



# CHIMERISM REQUEST FORM

Unistel Medical Laboratories (Pty) Ltd

US Faculty of Health Sciences,  
 Clinical Building, Room 2128,  
 Tygerberg, 7505, RSA  
 Tel: +27 21 9389213  
 Web: www.unistelmedical.co.za

The specimen request form **MUST** accompany the specimen

Date	Type of Sample	Name / Number on Tube	Pre-Sample ✓	Donor Sample ✓	Post-Sample ✓	Days after Post Transplant +/-	Unistel Lab No

Account to:	
Referring Physician Name:	
Reporting Address:	
Phone:	
Fax:	
Email:	

**WE UNDERSTAND AND ACCEPT THAT:**

All information is confidential and will be treated as such.  
 The request form has been completed correctly.  
 Unistel accept no responsibility for any losses that may occur as a result of human or technical error.  
 Should gross negligence be proven the claim shall not exceed the value of the contract.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 (for SABMR)

Signature: \_\_\_\_\_

Specimen				Specimen Receipt at Unistel				
Specimen Type: ✓	EDTA Blood	Buccle Swab	Other	Received by:				
Collected by:			Site:	Time received:				
Date collected:	y	m	d	Time collected:	Date received:	y	m	d