

28/F, Lee & Man Commercial Center, 169 Electric Rd., Fortress Hill, HK  
 香港炮台山電氣道169號理文商業中心28樓 Tel : 3983 1800  
 Fax : 3983 1811

1802 Melbourne Plaza, 33 Queen's Rd., Central, HK  
 香港中環皇后大道中33號萬邦行1802室 Tel : 3651 1200  
 Fax : 2526 6560

1810 East Point Centre, 555 Hennessy Rd., CWB, 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 Rd., 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

803 H Zentre, 15 Middle Rd., Tsim Sha Tsui, Kln  
 九龍尖沙咀中間道15號803室 Tel : 2813 2630  
 Fax : 2813 2631

**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	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Date collected	Time
				..... / ..... / ..... dd / mm / yy		..... / ..... / ..... dd / mm / yy	<input type="checkbox"/> ..... am <input type="checkbox"/> ..... pm
Referred by					<input type="checkbox"/> Payment in Lab (otherwise on account)		

<b>Doctor's instructions:</b> <input type="checkbox"/> Email ..... <input type="checkbox"/> Tel ..... <input type="checkbox"/> Fax .....	<input type="checkbox"/> Fasting <input type="checkbox"/> Non-fasting	<b>Relevant clinical info:</b>
<input type="checkbox"/> PI <input type="checkbox"/> EDTA <input type="checkbox"/> FI <input type="checkbox"/> Cit <input type="checkbox"/> Hep <input type="checkbox"/> Ur-MSU <input type="checkbox"/> Ur-fp <input type="checkbox"/> St <input type="checkbox"/> Semen <input type="checkbox"/> VTM <input type="checkbox"/> Swab <input type="checkbox"/> Others		

