



Specimen Container Request Form

| From: | To: | : Reception, PWH Chem Path | | |
|----------------|------|-------------------------------------|--|--|
| Name & Post: | | 3/F, Rapid Response Laboratory | | |
| | | Main Clinical Block & Trauma Centre | | |
| Dept. / Hosp.: | | Prince of Wales Hospital | | |
| Ward / OPD: | | 新大樓 3樓 急診檢驗實驗室 | | |
| Tel: | | 樣本收集處 | | |
| Date: | | 水平 仅 示 | | |
| Date. | Tel: | 3505 2363 Fax: 3505 4723 | | |

Please note that:

Specimen containers will be provided ONLY from 09:00 - 17:00, MON – FRI (except for public holidays). Please ask transport team to collect the specimen containers with this request form (PRINT the page required). If specimen containers are requested during non-office hours, please call 3505 3353 for prior-arrangement.

Containers for 24-hour Urine Collection 二十四小時小便樣本瓶

| Item | Description of Container | Use for Test(s) | Quantity |
|------|---|--|-----------|
| Code | | | Requested |
| U1 | Plain 24 Hr urine bottle | Na, K, Urea, Creatinine, Protein, Albumin, | |
| | (Round) | Cortisol, Aldosterone, Metanephrines, | |
| | | Chloride, Magnesium (Mg) | |
| U2 | Acid urine bottle | Na, K, Urea, Creatinine, | |
| | | Calcium, Phosphate, Magnesium (Mg), | |
| | | 5-HIAA, Oxalate | |
| U3 | Acid urine bottle for | Catecholamines | |
| | Catecholamines | | |
| U4 | Urine bottle for Uric Acid | Uric Acid (Urate) | |
| U6 | Special Acid Washed urine bottle for trace elements | Arsenic, Copper, Lead, Mercury, Zinc | |
| | Special urine bottle for 24-hour Urine Steroid Profile | Urine Steroid Profile | |
| | Others, please specify: | | |





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Special Containers 特別樣本瓶

| Name of Container | Use for Test(s) | Quantity Requested |
|---|---------------------------|-----------------------|
| Special clotted blood tube for IGF-1 | IGF-1 | |
| Special clotted blood tube for trace elements | Copper, Zinc, Selenium | |
| Special EDTA tube for trace elements | Lead, Mercury, Manganese, | |
| | Cadmium, Chromium, Cobalt | |
| Special EDTA tube for RBC Zinc | RBC Zinc | |
| Special clotted blood tube for aluminium | Aluminium | |
| Special urine tube for trace elements | Spot urine Copper, Zinc | |
| [Labcon 50 mL] | Arsenic, Lead, Mercury | |
| | | Quantity |
| | | Requested |
| Others, please specify: | | |





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Special Containers 特別樣本瓶

For PWH patients only

| Name of Container | Use for Test(s) | Quantity Requested |
|---|--|-----------------------|
| Special plain bottle for fluid Adenosine | Fluid ADA | |
| Deaminase (ADA) | | |
| | | Quantity Requested |
| Special clotted blood tube for cryoglobulin | Cryoglobulin | |
| (in warm Thermos flask) # | (*Prior booking with Reception) | |
| | | Quantity Requested |
| Special CSF collection tubes for CSF | CSF Neurotransmitters | |
| Neurotransmitters (in cold Thermo-flask) # | (*Prior booking with on-duty biochemist) | |
| Pyruvate collection kit # | Pyruvate | |
| | (*Prior booking with on-duty biochemist) | |
| Saliva collection tube | Salivary Cortisol | |
| | (*Request by NTEC Endocrinologists ONLY) | |
| Non-gel heparinised blood tube # | Delta Bilirubin, RBC Transketolase | |
| | Lamotrigine, Thiopentone | |
| | | Quantity Requested |
| Others, please specify: | | |
| | | |
| | | |





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Special Containers for Paediatrics 特別樣本紙(兒科專用)

| Name of Container | Use for Test(s) | Quantity |
|---|-------------------------------------|-----------|
| | | Requested |
| Special clotted blood tube for IGF-1 | IGF-1 | |
| (Paediatric patient 兒科專用) | | |
| Special clotted blood tube for trace elements | Copper, Zinc, Selenium | |
| | | |
| Special EDTA tubes for trace elements | Lead, Mercury, Manganese, | |
| (Paediatric patient 兒科專用) | Cadmium, Chromium, Cobalt | |
| Special EDTA tube for RBC Zinc | RBC Zinc | |
| (Paediatric patient 兒科專用) | | |
| Special acid urine bottle (for catecholamine | Spot urine Catecholamines, | |
| & VMA in paediatric patients) | Spot urine VMA | |
| Special faecal calprotectin sampling bottle # | Faecal Calprotectin (FCAL) | |
| | (*Request by PWH Paed GI team ONLY) | |
| Name of Container | Use for Test(s) | Quantity |
| | | Requested |
| Others, please specify: | | |
| | | |
| | | |