

Pathology Referral

From: Medical Advisor Care Cross Health

Dear Doctor

Please assist with the following:

PROCEDURE: **Blood tests required to screen for Hepatitis A, B and C**

Hepatitis A: IgM Ab test (HA IgM Ab)

Hepatitis B: Surface antigen test (HBsAg)

Hepatitis C: Hep C Ab test (HC IgG Ab) if positive PCR

CLINICAL: **To exclude the presence of active Hepatitis**

Procedures

- * The tariff code 4531 x 3 will be reimbursed upon receipt of the account at the preferred rate.
- * The result of the test should be sent to the requesting provider.
- * Any enquiries can be directed to CareCross Health on 0860 101 159
- * Please submit paper account to:

CareCross Health
PO Box 44991
Claremont
7735

Ph: 0860 101 159

