



**NATIONAL HEALTH
LABORATORY SERVICE**

**NEW
PATHOLOGY ANALYSIS
REQUEST
for
BIOCHEMISTRY, HAEMATOLOGY, MICROBIOLOGY
AND IMMUNOLOGY/SEROLOGY**

NATIONAL HEALTH LABORATORY

GUIDE TO USE THE NHLS REQUEST FORM

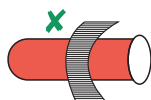
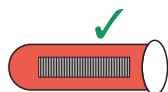
Please check the specimen key section on the form for what type of tube to use the tests indicated on the form.

- 1. Place the samples in the biohazard bags with the completed test request form in the separate pouch attached to the bag.
- 2. The tests listed are the more commonly requested investigations. Please use the space marked “OTHER TESTS” To request unlisted tests.

NATIONAL HEALTH LABORATORY SERVICE				ALL LEVELS OF CARE				
P A T I E N T	Patient I.D. Number:				MARK IF URGENT <input type="checkbox"/>			
	Patient Hospital Number:							
	Surname: Class:				Hospital/Clinic:			
	First Name:				Ward:			
	Address:				Diagnosis/Reason for Request:			
	Tel No.: Race:				Medication: Warfarin: <input type="checkbox"/> Heparin: <input type="checkbox"/>			
P R I V A T E	D.O.B.: Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F				Type of Specimen:			
	ICD-10 Diagnosis Codes:				Date Taken: Time:			
	Medical Aid: Medical Aid Number:				Taken By:			
	Employer: Dep Code:				Requesting Health Care Worker:			
	Account To / Principal Member:				HPCSA/SANC Number:			
	Member Address:				Contact Numbers:			
	Member Tel. No.: (H)				E-mail Address:			
	Member I.D. Number:				Signature:			

