

# Remedi Standard Option Pathology Request Form 2025



## Contact details

Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • [www.yourremedi.co.za](http://www.yourremedi.co.za)

## Who we are

Remedi Medical Aid Scheme (referred to as 'the Scheme'), registration number 1430. This is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Practice name

Practice location

Practice number

Requesting doctor

Copy doctor

Requesting doctor's practice no

Testing laboratory

## 1. Patient details

Have you visited any of our branches before? Yes  No

Title  Initials

Surname

First name(s) (as per identity document)

ID or passport number  Membership number

Hospital/folio no.

Telephone (H)  Telephone (W)

Cellphone

Email

Patient/Guardian signatures

I consent to any information reflected on this form, including ICD 10 codes and any information that may emanate from the usage of this form pertaining to me or my dependants, being disclosed to Discovery. I accept that Discovery will be entitled to utilise the aforementioned data for managed care, risk management and research purposes. Yes  No

Hospital/patient Yes  No  Specimen Fasting  Random

Coll date  Coll time

Coll by

Special request Routine  Urgent  Stat  Tel

## 2. Person responsible for payment of account

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name	<input type="text"/>		
Guarantor I.D number	<input type="text"/>		
Postal Address			
<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	Box number	<input type="text"/>
<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet Suite	Number	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		
Employer	<input type="text"/>		
Medical aid number	<input type="text"/>	Medical aid/receipt/I.O.D no.	<input type="text"/>
Authorisation no.	<input type="text"/>	Dep code	<input type="text"/>

Description (please tick the relevant box)	Code	Cost
<b>Haematology</b>		
Haemoglobin estimation (Hb) <input type="checkbox"/>	3762	R27.70
Leucocyte total + diff count <input type="checkbox"/>	3783/3785	R123.10
Hb and diff count <input type="checkbox"/>	3783/3785/3762	R150.80
Haematocrit/PCV <input type="checkbox"/>	3791	R27.70
Full blood count <input type="checkbox"/>	3755/3797	R196.10
ESR <input type="checkbox"/>	3743	R46.20
Vitamin B12 <input type="checkbox"/>	4491	R191.00
<b>Coagulation</b>		
Prothrombin Index <input type="checkbox"/>	3805	R92.40
Therapeutic drug level: INR <input type="checkbox"/>	3806	R69.30
<b>Pregnancy</b>		
βHCG Qualitative <input type="checkbox"/>	4450	R153.80
Blood group (A B O) <input type="checkbox"/>	3764	R55.40
Grouping: Rh Antigen <input type="checkbox"/>	3765	R55.40
Indirect Coombs Antiglobulin test <input type="checkbox"/>	3709	R56.20
Syphilis serology Qualitative <input type="checkbox"/>	3949	R34.60
<b>Gynaecology</b>		
Pap smear <input type="checkbox"/>	4566	R195.10
Liquid based Cytology <input type="checkbox"/>	4559	R207.60
<b>Malaria blood smear</b>		
QBC malaria concentration & fluorescent staining <input type="checkbox"/>	3786	R384.70
Malaria: Antigen <input type="checkbox"/>	3792	R138.40
Parasites in blood smear <input type="checkbox"/>	3865	R86.10
Concentration techniques for parasites <input type="checkbox"/>	3883	R46.20

**General endocrine**

TSH	<input type="checkbox"/>	4507	R301.60
Free Thyroxine (FT4)	<input type="checkbox"/>	4482	R268.90
Thyrotropin (TSH) + Free Thyroxine (FT4)	<input type="checkbox"/>	4484	R570.50

**Lung, kidney, skeleton**

Chloride	<input type="checkbox"/>	4023	R39.80
Potassium	<input type="checkbox"/>	4113	R55.70
Sodium	<input type="checkbox"/>	4114	R55.70
Urea	<input type="checkbox"/>	4151	R55.70
U&E only	<input type="checkbox"/>	4171	R243.70
Creatinine	<input type="checkbox"/>	4032	R55.70
Uric acid	<input type="checkbox"/>	4155	R58.10

**Glucose metabolism**

Glucose tolerance test (2 Specimen)	<input type="checkbox"/>	4049	R138.00
Glucose – random	<input type="checkbox"/>	4057	R55.70
Glucose – fasting	<input type="checkbox"/>	4057	R55.70
HbA1C	<input type="checkbox"/>	4064	R219.20

