



## MAIN BRANCH (WHK)

Unit 3, Windhoek Emergency and Trauma Centre, 6th Goethe Street, Government Park, Windhoek

Tel no. 061 222007 Fax no. 221 548 Cell. 081 599 9389

P O Box 87325 Eros, Windhoek, Namibia

## CHEMISTRY

U&E, CREAT	Na, K, Cl, Urea, Creatinine
LFT	Total protein, Albumin, Total Bilirubin, Conjugated Bilirubin, ALP, GGT, ALT, AST, GGT & LDH
Lipogram	Total Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol (calculated)
CMP	Calcium, Corrected Calcium (calculated) Magnesium, Phosphate & Albumin

## ENDOCRINOLOGY

Thyroid functions	TSH, Free T4, Free T3
Menopausal screen	FSH, LH, Estradiol (E <sub>2</sub> )
Infertility female	FSH, LH, Prolactin, Estradiol, Progesterone, Total testosterone, SHBG, TSH, DHEAS
Infertility male	FSH, LH, Prolactin, Total testosterone & SHBG.

## ALLERGY

Phadiatop	Screen for inhalant allergen. If positive, inform lab if individual inhalant RASTS are required (Moulds, Weeds, Grasses, Trees, House dust mite, Cat, Dog).
Pediatric Food screen	Peanut, Soya bean, Egg white, Milk, Wheat, Fish.
Adult Food screen	Peanut, Soya bean, Egg white, Milk, Wheat, Fish, Nuts, Seafood, Cereal

## HEMATOLOGY

Antenatal screen	FBC, Blood group, Antibody screen, RPR, Rubella, HBsAg, CRP, Glucose, HIV & Urinalysis
Iron studies	Fe, Ferritin, Transferrin & Transferrin saturation (calculated).
Bleeding tendency screen	Bleeding time, FBC, INR, APTT.
DIC screen	FBC, INR, APTT, Fibrinogen & D-dimer (XDP).

## SEROLOGY

Arthritis screen	FBC, ESR, CRP, UA, RF, ANF (If positive, anti-DNA and anti-ENA will be done)
STD screen	RPR, HSV II, HBsAg, Chlamydia (urine), Gonorrhoea (urine), HIV
Hepatitis screen	HBsAg (if Positive, Hep B core IgM will be done), Hep A, Hep C

## MICROBIOLOGY

TB Direct microscopy	Concentrated Auramine or ZN stain.
TB PCR	MTB complex Screen and sensitivity to RIF
TB CULTURE	Concentrated ZN, MTB complex PCR screen & MGIT culture (MGIT culture will only be done if MTB complex PCR screen is Positive)

**Diagnolab services can be accessed from the following locations below:**

Main Branch (WHK)	Katima Mulilo Depo	CBD Depo (WHK)	Okahandja Lab
Unit 3 WETC	Diagnolab ( Enkhaus)	Cnr Frans Indongo & Kasch street	Unit 6 Brumou Building
6th Goethe street (Opposite Nampower)	3965 Hage Geingob Drive	Opposite Ellerines Taxi Rank	Erf 932 Martin NEIB St eet
Windhoek	Katima Mulilo	City Centre Windhoek	Okahandja (Opposite Police Station)
Tel: 061 222 007 Cell: 081 599 9389	Cell: 081 599 9389	Tel: 061 245 315 Cell: 081 599 9389	Tel: 062 501 051 Cell: 081 381 8083
Gobabis Lab	Swakopmund Lab	Rehoboth Depo	Keetmanshoop Lab
Unit 3	Unit 18 Woermann Brock Complex	Rehoboth Depo	Unit 5, Erf 313
Woermann Brock Complex	Erf 1923 Ext 1, Vineta	Erf 1069 Block B	5th Avenue NR7
Gobabis	Swakopmund	Rehoboth	Keetmanshoop
Tel: 062 562 224 Cell: 081 599 9389	Tel: 064 463 537 Cell: 081 810 2023	Tel: 062 562 224 Cell: 081 599 9389	Tel: 063 225 691 Cell: 081 387 0850