CHEMICAL PATHOLOGY	HAEMATOLOGY	MICROBIOLOGY	VIRAL SEROLOGY
General: HS <input type="checkbox"/> Blood gases Y <input type="checkbox"/> U+E Y <input type="checkbox"/> LFT Y <input type="checkbox"/> CMP Y <input type="checkbox"/> UA Y <input type="checkbox"/> Sodium Y <input type="checkbox"/> Potassium Y <input type="checkbox"/> Chloride Y <input type="checkbox"/> Urea Y <input type="checkbox"/> Creatinine Y <input type="checkbox"/> Calcium Y <input type="checkbox"/> Magnesium Y <input type="checkbox"/> Inorganic phosphate Y <input type="checkbox"/> Total protein Y <input type="checkbox"/> Albumin Y <input type="checkbox"/> Total bilirubin Y <input type="checkbox"/> Conjugated bilirubin Y <input type="checkbox"/> ALP Y <input type="checkbox"/> GGT Y <input type="checkbox"/> ALP Y <input type="checkbox"/> AST Y <input type="checkbox"/> LDH Y <input type="checkbox"/> Amylase Y <input type="checkbox"/> Lipase Y <input type="checkbox"/> Pseudocholesterase P <input type="checkbox"/> Red cell cholinesterase Cardiac/Muscle: Y <input type="checkbox"/> Aldolase Y <input type="checkbox"/> Creatine kinase Y <input type="checkbox"/> CK-MB fraction Y <input type="checkbox"/> Troponin Diabetes/Metabolic: Y <input type="checkbox"/> Osmolality GY <input type="checkbox"/> Glucose fasting GY <input type="checkbox"/> Glucose random P <input type="checkbox"/> HbA1c GY <input type="checkbox"/> Lactate Lipids: Y <input type="checkbox"/> Lipogram Y <input type="checkbox"/> Triglycerides Y <input type="checkbox"/> Total cholesterol Y <input type="checkbox"/> HDL cholesterol Y <input type="checkbox"/> LDL cholesterol Anaemia: Y <input type="checkbox"/> Iron studies Y <input type="checkbox"/> Iron Y <input type="checkbox"/> Transferrin Y <input type="checkbox"/> Ferritin Y <input type="checkbox"/> Vitamin B12 Y <input type="checkbox"/> Haptoglobin P <input type="checkbox"/> Folate (red cell) Tumor Markers: Y <input type="checkbox"/> Alpha feto protein Y <input type="checkbox"/> PSA Y <input type="checkbox"/> CEA Endocrinology: Y <input type="checkbox"/> Thyroid function Y <input type="checkbox"/> TSH Y <input type="checkbox"/> Free T4 Y <input type="checkbox"/> Free T3 Y <input type="checkbox"/> Beta HCG qual Y <input type="checkbox"/> Beta HCG quant Y <input type="checkbox"/> FSH Y <input type="checkbox"/> Estradiol Y <input type="checkbox"/> LH Y <input type="checkbox"/> Progesterone Y <input type="checkbox"/> Prolactin Y <input type="checkbox"/> Testosterone Y <input type="checkbox"/> SHBG Y/P <input type="checkbox"/> PTH Y <input type="checkbox"/> Cortisol Y <input type="checkbox"/> Insulin Urine: S <input type="checkbox"/> Na <input type="checkbox"/> K <input type="checkbox"/> CL <input type="checkbox"/> S <input type="checkbox"/> Urea <input type="checkbox"/> Creat <input type="checkbox"/> S <input type="checkbox"/> Protein S <input type="checkbox"/> BJP S <input type="checkbox"/> Microalbumin S <input type="checkbox"/> Creat clearance S <input type="checkbox"/> Dipstix urinalysis S <input type="checkbox"/> VMA /NMA / HVA S <input type="checkbox"/> Osmolality S <input type="checkbox"/> Prot / creat ratio Cerebrospinal fluid: G+R <input type="checkbox"/> CSF chemistry T <input type="checkbox"/> CSF ADA DRUGS/TOXIC SCREEN Y <input type="checkbox"/> Paracetamol Y <input type="checkbox"/> Lithium Y <input type="checkbox"/> Tricyclic antidepress Y <input type="checkbox"/> Phenytoin Y <input type="checkbox"/> Phenobarbitone Y <input type="checkbox"/> Valproate Y <input type="checkbox"/> Carbamazepine Y <input type="checkbox"/> Digoxin Y <input type="checkbox"/> Theophylline S <input type="checkbox"/> Urine cannadix S <input type="checkbox"/> Urine mandrax Y <input type="checkbox"/> Salicylates Y <input type="checkbox"/> Toxic screen Y <input type="checkbox"/> Vancomycin General: P <input type="checkbox"/> FBC+Platelets P <input type="checkbox"/> Differential count P <input type="checkbox"/> Morphology P <input type="checkbox"/> Haemoglobin P <input type="checkbox"/> White cell count P <input type="checkbox"/> Platelet count P <input type="checkbox"/> Reticulocytes BL <input type="checkbox"/> ESR P <input type="checkbox"/> CD4 count Coagulation: B <input type="checkbox"/> INR B <input type="checkbox"/> PTT B <input type="checkbox"/> Fibrinogen B <input type="checkbox"/> D Dimers B <input type="checkbox"/> Anti thrombin B <input type="checkbox"/> Protein C B <input type="checkbox"/> Protein S B <input type="checkbox"/> Lupus anticoagulant B <input type="checkbox"/> Thrombin time B <input type="checkbox"/> DIC screen Other: © <input type="checkbox"/> Coombs © <input type="checkbox"/> ABO © <input type="checkbox"/> RH IMMUNOLOGY Inflammation: Y <input type="checkbox"/> CRP Y <input type="checkbox"/> IgG, IgA, IgM Y <input type="checkbox"/> SPEP Y <input type="checkbox"/> C3,C4 Allergy: Y <input type="checkbox"/> Total IgE Y <input type="checkbox"/> IgE RAST Auto Immune: Y <input type="checkbox"/> RF Y <input type="checkbox"/> ANA Y <input type="checkbox"/> ENA Y <input type="checkbox"/> Anti double stranded DNA Y <input type="checkbox"/> Anti cardiolipin Y <input type="checkbox"/> Anti mitochondria Y <input type="checkbox"/> Anti smooth muscle Specimen Type: <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Pus <input type="checkbox"/> Blood <input type="checkbox"/> BAL <input type="checkbox"/> TA <input type="checkbox"/> Md stream urine <input type="checkbox"/> Catheter urine <input type="checkbox"/> SPU <input type="checkbox"/> Aspirate <input type="checkbox"/> Stool <input type="checkbox"/> Rectal swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Swab <input type="checkbox"/> Fluid (specify) <input type="checkbox"/> Catheter tip (IV, shunt) <input type="checkbox"/> Investigation Required: <input type="checkbox"/> Parasites <input type="checkbox"/> Malaria <input type="checkbox"/> Microscopy/Culture /Sensitivity <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> TB microscopy <input type="checkbox"/> NTM <input type="checkbox"/> TB PCR direct <input type="checkbox"/> TB culture <input type="checkbox"/> BCG <input type="checkbox"/> TB sensitivity <input type="checkbox"/> Fungal microscopy <input type="checkbox"/> Fungal culture BACT/PARA/FUNGI/SEROLOGY <input type="checkbox"/> Chlamydia:PCR (urine/swab) Y <input type="checkbox"/> MIF (serum) Y <input type="checkbox"/> Clostridium difficile toxin ELISA Y <input type="checkbox"/> ASOT Y <input type="checkbox"/> Anti-DNAse B Y <input type="checkbox"/> Anti-hyaluronidase Y <input type="checkbox"/> RPR Y <input type="checkbox"/> TPHA Y <input type="checkbox"/> FTA Y <input type="checkbox"/> VDRL Y <input type="checkbox"/> Bilharzia IFA, <input type="checkbox"/> ELISA Y <input type="checkbox"/> Amoebic IHA Y <input type="checkbox"/> Hydatid IHA Y <input type="checkbox"/> Cysticercosis IgG Y <input type="checkbox"/> Crypto antigen Y <input type="checkbox"/> Pneumocystis IFA Y <input type="checkbox"/> Mycoplasma ELISA Y <input type="checkbox"/> Rickettsia IFA Hepatitis testing: Y <input type="checkbox"/> Clinical hepatitis: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Y <input type="checkbox"/> Hepatitis B Ab <input type="checkbox"/> Ag <input type="checkbox"/> HIV testing: Y <input type="checkbox"/> ELISA Y <input type="checkbox"/> HIV rapid P <input type="checkbox"/> HIV Viral load P <input type="checkbox"/> HIV PCR TORCH screen: Y <input type="checkbox"/> Toxo <input type="checkbox"/> IgG <input type="checkbox"/> IgM Y <input type="checkbox"/> Rubella <input type="checkbox"/> Y <input type="checkbox"/> CMV <input type="checkbox"/> Y <input type="checkbox"/> Herpes <input type="checkbox"/> Other SeroLOGY: Y <input type="checkbox"/> EBV <input type="checkbox"/> IgG <input type="checkbox"/> IgM Y <input type="checkbox"/> VZV <input type="checkbox"/> Y <input type="checkbox"/> Measles <input type="checkbox"/> Y <input type="checkbox"/> Mumps <input type="checkbox"/> P <input type="checkbox"/> CMV pp65 <input type="checkbox"/> P <input type="checkbox"/> Rapid RSV <input type="checkbox"/> P <input type="checkbox"/> Rota/Adeno <input type="checkbox"/> Viral Isolation: P <input type="checkbox"/> Culture (specify) P <input type="checkbox"/> PCR (specify) SPECIMEN KEY P Yellow (or Red) with gel R Red (without gel) G Green (heparin) P Purple (EDTA) B Blue (citrate) BL Black (trisodium citrate) GY Grey (flouride) BC Blood culture S Specimen jar © Consult local laboratory T Tan (no additive) HS Heparinised syringe O Other			

