

**Subject: PATIENT REQUEST FOR ACCESS TO RECORD FORM  
(Section 18(1) of the Promotion of Access to Information Act, 2000)**

**Revision 1  
Revision Date: 2015-10-07**

**Author: C Louw**

**Auth by: Dr K Mostert  
Auth Date: 2015-10-07**

**Implementation Date:  
2015-10-07**

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Release Date: 2015-10-07**

**(Regulation 10)**

**A. PARTICULARS OF PRIVATE BODY**

Name of Private Body:	Dr WJH Vermaak Inc. Pathology laboratory
Practice number:	Pr 0520000047368
Postal address:	PO Box 75639, Lynnwood Ridge, 0040
Street address:	671 Keet ave, Les Marais, Pretoria
Phone number:	(012) 404 2300
Fax number:	0867439282
Director:	Prof WJH Vermaak
Information Officer:	Me Chantell Louw
Deputy Information Officer:	Me Susan Kruger
Email address of Information Officer:	informationofficer@vpath.co.za

**B. PARTICULARS OF PATIENT REQUESTING ACCESS TO HIS/HER RECORD**

The address and/or fax number in RSA to which the information is to be sent must be given.

Full names and surname:					
Identity number:					
Postal address:					
Telephone number:					
E-mail address:					
Form of access to record:	Hardcopy ( in person)		e-mail		Hard copy (postal service) Fees may be applicable

**C. PARTICULARS OF RECORD**

Description of record or relevant part of the record:	
Reference number, if available:	

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**D. NOTICE OF DECISION REGARDING REQUEST FOR ACCESS**

You will be notified in writing whether your request has been approved or if you have to access your records in an alternative manner eg. in consultation with your medical practitioner.

How would you prefer to be informed of the decision regarding your request for access to the record?	
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I acknowledge that I am aware that if Vermaak & Partners release my test results to me it does not include a consultation.

I need to consult with my medical practitioner with any queries, interpretation or follow up.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_