

## MOLECULAR DIAGNOSTIC SERVICES (PTY) LTD

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www.mdsafrica.net

## MEDICAL MOLECULAR TEST REQUISITION FORM

PATIENT DETAILS *P					*PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT				
EFERRING DOCTOR: TEL: SUI					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 (	ODE:		
COLLECTION DATE:	TIME:		BY:		I consent to tests requested, guarantee payr	nent and verify that all information is correct	Sign:		
ICD 10 CODE:					I hereby give consent that the laboratory is al	llowed to release the diagnostic codes to my Medical Aid	YES	NO	

## PTO: FOR THE MDS POLICY, RECOMMENDED SAMPLE TYPE AND STORAGE, & PANEL TEST INFORMATION MARK TEST(S) REQUIRED

MARR TEST(S) REGOINED							
DNA RELATIONSHIP TESTING	CODE	X	SAMPLE TYPE	MENINGITIS	CODE	X	SAMPLE TYPE
PATERNITY TESTING (please contact MDS for information on other relationship testing available) SANAS accredited	N/A		DBS* / BS* / EDTA	BACTERIAL MENINGITIS PANEL	4763 & 3974		CSF
HIV & HIV MONITORING	CODE	х	SAMPLE TYPE	VIRAL MENINGITIS PANEL 1 (CMV, EBV, VZV, HSV)	4763 & 3974		CSF
HIV 1&2 ELISA (Ab)	3932		S	VIRAL MENINGITIS PANEL 2 (AdV, EV, HPeV, MV, B19)	4763 & 3974		CSF
HIV PCR (Qualitative)	3974		EDTA / P	CYTOMEGALOVIRUS (CMV)	3974		CSF / EDTA / RF / EF BM
HIV VIRAL LOAD (Quantitative)	4429		EDTA / P / DBS	ENTEROVIRUS (EV)	3974		CSF / RF
CD4 & CD8	3816		EDTA	EPSTEIN BARR VIRUS (EBV)	3974		CSF / EDTA / TS
FULL BLOOD COUNT (FBC)	3755		EDTA	HERPES VIRUS (HSV) 1 & 2	3974		CSF / EDTA
ALT (ALANINE AMINOTRANSFERASE)	4131		EDTA	HERPES VIRUS 6 (HHV-6)	3974		CSF / EDTA / SPT
AST (ASPARTATE AMINOTRANSFERASE)	4130		EDTA	MUMPS VIRUS (MV)	3974		CSF / TS
CREATININE	4032		EDTA	VARICELLA-ZOSTER VIRUS (VZV)	3974		CSF / WS / EDTA
HIV DRUG RESISTANCE SANAS accredited	3974 x 2		EDTA / P*	RESPIRATORY	CODE	x	SAMPLE TYPE
TB TESTING	CODE	X	SAMPLE TYPE	VIRAL RESPIRATORY PANEL 1 (Influenza & RSV)	4763 & 3974		RF / TS / NAS
MYCOBACTERIUM TUBERCULOSIS (MTB) PCR	3974		SPT / T	VIRAL RESPIRATORY PANEL 2 (AdV, EV, MPV, PIV 1-4)	4763 & 3974		RF / TS / NAS
MOTT IDENTIFICATION SANAS Accredited	3974		CUL* / RF / SPT	VIRAL RESPIRATORY PANEL 3 (HBoV, HRV, CoV)	4763 & 3974		RF / TS / NAS
MDR MTB (RIF & INH Sensitivity) SANAS Accredited	3974		CUL* / RF / SPT	BACTERIAL RESPIRATORY PANEL	4763 & 3974		RF / TS / NAS
XDR MTB (FLQ, AMK, CAP Sensitivity)	3974		CUL / RF / SPT	VIRAL & BACTERIAL RESPIRATORY PANEL	3974 x 2		RF / TS / NAS
MOTT IDENTIFICATION & MDR MTB (RIF & INH)	4763 & 3974		CUL / RF / SPT	BORDETELLA PERTUSSIS & PARAPERTUSSIS	3974		RF / TS / NAS
