

CHECKED BOX REQUEST FORM (F027)



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 九龍旺角彌敦道688號旺角中心第一期1215室 Fax : 2398 1695

LAB USE ONLY

2 PATIENT IDENTIFIERS ARE REQUIRED

Last Name (Surname) 姓		First Name 名		I.D. No. 身份証號碼	D.O.B. / Age 出生日期 / 年齡	<input type="checkbox"/> Male 男	Specimen Drawn Date & Time
						<input type="checkbox"/> Female 女	
Referred By						<input type="checkbox"/> Payment in Lab	Address
						(Otherwise on Account)	

Clinical Details :	<input type="checkbox"/> Fasting	Doctor's Instruction :
	<input type="checkbox"/> Non-Fasting	
<input type="checkbox"/> Routine Screen	<input type="checkbox"/> Specimen :	to follow
<input type="checkbox"/> Pregnant wks		

Plain EDTA Fluoride Citrate Heparin Urine Stool Swab Others : _____ Taken By : _____

BIOCHEMISTRY	COAG/THROMBOTIC	URINE	PROFILE	IMMUNOASSAYS	
<input type="checkbox"/> Alk Phos <input type="checkbox"/> Bilirubin, T <input type="checkbox"/> Bilirubin, T & D <input type="checkbox"/> Bilirubin, T (Neo) <input type="checkbox"/> Bilirubin, T & D (Neo) <input type="checkbox"/> Protein <input type="checkbox"/> Albumin <input type="checkbox"/> Globulin <input type="checkbox"/> SGOT/AST <input type="checkbox"/> SGPT/ALT <input type="checkbox"/> GGT <input type="checkbox"/> CPK <input type="checkbox"/> LDH <input type="checkbox"/> Uric Acid <input type="checkbox"/> Glucose <input type="checkbox"/> BUN <input type="checkbox"/> Urea <input type="checkbox"/> Creatinine <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Chloride <input type="checkbox"/> CO2 <input type="checkbox"/> Calcium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Cholesterol <input type="checkbox"/> HDL Chol <input type="checkbox"/> LDL Chol, Direct* <input type="checkbox"/> Triglycerides <input type="checkbox"/> hs-CRP <input type="checkbox"/> Homocysteine <input type="checkbox"/> HbA1c*(EDTA) <input type="checkbox"/> Bile Acid HAEMATOLOGY <input type="checkbox"/> ABO & Rh(D) <input type="checkbox"/> CBC <input type="checkbox"/> ESR <input type="checkbox"/> Reticulocyte <input type="checkbox"/> Hb Pattern, Cons Rpt <input type="checkbox"/> Iron & TIBC	<input type="checkbox"/> APTT <input type="checkbox"/> PT + INR <input type="checkbox"/> D-Dimer <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Lupus Anti-Coagulant <input type="checkbox"/> Protein C Act <input type="checkbox"/> Protein S Act <input type="checkbox"/> Anti-Thrombin III <input type="checkbox"/> Thrombin Time <input type="checkbox"/> VW Factor MISCELLANEOUS <input type="checkbox"/> CRP, QUANT <input type="checkbox"/> RA, QUANT <input type="checkbox"/> EBV IM Panel <input type="checkbox"/> ASOT <input type="checkbox"/> Monospot <input type="checkbox"/> ANA <input type="checkbox"/> ds-DNA Ab <input type="checkbox"/> ENA Ab <input type="checkbox"/> West Nile Virus IgG STD <input type="checkbox"/> Chlamydia Ab <input type="checkbox"/> GC Ab <input type="checkbox"/> HIV 1 & 2 Ab/p24Ag* <input type="checkbox"/> HSV 1, IgG <input type="checkbox"/> HSV 2, IgG <input type="checkbox"/> Syphilis TP Ab <input type="checkbox"/> VDRL MOLECULAR <input type="checkbox"/> Chlamydia DNA (swab/urine) <input type="checkbox"/> GC DNA (swab/urine) <input type="checkbox"/> HCV RNA <input type="checkbox"/> HIV RNA <input type="checkbox"/> HPV DNA (swab/vial) X-RAY <input type="checkbox"/> Chest X-Ray <input type="checkbox"/> Other X-Ray(s) : <input type="checkbox"/> Chest Wet Film <input type="checkbox"/> Other Wet Film(s) : <input type="checkbox"/> ECG <input type="checkbox"/> Lung Function Test	<input type="checkbox"/> Urine Routine <input