

## 1. Referring practitioner's details

Requesting practitioner

Nurse Practice number  Tick if this is urgent

Copy patient's treating email

Date of request  Y Y Y Y M M D D

## 2. Patient's details

Surname

First name(s) (as per identity document)

Initials  Title  Sex  M F Date of birth  Y Y Y Y M M D D

Identity number

Cellphone  Fax

Email

Medical scheme name

Medical scheme plan  Medical scheme number

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

Hospital / patient Yes  No  Specimen: Fasting  Random

Collection date  Y Y Y Y M M D D Collection time

Collection time

Special request Routine  Urgent  Stat

## 3. Person responsible for the account

Surname

First name(s) (as per identity document)

Initials  Title  Sex  M F Date of birth  Y Y Y Y M M D D

Identity number

Preferred language  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

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

Code	Description (Please tick the relevant box)	Cost	Code	Description (Please tick the relevant box)	Cost	Code	Description (Please tick the relevant box)	Cost
<b>Haematology</b>			<b>Liver &amp; Pancreas</b>			<b>Glucose Metabolism</b>		
3762	<input type="checkbox"/> Haemoglobin estimation (Hb)	R26.70	4006	<input type="checkbox"/> Amylase	R76.60	4057	<input type="checkbox"/> Glucose: random	R53.50
3783 3785	<input type="checkbox"/> Leucocyte total + diff count	R118.40	4001	<input type="checkbox"/> Alkaline phosphatase	R76.60	4057	<input type="checkbox"/> Glucose: fasting	R53.50
3739	<input type="checkbox"/> Erythrocyte count	R33.30	4009	<input type="checkbox"/> Bilirubin: total	R70.60	4064	<input type="checkbox"/> HbA1c	R210.90
3791	<input type="checkbox"/> Haematocrit/PCV	R26.70	4010	<input type="checkbox"/> Bilirubin: conjugated	R53.50	4049	<input type="checkbox"/> Glucose tolerance test	R132.70
3755	<input type="checkbox"/> Full blood count	R155.30	4130	<input type="checkbox"/> AST	R79.90	<b>Immunology</b>		
3797	<input type="checkbox"/> Platelets	R33.30	4131	<input type="checkbox"/> ALT	R79.90	4531	<input type="checkbox"/> Hepatitis: A IGM antibody	R214.40
3743	<input type="checkbox"/> Erythrocyte Sedimentation Rate (ESR)	R44.30	3999	<input type="checkbox"/> Albumin	R71.00	4531	<input type="checkbox"/> Hepatitis: B surface antigen	R214.40
3764	<input type="checkbox"/> Grouping: A B and O antigens	R53.20	4117	<input type="checkbox"/> Protein: total	R46.00	3947	<input type="checkbox"/> C-reactive protein	R160.40
3765	<input type="checkbox"/> Grouping: Rh Antigen	R53.20	4134	<input type="checkbox"/> Gamma glutamyl transferase (GTT)	R79.90	3949 3951	<input type="checkbox"/> RPR Syphilis	R86.50
3709	<input type="checkbox"/> Antiglobulin test (Coombs)	R54.00	<b>Malaria blood smear</b>			<b>Microbiology</b>		
<b>Coagulation</b>			3792	<input type="checkbox"/> Malaria: antigen	R133.10	3867	<input type="checkbox"/> Urine microscopy	R72.50
3805	<input type="checkbox"/> Prothrombin Index	R88.80	3865	<input type="checkbox"/> Parasites In blood smear	R82.80	<input type="checkbox"/>	Urine MC&S	±R737.40
3806	<input type="checkbox"/> Therapeutic drug level: Dosage (INR)	R66.50	3883	<input type="checkbox"/> Concentration techniques for parasites	R44.30	3869	<input type="checkbox"/> Faecal microscopy	R72.50
<b>Pregnancy</b>			3786	<input type="checkbox"/> QBC malaria concentration & fluorescent staining	R369.90	<input type="checkbox"/>	Faecal MC&S	±R485.90
