LIFE360OMICS

Pathology Request Form

Order Number

Referring Doctor	Doctor Name & Code	Copy Doctor	Copy Doctor Code

PATIENT DETAILS

I.D. No.				Cell No.	
Surname				Email Address	
Initials		First Name		Address	
Date of Birth	yyyy / mm / dd	Sex	○ M ○ F	Age	
Hospital / Folio No.				Code	

PERSON RESPONSIBLE FOR ACCOUNT PAYMENT (TO BE COMPLETED IF PATIENT <18 YEARS OLD)

I.D. No.				Cell No.	
Surname		Initials		Work Tel. No.	
First Name		Title		Email Address	

MEDICAL AID DETAILS

Medical Aid Name		Authorisation No.		Dependent Code	
Medical Aid No.		Cash Receipt No.		Patient Membership Card Verified?	☐ Y

Account No.

VENESECTIONIST DETAILS

○ Hospital Patient	☐ Fasting	☐ Random	○ Routine	○ URGENT	Collection Date	Collection Time	Venesectionist	Submitted
					yyyy / mm / dd			

Patient / Guardian Signature: _____ Date: _____ Signature:

I have read and understood the above terms. I give consent for collection of samples and the requested investigations.

ICD10 Codes:		Clinical / Drug Information:	
		Other Tests:	
		Patient MR#	

SPECIMEN KEY GUIDE

SST | SST (HIV) | SST (Plain) | CITRATE | EDTA | FAECES | FLUORIDE | HEPARIN | PINK EDTA | SWAB | DRY SWAB | URINE | 24hr URINE | CSF | ASPIRATE | SPUTUM | TISSUE | SALIVA

Please ensure source sample is specified

SPECIMEN COLLECTION - TAKEN & RECEIVED

Specimen	Date	Time	Taken By	Received

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

Biochemistry

Lung, Kidney, Skeleton
- ☐ Potassium
- ☐ Sodium
- ☐ Calcium
- ☐ Phosphate
- ☐ Magnesium - Serum
- ☐ Magnesium - RBC
- ☐ Uric Acid
- ☐ Urea
- ☐ Creatinine
- ☐ eGFR (CKD-EPI)
- ☐ Urea + Creatinine
- ☐ U & E + Creatinine

Inflammatory Markers
- ☐ C-Reactive Protein (CRP)
- ☐ Procalcitonin (PCT)
- ☐ Interleukin-6 (IL-6)

Carbohydrate Metabolism
- ☐ Glucose (Fasting)
- ☐ Glucose (Random)
- ☐ Insulin (Fasting)
- ☐ Insulin (Random)
- ☐ Gamma GT
- ☐ HbA1c

Lipid Metabolism
- ☐ Total Cholesterol (Random)
- ☐ Total Cholesterol (Fasting)
- ☐ Triglycerides
- ☐ HDL-Cholesterol
- ☐ LDL-Cholesterol
- ☐ Lipogram

Heart & Muscle
- ☐ Troponin
- ☐ Creatine Kinase (CK)
- ☐ Creatine Kinase-MB (CK-MB)
- ☐ Myoglobin
- ☐ High sensitivity CRP (hs-CRP)

Liver, Pancreas
- ☐ Bilirubin Total + Conj
- ☐ Alkaline Phosphate (ALP)
- ☐ Amylase
- ☐ Alanine aminotransferase (ALT)
- ☐ Aspartate aminotransferase (AST)
- ☐ Gamma GT
- ☐ Lactate dehydrogenase (LDH)
- ☐ Lipase
- ☐ Total Protein
- ☐ Albumin

Endocrinology | Haematology

Endocrinology

General Endocrine
- ☐ Testosterone
- ☐ DHEA-S
- ☐ 17-OH Progesterone
- ☐ Progesterone
- ☐ 17-B Oestradiol
- ☐ Follicle-stimulating hormone (FSH)
- ☐ Luteinizing hormone (LH)
- ☐ Prolactin
- ☐ Anti-Mullerian Hormone (AMH)
- ☐ Cortisol
- ☐ ACTH
- ☐ Growth Hormone
- ☐ Insulin-like Growth Factor 1 (IGF-1)

Thyroid
- ☐ TSH
- ☐ Free T4
- ☐ Free T3

Oncology / Tumour Markers
- ☐ Total PSA
- ☐ Free PSA

Haematology

Full Blood Count
- ☐ FBC
- ☐ FBC + Platelets
- ☐ FBC & Platelets + ESR
- ☐ Erythrocyte Sedimentation Rate (ESR)
- ☐ Platelets only
- ☐ Reticulocytes
- ☐ White Cell Count only
- ☐ White Cell Count + Diff