GENERAL CHEMISTRY	ALLERGY	THYROID	HEMATOLOGY	URINE	CULTURES & SMEARS
<input type="checkbox"/> Alk Phos <input type="checkbox"/> Uric Acid <input type="checkbox"/> Bili T <input type="checkbox"/> Urea <input type="checkbox"/> Bili T & D <input type="checkbox"/> Creatinine <input type="checkbox"/> Protein <input type="checkbox"/> Sodium <input type="checkbox"/> Albumin <input type="checkbox"/> Potassium <input type="checkbox"/> Globulin <input type="checkbox"/> Chloride <input type="checkbox"/> SGOT/AST <input type="checkbox"/> HCO3 <input type="checkbox"/> SGPT/ALT <input type="checkbox"/> Calcium <input type="checkbox"/> GGT <input type="checkbox"/> Phosphorus <input type="checkbox"/> CPK <input type="checkbox"/> Cr + eGFR <input type="checkbox"/> LDH <input type="checkbox"/> Vitamin D* <i>CM Profiles</i> <input type="checkbox"/> 01 Chem-12 <input type="checkbox"/> 06 Renal HT <input type="checkbox"/> 02 Chem-15 <input type="checkbox"/> 08 Hypercalc <input type="checkbox"/> 03 Chem-20 <input type="checkbox"/> 09 Hypocalc <input type="checkbox"/> 04 LFT <input type="checkbox"/> 19 LIVERFAST <input type="checkbox"/> 05 RFT <input type="checkbox"/> 05B RFT+eGFR <input type="checkbox"/> 07 Cr. Clearance (Cr+24h Ur Cr) Ht .....cm Wt .....kg	<input type="checkbox"/> IgE Ab <input type="checkbox"/> Single allergens: _____ <input type="checkbox"/> Mixed allergens: _____ <i>AL Profiles</i> <input type="checkbox"/> 01 S. China IgE <input type="checkbox"/> 04 Food IgE <input type="checkbox"/> 02 Ped IgE <input type="checkbox"/> 05 YorkTest IgG <input type="checkbox"/> 03 Envir IgE <input type="checkbox"/> CAAM IgE <b>AUTOIMMUNE</b> <input type="checkbox"/> ANA <input type="checkbox"/> ds-DNA <input type="checkbox"/> Anti-CCP <input type="checkbox"/> HLA-DQ2/DQ8 <input type="checkbox"/> ASOT <input type="checkbox"/> RA, Quant <input type="checkbox"/> CRP, Quant <i>AU Profiles</i> <input type="checkbox"/> 01 Arthritis 1 <input type="checkbox"/> 06 C3, C4 <input type="checkbox"/> 02 Arthritis 2 <input type="checkbox"/> 07 IgA, G, M <input type="checkbox"/> 03 ENA 6 <input type="checkbox"/> 12 M. gravis <input type="checkbox"/> 03B ENA 18 <input type="checkbox"/> 13 Celiac Scr <input type="checkbox"/> 03C Myositis <input type="checkbox"/> 14 Celiac Exp <input type="checkbox"/> 04 Lupus 1 <input type="checkbox"/> 15 IBD Screen <input type="checkbox"/> 05 Lupus 2 <b>CANCER MARKERS</b> <input type="checkbox"/> AFP* <input type="checkbox"/> EBV NPC Ab* <input type="checkbox"/> CA 15-3* <input type="checkbox"/> EBV DNA, Bld <input type="checkbox"/> CA 19-9* <input type="checkbox"/> EBV DNA, Swb <input type="checkbox"/> CA 72-4* <input type="checkbox"/> HPV DNA (HR) <input type="checkbox"/> CA 125* <input type="checkbox"/> PSA, T* <input type="checkbox"/> CEA* <input type="checkbox"/> SCC* <i>CA Profiles</i> <input type="checkbox"/> 01 Asian, F <input type="checkbox"/> 09 Liver <input type="checkbox"/> 02 Non-Asian, F <input type="checkbox"/> 10 Lung, H, N <input type="checkbox"/> 03 Asian, M <input type="checkbox"/> 12 NPC (Ab+DNA) <input type="checkbox"/> 04 Non-Asian, M <input type="checkbox"/> 14 Pancreatic <input type="checkbox"/> 07 Colo/Stom <input type="checkbox"/> 15 PSA, T & F* <input type="checkbox"/> 08 ROMA <input type="checkbox"/> 18 Post Thy <b>BODY FLUIDS</b> <input type="checkbox"/> Semen Basic <input type="checkbox"/> SF Analysis <input type="checkbox"/> Semen Comp <input type="checkbox"/> Stone Analysis	<input type="checkbox"/> FT3* <input type="checkbox"/> TG Ab <input type="checkbox"/> FT4* <input type="checkbox"/> TSH-R Ab <input type="checkbox"/> TSH* <input type="checkbox"/> ATA <input type="checkbox"/> T3 <input type="checkbox"/> TPO <input type="checkbox"/> T4 <i>TY Profiles</i> <input type="checkbox"/> 01 FTI <input type="checkbox"/> 06 Com Thy 1 <input type="checkbox"/> 02 T3,T4,TSH <input type="checkbox"/> 07 Com Thy 2 <input type="checkbox"/> 03 FT3,FT4,TSH <input type="checkbox"/> 08 Post-Thy <input type="checkbox"/> 04 FT4, TSH <input type="checkbox"/> 09 Thy AutoAb <input type="checkbox"/> 05 FT3, FT4 <b>HORMONES</b> <input type="checkbox"/> AMH <input type="checkbox"/> LH <input type="checkbox"/> ACTH <input type="checkbox"/> Progesterone <input type="checkbox"/> Cortisol....am <input type="checkbox"/> Prolactin <input type="checkbox"/> Cortisol....pm <input type="checkbox"/> PTH <input type="checkbox"/> DHEA-S <input type="checkbox"/> SHBG <input type="checkbox"/> Estradiol (E2) <input type="checkbox"/> Testo, Bioavail <input type="checkbox"/> FSH <input type="checkbox"/> Testo, Free <input type="checkbox"/> HCG, Quant <input type="checkbox"/> Testo, Total <input type="checkbox"/> Insulin <i>IN Profiles</i> <input type="checkbox"/> 01 D3 Endo 1 <input type="checkbox"/> 03 D3 Horm <input type="checkbox"/> 02 D3 Endo 2 <i>RH Profiles</i> <input type="checkbox"/> 01 Ameno Prim <input type="checkbox"/> 06 Oligo/POF <input type="checkbox"/> 02 Ameno Sec <input type="checkbox"/> 08 Menop 1 <input type="checkbox"/> 04 Hypermeno <input type="checkbox"/> 09 Menop 2 <input type="checkbox"/> 05 Oligo/PCOS <input type="checkbox"/> 11 Azoospermia <i>AG Profiles</i> <input type="checkbox"/> 01 Aging 1, F <input type="checkbox"/> 05 Female Horm <input type="checkbox"/> 02 Aging 2, M <input type="checkbox"/> 06 Male Horm <b>PRENATAL</b> <input type="checkbox"/> Preg 1 <input type="checkbox"/> Panorama Basic <input type="checkbox"/> Preg 2 <input type="checkbox"/> Panorama Ext <input type="checkbox"/> Preg 3 <input type="checkbox"/> Panorama Twins <input type="checkbox"/> Preg 4 <input type="checkbox"/> Horizon 274 <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Vistara SGD	<input type="checkbox"/> CBC <input type="checkbox"/> Smear by SMT <input type="checkbox"/> ESR <input type="checkbox"/> Smear by Path <input type="checkbox"/> ABO & Rh <input type="checkbox"/> ASOT <input type="checkbox"/> AlloAb Scr <input type="checkbox"/> Cold Agg <input type="checkbox"/> Iron <input type="checkbox"/> Monospot <input type="checkbox"/> Iron & TIBC <input type="checkbox"/> Folate <input type="checkbox"/> Ferritin <input type="checkbox"/> Vit B12 <input type="checkbox"/> Hb Patt w/ Iron Studies <input type="checkbox"/> α & β Thal Hotspot PCR <b>COAGULATION</b> <input type="checkbox"/> APTT <input type="checkbox"/> Lupus Anticoag <input type="checkbox"/> PT + INR <input type="checkbox"/> Thrombin Time <input type="checkbox"/> D-dimer <input type="checkbox"/> vWF Ag <input type="checkbox"/> Fibrinogen <i>CG Profiles</i> <input type="checkbox"/> 01 Coag 1 <input type="checkbox"/> 11 Antiphos-9 <input type="checkbox"/> 02 Coag 2 <input type="checkbox"/> 12 Antiphos-18 <input type="checkbox"/> 03 vWD Scr <input type="checkbox"/> 13 Throb 2 Mut <b>HEALTH SCREENS</b> <input type="checkbox"/> HS01 Basic Checkup 1 <input type="checkbox"/> HS02 Basic Checkup 2 <input type="checkbox"/> HS03 Well Man/Woman <25 yr <input type="checkbox"/> HS04 Well Man/Woman <45 yr <input type="checkbox"/> HS05 Well Man >45 yr <input type="checkbox"/> HS06 Well Man >60 yr <input type="checkbox"/> HS07 Well Man, Diamond <input type="checkbox"/> HS08 Well Woman >45 yr <input type="checkbox"/> HS09 Well Woman >60 yr <input type="checkbox"/> HS10 Well Woman, Diamond <input type="checkbox"/> PM01 Premarital Male <input type="checkbox"/> PM01 Premarital, Female <input type="checkbox"/> PC01 Preconception, Male <input type="checkbox"/> PC02 Preconception, Female <input type="checkbox"/> EM01 Domestic 1 <input type="checkbox"/> EM02 Domestic 2 <input type="checkbox"/> EM03 Domestic 3 <input type="checkbox"/> EM04 Domestic 4 <input type="checkbox"/> EM05 Pre-employment	<input type="checkbox"/> Urine Routine, MSU <input type="checkbox"/> Ur Creat 24h <input type="checkbox"/> Ur Nicotine <input type="checkbox"/> Ur Malb 24h <input type="checkbox"/> Ur Preg Qual <input type="checkbox"/> Ur Malb Rdm* <input type="checkbox"/> Ur Categ 24h <input type="checkbox"/> Ur Protein 24h <input type="checkbox"/> Ur Metan 24h <input type="checkbox"/> Ur Protein Rdm <input type="checkbox"/> Ur VMA 24h <b>STOOL</b> <input type="checkbox"/> Stool Routine (O&P) <input type="checkbox"/> Amoeba, Cysts & Troph (warm St) <input type="checkbox"/> Calprotectin <input type="checkbox"/> Giardia Ag <input type="checkbox"/> FIT (OB) <input type="checkbox"/> H. pylori Ag <input type="checkbox"/> C. parvum Ag <input type="checkbox"/> Rotavirus Ag <input type="checkbox"/> E. histo Ag <input type="checkbox"/> Worm/Para ID <i>US Profiles</i> <input type="checkbox"/> 03 Triple Ag <input type="checkbox"/> 08 Gast Bact Inf <input type="checkbox"/> 04 Comp Para <input type="checkbox"/> 09 