



DRS DU BUISSON, KRAMER, SWART, BOUWER INC.

REFERRING DOCTOR

COPY DOCTOR

PLACE BARCODE HERE

CLINICAL DIAGNOSIS/ MEDICATION			MEDICAL AID	PLAN	DEP CODE
ICD-10 CODES			MEDICAL AID NO.		
			MEDICAL AID AUTH.	STAT	ROUTINE
PATIENT DETAILS			PERSON RESPONSIBLE FOR ACCOUNT (GUARANTOR)		
ID NUMBER			GUARANTOR ID NUMBER		
SURNAME	TITLE		SURNAME	TITLE	
INITIALS & FIRST NAME	AGE		INITIALS & FIRST NAME	TITLE	
DATE OF BIRTH	D D M M Y Y Y Y	SEX ASSIGNED AT BIRTH M F	POSTAL ADDRESS	POSTAL CODE	
HOSPITAL/ FOLIO NO.			CELL	(H)	
CELL	(H)		(W)		
EMAIL			EMAIL		
PATIENT/GUARDIAN SIGNATURES: I confirm acceptance of the informed consent available at ampath.co.za. I verify that all personal information is correct.			GUARANTOR'S SIGNATURE: I consent to the requested tests and guarantee payment thereof. I consent that ICD10 codes may be provided to my medical aid as per statutory requirements on my account.		
PHLEBOTOMY SITE	COLL. DATE	D D M M Y Y Y Y	FASTING	Y N	PREGNANT
	COLL. TIME	COLL. BY	THYROID MEDICATION	Y N	ON ANTI COAGULANT
HOSPITAL PATIENT	Y N	NO OF TUBES DRAWN	S01	S02	E01
			E02	HEP	CIT
			FLU	MICRO / OTHER	TEST COUNT

TITANIUM/TITANIUM ALLOY

TIW ☐ Titanium IV dioxide and oxysulfate

TITANIUM ALLOY TRACES

- ALW ☐ Aluminium
MOW ☐ Molybdenum
VW ☐ Vanadium
ZRW ☐ Zirconium
MNW ☐ Manganese
FEW ☐ Iron
COWS ☐ Cobalt
CRW ☐ Chromium
NIW ☐ Nickel
CUW ☐ Copper

STAINLESS STEEL ALLOY TRACES

- CRW ☐ Chromium
NIW ☐ Nickel
MOW ☐ Molybdenum
MNW ☐ Manganese

COBALT-CHROME ALLOY TRACES

- COWS ☐ Cobalt
CRW ☐ Chromium
NIW ☐ Nickel

ZIRCONIUM

ZRW ☐ Zirconium

OTHER METAL ALLERGY TESTS

- ALW ☐ Aluminium
ARW ☐ Arsenic
BAW ☐ Barium
BEW ☐ Beryllium
CDW ☐ Cadmium
GAW ☐ Gallium
AUW ☐ Gold
INW ☐ Indium
IRW ☐ Iridium
LW ☐ Lanthanum
PBW ☐ Lead
HGP ☐ Mercury
HGEW ☐ Ethyl Mercury
HGIW ☐ Inorganic Mercury
HGMW ☐ Methyl Mercury
HGPW ☐ Phenyl Mercury
PDW ☐ Palladium
PTW ☐ Platinum
RUTW ☐ Ruthenium
AGW ☐ Silver
THIMW ☐ Thimerosal
SNW ☐ Tin
ZNW ☐ 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.