PATHOLOGISTS
LANCET LABORATORIES
Key to Diagnostic Excellence

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Johannesburg	0027 (0) 11 358 0800	Mossel Bay	0027 (0) 44 601 9550
Bloemfontein	0027 (0) 51 410 1700	Nelspruit	0027 (0) 13 745 9000
Cape Town	0027 (0) 21 673 1700	Polokwane	0027 (0) 15 294 0400
Durban	0027 (0) 31 308 6500	Pretoria	0027 (0) 12 483 0100
East London	0027 (0) 43 708 1570	Rustenburg	0027 (0) 14 597 8500
George	0027 (0) 44 805 0630	Welkom	0027 (0) 57 355 9003
Kimberley	0027 (0) 53 836 4460		

Order Number
Rev: 023

ITEM CODE: 013288

Facility MERCK00 MERCK

Referring Physician

Additional Distributions

Patient Details

I.D. / Passport
Patient First Name(s)
Patient Surname
Patient Date of Birth (D D M M Y Y Y Y) Age Sex (M F)
Patient Email
Patient Cell Number
Address
Zip
Hospital / Folio Number

Person Responsible for Account Payment (to be completed if patient <18 years old)

Relation To Patient
I.D. / Passport
Title Initials
First Name
Surname
Email Address
Mobile No. Work Tel. No.

Patient / Guardian Signature: My signature indicates my understanding of, and my agreement to:

comply with the terms of the legal declaration, provide consent for the processing of personal information and the releasing of test results as documented on the back of this form. I give consent for tests and guarantee payment of any amounts. I consent that ICD10 codes may be provided to my medical aid as per statutory requirements on my account.

Signature

Phlebotomist Details

Episode Type: In-Hosp | Out-Patient | Fasting | Random | Routine | URGENT
Collection Date (D D M M Y Y Y Y) Time (H H : M M)
Place of Service
Phlebotomist Submitted

Medical Aid Details

Insurance / Med Aid Name
Policy # / Cash Receipt # MERCK
Authorisation # Dependent Code
Patient Membership Card Verified? Y N Account Number

ICD10 Codes:

Clinical | Drug Information:

Other Tests:

MERCK

Clinical | Drug Information:

Important Patient Information

Kindly note that R75.00 is payable upfront by the patient

TEST(S) REQUESTED

X204 B ☐ TSH

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Legal declaration and consent for the processing of personal information and the releasing of results

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Order Number

CONSENT FOR SERVICES

- I hereby provide consent for Lancet Laboratories to process the personal information documented on the reverse side of this request form in terms of the requirements of the Protection of Personal Information (POPI) Act 4 of 2013.
- I agree that the personal information provided on the request form is complete and accurate and not misleading, and was provided voluntarily.
- I understand that the personal information will be used by Lancet Laboratories for
  - performing and processing the tests documented on the request form.
  - the purposes of retaining patient information in line with the Health Professions Council of South Africa (HPCSA) guidelines regarding administration.
- I hereby provide consent for the tests documented on the request form to be performed by Lancet Laboratories.
- I agree that any tissues that are removed from my body may be examined and then disposed of by Lancet Laboratories in line with the legal regulations.
- I do agree to settle all amounts due by me.
- I understand that to qualify for the cash rate, I am required to provide upfront payment. I understand that this payment secures the processing of my sample at the agreed cash rate and covers immediate laboratory costs.
- I guarantee payment of amounts not covered by my funder/medical aid or amounts exceeding the estimated quotation provided.
- I agree that amounts not settled timely, as well as the contact information related to such amounts, may be handed over to the Lancet Laboratories collections agents.
- I understand that the fees of Lancet Laboratories are separate from the hospital charges, and I agree that the Lancet Laboratories fees are agreeable to me.
- I consent that the diagnostic ICD10 codes may be provided to my medical aid for reimbursement purposes as per legal requirements.
- I have read and I understand the information I received about the test collection procedures and testing.
- I understand that the health care providers who supply me with care are not part of Lancet Laboratories and Lancet Laboratories will not be held liable for their actions or inactions.
- I agree that no guarantee or representation has been given by anyone as to the results that may be obtained.
- I acknowledge that most pathology tests require expert interpretation by a medical professional and that I may require additional testing to confirm positive/abnormal results.
- I acknowledge that it is my responsibility to seek out this expert medical advice in case of test results that require it.
- Lancet Laboratories accepts no liability for loss, whether direct, indirect and consequential, resulting due to the interpretation of results, delays in providing results or disclosing of inaccurate results, or due to harm or injuries that occurred in circumstances outside of Lancet Laboratories reasonable control and responsibility.
- I hereby consent to receiving results which may have adverse psychological effects which may require counselling, consultation or discussions with the referring medical practitioner.
- I hereby provide consent for additional tests not documented on the request form to be performed by Lancet Laboratories, as requested by my treating healthcare practitioner, or as deemed necessary by Lancet Laboratories for the proper treatment and care of the patient.
- **DISCLAIMER** - It remains the patient's responsibility to contact Lancet Laboratories if laboratory results have not been received within 96 hours. Please call or WhatsApp our Customer Support department on 0861LANCET (526238) or visit our website on www.lancet.co.za to chat to Lance our Chatbot.

