



PRINCE OF WALES HOSPITAL

威爾斯親王醫院

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From: Prof Christopher WK LAM
Hon COS PWH(CP) **To:** NTEC COSs

Tel/Fax No: 2632 3338 / 2636 5090

Date: 26 September 2008

Toxicology Investigation for Milk Toxin - Melamine

Please be informed that, starting from 26 September 2008, PWH Department of Chemical Pathology will provide a new service for the detection of melamine in clinical samples including urine and renal stone for the diagnosis of melamine intoxication due to tainted dairy products.

The analysis will be performed by the state-of-the-art ultra-performance liquid chromatography time-of-flight mass spectrometry (UPLC-TOF/MS). Please complete the enclosed special toxicology investigation form and collect 20 mL urine in plain urine bottle and /or renal stone in plain bottle. The turnaround time for this new service is one week. If necessary, results can be available on the same day after consultation with PWH Duty Biochemist.

For further enquiry, please contact Duty Biochemist at Tel 2632-2685, or page through PWH Operator at 2632-2211.

Thank you for your kind attention.

You are most welcome to use our new service.

Sincerely yours,

Prof Christopher WK LAM
Hon Chief-of-Service
Department of Chemical Pathology
Prince of Wales Hospital

Copy to:
Dr H FUNG, NTE CCE
Dr Michael WM SUEN, NTE CC(Path) / AHNH C(CS)
All Duty Biochemists, PWH(CP)
Ms Candy CHEUNG, CDM(Path)
Mr KC HO, PWH(CP) DM
Ms Helen MAK, CUHK(Path)
CWKL/MHMC

Encl.

Request Form for Suspected Melamine (三聚氰胺) Intoxication

For enquiry, please contact Duty Biochemist at
2632 2211

PATIENT INFORMATION

H.K.I.D. _____

Name _____

Sex / Age _____ / _____ Date of Birth ____ / ____ / ____

Ward/ Bed _____ / _____ Hospital _____

Clinical Details (please fill in all the blanks):

< History of Exposure >

Brand: _____

Product: 盒裝牛奶 _____ 毫升裝

(please circle) 純牛奶 / 低脂 / 高鈣 / 高鈣低脂 / Others: _____

奶粉 Name: _____

Others: _____

Amount on average (e.g. one cup daily) _____

Duration (e.g. for 12 months) _____

Stopped since: ____ / ____ / ____

< Clinical Signs and Symptoms >

dysuria haematuria oliguria frequency loin pain

proteinuria Others: _____

< USG Kidneys >

already performed at _____

negative

positive: (details) _____

not yet performed

Specimen(s):

Spot urine 20 mL (or as much as collected)
in plain bottle

Renal stone
(if stone is passed out / obtained subsequently,
please send to laboratory as a new request)

Milk product
(preferably in its original package)

Specimen Collection

Date: ____ / ____ / ____ Time: ____ : ____

Test(s) Requested:

Urine x Melamine

Stone x Melamine

Diary Product x Melamine

Attending Physician _____
Surname and Initial (331 Code)

Signature _____ Contact No. _____