DOC NUMBER DL120 REV 1

### CLINICAL PATHOLOGY REQUEST FORM

National Diagnostic Laboratory  
Practice Number: 037 000 0576654  
Email. info@diagnolab.com.na  
Web: www.diagnolab.com.na

BARCODE LABEL

Referring Doctor	Practice No:	Copies to Doctors	Hospital&Ward	File No.
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#### SECTION A: PATIENT DETAILS

Patient's Surname	Patient's Name	Home Tel No:
ID Number	Gender: M / F	Cellphone No:
	Date Of Birth	Email:

#### SECTION B: GUARANTOR'S

ACCOUNT TO (compulsory)	ID Num	Home Tel No:
Title,Initial & Surname	PROF/Dr/Mr/Mrs/Ms.	Cellphone No
Postal Address		Email:
Medical Aid		Employer:
Medical Aid No	Medical Aid Plan	Work Tel No:
I certify that the above information is correct and give specific consent for the tests to be performed. I have received adequate pre test counselling and request that all my accounts with Diagnolab be sent to my medical aid and/or insurance company for payment. I indemnify Diagnolab against action that may be brought by virtue of this request and I undertake to pay ALL outstanding monies not covered by medical aid.		Dependent Code
SIGNATURE		Cash <input type="checkbox"/> Receipt No:
Collected by	Date	Time

#### SECTION C: CLINICAL INFORMATION

Relevant Clinical Data & Present Medication	<b>URGENT</b> <input type="checkbox"/>	Contact person
LMP   D D   M M   Y Y Y Y	(x)  YES NO	Tel/Fax No.....

