

Department of Chemical Pathology Application for POCT User ID

Please fill in ink. Any correction made should be crossed and signed.

Section I (To be completed by new applicant)

[] POCT BGS User	[] POCT Glucose User		[] Temporary Staff #	
Please take one box only:			(valid for 3 months only)	
[] New Application	[] Renev	wal	[] Card Replacement	
[] Transfer from	(Department)	Hospital	[] * Lost	
			[] Damaged	
User Particulars				
Name:		CMS User ID):	
(in block letter)			(in block letter)	
Post & Title:		Department /	Department / Ward:	
Date:			Signature of Applicant:	
Section II Training Pa (For re-new application / re			ing user) word and reissue new password)	
In-use POCT User ID No.	Accession No.):			
Training Date:				
Trainer:				
Certificate Obtained: YI	ES / NO			
Section III (To be com	oleted by Departm	nent of Chemical I	Pathology)	
Application: [] app	proved []] not approved	[] Fee = HK \$50	
Reason:				
Effective Period: From		То		
POCT User ID No. (Access	sion No.):			
Date: Signatur	2:	Name:	Post & Title:	
_	(in block letter)			

Rules and Regulations

* The card issued is the property of Hospital Authority. If lost, please report to Department of Chemical Pathology, Prince of Wales Hospital. The replacement fee is *HK*\$50.

** This application will not be processed without signature of Department POCT Co-ordinator / Deputy.

For making of temporary barcode, please contact AHN: 2689 2656, NDH: 2683 8157, PWH: 3505 3972.