



MDS REF No

TEST REQUISITION FORM

PLEASE PRINT CLEARLY & FILL IN ALL FIELDS

PATIENT'S DETAILS														
Surname:				Sex:	M	F	Weight (kg):			Height (m):				
First names:				Typical breakfast:										
ID No:														
D.O.B:		Age:		Typical lunch:										
Tel:														
Cell:				Typical supper:										
Postal address:														
				Personal medical history:				Family's medical history:						
E-mail:														
Medication:														
				No. of days exercise/activity per week:			0	1	2	3	4	5	6	7
Nutritional supplements:				Intensity of exercise/activity:		Low		Moderate		High intensity				
How did you hear about LipidPro?				Blood pressure:			Smoker?		Yes	No	Former			
Sample collection date:			Time:		Blood sample taken by:									

REFERRING PRACTITIONER'S DETAILS

Name and surname:				Practice tel:							
E-mail:				Indication for referral:							

ACCEPTANCE OF SAMPLE DETAILS AND TERMS AND CONDITIONS OF TESTING

1. I accept that my LipidPro results will not be sent to me directly, rather to my referring health practitioner (ISO15189:2012:5.9.1 Release of results).						Signature:					
2. I consent to tests requested, guarantee payment and verify that all information is correct.						Date:					

TEST	Cost (incl. Vat)
LipidPro LDL (please refer to instructions below for additional total cholesterol test required) Comprehensive analysis of LDL- cholesterol fractions & subfractions (risk for, & treatment monitoring of, CHD*, hypertension, ischemic stroke & lower extremity arterial disease). (3 month follow up test recommended to monitor effectiveness of treatment intervention). *CHD = coronary heart disease	R950.00

Instructions for sample collection and transportation to MDS Laboratory

For samples collected at Ampath (KZN only) – use account number c576092:

Please collect a 12-hour fasted sample (5ml, SST tube) and perform a total cholesterol test. Client not liable for payment for total cholesterol. Charge Dr York-MDS for total cholesterol test (use account number c576092). Log in test code CH and SENDCOM. Please submit the remaining sample to MDS together with the LipidPro request form. Transport at room temperature.

For samples collected at other facilities:

MDS requires a total cholesterol result prior to proceeding with the LipidPro test, performed on the same day as the LipidPro sample collection.

The result must be submitted to MDS with the LipidPro sample or emailed to nutrition@wellpro.co.za with client details. The total cholesterol test can be done at a clinic or laboratory and will be done at the **client's own cost**.

For the LipidPro test, please collect a 12 hour fasting blood sample (5ml serum sample in a Gel/SST plain tube). Please spin the sample down within 2 hours after sample collection if there are facilities to do so. Place request form and sample in a sample bag and contact MDS (031 267 7000) to arrange for a courier collection. **Please ensure MDS receives the sample within 24 hours of sample collection.** To ensure that samples arrive at the laboratory the following day please only collect samples on a day before a working day and send the samples overnight by courier. Transport at room temperature but keep samples cool overnight (P.T.O.).

Payment details

Medical aid does not cover the cost of these tests. The patient can make payment either via credit card, bank deposit or electronic transfer with the patient name as payment reference.

Note: Testing will not be started until payment is received. The sample is invalid for processing after 7 days, therefore upfront payment directly to MDS is required prior to, or soon after, sample collection. Payment for the test requested will be taken as consent for testing to be performed on the sample submitted to MDS.

Payment options:

Credit Card Details: (please ✓)	Visa	Master Card	American Express	Straight	Budget 6m
Card Number:					Amount:
CVV Number:	Exp Date:	Date:			
Signature:	Name on card:				

Banking Details:

Molecular Diagnostic Services (Pty) Ltd

FNB Westville

Account Number: 62109297912

Branch Number: 223526

Email proof of payment to: reception@mdsafrica.net

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 authorised and legal action will be taken against any person found guilty of such action. 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.



A division of Molecular Diagnostic Services (Pty) Ltd, Practice No. 050 000 0235660

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