



# GENETICS TEST REQUISITION FORM

PLEASE PRINT CLEARLY

PATIENT'S DETAILS										PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT														
SURNAME:					TITLE:					SURNAME:														
FIRST NAMES:					M		F			FIRST NAMES:														
TEL:					CELL:					TEL :					CELL:									
ID No										D.O.B	____/____/____				REFERRING HEALTH PRACTITIONER AND SAMPLE COLLECTION DETAILS									
POSTAL ADDRESS:										HEALTH PRACTITIONER:														
										ADDRESS:														
										EMAIL:														
EMAIL ADDRESS:										TEL:					CELL:									
										PRACTICE NO:														
MED AID:					MED AID No:					SPECIMEN TYPE:					COLLECTION DATE:									
ICD 10 CODES:										SPECIMEN COLLECTED BY:														

ACCEPTANCE OF SAMPLE DETAILS AND TERMS AND CONDITIONS OF TESTING									
1. I consent to tests requested, guarantee payment and verify that all information is correct.								<b>Signature:</b> .....  <b>Date:</b> .....	
2. I hereby give consent that the laboratory is allowed to release the diagnostic codes to my Medical Aid if requested.									
3. The MDS sample collection kit for genetic tests is a Buccal Swab, however other acceptable sample types include: Finger prick, EDTA blood.									
4. I hereby give consent that the laboratory is allowed to release my results to my healthcare practitioner or recommended health care practitioner.									
5. I hereby give consent that my genetic material and clinical information may be included in a database for research, related to the test requested, without revealing my identity (Please circle YES or NO for your choice).									

GENETIC TESTS (It is encouraged that these tests be discussed with a healthcare practitioner) To have your sample taken please contact the Dischem Clinic call centre to book an appointment on 086 111 7427 (EDTA blood sample will be taken), alternatively you can opt for the self-collection buccal swab sample. To have the kit sent to you contact MDS reception on 031 267 7000. PTO for instruction on how to use the MDS buccal swab sample kit.		SAMPLE TYPE	PRICE
Test requested (Mark with X)			
<input type="checkbox"/>	*GenePro wellness screen (20 SNP's/Low penetrance mutations associated with the development of certain conditions (eg CVD, obesity, insulin resistance, detoxification) Lifestyle and dietary guidelines provided with the aim of lowering associated risk)	Buccal Swab/ EDTA blood	R 2 915.00
<input type="checkbox"/>	Lactose intolerance (MCM6)		R 900.00
<input type="checkbox"/>	Coeliac Disease - Genetic susceptibility test (HLA DQ2&DQ8)		R 1900.00

\*The GenePro report can be enhanced if we include the results of additional biomarker tests (as listed below). Should you have performed these tests recently please send your results to MDS. If you would like to test these additional markers, please discuss this with the sister taking the blood samples as these tests are performed by other laboratories. (Please however note that a GenePro report can be generated without the additional markers).

## ADDITIONAL GENEPRO BIOMARKER TESTS


- Lipid Profile (Total cholesterol, LDL-Cholesterol, HDL-Cholesterol and Triglycerides)
- Homocysteine
- Iron profile (Iron, Transferrin, transferrin saturation, and Ferritin)
- Glucose (Fasting)
- Vit B12
- Vitamin D

MDS Ref. no:	Office use only
Sample type: _____	
Sample condition: _____	
Checked By: _____	
Date: _____	

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.

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.

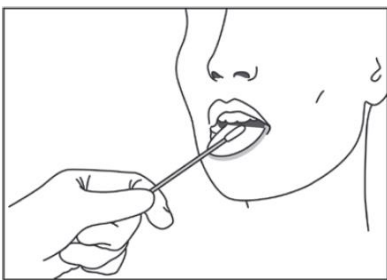
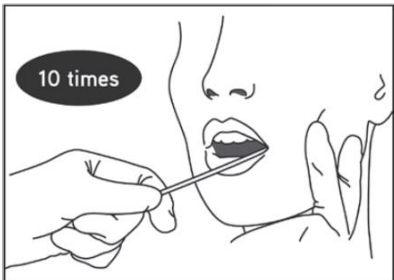
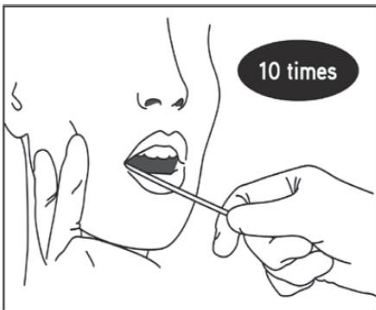
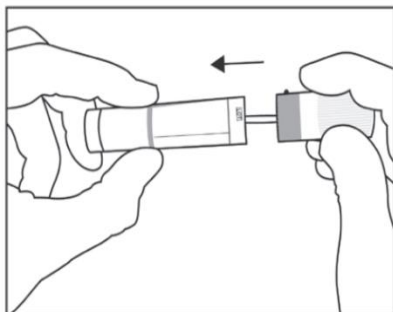

MDS respects your right to privacy and therefore aims to ensure that we comply with the legal requirements of the POPI Act which regulates the manner in which we collect, process, store, share and destroy any personal and special personal information which you have provided to us. As such, we realize 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](http://www.mdsafrica.net).

PAYMENT DETAILS			(The patient is required to make upfront payment before testing begins at MDS laboratory)
DIRECT DEPOSIT	CASH	CREDIT CARD: To give us your credit card details telephonically, contact the office on 031 267 7000	
<b>Banking Details:</b> FNB, Westville Branch Code: 223526 Account No: 62109297912		For Zapper payments, please use this QR code: Reference: Name and Surname or send reference number to <a href="mailto:reception@mdsafrica.net">reception@mdsafrica.net</a>	
			

### Instructions for Buccal Swab Specimen Collection

Proper specimen collection is important for successful DNA analysis. Please follow the specimen collection procedures below. During sample collection when handling the swab applicator, the operator must hold the swab from the handle or the upper part of the swab shaft.

- NOTE:
- The individual submitting his/her sample must not eat, drink (apart from water), brush teeth or chew gum one hour before sample collection.
  - The sample collection must be performed immediately once the seal has been broken on the swab.

<p><b>Collection procedure:</b></p> <p><b>Goal:</b></p> <ol style="list-style-type: none"> <li>1. To collect cells by rubbing two swabs 10 times against each cheek.</li> <li>2. To return the swabs to the tube and label.</li> <li>3. To place completed form and swabs in bag and contact MDS for collection.</li> </ol>	<p>1. Holding the swab handle, insert the swab inside the mouth over the tongue and wet the swab with saliva.</p> 	<p>2. Roll the swab 10 times against the inside of the cheek at the same time press your fingers on the outside of your cheek so that the swab rolls firmly against the inside cheek.</p> 
<p>3. Repeat the process with the second swab on the other cheek.</p> 	<p>4. After collection, replace the swab back into the plastic tube and close tightly. Fill in the date and the initials and surname of the individual whose sample was taken onto the side of the tube.</p> 	<p>5. Place the tube and completed forms inside the blue MDS ziplock bag and contact MDS on 031 267 7000 or <a href="mailto:reception@mdsafrica.net">reception@mdsafrica.net</a> for a courier to collect the sample. Transport at room temperature.</p> 



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