MDR MTB (RIF & INH) & XDR MTB (FLQ, AMK, CAP)	4763 & 3974		CUL / RF / SPT	CHLAMYDIA PNEUMONIAE	3974		RF / TS / NAS
GeneXpert TESTING	CODE	x	SAMPLE TYPE	H1N1 VIRUS	3974		RF / TS / NAS
GeneXpert MTB & RIF RESISTANCE	4763 & 3974		SPT	INFLUENZA A & B VIRUS	3974		RF / TS / NAS
GeneXpert CARBAPENAMASE RESISTANCE	4763 & 3974		ST	LEGIONELLA PNEUMOPHILA	3974		RF / TS / NAS
HEPATITIS	CODE	x	SAMPLE TYPE	MYCOPLASMA PNEUMONIAE	3974		RF / TS / NAS
HEPATITIS A VIRUS (Qualitative) SANAS accredited	3974		P*/S/EDTA	RESPIRATORY SYNCYTIAL VIRUS (RSV)	3974		RF / TS / NAS
HEPATITIS B VIRUS (Qualitative) SANAS accredited	3974		P*/S/EDTA	OTHER INFECTIONS	CODE	x	SAMPLE TYPE
HEPATITIS B VIRUS - VIRAL LOAD SANAS accredited	4439		P*/S/EDTA	ACANTHAMOEBA	3974		EF / CSF / U
HEPATITIS B VIRUS - GENOTYPING	3974 x 2		P/S/EDTA	BABESIA SPP.	3974		EDTA
HEPATITIS C VIRUS (Qualitative) SANAS accredited	3974		P*/S/EDTA	BARTONELLA SPP.	3974		EDTA / T
HEPATITIS C VIRUS - VIRAL LOAD SANAS accredited	4439		P*/S/EDTA	BORRELIA SPP.	3974		EDTA / WS / CSF
HEPATITIS C VIRUS - GENOTYPING	3974 x 2		P/S/EDTA	BK VIRUS	3974		EDTA / P / U
HEPATITIS E VIRUS (Qualitative) SANAS accredited	3974		P*/S/EDTA	BRUCELLA	3974		EDTA / P / T / BM
WOMEN'S HEALTH	CODE	x	SAMPLE TYPE	CORYNEBACTERIUM DIPHTHERIAE	3974		RF / TS / NAS
STANDARD PAP SMEAR	4559		LBC	CHLAMYDIA PSITACCI	3974		RF / TS / ST / EDTA
BACTERIAL VAGINOSIS PANEL	4763 & 3974		LBC / GS	HAEMOPHILUS DUCREYI	3974		LBC / GS / T / U
GENITAL ULCER PANEL (Viruses & Bacteria)	4763 & 3974		LBC / GS / U	HELICOBACTER PYLORI (& Clarithromycin Resistance)	3974		ST
CANDIDIASIS PANEL	4763 & 3974		LBC / GS / U	HERPES VIRUS 8 (HHV-8)	3974		EDTA / T
SEXUALLY TRANSMITTED INFECTION (STI) PANEL	4763 & 3974		LBC / GS / U	JC VIRUS	3974		EDTA / P / U
HUMAN PAPILLOMA VIRUS (HPV) (HR TYPES 16, 18, 45 & OTHER)	3974		LBC / CVS	LEPTOSPIRA SPP.	3974		EDTA / U / CSF / T
CHLAMYDIA TRACHOMATIS & NEISSERIA GONORRHOEAE	2074		100/00/01	LISTERIA MONOCYTOGENES MALARIA DETECTION & IDENTIFICATION	3974		EDTA / BM / CSF
	3974		LBC / GS / U		3974	<u> </u>	EDTA TS/WS/CSF/U/
HERPES VIRUS (HSV) 1 & 2	3974		GS	MEASLES	3974	───	EDTA / RF
GASTROINTESTINAL (GI)	CODE	X	SAMPLE TYPE	PARVOVIRUS B19	3974		P / EDTA
		1	ST	PNEUMOCYSTIS JIROVECI (PCP / PJP)	3974		SPT / RF / CSF
VIRAL GI PANEL	4763 & 3974						
BACTERIAL GI PANEL 1	4763 & 3974		ST	RICKETTSIA SPP.	3974		EDTA / WS
BACTERIAL GI PANEL 1 BACTERIAL GI PANEL 2 (E.coli focused)			ST	RUBELLA	3974 3974		TS/EDTA/P/U
BACTERIAL GI PANEL 1	4763 & 3974		-				
BACTERIAL GI PANEL 1 BACTERIAL GI PANEL 2 (E.coli focused)	4763 & 3974 4763 & 3974		ST	RUBELLA	3974		TS/EDTA/P/U

