

LABORATORY DATE/TIME STAMP	SIGN

IMMUNOHAEMATOLOGY REQUEST FORM

Constantia Kloof

Constantia Boulevard, Constantia Kloof Ext 22.
Wetevreden Park. 1715
Red Cell Serology Laboratory
Tel No.: (011) 761 9208/9261/6693
Fax No.: 086 682 6801

Kwa-Zulu Natal

10 Eden Road, Pinetown, 3610
Reference Laboratory:
Tel No.: 031-719 6865/6544/6861
Fax No.: 086 505 8115

Kwa-Zulu Natal

Red Cell Serology Laboratory:
Tel No: 031-719 6685/6697/6689
Fax No.: 086 675 1639



Registration No. 2000/026390/08

NB: PLEASE ENSURE ALL SECTIONS ARE COMPLETED IN FULL 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		WARD		ICD 10 CODE			
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											
DOCTOR DETAILS						REQUESTING DOCTOR						PHLEBOTOMIST DETAILS					
REQUESTING DOCTOR						SAMPLES COLLECTED BY											
EMAIL ADDRESS						DATE						TIME					
TELEPHONE						SIGNATURE											
DR PRACTISE No.																	

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

COMMENTS						SAP NUMBER					

TRANSPORT AND STORAGE REQUIREMENTS OF BLOOD SAMPLES

The following information must be displayed on the requisition form (possibly right at the bottom):

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).

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.