Nutrition, Iron Studies
- ☐ Folate - Serum
- ☐ Folate - RBC
- ☐ Vitamin B12
- ☐ Iron
- ☐ Ferritin
- ☐ Transferrin
- ☐ Iron Profile

Allergy | Pharmacology | Molecular Biology

Allergy

IgE Allergy Tests
- ☐ Total IgE

Allergen
- ☐ ALEX3 (IgE 300 Allergens)
- ☐ FOX (IgG 286 Allergens)

Pharmacology

Pharmacogenomics
- ☐ PGx Drug Metabolism

Molecular Biology

Sexually Transmitted Infections (STI)
- ☐ HPV 16 + 18
- ☐ HPV Complete (14 High risk markers)
- ☐ STI Basic (3 markers)
- ☐ STI Standard (3 markers)
- ☐ STI Complete (8 markers)

Respiratory Infection (RI)
- ☐ RSV Complete Panel

Urinary Tract Infection (UTI)
- ☐ UTI Complete Panel

Gastroenteritis
- ☐ Gastro Complete Panel

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

LIFE360OMICS

ORDER NUMBER

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CONSENT FOR SERVICES

I, the undersigned patient or authorised representative, hereby confirm that the personal information provided on this form is accurate and complete to the best of my knowledge.

1. Consent to the Processing of Personal Information
I hereby voluntarily consent to the collection, recording, organisation, storage, updating, retrieval, consultation, use, dissemination, transmission, and processing of my personal information and special personal information (including health and biometric information) by the laboratory and its authorised personnel for purposes including but not limited to:

- The performance of requested pathology and diagnostic testing;
- The diagnosis, treatment, and management of my health condition;
- The compilation and issuing of laboratory reports and results;
- Communication with the requesting healthcare practitioner or referring facility;
- Administrative, quality assurance, audit, accreditation, and risk management processes;
- Medical scheme verification, billing, and claims processing;
- Compliance with legal, regulatory, and professional obligations.

8. Financial Responsibility
I acknowledge that I am responsible for the payment of all laboratory services rendered should my medical scheme or insurer not cover the full cost of the tests performed.

Patient Signature: _____

CONSENT REGARDING PERSONAL INFORMATION

2. Processing of Special Personal Information (Health Information)
I acknowledge that the services requested require the processing of special personal information relating to my health, as contemplated under the Protection of Personal Information Act (POPIA). I expressly consent to such processing for legitimate healthcare purposes by authorised healthcare professionals and laboratory personnel.

3. Disclosure and Sharing of Information
I authorise the laboratory to disclose and share my relevant personal and health information where reasonably necessary with:

- The requesting doctor, healthcare practitioner, or referring healthcare facility;
- Other healthcare professionals involved in my treatment or care;
- My medical scheme, insurer, or administrator for the purposes of claims assessment and payment;
- Accredited referral laboratories, specialists, or service providers where testing or consultation is outsourced;
- Regulatory authorities, public health bodies, or government institutions where disclosure is required by law or for notifiable medical conditions;
- Third-party service providers who assist the laboratory with information systems, billing, courier services, or administrative functions, subject to confidentiality obligations.

4. Electronic Communication and Release of Results
I acknowledge and consent that my laboratory results and related information may be transmitted electronically through secure laboratory systems, email, electronic health record systems, secure messaging platforms, or healthcare portals to authorised recipients, including the referring practitioner and healthcare institutions involved in my care.

5. Cross-Border Transfer of Information
Where necessary for specialised testing or laboratory services, I consent to the transfer of my personal information to laboratories or service providers outside the Republic of South Africa, provided that such entities are subject to appropriate confidentiality and data protection obligations comparable to those required under POPIA.

6. Data Security and Retention
I acknowledge that the laboratory will take appropriate, reasonable technical and organisational measures to safeguard my personal information against loss, unauthorised access, disclosure, alteration, or destruction. My information will be retained only for as long as required by law, professional standards, or legitimate operational requirements.

7. Rights of the Data Subject
I understand that, subject to applicable law, I have the right to:

- Request access to my personal information held by the laboratory;
- Request correction, deletion, or updating of inaccurate or incomplete information;
- Object to the processing of my personal information where legally permitted;
- Lodge a complaint with the relevant supervisory authority should I believe my personal information has been processed unlawfully.

9. Consent by Parent, Guardian, or Authorised Representative
Where I sign this document on behalf of a minor or another individual, I confirm that I am legally authorised to provide consent for the processing of that person's personal and health information.

By signing below, I confirm that I have read and understood the contents of this declaration and consent to the processing and disclosure of my personal information as described above.

Patient Signature: _____