#### SECTION D: LABORATORY REQUESTS

CHEMISTRY	ENDOCRINOLOGY	HAEMATOLOGY	
100 <input type="checkbox"/> U&E, CREAT	301 <input type="checkbox"/> B-HCG screen (serum/urine)	600 <input type="checkbox"/> ANTENATAL SCREEN	718 <input type="checkbox"/> CMV IgG/IgM
101 <input type="checkbox"/> CREATININE	302 <input type="checkbox"/> B-HCG Quantitative	601 <input type="checkbox"/> ANTENATAL SCREEN WITHOUT HIV	719 <input type="checkbox"/> EBV SEROLOGY
102 <input type="checkbox"/> UREA	303 <input type="checkbox"/> THYROID FUNCTION TEST	602 <input type="checkbox"/> FBC & DIFF	720 <input type="checkbox"/> RUBELLA IgG/IgM
130 <input type="checkbox"/> URINE PROTEIN: CREATININE ratio (PCR)	304 <input type="checkbox"/> TSH	603 <input type="checkbox"/> ESR	733 <input type="checkbox"/> MEASLES IgG/IgM
103 <input type="checkbox"/> URIC ACID	305 <input type="checkbox"/> Free T4	616 <input type="checkbox"/> RETICULOCYTES	721 <input type="checkbox"/> STD SCREEN
104 <input type="checkbox"/> MAGNESIUM	306 <input type="checkbox"/> FREE T3	604 <input type="checkbox"/> CD4 COUNT (CrAg if < 100)	722 <input type="checkbox"/> STD SCREEN WITHOUT HIV
105 <input type="checkbox"/> CALCIUM	320 <input type="checkbox"/> THYROID ANTIBODIES	605 <input type="checkbox"/> HIV PCR VIRAL LOAD	734 <input type="checkbox"/> CHLAMYDIA/GONOCOCCAL PCR
106 <input type="checkbox"/> PHOSPHATE	307 <input type="checkbox"/> FSH	606 <input type="checkbox"/> MALARIA	723 <input type="checkbox"/> HERPES SIMPLEX 1 IgG/IgM
107 <input type="checkbox"/> CMP	308 <input type="checkbox"/> LH	607 <input type="checkbox"/> BLEEDING TENDENCY SCREEN	724 <input type="checkbox"/> HERPES SIMPLEX 2 IgG/IgM
131 <input type="checkbox"/> PTH (Parathyroid hormone)	309 <input type="checkbox"/> PROLACTIN	608 <input type="checkbox"/> DIC SCREEN	725 <input type="checkbox"/> SYPHILIS SEROLOGY (TP IgG & RPR)
132 <input type="checkbox"/> VIT D (25 OH)	310 <input type="checkbox"/> OESTRADIOL	609 <input type="checkbox"/> PT / PI / INR	MICROBIOLOGY
108 <input type="checkbox"/> LFT	321 <input type="checkbox"/> SHBG	610 <input type="checkbox"/> PTT	800 <input type="checkbox"/> BLOODCULTURE
109 <input type="checkbox"/> TOTAL PROTEIN & ALBUMIN	322 <input type="checkbox"/> DHEAS	611 <input type="checkbox"/> FIBRINOGEN	802 <input type="checkbox"/> CSF MC&S
110 <input type="checkbox"/> BILIRUBIN TOTAL	311 <input type="checkbox"/> PROGESTERONE	612 <input type="checkbox"/> D-DIMER (XDP)	817 <input type="checkbox"/> Cryptococcal Ag (Serum/CSF)
111 <input type="checkbox"/> BILIRUBIN CONJUGATED	323 <input type="checkbox"/> TESTESTORONE	613 <input type="checkbox"/> BLOOD GROUP, ABO & Rh	803 <input type="checkbox"/> STOOL MC&S
133 <input type="checkbox"/> BILIRUBIN (NEONATAL)	324 <input type="checkbox"/> 17-OH PROGESTERONE (CAH)	614 <input type="checkbox"/> COOMBS	804 <input type="checkbox"/> STOOL Parasites
112 <input type="checkbox"/> ALP	312 <input type="checkbox"/> AMH	615 <input type="checkbox"/> ANTIBODY SCREEN	805 <input type="checkbox"/> Adeno / Rota Virus (stool)
113 <input type="checkbox"/> GGT	314 <input type="checkbox"/> MENOPAUSAL SCREEN	SEROLOGY	806 <input type="checkbox"/> Helicobacter pylori Ag (stool)
114 <input type="checkbox"/> AST	315 <input type="checkbox"/> INFERTILITY MALE	701 <input type="checkbox"/> HIV 1 + 2 Ab + P24 Ag	807 <input type="checkbox"/> URINE MC&S
115 <input type="checkbox"/> ALT	316 <input type="checkbox"/> INFERTILITY FEMALE	732 <input type="checkbox"/> HIV PCR QUALITATIVE	808 <input type="checkbox"/> URINE Microscopy & Chemistry
116 <input type="checkbox"/> AMYLASE	317 <input type="checkbox"/> Folate	702 <input type="checkbox"/> Hepatitis A IgM (acute)	822 <input type="checkbox"/> GBS Ag (urine)
