

 <b>LANCET LABORATORIES</b> Key to Diagnostic Excellence <i>for a list of accredited tests and laboratories</i>	 <b>sanas</b> Medical Laboratory <i>refer to www.sanas.co.za for a list of accredited tests and laboratories</i>	 LancetLab	LAB NO. <input type="text"/>  Member of the National Pathology Society of South Africa National Pathology Society of South Africa Affiliated to the National Pathology Society of South Africa AFFIX BARCODE LABEL HERE
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IN HOSP. TRAUMA URGENT ROUTINE FASTING RANDOM CONTACT PERSON PT REG SDC PT REG CLI PATIENT PATIENT PATIENT PATIENT PATIENT FOR RESULTS		TEL <input type="text"/> FAX <input type="text"/>	
REFERRING DOCTOR <b>FAT LOSS LABORATORY - FATLOS00</b>		COPY DOCTOR	
COPY DOCTOR / HOSPITAL & WARD		FILE NO / HOSPITAL NO	
COLLECTION DATE <input type="text"/>		VENESECTIONIST <input type="text"/> SUBMITTED <input type="checkbox"/>	
<b>PATIENT DETAILS</b>			
PATIENT SURNAME		PATIENT FIRST NAME	
PATIENT ID NUMBER		DATE OF BIRTH <input type="text"/>	
<b>PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT</b>			
SURNAME		TITLE	
INITIALS		FIRST NAME	
GUARANTOR ID NO.		HOME ADDRESS	
TELEPHONE (H) <input type="text"/>		TELEPHONE (W) <input type="text"/>	
EMPLOYER		E-MAIL	
I CONSENT TO TESTING & THE RELEASE OF DIAGNOSTIC ICD10 CODES, CURRENTLY A LEGAL REQUIREMENT FOR REIMBURSEMENT PURPOSES AND ANY OTHER DEFINED PURPOSE AS STIPULATED IN THE CONTRACT BETWEEN PATIENT & FUNDER. I GUARANTEE PAYMENT OF ANY AMOUNTS NOT PAID BY THE FUNDER OR EXCEEDING THE ESTIMATED QUOTE. IF I AM NOT ON A MEDICAL AID OR IF MY FUNDER DOES NOT COVER REQUESTED TESTS I WILL BE REQUIRED TO PAY CASH UPFRONT BEFORE ANY TESTS ARE PROCESSED.			
<b>MEDICAL AID DETAILS</b>			
MED. AID CARD VERIFIED <input type="checkbox"/>		MED. AID <input type="checkbox"/>	
CASH <input type="checkbox"/>		CREDIT CARD <input type="checkbox"/>	
RECEIPT NUMBER <input type="text"/>		AUTHORISATION NUMBER <input type="text"/>	
TAKEN: SST <input type="checkbox"/>		CLOT (No SST) <input type="checkbox"/>	
REC: SST <input type="checkbox"/>		CLOT (No SST) <input type="checkbox"/>	
SPECIAL INSTRUCTIONS e.g. on ice, microtainer, etc.			

## THE FAT LOSS LABORATORY

<b>CLINICAL INFORMATION</b>	<b>OTHER TESTS</b>
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- |      |                          |                  |      |
|------|--------------------------|------------------|------|
| F143 | <input type="checkbox"/> | GAMMA GT         | (B)  |
| G144 | <input type="checkbox"/> | GLUCOSE FASTING  | (FL) |
| K354 | <input type="checkbox"/> | HB/PCV           | (E)  |
| X135 | <input type="checkbox"/> | LIPOGRAM         | (B)  |
| X204 | <input type="checkbox"/> | TSH              | (B)  |
| J169 | <input type="checkbox"/> | U & E CREATININE | (B)  |

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RECEIPT NUMBER <input type="text"/>		AUTHORISATION NUMBER <input type="text"/>	
TAKEN: SST <input type="checkbox"/>		CLOT (No SST) <input type="checkbox"/>	
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