type="checkbox"/> Urine Macro <input type="checkbox"/> Urine Micro <input type="checkbox"/> Creat Clearance <input type="checkbox"/> Ht: Wt: <input type="checkbox"/> Microalbumin <input type="checkbox"/> Nicotine (Cotinine) <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> Protein (24hrs) <input type="checkbox"/> Protein/Creat <input type="checkbox"/> Microalb/Creat STOOL <input type="checkbox"/> Stool Rt, O & P <input type="checkbox"/> Amoeba, Cysts & Trophs <input type="checkbox"/> H. Pylori Ag <input type="checkbox"/> Giardia Cysts <input type="checkbox"/> Giardia Antigen <input type="checkbox"/> Occult Blood <input type="checkbox"/> Rotavirus Antigen <input type="checkbox"/> Amoeba, Crypto & Giardia Ag BACTERIOLOGY <i>(Pls Specify Specimen)</i> <input type="checkbox"/> Culture & ST <input type="checkbox"/> Anaerobic Culture <input type="checkbox"/> Fungus Culture <input type="checkbox"/> Mycoplasma ID & ST <input type="checkbox"/> T & M Culture <input type="checkbox"/> TB Culture <input type="checkbox"/> TB Cult & Smr Profile <input type="checkbox"/> TB DNA Sputum <input type="checkbox"/> Smear <i>(Pls Specify)</i>	<input type="checkbox"/> CUP 1 <input type="checkbox"/> CUP 6 <input type="checkbox"/> CUP 2 <input type="checkbox"/> CUP 7 <input type="checkbox"/> CUP 3 <input type="checkbox"/> CUP 8 <input type="checkbox"/> CUP 4 <input type="checkbox"/> CUP 9 <input type="checkbox"/> CUP 5 <input type="checkbox"/> C-12 <input type="checkbox"/> C-15 <input type="checkbox"/> C-20 <input type="checkbox"/> LFT <input type="checkbox"/> RFT <input type="checkbox"/> Electrolytes <input type="checkbox"/> Coronary Risk Profile, Direct <input type="checkbox"/> Others, pls specify: <input type="checkbox"/> Cardiac Enzymes <input type="checkbox"/> Complement (C3, C4) <input type="checkbox"/> Diabetes Profile <input type="checkbox"/> Glu (2 / 3 / 5) hr GTT <input type="checkbox"/> Glu 2 hr PP (Fast + 2hr) <input type="checkbox"/> Hypertension, Cushing's <input type="checkbox"/> Hypertension, Renal <input type="checkbox"/> Emp, Domestic <input type="checkbox"/> Emp, Domestic + Pregnancy <input type="checkbox"/> Emp, Hotel <input type="checkbox"/> Emp, Food Handler's Antenatal / Pregnancy Profile <input type="checkbox"/> 1st Trimester Routine 1 <input type="checkbox"/> 1st Trimester Routine 2 <input type="checkbox"/> 1st Trimester Routine 3 <input type="checkbox"/> 1st Trimester Routine 4 <input type="checkbox"/> 1st Trimester Infection <input type="checkbox"/> 2nd Trimester Atypical Ab Screen <input type="checkbox"/> 2nd Trimester Glucose Tolerance <input type="checkbox"/> 3rd Trimester Group B Strep & BV <input type="checkbox"/> Obstetric Cholestasis <input type="checkbox"/> Pre-eclampsia Screening <input type="checkbox"/> Torch <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> Down's Syndrome 1 : 1st Trimester <input type="checkbox"/> Down's Syndrome 2 : 2nd Trimester <i>* For Down's Syndrome Screen, please fill in patient's clinical information on "Pregnancy Request Form"</i>	* 2009 PREVENTIVE CHECK * <input type="checkbox"/> Diamond Check Up <input type="checkbox"/> Well Man / Well Woman Check Up <input type="checkbox"/> >18yrs <input type="checkbox"/> >45yrs <input type="checkbox"/> >60yrs <input type="checkbox"/> Pre-Conception Check Up <input type="checkbox"/> Pre-Marital Check Up <input type="checkbox"/> Cancer Marker Profile <i>(Pls Specify)</i> Hepatitis Profile <input type="checkbox"/> Hep A & B Vacc <input type="checkbox"/> Hep B Vacc* Thyroid Profile <input type="checkbox"/> FTS <input type="checkbox"/> FTS + TSH <input type="checkbox"/> FT4 + TSH <input type="checkbox"/> Fertility Profile <i>(Pls Specify)</i> <input type="checkbox"/> Aging Profile <i>(Pls Specify)</i> <input type="checkbox"/> MMR Immunity <input type="checkbox"/> MMV Immunity <input type="checkbox"/> MMRV Immunity Sexual Health Profile <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> Rheu/Arth 1 <input type="checkbox"/> Rheu/Arth 2 <input type="checkbox"/> Rheu/Lupus 1 <input type="checkbox"/> Rheu/Lupus 2 <input type="checkbox"/> IgG, IgA & IgM <input type="checkbox"/> Drug Abuse <input type="checkbox"/> 5 <input type="checkbox"/> 9 <input type="checkbox"/> Heavy Metals Screen <input type="checkbox"/> Enviro 3g IgE Allergy <input type="checkbox"/> Food 3g IgE Allergy <input type="checkbox"/> Paed 3g IgE Allergy <input type="checkbox"/> South China 3g IgE Allergy <input type="checkbox"/> York Food IgG Allergy	<input type="checkbox"/> AFP* <input type="checkbox"/> Aldosterone <input type="checkbox"/> Anti-CCP <input type="checkbox"/> CA 125* <input type="checkbox"/> CA 15.3* <input type="checkbox"/> CA 19.9* <input type="checkbox"/> CEA* <input type="checkbox"/> CMV <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> CSA <input type="checkbox"/> CSA 2hrs <input type="checkbox"/> Cortisol am/pm <input type="checkbox"/> DHEA-S <input type="checkbox"/> EBV NPC* <input type="checkbox"/> Estradiol (E2) <input type="checkbox"/> Ferritin <input type="checkbox"/> FK506 (Tacrolimus II) <input type="checkbox"/> Folate <input type="checkbox"/> Serum <input type="checkbox"/> RBC <input type="checkbox"/> FSH <input type="checkbox"/> Growth Hormone <input type="checkbox"/> H. Pylori IgG <input type="checkbox"/> HAV <input type="checkbox"/> IgG* <input type="checkbox"/> IgM <input type="checkbox"/> HBcAb <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> HBeAb <input type="checkbox"/> HBeAg <input type="checkbox"/> HBsAb* <input type="checkbox"/> Post Vacc* <input type="checkbox"/> HBV DNA <input type="checkbox"/> HCG, Quan <input type="checkbox"/> HCV* <input type="checkbox"/> HCV RNA <input type="checkbox"/> HIV 1 & 2 Ab / p24Ag* <input type="checkbox"/> HIV RNA <input type="checkbox"/> HTLV 1 & 2 <input type="checkbox"/> IgE <input type="checkbox"/> IGF-1 <input type="checkbox"/> IGF BP3 <input type="checkbox"/> Insulin <input type="checkbox"/> LH <input type="checkbox"/> Measles Ab <input type="checkbox"/> Mumps Ab <input type="checkbox"/> Nicotine <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactin <input type="checkbox"/> PSA <input type="checkbox"/> Total* <input type="checkbox"/> Free <input type="checkbox"/> PTH, Intact <input type="checkbox"/> Renin <input type="checkbox"/> Rubella <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> SCC* <input type="checkbox"/> SHBG <input type="checkbox"/> Free T3* <input type="checkbox"/> Free T4* <input type="checkbox"/> T3 <input type="checkbox"/> T4* <input type="checkbox"/> FTI* <input type="checkbox"/> T Uptake <input type="checkbox"/> TSH* <input type="checkbox"/> Testosterone <input type="checkbox"/> Total <input type="checkbox"/> Free <input type="checkbox"/> Toxoplasma <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> Thy Ab (ATA) <input type="checkbox"/> Thyroglobulin <input type="checkbox"/> TPO (AMA) <input type="checkbox"/> Troponin-I <input type="checkbox"/> Vit B12 <input type="checkbox"/> Vit D, 25 Hydroxy (Calciferol)

OTHER TESTS / PATIENT'S HISTORY

Please Specify :

Plain/SST /Serum	EDTA/ Plasma	FI/ Plasma	Citrate/ Plasma	ACD/ Plasma	Hep/ Plasma	Urine	Stool	Semen	Swab	Others	Checked By

F027 V06 Checked Form 09/1001