



**Prince of Wales Hospital**  
**Department of Chemical Pathology**  
**Request Form for Retrieving Clinical Specimens**

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

To: Chemical Pathology Laboratory	Date:
Attn: _____ (Please specify the Duty Biochemist contacted.)	Time:

I request to retrieve the following specimen(s).

Laboratory No.: \_\_\_\_\_ - \_\_\_\_\_

Type of Specimen(s):  Blood     Urine     CSF     Others: \_\_\_\_\_

For the patient	Due to the following reason
Name:	
HKID:	
Hosp / Dept / Ward / Bed:	

**Initiated by:**

Hospital:	Department:
Doctor's Name:	Doctor's CMS Code:
Signature:	Contact Tel:

Please inform Duty Biochemist through PWH Operator to confirm if the specimen is still available for retrieval. Then fax the completed form to 3505 4723.

**Disclaimer:**

- ◆ Clinician should understand that clinical specimen may have undergone laboratory processing and may not be suitable for further analysis.
- ◆ Requesting doctors will hold full responsibility for potential medical incidents arising from mislabelling and / or misidentification of the retrieved specimen.

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**To be filled in by Staff in Chemical Pathology:**

Accepted by: \_\_\_\_\_ (Duty Biochemist)    LIS User's Code: \_\_\_\_\_

Signature of Duty Biochemist: \_\_\_\_\_    Date: \_\_\_\_\_