

LABORATORY DATE / TIME STAMP	SIGN

## REQUEST FOR IMMUNOHAEMATOLOGY TESTING

### Constantia Kloof

Red Cell Serology Laboratory  
1 Constantia Boulevard, Constantia Kloof, Ext 22  
Welferreden Park, 1715  
Tel No.: (011) 761 9208/9261

### KwaZulu-Natal

Red Cell Serology Laboratory  
52-54 Siphosethu Road  
Mount Edgecombe, 4302  
Tel No.: (031) 719 719 6685/6697/6693

### KwaZulu-Natal

Reference Laboratory  
52-54 Siphosethu Road  
Mount Edgecombe, 4302  
Tel No.: (031) 719 6865/6544/6861



Registration No. 2000/021370/08

**NB: PLEASE ENSURE THAT BOTH THE TUBES AND FORM IS FILLED IN WITH TWO FORMS OF IDENTIFICATION AND THAT THE PHLEBOTOMIST SECTION IS COMPLETE**

**NOTE: Incorrect / Incomplete / Illegible Details May Lead To The Samples Not Being Tested**

PERSON BEING TESTED											
SURNAME						FIRST NAME					
GENDER: MALE / FEMALE				RACE		DOB / ID NUMBER					
HOSPITAL NUMBER				HOSPITAL and WARD				DIAGNOSIS			
PATIENT'S DIAGNOSIS											

GUARANTOR DETAILS											
SURNAME											
FIRST NAME/S											
ID NUMBER											
MEDICAL AID											
MEDICAL AID NUMBER											
RESIDENTIAL ADDRESS										POSTAL CODE	
TELEPHONE NUMBER											
EMAIL ADDRESS											

*I the undersigned hereby give consent for Specialised Laboratory Services to conduct tests and guarantee payment of any outstanding amounts not covered by the medical aid or exceeding estimate.*

SIGNATURE						DATE					
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REQUESTING DOCTOR'S DETAILS						PHLEBOTOMIST DETAILS					
NAME OF DOCTOR						SAMPLES COLLECTED BY					
EMAIL ADDRESS						DATE			TIME		
TELEPHONE						SIGNATURE					
PRACTISE No.											

<input checked="" type="checkbox"/>	TESTS REQUESTED (tick appropriate)	BLOOD SAMPLES REQUIRED	IF NOT REQUESTING DOCTOR, SEND REPORT TO:	
	ABO blood group	1 x EDTA	NAME	
	Rh(D) phenotype	1 x EDTA	TEL No.	
	Other phenotype (List required blood group system)	1 x EDTA	EMAIL	
	Direct antiglobulin test (DAT)	1 x EDTA		
	Irregular red cell antibody screen	1 x EDTA		
	Irregular red cell antibody identification	2 x EDTA		
	Irregular red cell antibody titration	2 x EDTA		
	IgG DTT Anti-A and/or Anti-B titration	2 x EDTA		
	Anti-A and/or Anti-B titration	2 x EDTA	<b>LIMS NUMBER (For Lab Use Only)</b>	
	Red cell genotyping (List required blood group system)	2 x EDTA		
	Other tests:			

COMMENTS						SAP NUMBER (For Lab Use Only)					

### TRANSPORT AND STORAGE REQUIREMENTS OF BLOOD SAMPLES

In order to maintain sample integrity and suitability for testing, store blood samples at 1°C – 6°C and transport to the SANBS Immunohaematology Laboratories at 1°C – 10°C. Samples must be forwarded to the testing laboratory as soon as possible after being drawn. Samples sent for Cold agglutinin testing, must be transported at Room temperature (RT).

SANBS shall take reasonable technical and organisational measures to keep the donor and/or recipient's personal information confidential, safe, protected and secure and shall under no circumstances, publish, issue, circulate, distribute or share it with third parties, whether in South Africa or abroad, in any form, unless authorized and/or required, and/or allowed in terms of the law, regulations, standard, directive, ruling or with the donor's/patient's/recipient's consent.

