



**epicentre**  
HEALTH RESEARCH

BILLING INFORMATION

**Epicentre**

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Website: www.epicentre.org.za  
Epicentre Aids Risk Management (Pty) Ltd  
2006/008080/07

BARCODE

REFERRING DR.

DR. EMAIL:

FIRST NAME

SURNAME

DATE OF BIRTH

EMAIL ADDRESS

ID OR PASSPORT

CELL NUMBER

GENDER

M

F

I give specific consent to testing and fully understand the implications of the test(s) and I have received adequate pre-test counseling. I confirm that the above information is correct. I confirm that I am responsible for the selection of diagnostic tests that I will undergo, even where I may receive guidance, the final choice is mine. I hereby request and agree that all my pathology test results and accounts may be sent to my designated email and/or cell number, medical practitioner(s), to my medical aid administrators and/or insurance company. **YOUR ATTENTION IS DRAWN TO THE LIABILITY WAIVER AND PRIVACY STATEMENT ON OUR WEBSITE.**

I agree for my results to be used for research purposes, anonymously with no identifiers  I agree to the privacy statement [Please view our waiver on our website](#)

FOR DOCTOR & LAB USE ONLY

Routine  Urgent

SIGNATURE

DATE DD MM YYYY

COLLECTED BY

DATE

TIME

LOCATION

RECEIVED BY

DATE

TIME

LOCATION

BIOCHEMISTRY	HAEMATOLOGY	MICROBIOLOGY	SEROLOGY																										
<b>LIVER / PANCREAS</b> <input type="checkbox"/> Y LIVER FUNCTION TEST LFT <input type="checkbox"/> Y ALBUMIN <input type="checkbox"/> Y ALK PHOS <input type="checkbox"/> Y ALT <input type="checkbox"/> Y AST <input type="checkbox"/> Y BILIRUBIN (DIRECT) <input type="checkbox"/> Y BILIRUBIN (TOTAL) <input type="checkbox"/> Y GAMMA GT <input type="checkbox"/> Y LDH <input type="checkbox"/> Y TOTAL PROTEIN <input type="checkbox"/> Y AMYLASE <input type="checkbox"/> Y LIPASE <b>RENAL/ELECTROLYTES/BONE</b> <input type="checkbox"/> Y U & E + CREATININE <input type="checkbox"/> Y BICARBONATE <input type="checkbox"/> Y CALCIUM <input type="checkbox"/> Y CHLORIDE <input type="checkbox"/> Y CREATININE CLEARANCE <input type="checkbox"/> Y CREATININE URINE <input type="checkbox"/> Y MAGNESIUM <input type="checkbox"/> Y PHOSPHATE <input type="checkbox"/> Y POTASSIUM <input type="checkbox"/> Y PROTEIN - URINE <input type="checkbox"/> Y SODIUM <input type="checkbox"/> Y UREA <input type="checkbox"/> Y UREA (NITROGEN) <input type="checkbox"/> Y URIC ACID <input type="checkbox"/> Y VITAMIN D(25-OH) <b>HAEMATOLOGICAL + IMMUNE</b> <input type="checkbox"/> Y IRON / ANAEMIA <input type="checkbox"/> Y IRON SERUM <input type="checkbox"/> Y FERRITIN <input type="checkbox"/> P FOLATE (RBC) <input type="checkbox"/> Y FOLATE (SEM) <input type="checkbox"/> Y TRANSFERRIN <input type="checkbox"/> Y VIT B12 <b>CAD RISK/LIPID</b> <input type="checkbox"/> Y LIPOGRAM - CHOL/HDL/LDL/TRIG <input type="checkbox"/> Y CHOLESTEROL <input type="checkbox"/> Y HDL <input type="checkbox"/> Y LDL <input type="checkbox"/> Y APOLIPOPROTEIN A1 (ApoA1) <b>DIABETES</b> <input type="checkbox"/> G GLUCOSE FASTING <input type="checkbox"/> G GLUCOSE RANDOM <input type="checkbox"/> P HBA1C <input type="checkbox"/> Y INSULIN RANDOM <input type="checkbox"/> Y INSULIN FASTING <input type="checkbox"/> GR LACTATE <input type="checkbox"/> U MICROALBUMIN-URINE <b>CARDIAC MARKERS</b> <input type="checkbox"/> Y CK <input type="checkbox"/> Y CKMB <input type="checkbox"/> Y CRP ULTRASENSITIVE <input type="checkbox"/> GR TROPONIN T <input type="checkbox"/> GR TROPONIN I	<b>FULL BLOOD COUNT</b> <input type="checkbox"/> P FBC/Ptts/ESR <input