



A division of MDS (Pty) Ltd
6 Ribston Place, Westville,
3629, South Africa
Tel: +27 31 267 7000
Email: reception@mdsafrica.net
www.mdsafrica.net



MDS Reference Number
(Office Use only)

Test Requisition Form

PATIENT DETAILS

Surname:		First Name:	
ID Number / DOB:		Gender:	
Postal Address:		Contact Number:	
Email:			
Medical History:			

PRACTITIONER DETAILS

Practice:		Practice Number:	
Name & Surname:		Contact Number:	
Email:			

ADDITIONAL MEDICAL INFORMATION (LipidPro only) - indicate with a ✓

Blood Pressure Medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes mellitus	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Cholesterol Lowering Medication (e.g., Statins)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Smoker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Former <input type="checkbox"/>		
Height:			Weight:			12-hour fast	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blood Pressure		Chronic Medications						

SAMPLE COLLECTION DETAILS

Sample Type:	EDTA <input type="checkbox"/>	SST <input type="checkbox"/>	Sample taken by:	
Collection Date:			Collection Time:	

TESTS (Mark required test/s with X)

Please note that Medical Aids do not cover the costs of some of these tests

(x)	Test	Description	Sample Type	Cost (incl VAT)
	Food IgG Testing	286 Food antigens tested	1xSST (5mL)	R4.250.00
	IgE Allergy Test	295 Major allergens tested	1xSST (5mL)	R4.250.00
	*LipidPro Test (Lipoprint)	LDL Subfractions analysis	1xSST (5mL)	R2.500.00
	Lactose Intolerance (MCM6)	Genetic lactase deficiency test	1xEDTA (5mL)	R975.00
	Celiac Disease (HLA DQ2/DQ8)	Genetic celiac risk markers	1xEDTA (5mL)	R1.900.00

INFORMED CONSENT FOR TESTING

Consent is required; Refer to the terms and conditions on second page (PTO) Yes ☐ No ☐

*Please note that a 12-hour fast is **REQUIRED** before sample collection for the **LipidPro Test**. Samples taken with no fast, or a fast of less than 12-hours, **WILL NOT** be accurate and **WILL NOT** be tested.

Name: _____ Signature: _____ Date: _____

TERMS AND CONDITIONS FOR TESTING

General:

I consent to tests requested, guarantee payment and verify that all information is correct. Payment for the test requested will be taken as consent for testing to be performed on the sample submitted to MDS. I accept it is my responsibility to check if I can claim for the test/s from my Medical Aid. I acknowledge I have signed consent.

Informed consent for testing:

While it is in my best interest to have a healthcare practitioner interpret and explain my results to me, I understand that 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 my own trusted 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.

INSTRUCTIONS FOR SAMPLE COLLECTION AND TRANSPORTATION TO MDS LABORATORY

Sample Collection		Sample collection at Dischem clinics nationwide (Clinic appointment must be booked via Dischem Clinic Hotline 0861117427 or online https://clinic.dischem.co.za/)
LipidPro		12 hour fast prior to sample collection
Sample transport	LipidPro	Please ensure MDS receives the sample within 36 hours of sample collection. Collection MONDAY-THURSDAY (NOT before a public holiday). Samples shipped at 4-8°C
	IgG and IgE	Samples shipped at room temperature, received within 5 days of collection
	Genetics	Samples arriving at MDS within 3 days of collection, shipped at room temp; samples arriving >3 days after collection to be shipped at 4-8°C
Payment		Payment can be made via EFT or ZAPPER. Payment MUST be made by the client directly to MDS and proof of payment sent to reception@mdsafrica.net or sent with samples. Testing will only be done after confirmation of payment is received.
Turn Around Time		10-14 working days from date sample and payment received.
Result Report		Report will be sent to the referring practitioner. A report can be sent to the client at the specific request of the client in writing via email to reception@mdsafrica.net ; refer to T&Cs

PAYMENT AND BANKING DETAILS		MDS LABORATORY USE
<p style="text-align: center;"><u>Banking Details</u></p> <p>Molecular Diagnostic Services (Pty) Ltd</p> <p>FNB Westville</p> <p>Account Number: 62109297912</p> <p>Branch Number: 223526</p> <p>Reference: Name and Surname</p> <p>POP: reception@mdsafrica.net</p>	<p><u>Zapper Code</u></p> 	<p>Delivery # _____</p> <p>Sample numbered by / date _____</p> <p>Sample Condition _____</p> <p>Checked by _____</p> <p>Date _____</p> <p>Courier Name _____</p> <p>Doc / Pharmacy _____</p>

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.

Should any details on this form be incorrect then they must be brought to the attention of MDS. Any alteration or modification of the information on this form is not authorized and legal action will be taken against any person found guilty of such action. MDS respects your right to privacy and therefore aims to ensure that we comply with the legal requirements of the POPI Act which regulates the manner in which we collect, process, store, share and destroy any personal and special personal information which you have provided to us. 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, please contact our office or visit our website: www.mdsafrica.net

END