

Requesting nurse

Nurse practice number Tick if this is urgent Date of request

Treating nurse email

1. Patient details

Title Initials

Surname

First name(s) (as per identity document)

ID or passport number Membership number

Gender M F Date of birth

Email

I confirm that the above information is correct and I consent that the tests can be done.

Patient / guardian signature Date

Hospital Yes No Specimen: Fasting Random

Collection date 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)

ID or passport number

Gender M F Date of birth

Preferred language Employer

Telephone/Cellphone

Email

Postal address (Post collected from post box, suite or private bag)

PO Box Private bag Box number

Suite Postnet suite Number

Suburb

City Postal 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

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
Haematology			Liver & Pancreas			Glucose Metabolism		
3762	<input type="checkbox"/> Haemoglobin estimation (Hb)	R27.70	4006	<input type="checkbox"/> Amylase	R79.70	4057	<input type="checkbox"/> Glucose: random	R55.70
3783 3785	<input type="checkbox"/> Leucocyte total + diff count	R123.10	4001	<input type="checkbox"/> Alkaline phosphatase	R79.70	4057	<input type="checkbox"/> Glucose: fasting	R55.70
3739	<input type="checkbox"/> Erythrocyte count	R34.60	4009	<input type="checkbox"/> Bilirubin: total	R73.40	4064	<input type="checkbox"/> HbA1c	R219.20
3791	<input type="checkbox"/> Haematocrit/PCV	R27.70	4010	<input type="checkbox"/> Bilirubin: conjugated	R55.70	4069	<input type="checkbox"/> Glucose tolerance test	R138.00
3755	<input type="checkbox"/> Full blood count	R161.50	4130	<input type="checkbox"/> AST	R83.10	Immunology		
3797	<input type="checkbox"/> Platelets	R34.60	4131	<input type="checkbox"/> ALT	R83.80	4531	<input type="checkbox"/> Hepatitis: A IGM antibody	R223.00
3743	<input type="checkbox"/> Erythrocyte Sedimentation Rate (ESR)	R46.20	3999	<input type="checkbox"/> Albumin	R73.80	4531	<input type="checkbox"/> Hepatitis: B surface antigen	R223.00
3764	<input type="checkbox"/> Grouping: A B and O antigens	R55.40	4117	<input type="checkbox"/> Protein: total	R47.80	3947	<input type="checkbox"/> C-reactive protein	R166.80
3765	<input type="checkbox"/> Grouping: Rh Antigen	R55.40	4134	<input type="checkbox"/> Gamma glutamyl transferase (GTT)	R83.10	3949 3951	<input type="checkbox"/> RPR Syphilis	R90.00
3709	<input type="checkbox"/> Antiglobulin test (Coombs)	R56.20	Malaria blood smear			Microbiology		
Coagulation			3792	<input type="checkbox"/> Malaria: antigen	R138.40	3867	<input type="checkbox"/> Urine microscopy	R75.40
3805	<input type="checkbox"/> Prothrombin Index	R92.40	3865	<input type="checkbox"/> Parasites In blood smear	R86.10		<input type="checkbox"/> Urine MC&S	+/- R767.00
3806	<input type="checkbox"/> Therapeutic drug level: Dosage (INR)	R69.30	3883	<input type="checkbox"/> Concentration techniques for parasites	R46.20	3869	<input type="checkbox"/> Faecal microscopy	R75.40
Pregnancy			3786	<input type="checkbox"/> QBC malaria concentration & fluorescent staining	R384.70		<input type="checkbox"/> Faecal MC&S	+/- R505.40
4451	<input type="checkbox"/> HCG: Quantitative	R190.70	Lung, Kidney & Skeleton			4352	<input type="checkbox"/> Faecal occult blood	R153.80
Gynaecology			4023	<input type="checkbox"/> Chloride	R39.80	3867	<input type="checkbox"/> Sputum microscopy	R75.40
4566	<input type="checkbox"/> Vaginal/cervical Smear	R195.10	4113	<input type="checkbox"/> Potassium	R55.70		<input type="checkbox"/> Sputum MC&S	+/- R804.00
4559	<input type="checkbox"/> Liquid based Cytology	R207.60	4114	<input type="checkbox"/> Sodium	R55.70	3881	<input type="checkbox"/> Sputum TB micro	R46.20
Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Lipid Metabolism			4171	<input type="checkbox"/> U&E only	R243.70	Young Families Benefit (requires activation of benefit by member to ensure payments)		
Lipid Metabolism			4032	<input type="checkbox"/> Creatinine	R55.70	3932	<input type="checkbox"/> HIV Elisa	R216.90
4027	<input type="checkbox"/> Cholesterol - Total	R82.20	4155	<input type="checkbox"/> Uric acid	R58.10	3946 3948	<input type="checkbox"/> Rubella	R415.50
4028	<input type="checkbox"/> HDL cholesterol	R106.20	4151	<input type="checkbox"/> Urea	R55.70	4057	<input type="checkbox"/> Glucose: Quantitative	R55.70
4147	<input type="checkbox"/> Triglycerides	R122.00	Cardiac			3949 3951 3948	<input type="checkbox"/> RPR Syphilis	R289.30
4026	<input type="checkbox"/> LDL cholesterol	R106.20	4161	<input type="checkbox"/> Troponin Isoforms	R307.70	3762	<input type="checkbox"/> Haemoglobin	R27.70
General Endocrine			4152	<input type="checkbox"/> CK-MB	R190.70	4450	<input type="checkbox"/> HCG: Qualitative	R153.80
4507	TSH	R301.60	4154	<input type="checkbox"/> Myoglobin	R190.70	3764	<input type="checkbox"/> Grouping: A B and O antigens	R55.40
HIV monitoring & tests						4450	<input type="checkbox"/> Grouping: Rh Antigen	R55.40
4429	<input type="checkbox"/> HIV viral load	R1297.00				3709	<input type="checkbox"/> Antiglobulin test (Coombs)	R56.20
3932	<input type="checkbox"/> HIV: ELISA (no Western blot)	R216.90				NIP1	<input type="checkbox"/> Non-invasive Prenatal Test	R6500.00
3816	<input type="checkbox"/> CD4 Count	R324.70					NIPT Funding is subject to Clinical Entry Criteria(CEC)	

Other Tests

Clinical information

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

Referring practitioner's signature

Date [D] [D] [M] [M] [Y] [Y] [Y] [Y]

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

3. Protection of Personal Information Disclaimer

By completing this form and providing healthcare services to members of the Schemes administered by Discovery Health, you agree to comply with the Protection of Personal Information Act No. 4 of 2013 (POPIA) and ensure that all personal data is handled in accordance with its provisions. Additionally, you acknowledge and agree to be bound by the terms and conditions of our Privacy Statement. You understand and accept that you will have access to the personal data of the members, which must be collected, used, and disclosed in accordance with our Privacy Statement, available [here](#).