type="checkbox"/> P FBC/Ptts <input type="checkbox"/> P HB ONLY <input type="checkbox"/> B PLATELETS <input type="checkbox"/> P ESR <input type="checkbox"/> P RETICULOCYTES <input type="checkbox"/> Y HB ELECTROPHORESIS <input type="checkbox"/> P BLOOD GROUP + RHESUS <input type="checkbox"/> P MALARIA (ANTIGEN) <input type="checkbox"/> P MALARIA (SMALL) <input type="checkbox"/> P QBC MALARIA CONCENTRATION AND FLUORESCENT STRAINING <b>COAGULANTS</b> <input type="checkbox"/> B PT/INR <input type="checkbox"/> B PTT <input type="checkbox"/> B D-DIMER (QUANTITATIVE) <input type="checkbox"/> B FIBRINOGEN <b>BLOOD GROUP + RHESUS</b> <input type="checkbox"/> P DIRECT COOMBS <input type="checkbox"/> P INDIRECT COOMBS <b>ANTENATAL SCREENING</b> <input type="checkbox"/> Y ALPHA-FETOPROTEIN (AFP) <input type="checkbox"/> Y P ANTENATAL WITH HIV FBC+PLATELETS, RPR & BLOOD GROUPING, INDIRECT COOMBS RHA, RUBELLA IgG/IgM, HEP. B S Ag <input type="checkbox"/> Y P ANTENATAL WITHOUT HIV FBC +PLATELETS, RPR & BLOOD GROUPING, INDIRECT COOMBS RHA, RUBELLA IgG/IgM, HEP. B S Ag <b>PREGNANCY</b> <input type="checkbox"/> Y BHCg QUALITATIVE <input type="checkbox"/> Y BHCg QUANTITATIVE <b>ENDOCRINOLOGY</b> <b>FERTILITY SCREEN - HORMONES</b> <input type="checkbox"/> Y CORTISOL (SERUM) <input type="checkbox"/> Y DHEA SULPHATE <input type="checkbox"/> Y FSH <input type="checkbox"/> Y GROWTH HORMONE <input type="checkbox"/> Y LH <input type="checkbox"/> R OESTRADIOL <input type="checkbox"/> Y PROGESTERONE <input type="checkbox"/> Y PROLACTIN <input type="checkbox"/> Y G SHBG (SEX HORMONE BINDING GLOBULIN) <input type="checkbox"/> Y TESTOSTERONE <input type="checkbox"/> Y TESTOSTERONE FREE <b>THYROID</b> <input type="checkbox"/> Y FREE T3 <input type="checkbox"/> Y FREE T4 <input type="checkbox"/> Y THYROID ANTIBODIES <input type="checkbox"/> Y TSH <b>PROSTATE MARKERS</b> <input type="checkbox"/> Y FREE PSA <input type="checkbox"/> Y PSA	<b>URINE</b> <input type="checkbox"/> U URINE MCS <input type="checkbox"/> U MICROSCOPY <input type="checkbox"/> U BILHARZIA MICROSCOPY <b>STOOL</b> <input type="checkbox"/> S ADENO/ROTAVIRUS <input type="checkbox"/> S PARASITES (INCL. CRYPROSPORIUM) <input type="checkbox"/> S FAECAL OCCULT BLOOD <input type="checkbox"/> S H PYLORIS Ag <input type="checkbox"/> S STOOL MCS - INCL. CAMPYLOBACTER CULTURE CRYPTOSPORIDIUM <b>SPUTUM</b> <input type="checkbox"/> SP SPUTUM MCS <input type="checkbox"/> SP ZN/AFB <input type="checkbox"/> SP AFB + TB CULTURE <input type="checkbox"/> SP MTB PCR GENE EXPERT <b>SWABS</b> <input type="checkbox"/> SW THROAT MCS <input type="checkbox"/> SW EAR MCS <input type="checkbox"/> SW VAGINAL MCS <input type="checkbox"/> SW FUNGAL MICRO + CULTURE <b>MOLECULAR BIOLOGY</b> <input type="checkbox"/> SW DNA PATERNITY TEST <input type="checkbox"/> Y <b>COVID</b> <input type="checkbox"/> SW NASAL SARS Co V2 PCR <input type="checkbox"/> SW NASAL SARS Co V2 GENE EXPERT <input type="checkbox"/> SW NASAL SARS Co V2/FLU/RSV <b>LONG COVID SCREENING</b> <input type="checkbox"/> P Y INFLAMMATION(FBC, ESR,CRP,UA) <input type="checkbox"/> B D-DIMER <input type="checkbox"/> Y TSH <input type="checkbox"/> G TROPONIN I <input type="checkbox"/> Y VIT B12 <input type="checkbox"/> Y VITAMIN D (25-OH) <b>HIV TESTING</b> <input type="checkbox"/> Y HIV1/2 ELISA COMBI AB <b>HIV MONITORING</b> <input type="checkbox"/> Y HIV MONITORING <input type="checkbox"/> P CD4 <input type="checkbox"/> P HIV VIRAL LOAD <input type="checkbox"/> Y HIV DRUG RESISTANCE <b>PHARMACOLOGY</b> <b>DRUGS OF ABUSE</b> <input type="checkbox"/> U AMPHETAMINES <input type="checkbox"/> U BENZOXEPINE <input type="checkbox"/> U CANNABIS <input type="checkbox"/> U COCAINE <input type="checkbox"/> U COTANINE <input type="checkbox"/> U METHAQUALONE <input type="checkbox"/> U OPIATES <b>THERAPEUTIC DRUGS</b> <input type="checkbox"/> Y CARBAMAZEPINE/TEGRETOL <input type="checkbox"/> Y DIGOXIN <input type="checkbox"/> Y EPILIM (VALPROIC ACID) <input type="checkbox"/> P ETHANOL (ALCOHOL) <input type="checkbox"/> Y LITHIUM <input type="checkbox"/> Y PHENYTOIN	<b>ANTIGEN/ANTIBODY IMMUNE</b> <input type="checkbox"/> Y ASOT <input type="checkbox"/> Y CHLAMYDIA Ab IgG <input type="checkbox"/> Y CMV IgM <input type="checkbox"/> Y CRYPTO Ag <input type="checkbox"/> Y EBV IgGM <input type="checkbox"/> Y HB eAm <input type="checkbox"/> Y HB IgM <input type="checkbox"/> Y HB sAg <input type="checkbox"/> Y HCV Ab <input type="checkbox"/> Y HEP IgG/IgM EACH <input type="checkbox"/> Y HERPES IgG + IgM <input type="checkbox"/> Y PCT PROLACTONIN <input type="checkbox"/> Y RUBELLA IgG <input type="checkbox"/> Y SARS Co V2 IgG <input type="checkbox"/> Y TOXO IgG <b>AUTO-IMMUNE TESTS</b> <input type="checkbox"/> P Y ARTHRITIS PROFILE (FBC, ESR, CRP, UA) <input type="checkbox"/> Y ANF <input type="checkbox"/> Y CCP ANTIBODIES <input type="checkbox"/> Y CRP <input type="checkbox"/> Y CRP - ULTRA SENSITIVE <b>ALLERGY TESTING</b> <input type="checkbox"/> Y IgE (TOTAL) <input type="checkbox"/> Y 107 IgE ALLERGEN PANEL <b>STD PROFILE</b> <input type="checkbox"/> Y RPR/VDRL <input type="checkbox"/> Y STD SCREEN (HIV, RPR, HEPB AG, CHL) <input type="checkbox"/> Y STD SCREEN (RPR, HEPB AG, CHL) <input type="checkbox"/> Y TPHA <input type="checkbox"/> Y WEIL FELIX <input type="checkbox"/> Y WIDAL (TYPHOID) <b>CYTOLOGY</b> <input type="checkbox"/> SW LIQUID BASED CYTOLOGY <b>TUMOUR MARKERS</b> <input type="checkbox"/> Y CA 125 (OVARY) <input type="checkbox"/> Y CA 153 (BREAST) <input type="checkbox"/> Y CA 199 (COLON) <input type="checkbox"/> Y CEA <input type="checkbox"/> Y TPSA <b>WELLNESS MEN AND WOMEN</b> <input type="checkbox"/> P FBC/PLATELETS <input type="checkbox"/> GR GLUCOSE FASTING <input type="checkbox"/> Y LIVER FUNCTION TEST LFT <input type="checkbox"/> Y LIPOGRAM - CHOL/HDL/LDL/TRIG <input type="checkbox"/> Y TSH <input type="checkbox"/> Y UREA & ELECTROLYTES U&E <input type="checkbox"/> Y VITAMIN D (25-OH) <b>ADDITIONAL TEST OVER 40</b> <input type="checkbox"/> Y ADDITION TEST OVER 40 <input type="checkbox"/> Y CEA <input type="checkbox"/> Y CKMB <input type="checkbox"/> Y TPSA (MEN ONLY) <input type="checkbox"/> Y VIT B12																										
<b>SPECIMEN INFO</b> <table border="1"> <tr> <td>YELLOW Y</td> <td>GREY GR</td> </tr> <tr> <td>PURPLE P</td> <td>URINE U</td> </tr> <tr> <td>GREEN G</td> <td>RED R</td> </tr> <tr> <td></td> <td>STOOL S</td> </tr> <tr> <td></td> <td>BLUE B</td> </tr> <tr> <td></td> <td>SPUTUM SP</td> </tr> <tr> <td></td> <td>SWAB SW</td> </tr> </table>	YELLOW Y	GREY GR	PURPLE P	URINE U	GREEN G	RED R		STOOL S		BLUE B		SPUTUM SP		SWAB SW	<b>CLINICAL INFORMATION</b> <table border="1"> <tr> <td>FASTING</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>ON ANTI COAGULANT</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>PREGNANT</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>THYROID MEDICATION</td> <td>YES</td> <td>NO</td> </tr> </table>	FASTING	YES	NO	ON ANTI COAGULANT	YES	NO	PREGNANT	YES	NO	THYROID MEDICATION	YES	NO	<b>ADDITIONAL TESTS</b>	
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<b>COMMENTS</b>																													

Practice No.: 1117394