

# ACCOUNT OPENING FORM



Thank you for enquiring into our services. We look forward to servicing you. Please fill in the following information for setting up a new account.

**Clinic Details: (Please attach clinic BR Copy)**

Name \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Address \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

\_\_\_\_\_

Clinic email \_\_\_\_\_ Tel \_\_\_\_\_

Contact person \_\_\_\_\_ Contact Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Opening Hours \_\_\_\_\_ Any Clinic Software ?  No  Yes \_\_\_\_\_

**Doctor's Details: (Please attach name card(s) copy)**

Dr \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Mobile \_\_\_\_\_ Pager \_\_\_\_\_ Email \_\_\_\_\_

Dr \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Mobile \_\_\_\_\_ Pager \_\_\_\_\_ Email \_\_\_\_\_

Dr \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Mobile \_\_\_\_\_ Pager \_\_\_\_\_ Email \_\_\_\_\_

**Billing Details: (Please fill in the following if different from above)**

Name \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Address \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

\_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Contact person \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Payment Method  Credit Card  Cheque  Auto Bank Transfer  Other \_\_\_\_\_

*This information is also applicable to CytoLab Pap Test Screening Centre Limited (CytoLab). CytoLab operates under PathLab Medical Laboratories Ltd. Please fax to 3983 1810 together with your name card. We will contact you ASAP. More than one clinic location? Please attach addresses.*

**Starter Kit Contents:**

- Lab Fee Quick Reference (Doctors or Vets) / Directory of Services Bk1 & Bk2 (Doctors)
- Plain, EDTA & Fluoride Tubes (Vacutainer holder + needles if required)
- Stool, Urine and Culture swabs
- Request forms (Checked or Plain)
- Client Supply Order Form
- Other (Please request from Client Supplies Order Form)
  - Pap Smear (SurePath or ThinPrep)
  - Histopathology (Formalin)

Date you want us to send a starter kit \_\_\_\_\_

Signed by & Date \_\_\_\_\_



LAB USE ONLY	
Issued by	<input type="checkbox"/> Fax <input type="checkbox"/> Delivery
Date	
For	

28/F, 169 Electric Road, Fortress Hill, HK      香港炮台山電氣道169號28樓      Tel: 3983 1800      Fax: 2529 6082  
 1005A Melbourne Plaza, 33 Queen's Road, Central, HK      香港中環皇后大道中33號萬邦行1005A室      Tel: 3651 1200      Fax: 2526 6560  
 1810 East Point Centre, 555 Hennessy Road, Causeway Bay, HK      香港銅鑼灣軒尼詩道555號東角中心1810室      Tel: 3651 1100      Fax: 2891 3803  
 1215 Argyle Centre Phase 1, 688 Nathan Road, Mongkok, Kln      九龍旺角彌敦道688號旺角中心第一期1215室      Tel: 3651 1000      Fax: 2398 1695

# ACCOUNT OPENING FORM



## CREDIT CARD DIRECT DEBIT AUTHORIZATION FORM

### Application :

Please complete the following information and attach a copy of the front and back of your card for bank's verification. Please be ensured that all credit card copies will be destroyed after verification.

### Confidentiality :

The Lab will maintain confidentiality of any personal data provided in this form. Data will only be used for the purpose of applying credit card debit authorization for laboratory fees.

### Consent :

I authorize PathLab Medical Laboratories Limited (PathLab) and / or CytoLab Pap Test Screening Centre Ltd. (CytoLab) to charge my credit card on the 25th day of each month (including after the expiry of the card) for the balance of laboratory fees due to the Lab until further notice. I agree that if I wish to cancel this authorization, I will notify the Lab before the 15th day of the same month of billing.

### Credit Card Details : (Please fill in Block Letters)

Card Type : <input type="checkbox"/> Visa Card <input type="checkbox"/> Master Card	
Credit Card No.	Card Expiry Date (DD/MM/YYYY)
Cardholder's Name	Card Issuing Bank
Cardholder's Daytime Telephone No.	PathLab or CytoLab Account Name / Account No. (If Any)
Cardholder's Signature	Doctor's Signature / Clinic Chop
I confirm the above signature corresponds to the specimen signature on my credit card.	Date : _____

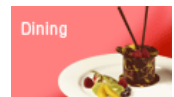
### For Official Use Only :

Checked by	Date Received (DD/MM/YYYY)
Verified by	Date Start
Comments	

Please fax or mail this application form to us for immediate service of the coming month :

PathLab Medical Laboratories Limited  
 28/F., 169 Electric Road  
 Fortress Hill  
 Hong Kong  
 Tel : 3983 1850    Fax : 3983 1813 (Accounts Dept)

## SETTLE YOUR LAB FEE BY CREDIT CARD & ENJOY THE REWARDS PROGRAM



28/F, 169 Electric Road, Fortress Hill, HK	香港德輔道中169號28樓	Tel: 3983 1800	Fax: 2529 6082
1005A Melbourne Plaza, 33 Queen's Road, Central, HK	香港中環皇后大道中33號萬邦行1005A室	Tel: 3651 1200	Fax: 2526 6560
1810 East Point Centre, 555 Hennessy Road, Causeway Bay, HK	香港銅鑼灣軒尼詩道555號東角中心1810室	Tel: 3651 1100	Fax: 2891 3803
1215 Argyle Centre Phase 1, 688 Nathan Road, Mongkok, Kln	九龍旺角彌敦道688號旺角中心第一期1215室	Tel: 3651 1000	Fax: 2398 1695