FIT (OB) x2 <input type="checkbox"/> 07 H. Breath & Ag <b>HEPATITIS</b> <input type="checkbox"/> HAV IgG* <input type="checkbox"/> HBeAb <input type="checkbox"/> HAV IgM <input type="checkbox"/> HBsAg* <input type="checkbox"/> HBcAb <input type="checkbox"/> HBsAb* <input type="checkbox"/> HBcAb IgM <input type="checkbox"/> HBsAg, Quant <input type="checkbox"/> HBeAg <input type="checkbox"/> HCV Ab* <i>HP Profiles</i> <input type="checkbox"/> 01 Hep A&B 1 <input type="checkbox"/> 07 HBV F/up 1 <input type="checkbox"/> 02 Hep A&B 2 <input type="checkbox"/> 08 HBV F/up 2 <input type="checkbox"/> 03 HBV Vac 1* <input type="checkbox"/> 09 HBV F/up 3 <input type="checkbox"/> 04 HBV Vac 2 <input type="checkbox"/> 10 HBV Full Mrk <input type="checkbox"/> 05 Ac Hep A&B <input type="checkbox"/> 11 Hep A,B,C 1 <input type="checkbox"/> 06 Ac Hep A,B,C <input type="checkbox"/> 12 Hep A,B,C 2 <b>SEXUAL HEALTH</b> <input type="checkbox"/> RPR <input type="checkbox"/> HSV 1&2 IgG <input type="checkbox"/> Syphilis TP Ab* <input type="checkbox"/> HSV 1&2 IgM <input type="checkbox"/> HIV 1&2/p24* <i>SH Profiles</i> <input type="checkbox"/> 01 Bld Prof 1 <input type="checkbox"/> 05A Bld, PCR 2 <input type="checkbox"/> 02 Bld Prof 2 <input type="checkbox"/> 06 STD PCR x6 <input type="checkbox"/> 04A Bld, PCR 1 <input type="checkbox"/> 04B STD Multiplex PCR x7 <input type="checkbox"/> 05B STD Multiplex PCR x9 <b>MISC / FORMS</b> <input type="checkbox"/> ECG, Resting <input type="checkbox"/> Cyto/Hist forms	<i>Ordinary Cult - Source: .....</i> <input type="checkbox"/> Urine <input type="checkbox"/> Urine, Catheter <input type="checkbox"/> Body Fluid <input type="checkbox"/> Wound, superficial <input type="checkbox"/> Genital <input type="checkbox"/> Respiratory <input type="checkbox"/> Stool <input type="checkbox"/> Misc <i>Special Cult &amp; Sm - Source: .....</i> <input type="checkbox"/> Anaerobic & aerobic Cult (deep wound) <input type="checkbox"/> Anaerobic Cult <input type="checkbox"/> T&M Cult <input type="checkbox"/> Blood Cult <input type="checkbox"/> TB Cult (8 wk) <input type="checkbox"/> Candida Cult, ID/ST <input type="checkbox"/> AFB Smear <input type="checkbox"/> Fungal Cult 2 wk <input type="checkbox"/> Fungal Smear <input type="checkbox"/> GC Cult <input type="checkbox"/> GC Smear <input type="checkbox"/> Gp B Strep Cult <input type="checkbox"/> Gram Stain <input type="checkbox"/> MRS Cult <input type="checkbox"/> Malarial Smear <input type="checkbox"/> Myco-Ureap ID/ST <input type="checkbox"/> T&M Smear <b>MOLECULAR PCR</b> <i>Source: .....</i> <input type="checkbox"/> CT DNA <input type="checkbox"/> Flu A&B RNA <input type="checkbox"/> CT/NG DNA <input type="checkbox"/> Flu A&B,SARS-CoV-2 RNA <input type="checkbox"/> EBV DNA, Qual <input type="checkbox"/> MTB/RIF DNA <input type="checkbox"/> EBV DNA, Quant <input type="checkbox"/> Mycoplasma 2 types <input type="checkbox"/> HBV DNA, Quant <input type="checkbox"/> Myco-Ureap 4 types <input type="checkbox"/> HCV RNA, Quant <input type="checkbox"/> NG DNA <input type="checkbox"/> HIV-1 RNA, Early <input type="checkbox"/> SARS-CoV-2 RNA <input type="checkbox"/> HIV-1 RNA, Quant <input type="checkbox"/> T. vaginalis DNA <input type="checkbox"/> HPV DNA (HR) <input type="checkbox"/> Ureaplasma 2 types <input type="checkbox"/> HSV 1&2 DNA <input type="checkbox"/> FL05 Gastro Multiplex PCR Panel <input type="checkbox"/> FL06P Respiratory Mutiplex PCR Panel <b>SEROLOGY</b> <input type="checkbox"/> CMV IgG <input type="checkbox"/> Mumps IgG* <input type="checkbox"/> CMV IgM <input type="checkbox"/> Mumps IgM <input type="checkbox"/> COVID-19 IgG <input type="checkbox"/> Rubella IgG* <input type="checkbox"/> COVID-19 IgM <input type="checkbox"/> Rubella IgM <input type="checkbox"/> H. pylori IgG <input type="checkbox"/> Toxo IgG <input type="checkbox"/> Measles IgG* <input type="checkbox"/> Toxo IgM <input type="checkbox"/> Measles IgM <input type="checkbox"/> TB Gold Quantiferon <input type="checkbox"/> Varicella IgG* <i>SE Profiles</i> <input type="checkbox"/> 01 M pneu IgG, M <input type="checkbox"/> 07 MMR Prof <input type="checkbox"/> 05 EBV Inf Panel <input type="checkbox"/> 08 MMV Prof <input type="checkbox"/> 06 EBV Inf+Mono <input type="checkbox"/> 09 MMRV Prof

OTHER TESTS			
LAB COPY	*Plus Tests	Checked by:	