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 detiminental 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:\_

NUCLEIC ACID AMPLIFICATION - PANELS		CODE	SAMPLE TYPE
BACTERIAL VAGINOSIS PANEL	Gardnerella vaginosis, Atopobium vaginae, Lactobacillus spp., Bacteroides fragilis, Megasphaera type 1, BV-associated bacteria 2, Mobiluncus spp. 47		LBC / GS
GENITAL ULCER PANEL	Herpes simplex virus type 1 (HSV 1), Herpes simplex virus type 2 (HSV 2), Varicella-zoster virus, Cytomegalovirus, Chlamydia trachomatis LGV, Treponema pallidum, Haemophilus ducreyi		LBC / GS / U
CANDIDIASIS PANEL	DIASIS PANEL Candida albicans, Candida glabrata, Candida tropicalis, Candida parapsilosis, Candida krusei, Candida lusitaniae, Candida dubliniensis		LBC / GS / U
SEXUALLY TRANSMITTED INFECTION (STI) PANEL	Chlamydia trachomatis, Neisseria gonorrhoeae, Mycoplasma genitalium, Mycoplasma hominis, Trichomonas vaginalis, Ureaplasma urealyticum, Ureaplasma parvum	4763 & 3974	LBC / GS / U
VIRAL GASTROINTESTINAL (GI) PANEL	Norovirus GI, Norovirus GII, Rotavirus, Adenovirus, Astrovirus, Sapovirus	4763 & 3974	ST
BACTERIAL GASTROINTESTINAL PANEL 1	Campylobacter spp., Clostridium difficile toxin B, Salmonella spp., EIEC / Shigella spp., Vibrio spp., Yersinia enterocolitica, Aeromonas spp.	4763 & 3974	ST
BACTERIAL GASTROINTESTINAL PANEL 2	Clostridium difficile hypervirulent, E.coli O157, EHEC (stx 1/2), EPEC (eaeA), ETEC (lt/st), EAEC (aggR)	4763 & 3974	ST
HELMINTH PANEL	Strongyloides spp., Necator americanus, Ancylostoma spp., Ascaris spp., Trichuris trichiura, Enterobius vermicularis, Hymenolepis spp., Taenia spp., Enterocytozoon spp / Encephalitozoon spp.	4763 & 3974	ST
PARASITIC GASTROINTESTINAL PANEL	Giardia lamblia, Entamoeba histolytica, Cryptosporidium spp., Blastocystis hominis, Dientamoeba fragilis, Cyclospora 4' cayetanensis		ST
BACTERIAL MENINGITIS PANEL	Escherichia coli K1, Haemophilus influenzae, Neisseria meningitidis, Group B Streptococcus, Listeria monocytogenes, Streptococcus pneumoniae	4763 & 3974	CSF
VIRAL MENINGITIS PANEL 1	Cytomegalovirus, Epstein-Barr virus, Herpes simplex virus type 1, Herpes simplex virus type 2, Human Herpes virus 6, Human Herpes virus 7, Varicella-zoster virus	4763 & 3974	CSF
VIRAL MENINGITIS PANEL 2	Adenovirus, Enterovirus, Human parechovirus, Mumps virus, Parvovirus B19	4763 & 3974	CSF
VIRAL RESPIRATORY PANEL 1	influenza A virus, Influenza B virus, Respiratory Syncytial virus A, Respiratory Syncytial virus B, Flu A - H1, Flu A - H1pdm09 (H1N1), Flu A - H3	4763 & 3974	RF / TS / NAS
VIRAL RESPIRATORY PANEL 2	Adenovirus, Enterovirus, Parainfluenza virus 1, Parainfluenza virus 2, Parainfluenza virus 3, Parainfluenza virus 4, Metapneumovirus	4763 & 3974	RF / TS / NAS
VIRAL RESPIRATORY PANEL 3	Bocavirus, Rhinovirus, Coronavirus NL63, Coronavirus 229E, Coronavirus OC43	4763 & 3974	RF / TS / NAS
BACTERIAL RESPIRATORY PANEL	Mycoplasma pneumoniae, Chlamydophila pneumoniae, Legionella pneumophila, Haemophilus influenzae, Streptococcus pneumoniae, Bordetella pertussis, Bordetella parapertussis	4763 & 3974	RF / TS / NAS
VIRAL & BACTERIAL RESPIRATORY PANEL	Adenovirus, Coronovirus 229E, Coronovirus HKU1, Coronovirus NL63, Coronovirus OC43, Human Metapneumovirus A&B, Influenza A, Influenza A H1, Influenza A H3, Influenza A H1N1/pdm09, Influenza B, Parainfluenza virus 1, Parainfluenza virus 2, Parainfluenza virus 3, Parainfluenza virus 4, Rhinovirus/Enterovirus, Respiratory Syncytial virus A&B, Bordetella pertussis, Chlamydophila pneumoniae, Mycoplasma pneumoniae	4763 x 2	RF / TS / NAS

