

Requesting doctor _____
 Requesting doctor's Practice number

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
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 Copy doctor _____

1. Patient details

Title _____ Initials _____ Surname _____
 First name(s) (as per identity document) _____
 ID number

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
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 Gender M F Date of birth

Y	Y	Y	Y	M	M	D	D
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 Telephone (H) _____ Telephone (W) _____
 Cellphone _____ Fax _____
 Email _____
 Medical aid _____
 Medical aid number

N	N	N	N	N	N	N	N	N	N
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I certify that the above information is correct and give consent for selected tests to be done.

Patient / guardian signature _____ Date

Y	Y	Y	Y	M	M	D	D
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Hospital / patient Yes No Specimen: Fasting Random
 Collection date

Y	Y	Y	Y	M	M	D	D
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 Collection time _____
 Collected by _____
 Special request Routine Urgent Stat

2. Person responsible for the account

Title _____ Initials _____ Surname _____
 First name(s) (as per identity document) _____
 Preferred language _____ Gender M F Date of birth

Y	Y	Y	Y	M	M	D	D
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 ID number

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
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 Employer _____
 Telephone (H) _____ Telephone (W) _____
 Cellphone _____ Fax _____
 Email _____

Postal address (Post collected from post box, suite or private bag)
 PO Box Private Bag Box number _____
 Suite Postnet Suite Number _____
 Suburb _____ Post code _____

I certify that the above information is correct. I undertake to pay all outstanding amounts not covered by the Scheme. I will be liable for any tests not covered by the KeyCare benefits.

Signature _____ Date

Y	Y	Y	Y	M	M	D	D
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Referring doctor's signature _____ Date

Y	Y	Y	Y	M	M	D	D
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The KeyCare pathology benefit covers only the tests itemised above. For other tests please list in the "Other Tests" box.

Code	Description (please tick the relevant box)	Cost
Haematology		
3762	<input type="checkbox"/> Haemoglobin estimation (Hb)	R25.20
3783 3785	<input type="checkbox"/> Leucocyte total + diff count	R111.90
3739	<input type="checkbox"/> Erythrocyte count	R31.50
3791	<input type="checkbox"/> Haematocrit/PCV	R25.20
3755	<input type="checkbox"/> Full blood count	R146.80
3797	<input type="checkbox"/> Platelets	R31.50
3743	<input type="checkbox"/> Erythrocyte Sedimentation Rate (ESR)	R41.90
3764	<input type="checkbox"/> Grouping: A B and O antigens	R50.30
3765	<input type="checkbox"/> Grouping: Rh Antigen	R50.30
3709	<input type="checkbox"/> Antiglobulin test (Coombs)	R51.00
Coagulation		
3805	<input type="checkbox"/> Prothrombin Index	R83.90
3806	<input type="checkbox"/> Therapeutic drug level: Dosage (INR)	R62.90
Pregnancy		
4451	<input type="checkbox"/> HCG: Quantitative	R173.40
Gynaecology		
4566	<input type="checkbox"/> Vaginal/cervical Smear	R177.30
4559	<input type="checkbox"/> Liquid based Cytology	R188.70
	<input type="checkbox"/> Y Y Y Y M M D D	
Lipid Metabolism		
4027	<input type="checkbox"/> Cholesterol - Total	R74.70
4028	<input type="checkbox"/> HDL cholesterol	R96.50
4147	<input type="checkbox"/> Triglycerides	R110.90
4026	<input type="checkbox"/> LDL cholesterol	R96.50

Code	Description (please tick the relevant box)	Cost
Liver & Pancreas		
4006	<input type="checkbox"/> Amylase	R72.40
4001	<input type="checkbox"/> Alkaline phosphatase	R72.40
4009	<input type="checkbox"/> Bilirubin: total	R66.70
4010	<input type="checkbox"/> Bilirubin: conjugated	R50.60
4130	<input type="checkbox"/> AST	R75.50
4131	<input type="checkbox"/> ALT	R75.50
3999	<input type="checkbox"/> Albumin	R67.10
4117	<input type="checkbox"/> Protein: total	R43.50
4134	<input type="checkbox"/> Gamma glutamyl transferase (GTT)	R75.50
Malaria blood smear		
3792	<input type="checkbox"/> Malaria: antigen	R125.80
3865	<input type="checkbox"/> Parasites In blood smear	R78.30
3883	<input type="checkbox"/> Concentration techniques for parasites	R41.90
3786	<input type="checkbox"/> QBC malaria concentration & fluorescent staining	R349.60
General Endocrine		
4507	<input type="checkbox"/> TSH	R274.10
Lung, Kidney & Skeleton		
4023	<input type="checkbox"/> Chloride	R36.20
4113	<input type="checkbox"/> Potassium	R50.60
4114	<input type="checkbox"/> Sodium	R50.60
4171	<input type="checkbox"/> U&E only	R221.50
4032	<input type="checkbox"/> Creatinine	R50.60
4155	<input type="checkbox"/> Uric acid	R52.90
4151	<input type="checkbox"/> Urea	R50.60
Cardiac		
4161	<input type="checkbox"/> Troponin Isoforms	R279.70
4152	<input type="checkbox"/> CK-MB	R173.40
4154	<input type="checkbox"/> Myoglobin	R173.40

Code	Description (please tick the relevant box)	Cost
Glucose Metabolism		
4057	<input type="checkbox"/> Glucose: random	R50.60
4057	<input type="checkbox"/> Glucose: fasting	R50.60
4064	<input type="checkbox"/> HbA1c	R199.30
4049	<input type="checkbox"/> Glucose tolerance test	R125.40
Immunology		
4531	<input type="checkbox"/> Hepatitis: A IGM antibody	R202.60
4531	<input type="checkbox"/> Hepatitis: B surface antigen	R202.60
3947	<input type="checkbox"/> C-reactive protein	R151.60
3949 3951	<input type="checkbox"/> RPR Syphilis	R81.80
Microbiology		
3867	<input type="checkbox"/> Urine microscopy	R68.50
	<input type="checkbox"/> Urine MC&S	+/- R694.00
3869	<input type="checkbox"/> Faecal microscopy	R68.50
	<input type="checkbox"/> Faecal MC&S	+/- R459.30
4352	<input type="checkbox"/> Faecal occult blood	R139.80
3867	<input type="checkbox"/> Sputum microscopy	R68.50
	<input type="checkbox"/> Sputum MC&S	+/- R730.50
3881	<input type="checkbox"/> Sputum TB micro	R41.90
HIV monitoring & tests		
4429	<input type="checkbox"/> HIV viral load	R1,178.80
3932	<input type="checkbox"/> HIV: ELISA (no Western blot)	R197.20
3816	<input type="checkbox"/> CD4 Count	R295.00
Young Families Benefit (requires activation of benefit by member to ensure payments)		
3932	<input type="checkbox"/> HIV Elisa	R197.20
3946 3948	<input type="checkbox"/> Rubella	R377.60
4057	<input type="checkbox"/> Glucose: Quantitative	R50.60
3949 3951 3948	<input type="checkbox"/> RPR Syphilis	R262.90
3762	<input type="checkbox"/> Haemoglobin	R25.20
4450	<input type="checkbox"/> HCG: Qualitative	R139.80
3764	<input type="checkbox"/> Grouping: A B and O antigens	R50.30
3765	<input type="checkbox"/> Grouping: Rh Antigen	R50.30
3709	<input type="checkbox"/> Antiglobulin test (Coombs)	R51.00
NIP1	<input type="checkbox"/> Non-invasive Prenatal Test	R6,500.00

Other Tests

Clinical information

ICD-10 codes 1. . 2. . 3. . 4. .