APPLY BAR CODE LENGTHWISE DO NOT WRAP AROUND



DESCRIBE WOUND AND SITE

P02A1427version1_Unprint-F



AAAA0001P



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PLEASE TEAR HERE

PLEASE TEAR HERE

PLEASE TEAR HERE

PLEASE TEAR HERE

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NATIONAL HEALTH LABORATORY SERVICE		ALL LEVELS OF CARE																		
PATIENT	Patient I.D Number:											MARK IF URGENT	<input type="checkbox"/>							
	Patient Hospital Number:																			
	Surname:	Class:										HOSP	Hospital/Clinic:							
	First Name:												Ward:							
	Address:											SPECIMEN	Diagnosis/Reason for Request:							
PRIVATE	Tel No.:	Race:										HOSP	Medication:	Warfarin:	<input type="checkbox"/>	Heparin:	<input type="checkbox"/>			
	D.O.B.:	Age:				Sex:	M		F		Type of Specimen:									
	Employer:		Dep Code:								Date Taken:		Time:							
	Account To / Principal Member:										Taken By:									
	Member Address:											SENDER	Requesting Health Care Worker:							
													HPCSA/SANC Number:							
													Contact Numbers:							
	Member Tel. No.: (H)												E-mail Address:							
	Member I.D. Number:												Signature:							
SPECIMEN FOR: <input type="checkbox"/> HISTOPATHOLOGY															CYTOPATHOLOGY:					<input type="checkbox"/> URGENT
															<input type="checkbox"/> GYNAECOLOGICAL					
															<input type="checkbox"/> NON - GYNAECOLOGICAL					
Type/Origin of Specimen (specify)																				
RELEVANT CLINICAL INFORMATION (eg. symptoms, abnormalities, clinical diagnosis)																				
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IS THIS THE FIRST SPECIMEN? YES / NO:																				
PREVIOUS CYTO. REF. NUMBERS:																				
PREVIOUS HISTO. REF. NUMBERS:																				
PREVIOUS SURGERY, CHEMOTHERAPY, RADIOTHERAOY (DATES):																				
FOR FEMALE PATIENTS:																				
LMP. PARITY. PREGNANT WKS. POSTMENOPAUSAL YEARS																				
PLEASE COMPLETE FOR GYNAECOLOGICAL CYTOPATHOLOGY																				
SPECIMEN TAKEN FROM															SMEAR TAKEN BY:					
CERVIX ENDOCERVIX VAGINA VULVA ENDOMETRIUM															<input type="checkbox"/> WOODEN SPATULA <input type="checkbox"/> CERVIX BRUSH					
LATERAL VAGINAL WALL (FOR HORMONAL ASSESSMENT) VAULT															<input type="checkbox"/> CERVIX BROOM <input type="checkbox"/> OTHER (Specify)					
APPEARANCE OF CERVIX																				
NORMAL EROSION INFLAMED POLYP SUSPICIOUS MALIGNANT																				



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Please turn pad for Biochemistry, Haematology, Microbiology and Immunology/Serology