

	<b>UNIVERSITY OF CAPE TOWN</b>		
	<b>Biological Monitoring Payment Authorisation</b>	Reference Number	<b>HS04</b>
		Implementation Date	12 November 2010
		Rev / Amendment No	02
		Rev / Amendment Date	07 October 2025

## HS04 - Biological Monitoring Payment Authorisation

Patient details					
Surname					
First name					
Gender	Male		Female	Birth date	
Address (if applicable)					
Cell no.				Email address	
Student/staff no.				Identity no.	
Occupation				Department	
Department address					
Manager					
Finance officer/ Manager name				Finance officer/ Manager phone no.	
Cost centre		Fund		G/L	

Examination		
Please perform the following examination(s), indicated by a ✓. The service provider should be as requested (nurse or doctor).		
<b>Examination</b>	<b>Performed by</b>	✓
Medical Consultation		
Job suitability assessment (i.e. Occupational Therapist)		
Other (Describe):		

Investigations							
Please perform the following test(s), indicated by a ✓.							
<b>Investigation</b>	✓	<b>Lab test</b>	✓	<b>Lab test</b>	✓	<b>Lab test</b>	✓
Chest X-Ray (PA)		Hepatitis B Immunity		Gamma GT		Occult Blood	
Forced Expirogram		Hepatitis A Immunity		CDT		Mercury - Urine	
Flow Volume Loop		Full Blood Count		AST		Mercury - Blood	
Screening Audiogram		Allergy Testing (Skin Prick)		ALT			
Diagnostic Audiogram		Allergy Testing (RAST)		Fasting Glucose			
Tympanometry		PPD		U & E			
Full Visual Screen		Quantiferon		Creatinine			
Description (if necessary):							

Authorising fund holder		
Name		
Signature		Date

Lab references			
Vendor name		Invoice reference no.	
Specimen no.		Amount	R