

BLOOD FOR CHROMOSOME ANALYSIS

ADULTS - 4ml Blood	} - Collect in Green-Top Vacutainer Tube	FIRST <input type="checkbox"/>	REPEAT <input type="checkbox"/>
CHILDREN - 1-4ml Blood		PREVIOUS LAB No. <input type="text"/>	
BABIES Under 1 Month	- Full Paediatric Tube		

10 Eden Road
Pinetown
3610
Tel: 031 719 6607
Emerg. No.: 082 894 0752
Website: www.sanbs.co.za



Registration No. 2000/026390/08

Opening Hours:-
Monday -Friday
08h00 - 16h00

PLEASE TICK TESTS REQUESTED	PLEASE USE BLOCK LETTERS
<input type="checkbox"/> KARYOTYPING <input type="checkbox"/> QF - PCR	N.B. Blood will not be processed unless this form is completed in every detail and the tube is labeled.

PATIENT INFORMATION							
SURNAME							
FIRST NAME							
IDENTITY NUMBER	DATE OF BIRTH <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		
PATIENT CELL No.	<input checked="" type="checkbox"/> SEX M F AGE:						
FOR CHILDREN: How old was the mother when the child was born?	AGE:						
HOSPITAL DETAILS							
NAME OF HOSPITAL:	TEL. No.:						
ADDRESS:	SPECIMEN COLLECTION						
PATIENT HOSPITAL NUMBER:	DATE:						
REFERRING DOCTOR:	TIME:						
EMAIL ADDRESS:	WARD:						
SIGNATURE:	DOCTORS CELL No.:						

FOR LAB USE ONLY

LABORATORY NUMBER

SAP BARCODE

MEDITECH STICKER

PERSON PROCESSING
VOLUME RECEIVED
DATE PROCESSED

NON-CONFORMING SPECIMENS

MEDICAL AID DETAILS	
IS PATIENT A MEMBER OF MEDICAL AID	YES NO MEDICAL AID SOCIETY:
MEDICAL AID NUMBER:	
ACCOUNT DETAILS - ADDRESS	NAME OF PRINCIPAL MEMBER OF MEDICAL AID / GUARANTOR:
ADDRESS OF GUARANTOR:	
	POSTAL CODE:
	TEL. (H):
EMPLOYER	TEL. (B):

PROVISIONAL DIAGNOSIS	
PAEDIATRIC	ADULT
Down Syndrome	Sex Chromosome Abnormality
Trisomy 13/18	Down Syndrome In Family
Ambiguous Genitalia	Multiple Miscarriages
Dysmorphic Features	Amenorrhoea
Multiple Congenital Abnormalities	Infertility
Mental Retardation	Turner Syndrome
Other:	Other:

Clinical Details:

BLOOD CHROMOSOME ANALYSIS - This analysis takes approximately 20 working days to complete. Results will be posted to the referring doctor.

FOR LABORATORY USE ONLY	
Cell Culture : Blood 4750	Blood Karyotyping 4754
Additional Staining Procedure 4757	Additional Analysis : Mosaicism 4757

PLEASE NOTE: SANBS shall take reasonable steps to keep your personal information confidential, safe, protected and secure and shall under no circumstances, publish, issue, circulate, distribute or share it with third parties in any form, unless authorised and/or required and/or allowed in terms of law, regulation, standard, directive, ruling, guideline, notice, or by-law.