4451	<input type="checkbox"/> HCG: Quantitative	R183.50	<b>General Endocrine</b>			4352	<input type="checkbox"/> Faecal occult blood	R147.90
<b>Gynaecology</b>			4507	<input type="checkbox"/> TSH	R290.00	3867	<input type="checkbox"/> Sputum microscopy	R72.50
4566	<input type="checkbox"/> Vaginal/cervical Smear	R187.60	<b>Lung, Kidney &amp; Skeleton</b>			<input type="checkbox"/>	Sputum MC&S	±R772.90
4559	<input type="checkbox"/> Liquid based Cytology	R199.60	4023	<input type="checkbox"/> Chloride	R38.30	3881	<input type="checkbox"/> Sputum TB micro	R44.30
Date	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/>		4113	<input type="checkbox"/> Potassium	R53.50	<b>HIV monitoring &amp; tests</b>		
<b>Lipid Metabolism</b>			4114	<input type="checkbox"/> Sodium	R53.50	4429	<input type="checkbox"/> HIV viral load	R1 247.20
4027	<input type="checkbox"/> Cholesterol - Total	R79.00	4171	<input type="checkbox"/> U&E only	R234.30	3932	<input type="checkbox"/> HIV: ELISA (no Western blot)	R208.60
4028	<input type="checkbox"/> HDL cholesterol	R102.10	4032	<input type="checkbox"/> Creatinine	R53.50	3816	<input type="checkbox"/> CD4 Count	R312.10
4147	<input type="checkbox"/> Triglycerides	R117.30	4155	<input type="checkbox"/> Uric acid	R56.00	<b>Young Families Benefit (requires activation of benefit by member to ensure payments)</b>		
4026	<input type="checkbox"/> LDL cholesterol	R102.10	4151	<input type="checkbox"/> Urea	R53.50	3932	<input type="checkbox"/> HIV Elisa	R208.60
			<b>Cardiac</b>			3946 3948	<input type="checkbox"/> Rubella	R399.50
			4161	<input type="checkbox"/> Troponin Isoforms	R295.90	4057	<input type="checkbox"/> Glucose: Quantitative	R 53.50
			4152	<input type="checkbox"/> CK-MB	R183.50	3949 3951 3948	<input type="checkbox"/> RPR Syphilis	R278.10
			4154	<input type="checkbox"/> Myoglobin	R183.50	3762	<input type="checkbox"/> Haemoglobin	R26.70
						4450	<input type="checkbox"/> HCG: Qualitative	R147.90
						3764	<input type="checkbox"/> Grouping: A B and O antigens	R53.20
						3765	<input type="checkbox"/> Grouping: Rh Antigen	R53.20
						3709	<input type="checkbox"/> Antiglobulin test (Coombs)	R54.00
						NIP1	<input type="checkbox"/> Non-invasive Prenatal Test	R6 500.00
						<b>NIPT Funding is subject to Clinical Entry Criteria (CEC).</b>		

Other Tests

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Clinical information

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

The practitioner confirms that the treatment and tests are within the practitioner's qualification and scope of practice.

Referring practitioner's signature

Date

Fraud Waste Abuse

The practice must maintain an ethical standard in accordance with the HPCSA code of conduct and refrain from any conduct that constitutes FWA (fraud, waste and/or abuse). Furthermore, the practice must co-operate with all FWA enquiries. In this regard the practice consents to provide and acknowledges that it is obliged to provide all information relevant to an FWA enquiry which includes information about the practice and its patient (individual or collective) that is relevant to establishing the occurrence of FWA and/or seeking solutions if FWA is established

Please note that this form expires on 31/03/2025. You can always get up-to-date forms on Health Professional Zone at [www.discovery.co.za](http://www.discovery.co.za) under Tools>Patient management>Forms and formularies.