



MOLECULAR DIAGNOSTIC SERVICES (PTY) LTD

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MDS REF No.
(Office use only)

MEDICAL MOLECULAR TEST REQUISITION FORM - WOMEN'S HEALTH

PATIENT DETAILS				*PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT			
REFERRING DOCTOR:		TEL:		SURNAME:			
REFERRING DOCTOR EMAIL:				FIRST NAME/S:			
PATIENT SURNAME:				ID NUMBER:			
FIRST NAME/S:				POSTAL ADDRESS:			
ID NUMBER:		EMAIL:		TEL:			
EMAIL:		TEL:		EMPLOYER:		TEL:	
RESULTS TO BE SENT TO: (tick box)		PATIENT:	DOCTOR:	MED AID & PLAN:			
SPECIMEN TYPE:				MED AID No:		DEPENDENT CODE:	
COLLECTION DATE:		TIME:		BY:		Sign:	
ICD 10 CODE:				I consent to tests requested, guarantee payment and verify that all information is correct			
				I hereby give consent that the laboratory is allowed to release the diagnostic codes to my Medical Aid			
				YES		NO	

MARK TEST(S) REQUIRED

WOMEN'S HEALTH					
(X)	TEST		SAMPLE TYPE	CODE	COST (incl.vat)
	STANDARD PAP SMEAR		LBC	4559	R 188.30
	HPV	High Risk Types 16, 18 & 45; & "Other" High Risk Types	LBC, Genital Swab	3974	R 499.00
	BACTERIAL VAGINOSIS PANEL	G.vaginalis, A. vaginae, Lactobacillus spp., B. fragilis, Megaspheera type 1, BV-associated bacteria 2 & Mobiluncus spp.	LBC, Genital Swab	4763 & 3974	R 918.80
	GENITAL ULCER PANEL	Herpes Simplex virus 1 & 2, Varicella-zoster virus, Cytomegalovirus, C. trachomatis LGV, T. pallidum & H. ducreyi	LBC, Genital Swab, Urine	4763 & 3974	R 918.80
	CANDIDIASIS PANEL	C. albicans, C. glabrata, C. tropicalis, C. parapsilosis, C. krusei, C. lusitanae & C. dubliniensis	LBC, Genital Swab, Urine	4763 & 3974	R 918.80
	STI PANEL	C. trachomatis (CT), N. gonorrhoeae (NG), T. vaginalis, Mycoplasma genitalium, Mycoplasma hominis, Ureaplasma urealyticum & Ureaplasma parvum	LBC, Genital Swab, Urine	4763 & 3974	R 918.80
	CHLAMYDIA TRACHOMATIS & NEISSERIA GONORRHOEA		LBC, Genital Swab, Urine	3974	R 643.16
	HERPES SIMPLEX VIRUS 2 (HSV 2)		LBC, Genital Swab, Urine	3974	R 643.16

INFORMED CONSENT FOR TESTING AND CONSENT FOR TESTING WITHOUT COUNSELING:

I understand that, while it is in my best interest to have a healthcare practitioner interpret and explain my results to me, should I wish to receive my results directly, I acknowledge that MDS cannot be held liable for any pain, discomfort, confusion or distress which the release of the test results to me, may cause. Furthermore, whilst I am legally entitled to my own information, I understand that it might not necessarily be in my best interest to be exposed to information of which I may have limited knowledge and understanding and which may be detrimental to my well-being if not explained fully and in a manner which I will understand, by a healthcare practitioner.

As I have made an informed decision to self-refer to MDS for testing, by giving me the test results, MDS waives liability for any distress or confusion which I may experience as a result of receiving the test result directly from MDS without consulting with a healthcare practitioner. I acknowledge that MDS strongly recommends that I be encouraged to visit my healthcare practitioner as soon as possible after receiving my results and that I carry the onus to make an appointment with my healthcare practitioner to have my test results interpreted.

I understand that MDS does not offer counseling before or after any testing performed and I agree to forego counseling and have my sample tested.

SIGN: _____ DATE: _____

MDS POLICY: Unidentified samples will not be tested. When multiple sample types are submitted for testing, clients will be charged for each test performed per sample type. Payment and/or proof of payment is required with submitted samples or before release of results.

SAMPLE TYPE KEY WITH RECOMMENDED STORAGE, TRANSIT TIMES & TEMPERATURES

LIQUID BASED CYTOLOGY	LBC	≤ 14 days at ROOM TEMP	GENITAL SWAB & URINE	24 - 48 hrs at ROOM TEMP, 2 - 4 days at 2 - 8°C
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Disclaimer

In the event that Molecular Diagnostic Services (Pty) Ltd (MDS) returns a verifiable erroneous result for a particular sample, or if negligence is proven on the part of MDS, any claim against MDS is limited to the amount paid or to be paid to perform the test in question. In no event shall MDS be liable for direct, indirect, incidental, consequential, special or other damages of any nature even if MDS has been advised of the possibility of such damage.

Needles are inherently dangerous and because this product is used outside of our control, MDS will NOT be liable for any damages or injury caused by needles, the user accepting full responsibility for the use and safe disposal of the needles, which are entirely at the user's risk.

We realize the importance of confidentiality in the service we provide and undertake to abide by our Privacy Policy. For further information about our Privacy Policy or other queries, please contact our office or visit our website www.mdsafrica.net

CUSTOMER TO COMPLETE

Method of Payment: (please tick payment type)	Date :	Cash	EFT	Credit Card
MDS to Claim from Patients Medical Aid:	* Please Note: Only pre-authorized Medical Aid hospitalizations / procedures can be claimed by MDS. For all other Medical Aid claims, the client is responsible for payment and must claim directly from their own medical aid			
Medical Aid Authorization No.:				
Bank: First National Bank (Westville)	Molecular Diagnostic Services Pty Ltd			
Account Number: 6210 9297 912	Branch code: 223526			
Card Holder's Name:				
Card No.:				
Type:	Expiry:	CVV No.:		
*Signature:	*Authority to process and retain Credit Card details			

Office use only: