



**Department of Chemical Pathology  
Request Form for Send-Out Investigation**

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

**(A) To be filled in by Requesting Clinician**

Name of Patient : \_\_\_\_\_  
 Sex / Age : \_\_\_\_\_  
 Date of Birth : \_\_\_\_\_  
 ID No : \_\_\_\_\_  
 Hospital No : \_\_\_\_\_  
 Request Location : \_\_\_\_\_  
 Requesting Doctor : \_\_\_\_\_  
 Date of Specimen : \_\_\_\_\_

Type of Sample :  Blood  Urine [ Others\_\_\_\_\_]

Investigation to be carried out :  
 \_\_\_\_\_  
 \_\_\_\_\_

**(B) To be filled in by Duty Biochemist**

Laboratory to carry out the investigation :  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Cost - (for the assay :HK\$\_\_\_\_\_) (for overseas transport only :HK\$\_\_\_\_\_)

Bill should be to the address :  
 \_\_\_\_\_  
 \_\_\_\_\_

Information about payment is attached to request  Yes  No

**(C) To be filled in by Requesting Clinical Department**

Payment  From requesting departmental budget (HA)  
 From requesting doctor's departmental budget (University)\*  
 From requesting doctor's private budget (University)\*

\* Please provide number of account \_\_\_\_\_ (if applicable)

Signature of requesting doctor \_\_\_\_\_ Date : \_\_\_\_\_  
 (I agree to pay for the cost of the investigation and transportation)

Approved by COS in \_\_\_\_\_

\_\_\_\_\_  
 Signature ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name of COS Date