



Amendment Form for Updating UW Number with HN / AE Number

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

To: Chemical Pathology

POCT MT i/c

Tel.: 2632 2363

From: _____

CMS User Code: _____

POCT Site: _____

Date: _____

Tel.: _____

Please stick the Gum Label with both UW and HN / AE Number.

	Patient ID Label		Patient ID Label
1		4	
2		5	
3		6	

Endorsed by POCT Co-ordinator / Ward Manager

Name: _____

Signature: _____