

Point-of-Care Urine Pregnancy Test Kits Request Form

To:

Rapid Response Laboratory
Department of Chemical Pathology
Main Clinical Block & Trauma Centre, PWH
Tel: 3505 2363 / 3505 3353

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

Please issue:

Item Description	Unit	Number Required
Test kit, Pregnancy Test	Test	

Requester Details

Name / 331 User Code : _____

Rank : _____ Signature : _____

Ward / Department / Hospital : _____

Date : _____

Notes

1. The cost of requested UPT kits will directly be disbursed from user department's recurrent budget.
2. UPT kits will expire 24 hours after collection and QC should be performed before use for patient testing. Please discard expired kits with no QC checking performed or QC result is unacceptable. No return of expired UPT kits will be accepted.

For internal use only

Number of Kits Issued : _____

Issued by : _____

Initial : _____