



PRO5200035200431

DRS DU BUISSON, KRAMER, SWART, BOUWER INC.

REFERRING DOCTOR

COPY DOCTOR

PLACE BARCODE HERE

CLINICAL
DIAGNOSIS/
MEDICATION

ICD-10 CODES

MEDICAL AID

PLAN

MEDICAL AID NO.

DEP.
CODE

MEDICAL AID AUTH.

STAT

ROUTINE

PATIENT DETAILS

ID NUMBER

SURNAME

INITIALS & FIRST
NAME

DATE OF BIRTH

HOSPITAL/
FOLIO NO.

CELL

(W)

EMAIL

TITLE

AGE

SEX ASSIGNED
AT BIRTH

M

F

GUARANTOR
ID NUMBER

SURNAME

INITIALS & FIRST
NAMEPOSTAL
ADDRESSPOSTAL
CODE

CELL

(H)

(W)

EMAIL

PATIENT/GUARDIAN SIGNATURES:

I confirm acceptance of the informed consent available at ampath.co.za. I verify that all personal information is correct.

Y

N

Y

N

PHLEBOTOMY SITE

COLL.
DATE
COLL.
TIME

D D M M Y Y Y Y

COLL.
BY

FASTING

THYROID

MEDICATION

Y N

Y N

Y N

PREGNANT

Y N

Y N

REC.
DATE
REC.
TIME

D D M M Y Y Y Y

REC.
BY

HOSPITAL PATIENT

Y N

NO OF TUBES
DRAWN

S01

S02

E01

E02

HEP

CIT

FLU

MICRO/
OTHERTEST
COUNT

TITANIUM/TITANIUM ALLOY

TIW Titanium IV dioxide and oxysulfate

TITANIUM ALLOY TRACES

ALW AluminiumMOW MolybdenumVW VanadiumZRW ZirconiumMNW ManganeseFEW IronCOWS CobaltCRW ChromiumNIW NickelCUW Copper

STAINLESS STEEL ALLOY TRACES

CRW ChromiumNIW NickelMOW MolybdenumMNW Manganese

COBALT-CHROME ALLOY TRACES

COWS CobaltCRW ChromiumNIW Nickel

ZIRCONIUM

ZRW Zirconium

OTHER METAL ALLERGY TESTS

ALW AluminiumARW ArsenicBAW BariumBEW BerylliumCDW CadmiumGAW GalliumAUW GoldINW IndiumIRW IridiumLW LanthanumPBW LeadHGP MercuryHGEW Ethyl MercuryHGIW Inorganic MercuryHGMW Methyl MercuryHGPW Phenyl MercuryPDW PalladiumPTW PlatinumRUTW RutheniumAGW SilverTHIMW ThimerosalSNW TinZNW Zinc

Sample special instructions:

4-8 citrate tubes depending on the number of tests required. Kept at room temperature, must be < 24 hours old.

Blood samples drawn Sundays to Thursdays. Always STAT. DO NOT CENTRIFUGE the tubes.

Please note:

This is not an exhaustive list of metals and biomaterials that is used in medical devices. It is the responsibility of the clinician/patient to confirm which metals and traces of metals are present in the medical device of concern.

Provide the patient with a quotation for these tests.

Patients should discontinue any immunosuppressant therapy (i.e corticosteroids) for at least 2 weeks prior to testing (under supervision of their clinician). Exceptions occur and should be discussed with the pathologist.

Contact the Cellular Immunology Laboratory for any queries at (012) 678 0530.