

PATIENT / REPRESENTATIVE INSTRUCTION TO RECEIVE PATHOLOGY REPORTS FROM AMPATH

Ampath on instructions of the referring physician generates a pathology report. The report is confidential and contains diagnostic information which must be interpreted in conjunction with the patient's medical history. Ampath submits the report to the physician who interprets and discusses the report with the patient.

Ampath also acknowledges the patient's right to his/her personal medical information. Kindly complete and sign this form in order to request your lab report(s) from an Ampath depot.

By signing this form:

1. You understand that the report must be interpreted by the physician.
2. You request and authorise Ampath to directly supply the following pathology reports :

Patient full names & surname :
Patient ID number :
Referring doctor :
Date of Pathology test/s :
Specify Pathology tests (*if possible*) :

3. Ampath will not be liable should information contained in the reports submitted to you come to the knowledge of any unauthorised third party.

A. Signed by patient: _____

Or

B. Signed for AND ON BEHALF of the patient : _____
(Duly authorised to represent the patient and/or to obtain the patient's report/s)

Full name/s, surname and identity number of patient's representative:

Indicate secure method of choice for receipt of report: E-Mail Ampath depot collection

E-mail address / Ampath depot collection: _____

Date: ____/____/20____