

De Frey en Vennote Ing.

PR. 1451979 Reg 2017/095638/21 VAT # 4940174529

P.O. Box 2938

Cresta

2118

South Africa

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De Frey en Vennote Ing.

**TRAVEL DOCTOR**  
C O R P O R A T E

Client : **SETE YACHT MANAGEMENT MEDICAL - NON-FOOD HANDLER**  
Please send POP to : samsa@TravelDocCorp.com  
**PLEASE USE YOUR SURNAME / INVOICE NUMBER AS REFERENCE WHEN MAKING PAYMENT**  
Upfront payment is required to schedule and book an appointment

Invoice Number SAMS-SETE/26

Account Number COD001

Valid until 28 Feb 2027

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**INVOICE**

| Our Ref | Description                                                                                              | Qty | Unit Price | VAT   | Total Incl. |
|---------|----------------------------------------------------------------------------------------------------------|-----|------------|-------|-------------|
| CN042   | <b>SAMSA (EXTENDED) Medical by Doctor, including</b>                                                     | 1   | R 1 800.00 | 15.0% | R 1 800.00  |
|         | * Consultation * Urine Dip Stick                                                                         |     |            |       |             |
| TS032   | Stress ECG                                                                                               | 1   | R 1 190.00 | 15.0% | R 1 190.00  |
|         | <b>Occupational Health Items</b>                                                                         |     |            |       |             |
| TS010   | X-Ray Chest: Reported by a Specialist Radiologist                                                        | 1   | R 883.00   | 15.0% | R 883.00    |
| TS000   | OHS - Audiometry                                                                                         | 1   | R 330.00   | 15.0% | R 330.00    |
| TS008   | OHS - Vision                                                                                             | 1   | R 330.00   | 15.0% | R 330.00    |
| TS002   | OHS - Spirometry                                                                                         | 1   | R 330.00   | 15.0% | R 330.00    |
|         | <b>Laboratory Items : TO NOTE : Additional tests may be needed, and payable at time of Consultation.</b> |     |            |       |             |
| LB188   | Laboratory administration fee                                                                            | 1   | R 85.00    | 15.0% | R 85.00     |
| LB190   | Alcohol / Ethanol Test                                                                                   | 1   | R 305.00   | 15.0% | R 305.00    |
| LB010   | Blood group                                                                                              | 1   | R 179.00   | 15.0% | R 179.00    |
| LB026   | CRP                                                                                                      | 1   | R 267.00   | 15.0% | R 267.00    |
| LB038   | Full Blood Count with ESR                                                                                | 1   | R 375.50   | 15.0% | R 375.50    |
| LB044   | Glucose (FASTING)                                                                                        | 1   | R 89.00    | 15.0% | R 89.00     |
| LB054   | Hepatitis A IgG Levels                                                                                   | 1   | R 385.00   | 15.0% | R 385.00    |
| LB056   | Hepatitis A IgM Levels                                                                                   | 1   | R 385.00   | 15.0% | R 385.00    |
| LB194   | Hepatitis B Surface Antigen (HbsAg)                                                                      | 1   | R 385.00   | 15.0% | R 385.00    |
| LB195   | Hepatitis C Screen (HCVAb)                                                                               | 1   | R 385.00   | 15.0% | R 385.00    |
| LB064   | HIV ELISA                                                                                                | 1   | R 190.00   | 15.0% | R 190.00    |
| LB068   | Lipid Screen / Lipogram                                                                                  | 1   | R 630.00   | 15.0% | R 630.00    |
| LB070   | Liver Function Profile                                                                                   | 1   | R 1 050.00 | 15.0% | R 1 050.00  |
| LB147   | QuantiFERON-TB (0192)                                                                                    | 1   | R 1 270.00 | 15.0% | R 1 270.00  |
| LB104   | RPR                                                                                                      | 1   | R 350.00   | 15.0% | R 350.00    |
| LB116   | U&E Creatinine (includes Blood Urea Nitrogen - BUN)                                                      | 1   | R 478.00   | 15.0% | R 478.00    |
| LB118   | Uric acid                                                                                                | 1   | R 94.00    | 15.0% | R 94.00     |
| LB128   | Urine Analysis : Drug Screen - complete                                                                  | 1   | R 804.00   | 15.0% | R 804.00    |
| LB209   | Urine Analysis : Phencyclidine (PCP) - Urine Test                                                        | 1   | R 590.00   | 15.0% | R 590.00    |
| LB122   | Varicella IgG Levels                                                                                     | 1   | R 642.00   | 15.0% | R 642.00    |
| LB220   | Varicella IgM Levels                                                                                     | 1   | R 642.00   | 15.0% | R 642.00    |
|         | <b>To note :</b>                                                                                         |     |            |       |             |
|         | * EXCLUDES DENTAL & OPTICAL CHECK-UP, PSYCHOLOGICAL EXAMINATION, ULTRASOUND, SPUTUM SAMPLES              |     |            |       |             |
|         | * Excludes any specialists referrals identified during Consultation.                                     |     |            |       |             |
|         | * Any additional items (lab tests, vaccines, kits etc) will be payable on the day of the Consultation    |     |            |       |             |
|         | * Please note BMI requirements stated as per website                                                     |     |            |       |             |
|         | <b>RECOMMENDED VACCINES : TO DISCUSS ON THE DAY OF THE CONSULTATION</b>                                  |     |            |       |             |
|         | Yellow Fever - Stamaril @ R535.00 incl VAT                                                               |     |            |       |             |
|         | Tetanus Combo - Adacel Quadra @ R515.00 incl VAT                                                         |     |            |       |             |
|         | Hepatitis A + B - Twinrix - @ R515.00 incl VAT                                                           |     |            |       |             |
|         | Varicella - Varilrix / Onvara @ R776.00 incl VAT                                                         |     |            |       |             |
|         | MMR - Priorix @ R337.00 incl VAT                                                                         |     |            |       |             |

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**TRAVEL DOCTOR**  
C O R P O R A T E

Payments Can be Made to:

Account name: DE FREY EN VENNOTE INC

Investec Bank Ltd, 100 Grayston Drive, Branch Code: 580105

Account no: 10013369349 Swift code: IVESZAJJ

Please send POP to: samsa@TravelDocCorp.com

|                  |             |
|------------------|-------------|
| Sub Total ex VAT | R 12 559.57 |
| VAT 15%          | R 1 883.93  |
| Total            | R 14 443.50 |
| Discounts        |             |
| Balance          | R 14 443.50 |

**Notes:**

- Terms : 100% to be paid upfront to secure booking
- In the event of not arriving for the scheduled appointment, the full amount will be used as a "no-show fee" and no refund will be applicable.