			
<b>TUMOR MARKERS / PROSTATE</b>			<b>ALLERGY TESTS</b>					
<input type="checkbox"/>	CA125 (Ovary)	CA125 R114	<input type="checkbox"/>	IgE	IGE R63			
<input type="checkbox"/>	CA 153 (Breast)	CA153 R114	<input type="checkbox"/>	Phadiatop	PHADNS R515			
<input type="checkbox"/>	CA 199 (Pancreas)	CA199 R114	<input type="checkbox"/>	Rast Food	FOOD2 R576			
<input type="checkbox"/>	CEA (GIT)	CEA R149	<input type="checkbox"/>	Rast Inhalants	INH2 R720			
<input type="checkbox"/>	PSA only	PSA R75	<input type="checkbox"/>	FX5 Mixed Foods	PED R389			