

Prince of Wales Hospital Department of Chemical Pathology Laboratory Request Form

Tel: 3505 2331
3505 2363

For Laboratory Use

(Please affix lab no. label here)	(Please affix lab no. label here)	(Please affix lab no. label here)	(Please affix lab no. label here)
Specimen type:	Specimen type:	Specimen type:	Specimen type:

Please use BLOCK LETTERS or affix PATIENT LABEL (Please fill in ink. Any correction made should be crossed and signed.)		Unit (Mark a "X") <input type="checkbox"/> A&E <input type="checkbox"/> Anaes <input type="checkbox"/> DIIR <input type="checkbox"/> ENT <input type="checkbox"/> FM <input type="checkbox"/> ICU <input type="checkbox"/> M&T <input type="checkbox"/> O&G <input type="checkbox"/> O&T <input type="checkbox"/> O&VS <input type="checkbox"/> Onco <input type="checkbox"/> Paed <input type="checkbox"/> Psy <input type="checkbox"/> Surg <input type="checkbox"/> Others (Specify)	Specimen Collection Date (DD/MM/YYYY) Time (AM/PM)
HKID:			
HOSP/OPD No.:			
Surname:			
Other Name(s):			
Sex/Age:	_____ / _____ Date of Birth (DD/MM/YYYY) 		Specimen Arrival (For Lab Use)
Ward/Bed:	_____ / _____ or <input type="checkbox"/> OPD	Clinical Details:	
Doctor's 331 Code:			
Contact No.:	_____ Doctor's Signature		

Specimen Types <small>(Please tick)</small>	Investigations Requested <small>(Please refer to Test Menu at iCHEMPATH@PWH for specimen requirement)</small>
<input type="checkbox"/> HB Heparin blood
<input type="checkbox"/> CB Clotted blood
<input type="checkbox"/> FB Fluoride blood
<input type="checkbox"/> EB EDTA blood
<input type="checkbox"/> CF CSF
<input type="checkbox"/> FEC Faeces
<input type="checkbox"/> U24 24 hr Urine Vol.: ___ L
No. of bottles for 24h Urine: ___
<input type="checkbox"/> TU Timed Urine (___ hr). Vol.: ___ L
<input type="checkbox"/> SU Spot Urine
<input type="checkbox"/> Others (Please specify)
_____

Each specimen must be labelled with patient's name and HKID No.