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										
BREASTMILK	BM		GENITAL SWAB	GS	24 - 48 hrs at ROOM TEMP, 2 - 4 days at 2 - 8°C	STOOL	ST	24 hrs at ROOM TEMP, 24 - 72 hrs at 2 - 8°C		
CEREBROSPINAL FLUID	CSF	24 - 48 hrs at ROOM TEMP, 2 - 4 days at 2 - 8°C	LIQUID BASED CYTOLOGY	LBC	≤ 14 days at ROOM TEMP	THROAT SWAB / BUCCAL SWAB	TS / BS	T 24 - 48 hrs at ROOM TEMP, 2 - 4 days at 2 -		
CERVICAL SWAB	CVS		NASOPHARYNGEAL SWAB	NAS	24 - 48 hrs at ROOM TEMP, 2 - 4 days at 2 - 8°C	TISSUE / BIOPSY	Т			
CULTURE	CUL	24 - 72 hrs at ROOM TEMP	PLASMA	Ρ	24 hrs at ROOM TEMP, 24 - 72 hrs at 2 - 8°C, > 3days FROZEN	URINE	U	8°C		
DRIED BLOOD SPOT	DBS	Stable for up to 2 weeks at ROOM TEMP	RESPIRATORY FLUID	RF		WOUND SWAB / SITE SWAB	WS			
EDTA WHOLE BLOOD	EDTA	24 hrs at ROOM TEMP, 24 - 48 hrs 2 8°C. For HBV & HCV - 6hrs at ROOM TEMP, >6hrs, plasma must be separated	SERUM	S	24 - 48 hrs at ROOM TEMP, 2 - 4 days at 2 - 8°C	** If you wish to submit a sample type not listed adjacent to the requested t phone the MDS Medical: Human section to query if the sample type is app testing (Tel: 031 267 7000)				
EYE FLUID / SWAB	EF	24 - 48 hrs at ROOM TEMP, 2 - 4 days at 2 - 8°C	SPUTUM	SPT						

## Disclaimer

the test in question. In no event shall MDS be liable for direct, indirect, 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:	Date :		Cash EFT		Credit Card			
(please tick payment type)								
MDS to Claim from Patients Me	dical Aid:		* Please Note: Only					
Medical Aid Authorization No.:		<ul> <li>hospitalizations / procedures can be claimed by MDS.</li> <li>For all other Medical Aid claims, the client is responsible for payment and must claim directly from their own medical aid</li> </ul>						
Bank: First National Bank (Westv	Molecular Dia	biagnostic Services Pty Ltd						
Account Number: 6210 9297 9	Branch code:	e: 223526						
Card Holder's Name:								
Card No.:								
Туре:		Expiry:		CVV No.:				
*Signature:	*Autho	rity to process an	d retain Cred	lit Card details				

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