**Lipid metabolism**

Chol/HDL/LDL/Trig	<input type="checkbox"/>	4025	R416.50
Cholesterol – Total	<input type="checkbox"/>	4027	R82.20
HDL Cholesterol	<input type="checkbox"/>	4028	R106.20
Triglycerides	<input type="checkbox"/>	4147	R122.00
LDL Cholesterol	<input type="checkbox"/>	4026	R106.20

**Liver, pancreas, GIT**

Amylase	<input type="checkbox"/>	4006	R79.70
Alkaline Phosphate	<input type="checkbox"/>	4001	R79.70
Bilirubin: Total	<input type="checkbox"/>	4009	R73.40
Bilirubin: Conjugated	<input type="checkbox"/>	4010	R55.70
AST (SGOT)	<input type="checkbox"/>	4130	R83.10
ALT (SGPT)	<input type="checkbox"/>	4131	R83.10
LDH Lactate dehydrogenase	<input type="checkbox"/>	4133	R83.10
Gamma GT	<input type="checkbox"/>	4134	R83.10
Protein total	<input type="checkbox"/>	4117	R47.80
Albumin	<input type="checkbox"/>	3999	R73.80

**Cardiac**

Creatine kinase (CK)	<input type="checkbox"/>	4132	R83.10
CK-MB: Quantitative (Automated)	<input type="checkbox"/>	4152	R190.70
CK-MB: Quantitative (Not Automated)	<input type="checkbox"/>	4153	R268.80
Troponin Isoforms	<input type="checkbox"/>	4161	R307.70

**HIV tests**

HIV: ELISA (no West. Blot)	<input type="checkbox"/>	3932	R216.90
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**HIV monitoring**

HIV viral load	<input type="checkbox"/>	4429	R1297.00
CD 4 count	<input type="checkbox"/>	3816	R324.70

**Immunology**

Hepatitis: A IGM antibody	<input type="checkbox"/>	4531	R223.00
Hepatitis: B surface antigen	<input type="checkbox"/>	4531	R223.00
IgM: Specific antibody titer: ELISA/EMIT: Per Ag	<input type="checkbox"/>	3946	R216.20
C-reactive protein	<input type="checkbox"/>	3947	R166.80
IgG: Specific antibody titer: ELISA/EMIT: Per Ag	<input type="checkbox"/>	3948	R199.30

**Microbiology**

Urine microscopy	<input type="checkbox"/>	3867	R75.40
Urine MC&S	<input type="checkbox"/>		+/-R767.00
Faecal microscopy	<input type="checkbox"/>	3869	R75.40
Faecal occult blood	<input type="checkbox"/>	4352	R153.80
Faecal MC&S	<input type="checkbox"/>		+/-R505.40
Sputum microscopy	<input type="checkbox"/>	3867	R75.40
Sputum MC&S	<input type="checkbox"/>		+/-R804.00
Sputum TB micro	<input type="checkbox"/>	3881	R46.20
Antibiotic susceptibility	<input type="checkbox"/>	3887	R123.10
Biochemical ID abridged	<input type="checkbox"/>	3923	R48.50

**Biochem**

Calcium: Spectrophotometric	<input type="checkbox"/>	4017	R55.70
Magnesium: Spectrophotometric	<input type="checkbox"/>	4094	R55.70
Phosphate	<input type="checkbox"/>	4109	R55.70

**Iron studies**

Iron	<input type="checkbox"/>	4071	R103.90
Transferrin	<input type="checkbox"/>	4144	R180.00
Ferritin	<input type="checkbox"/>	4528	R191.00

Other tests:


Clinical information:


ICD 10's

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Referring doctor's  
signature

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The Remedi Standard Option Pathology Benefit covers only the tests itemised above. For other tests please list in the "Other Tests" box. I certify that the above information is correct and give consent for selected tests to be done. I undertake to pay all outstanding monies not covered by the benefit. I will be liable for any tests not covered by the Remedi Standard Option

Member's signature

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**Fraud Waste Abuse**

The practice must maintain an ethical standard in accordance with the HPCSA code of conduct and refrain from any conduct that constitutes FWA (fraud, waste and/or abuse). Furthermore, the practice must co-operate with all FWA enquiries. In this regard the practice consents to provide and acknowledges that it is obliged to provide all information relevant to an FWA enquiry which includes information about the practice and its patient (individual or collective) that is relevant to establishing the occurrence of FWA and/or seeking solutions if FWA is established.