



PRIME  
PATHOLOGY

Pathology Request

PR NO 0425990  
Dr M Farooq & Associates  
Lab: (012) 320 6395 / Tel: (012)320 0559 Fax: (012) 320 6395  
PO Box 12226 Tramshed0126

PATIENT BARCODE

LAB BARCODE

PATIENT LAST NAME / ADDRESS

GIVEN NAMES

SEX

DATE OF BIRTH

YOUR REF:

TEL (HOME)

TEL (BUS)

TESTS REQUESTED

ICD-10-CODE

CLINICAL NOTES

SELF DETERMINED ☐

REFERRING DOCTOR

PATIENT REF NO.

SUR NAME

COPY DOCTOR

PHONE/FAX RESULT TO

HAVE YOU VISIT THIS LABRATORY BEFORE  
☐ YES ☐ NO

COPY DOCTOR

PAYER ID NUMBER

REF NO.

PATIENT SUR NAME

POSTAL ADDRESS

POSTAL CODE

FIRST NAME

☐ M ☐ F

PATIENT I.D. NO.

TEL(H)

TEL(W)

CELL

DATE OF BIRTH

MEDICAL AID

HOSPITAL PATIENT

MEDICAL AID NO RECEIPT NO

I GIVE CONSENT FOR TESTS AND GUARANTEE PAYMENT OF ANY OUTSTANDING AMOUNTS NOT COVERED BY MEDICAL AIR OR EXCEEDING ESTIMATE.

COLL DATE

COLL TIME

☐ PRIORITY

SIGNATURE

LAB USE	Collected By				Collect Date				TUBES				URINES			SWABS							
									EDTA	CIT	SST	Plain	Fluoride	HEP	Other	Spot	24 Hr	MICRO	VIRAL	Other			
	PT				Claim Form		Pyr	AC	COLL SUBM		DV REF PAT		CONTAINERS		HISTO	SLIDES		OTHER		SRA USE			
													Faeces	Semen		LBC	Other	PAP	MICRO	Other	Describe	Sign	Date



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PATIENT COPY

REQUESTING PRACTITIONER (Provider No., Surname, Initials, Address)