Patient Signature: _____

CONSENT REGARDING PERSONAL INFORMATION

- I consent to Lancet Laboratories disclosing or providing access to the personal information to third parties (i.e. health care practitioners, health care facilities, referring and treating doctors, hospital staff, medical aid fund administrators, insurance companies as applicable) involved in patient management. I understand that this disclosure may be made in a number of ways, including through Lancet Laboratories platforms such as the mobile application that hosts the Global Access Platform.
- I understand that my personal information will be accessible to authorised doctors (other than my referring doctor or the doctor in copy) through various means such as the Lancet Laboratories Global Access Platform.
- I understand that once Lancet Laboratories has handed my personal information to third parties, that Lancet Laboratories has no further control over this information and that Lancet Laboratories will not be held accountable for the safeguarding of this information, except where:
  - such personal information is accessed using a Lancet Laboratories system, platform or application; or
  - those third parties have been appointed to process this information on behalf of Lancet Laboratories.
- Unless Lancet Laboratories is required by law to disclose the personal information, it will ensure that the third parties who receive the personal information from Lancet will be required to protect the personal information, treat it as confidential and comply with the applicable laws.
- The consent on this document is valid from the date and time of my signature on this request form and will continue until such time as the consent is removed or changed. I understand that I may, at any time, withdraw my consent for the processing of my personal information, by contacting the Information Officer at iamed@lancet.co.za, in which case the personal information will no longer be processed by Lancet Laboratories. The lawfulness of the processing of personal information before such withdrawal of consent will not be affected by such a withdrawal of consent.
- If the patient is a child (a person under 18 years of age who is not legally competent in terms of the POPI Act), I, as the parent/guardian/competent person, give the consent and authority contemplated in this document on the patient's behalf.

Patient Signature: _____

SPECIMEN KEY GUIDE

B SST | B SST (HIV) | B SST (Plain) | C CITRATE | E EDTA | F FAECES | FL FLUORIDE | H HEPARIN | P PINK EDTA | S SWAB | S DRY SWAB | U URINE | 24hr URINE

CSF CSF | Asp ASPIRATE | SP SPUTUM | T TISSUE | Sal SALIVA | BT BOOK TEST | * PLEASE ENSURE SOURCE | SAMPLE IS SPECIFIED

SPECIMEN COLLECTION - Taken & Received

B TAKEN REC	B TAKEN REC	B TAKEN REC	C TAKEN REC	E TAKEN REC
F TAKEN REC	FL TAKEN REC	H TAKEN REC	P TAKEN REC	S TAKEN REC
S TAKEN REC	U TAKEN REC	24hr TAKEN REC	Csf TAKEN REC	Asp TAKEN REC
SP TAKEN REC	T TAKEN REC	Sal TAKEN REC	BT TAKEN REC	* TAKEN REC

OTHER: TAKEN REC SPECIFY: _____

Scan **QR Barcode** for your **Lancet Lab Results**

Dear Lancet Labs patient, kindly scan the QR code to download the Lancet Labs Mobile App to view your laboratory test results.

Scan **QR Barcode** for **Lab Locator**

Dear Lancet Labs patient, kindly scan the QR code to view our lab locator.

For Internal Use Only - Phlebotomist to complete

Bleeding Collection Site:

Document current bruises:

Allergies:

Risk of bruising explained: Y N

Bleeding information shared: Y N

refer to **www.lancet.co.za** for a list of depots and laboratories and www.sanas.co.za for respective accredited tests