

Zarpath Laboratories Terms and Consent to Process Personal Information

I consent to Zarpath Laboratories collecting samples and/or performing tests and acknowledge that the terms below apply.

1. I consent to Zarpath Laboratories taking the samples required to perform the tests set out in the request form and/or processing the samples and performing the required tests.
2. The personal information I provided on the request form is complete and accurate and I consent to Zarpath Laboratories collecting, storing, using, disclosing and processing my personal information for the purposes of performing tests and as set out in these terms.
3. I understand that the personal information will be used by Zarpath Laboratories for:
 - a. collecting the samples required;
 - b. processing the samples;
 - c. performing the tests set out in the request form;
 - d. processing the test results; and
 - e. purposes related to retaining patient information in line with the requirements of the Health Professions Council of South Africa.
4. I consent to Zarpath Laboratories disclosing the personal information and test results to the third parties (i.e. referring doctor, copy doctor, medical scheme, insurance company, travel agent, airline as applicable) documented on the request form.
5. If Zarpath Laboratories discloses personal information or test results to the third parties Zarpath Laboratories will not be responsible for safeguarding this information and cannot be responsible for any loss that may arise.
6. I indemnify Zarpath Laboratories against any losses or claims resulting from the third party's wrongful use or disclosure of the personal information or test results.
7. If the patient is a child (a person under 18 years of age who is not legally competent in terms of the POPI Act). I as the parent or guardian or competent person will receive access to this information and provide consent on the child's behalf.
8. I understand that I may, at any time withdraw the consent for the processing of my personal information, in which case the personal information will no longer be processed by Zarpath Laboratories. The lawfulness of the processing of personal information before such withdrawal of consent will not be affected.
9. I agree that any tissues or bloods that are removed from my body may be examined and then disposed by Zarpath Laboratories in line with legal regulations.
10. I understand that the fees Zarpath Laboratories charges are separate from the hospital and medical practitioner charges, and I agree to pay Zarpath Laboratories according to its tariff of charges from time to time.
11. I will pay all amounts due by me timeously and guarantee payment of amounts not covered by my funder or medical scheme.
12. If I fail to pay any amount timeously, I agree that my contact information and amount outstanding may be disclosed to collection agents.
13. I consent that the diagnostic ICD10 codes may be provided to my medical scheme for reimbursement purposes.
14. I have read and understand the information received about the test collection procedures and testing.
15. Health care providers who supply me with care are not part of Zarpath Laboratories and Zarpath Laboratories is not be liable for their actions or inactions.
16. I acknowledge that most pathology tests require expert interpretation by a medical professional and that I may require additional testing to confirm positive results.
17. I understand that it is my responsibility to seek out expert medical advice if test results require it.
18. I agree that Zarpath Laboratories is not liable for any loss, whether direct, indirect and consequential, arising from or relating to the interpretation of results, delays in providing results or disclosure of inaccurate results, or due to harm or injuries that occurred in circumstances outside of Zarpath Laboratories reasonable control and responsibility.
19. I consent to receiving results which may have adverse psychological effects which may require counselling, consultation or discussions with the referring medical practitioner.
20. Any amendments or cancellations requests for the Covid-19 Concierge Service test must be done at least 24 hours prior to the original confirmed appointment date and time.
21. This consent is valid from the date of my signature on this request form and will continue until the consent is changed or withdrawn in writing.

Full Name: _____

Date: _____

Signature: _____



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