

PLAIN REQUEST FORM (F023)



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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

Family name 姓	Given name 名	<input type="checkbox"/> HK ID <input type="checkbox"/> 2 Way	<input type="checkbox"/> Passport <input type="checkbox"/> Others	D.O.B. 出生日期 / / dd / mm / yyyy	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Date collected / / dd / mm / yy	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Referred by	<input type="checkbox"/> Payment in Lab (otherwise on account)
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Doctor's instructions: <input type="checkbox"/> Fax <input type="checkbox"/> Tel..... <input type="checkbox"/> Email.....	<input type="checkbox"/> Fasting <input type="checkbox"/> Non-fasting	Relevant clinical info: <input type="checkbox"/> Health Screen <input type="checkbox"/> Pregnant
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PI EDTA FI Cit Hep Ur St Swab UTM/M4 Others : _____ Taken by : _____

Laboratory Tests Required :

PI/SST /Serum	EDTA/ Plasma	FI/ Plasma	Cit/ Plasma	ACD/ Plasma	Hep/ Plasma	Ur	St	Semen	Swab	UTM/M4	Others	Checked by
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LAB COPY