117 <input type="checkbox"/> AMYLASE (urine)	318 <input type="checkbox"/> Vitamin B12	703 <input type="checkbox"/> Hepatitis B sAg	809 <input type="checkbox"/> SPUTUM MC&S
118 <input type="checkbox"/> LDH	319 <input type="checkbox"/> CORTISOL (serum /24hr urine)	728 <input type="checkbox"/> Hepatitis B Core (total) Ab	810 <input type="checkbox"/> Pus swab MC&S (indicate site)
134 <input type="checkbox"/> LIPASE	320 <input type="checkbox"/> SEMEN ANALYSIS	704 <input type="checkbox"/> Hepatitis B core IgM	818 <input type="checkbox"/> Nose swab MC&S
119 <input type="checkbox"/> IRON STUDIES	325 <input type="checkbox"/> DRUGS OF ABUSE	705 <input type="checkbox"/> Hepatitis B Immunity (HBsAb)	819 <input type="checkbox"/> Eye swab MC&S
120 <input type="checkbox"/> GLUCOSE (fasting/random)	TUMOUR MARKERS	730 <input type="checkbox"/> Hepatitis B PCR (viral load)	811 <input type="checkbox"/> Fluid/Tissue MC&S (Indicate site)
121 <input type="checkbox"/> HBA1C	401 <input type="checkbox"/> PSA TOTAL	706 <input type="checkbox"/> Hepatitis C Virus Ab	820 <input type="checkbox"/> Urethral/Penile/Semen MC&S
135 <input type="checkbox"/> URINE ALBUMIN: CREATININE ratio (ACR)	402 <input type="checkbox"/> FREE PSA	731 <input type="checkbox"/> Hepatitis E IgG / IgM	812 <input type="checkbox"/> Fungi & Yeast MC&S
122 <input type="checkbox"/> GTT 2HRS	100 <input type="checkbox"/> CEA	707 <input type="checkbox"/> H-pylori Antibodies	821 <input type="checkbox"/> Sinus /antrum/washings MC&S
123 <input type="checkbox"/> GTT (3HRS/pregnancy)	403 <input type="checkbox"/> Ca 19-9	708 <input type="checkbox"/> ARTHRITIS SCREEN	813 <input type="checkbox"/> Mycoplasma/Ureaplasma Culture
124 <input type="checkbox"/> LIPOGRAM (fasting/random)	404 <input type="checkbox"/> Ca 125	709 <input type="checkbox"/> RHEUMATOID FACTOR	814 <input type="checkbox"/> TB microscopy (ZN or auramine)
125 <input type="checkbox"/> CHOLESTROL	405 <input type="checkbox"/> Ca 15-3	710 <input type="checkbox"/> ANF	815 <input type="checkbox"/> TB Culture
126 <input type="checkbox"/> TRIGYCERIDES	406 <input type="checkbox"/> AFP	711 <input type="checkbox"/> ASOT	816 <input type="checkbox"/> TB PCR (GeneXpert)
127 <input type="checkbox"/> PCT (Quantitative)	407 <input type="checkbox"/> Occult blood (stool)	727 <input type="checkbox"/> BILHARZIA ANTIBODY	OTHER TESTS NOT ON LIST
128 <input type="checkbox"/> CRP	408 <input type="checkbox"/> PROT ELECTROPHORESIS	712 <input type="checkbox"/> TMX	
CARDIAC MARKERS	409 <input type="checkbox"/> BRENCE-JONES PROT (Urine)	713 <input type="checkbox"/> WIDAL	
201 <input type="checkbox"/> TROPONIN T (Qualitative)	ALLERGY	714 <input type="checkbox"/> WEIL FELIX	
202 <input type="checkbox"/> TROPONIN I (Qualitative)	501 <input type="checkbox"/> IgE total	716 <input type="checkbox"/> BRUCELLA RAPID	
203 <input type="checkbox"/> CKMB MASS	502 <input type="checkbox"/> PHADIATOP (Inhalant Screen)	726 <input type="checkbox"/> BRUCELLA IgG/IgM	
204 <input type="checkbox"/> CK total	503 <input type="checkbox"/> ADULT FOOD SCREEN	717 <input type="checkbox"/> PAUL BUNNEL	
205 <input type="checkbox"/> Pro-BNP	504 <input type="checkbox"/> PEADIATRIC FOOD SCREEN	718 <input type="checkbox"/> TOXOPLASMA IgG/IgM	
	505 <input type="checkbox"/> INDIVIDUAL ALLERGEN Please specify		

PLEASE NOTE: Additional tests will be done at the discretion of the laboratory when specific results are obtained.

Date received	Time	Logged by	Specimens received	EDTA	GEL	GREY	HEP	CIT	RED	URINE	STOOL	SWAB	SPUTUM
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P.T.O FOR PROFILE