Kindly acknowledge the privacy statement on the reverse side of this document by reading and signing.

# SOUTH AFRICAN NATIONAL BLOOD SERVICE NPC ("SANBS"): PRIVACY STATEMENT

1. When you engage with SANBS, you trust us with Personal Information about yourself, including Special Personal Information relating to your health and sex life and where relevant, your child. We are committed to protecting your right to privacy.
2. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your Personal Information, in line with the Protection of Personal Information Act, 4 of 2013 ("POPI"). Defined terms such as "Personal Information", "Process" and "Special Personal Information" have the meanings given to them in POPI.
3. You have the right to object to the processing of your Personal Information and any information that you provide is entirely voluntary.
4. SANBS will keep your Personal Information strictly confidential and will ensure that it takes appropriate reasonable technical and organisational measures to keep your Personal Information safe, secure and protected from unauthorised access.
5. If you are giving consent for SANBS to Process Personal Information of a person under the age of 18 (a minor) you confirm and warrant that you are the legal guardian of such minor and that you have the legal authority to give your consent for them. \*\*\*\*
6. You agree that SANBS may process your Personal Information for the purpose of:
  - 6.1 Performing the required tests on your blood sample and communicating with the requesting medical personnel with regards thereto
  - 6.2 Administration of laboratory test records
  - 6.3 conducting statistical and academic research, (in terms of which any Personal Information has been de-identified and anonymised)
7. We will ensure that any third party with whom we share your Personal Information agrees to treat your information with the same level of protection as we are obliged to. If a third party asks SANBS for any of your Personal Information, we will share it with them only if you have already given your consent for the disclosure of this information to that third party; or we have a legal or contractual duty to give the information to that third party.
8. Your Personal Information may be shared with third parties such as our phlebotomists, academics, laboratory officers and researchers. We ensure that the third parties will keep your Personal Information confidential and all data will be made anonymous to the extent possible and where appropriate. No Personal Information will be made available to a third party unless that third party has agreed to abide by strict confidentiality and security protocols that we require. If we publish the results of any research, you will not be identified by name. If we want to share your Personal Information for any other reason, we will do so only with your permission.
9. We may in limited instances process your information using automated means (without human intervention in the decision-making process) for research and statistical purposes.
10. You have the right to request that SANBS confirm what Personal Information SANBS holds about you free of charge. We will take all reasonable steps to confirm your identity before providing details of your Personal Information.
11. You agree that SANBS may retain your Personal Information for as long as we may require it (for example to comply with statutory retention periods) until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your Personal Information, unless the law requires us to keep it. Where we cannot delete your Personal Information, we will take all practical steps to protect or de-identify it.
12. SANBS may change this Privacy Statement at any time. The current version is available on <https://sanbs.org.za/>.
13. If you believe that SANBS has used your Personal Information contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPI, but we encourage you to first follow our internal complaints process to resolve the complaint. Please contact our Information Officers documented below if you have any questions about how we Process your Personal Information or if you have a complaint:

Information Officer: CEO: Ravi Reddy  
Email address: ravi.reddy@sanbs.org.za

Deputy Information Officer: Ms Zimkitha Songxaba  
Email address: Zimkitha.songxaba@sanbs.org.za

14. Contact details for the Information Regulator: The Information Regulator (South Africa) | SALU Building | 316 Thabo Sehume Street | Pretoria Tel: 012 406 4818 | Fax: 086 500 3351 | [inforeg@justice.gov.za](mailto:inforeg@justice.gov.za)

When you sign this Consent Form, you confirm that you have read and understood the Privacy Statement and you consent and agree to be bound to the terms and conditions of this Privacy Statement.

SIGNED at \_\_\_\_\_ on \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name

\*\*\*\*If consenting on behalf of a minor please provide:

Name of minor: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_