Prince of Wales Hospital
Department of Chemical Pathology
Molecular Diagnostics Service

HKID / Passport No. | | | | | | | | |

Surname: _____

Other Name: _____

Sex / Age: _____

Date of Birth: _____

Collection Date & Time: _____

Sample Type

- EDTA Blood × _____ tubes
- Other (s): _____

Sample identity check by: _____

Doctor Name: _____ Signature: _____

331 Code (if available): _____ Ward / Unit / Hospital: _____

Tel: _____ Email: _____

Informed consent obtained by Dr. _____

(Patient/guardian's consent is mandatory for genetic testing.)

Presumptive diagnosis: _____

Genetic test(s) requested: _____

For family genetic study:

Name of proband: _____ HKID No. of proband: _____

Relationship of proband with this family member: _____

Leftover samples may be retained and used as internal control of the laboratory after all the identifying information has been removed. Refusal to permit the use of leftover sample will not affect the test result.

If your patient does not want his/her sample to be kept for these purposes please tick here: ☐

Clinical information, important investigation results and family history: