



**Prince of Wales Hospital  
Department of Chemical Pathology  
Supplementary Information Form**

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

Provision of the data below is mandatory for ALL laboratory tests requested either by using the computer Generic Clinical Request System (GCRS) or a paper request form.

To: Laboratory (Chemical Pathology)		Fax: 3505 4723
Requesting Doctor (331 Code): _____	Laboratory Number:	Your Tel: _____
Patient Gum Label:	___ C _____ - _____	Your Fax: _____
	___ C _____ - _____	
	___ C _____ - _____	
	___ C _____ - _____	
	___ C _____ - _____	

A printed report should have been issued informing the requester (clinical staff in NTEC / laboratory staff outside NTEC) that the required information has been missing. ***The specimen will be kept in our laboratory for 7 working days and discarded afterwards*** if such information is still not supplied by the requester retrospectively.

Patient Demographic	Please provide / clarify information below:
<input type="checkbox"/> Report location	
<input type="checkbox"/> Collection date	
<input type="checkbox"/> Collection time	
<input type="checkbox"/> No GCRS label for this sample	
<input type="checkbox"/> No test requested	
<input type="checkbox"/> Others:	

Please fax the completed form to 3505 4723. Upon receipt of the missing information, the specimen will be processed accordingly.

If there are any queries, please contact our Reception at 3505 2363 during office hour or Urgent Laboratory at 3505 3353 outside office hour.

***For Chemical Pathology Use Only***

Handle by laboratory staff (331 code) : \_\_\_\_\_  
Date : \_\_\_\_\_ Time: \_\_\_\_\_