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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 / yyyy		 am pm
Referred by					<input type="checkbox"/> Payment in Lab (otherwise on account)		

Relevant clinical info: <input type="checkbox"/> Fasting <input type="checkbox"/> Non-fasting <input type="checkbox"/> Health Screen <input type="checkbox"/> Pregnant <input type="checkbox"/> Others:	Doctor's instructions:
Pre-examination requirement checked by: _____	

PI
 EDTA
 FI
 Cit
 Hep
 Ur-MSU
 Ur-fp
 St
 Semen
 VTM
 Swab
 Others
 Taken by: _____

GENERAL CHEMISTRY <input type="checkbox"/> Alk Phos <input type="checkbox"/> Urea <input type="checkbox"/> Bili T <input type="checkbox"/> Creatinine <input type="checkbox"/> Bili T & D <input type="checkbox"/> Sodium <input type="checkbox"/> Protein <input type="checkbox"/> Potassium <input type="checkbox"/> Albumin <input type="checkbox"/> Chloride <input type="checkbox"/> Globulin <input type="checkbox"/> HCO3 <input type="checkbox"/> SGOT/AST <input type="checkbox"/> Calcium <input type="checkbox"/> SGPT/ALT <input type="checkbox"/> Phosphorus <input type="checkbox"/> GGT <input type="checkbox"/> ACTH <input type="checkbox"/> CPK <input type="checkbox"/> Cr + eGFR <input type="checkbox"/> LDH <input type="checkbox"/> Vitamin D* <input type="checkbox"/> Uric Acid <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"/> 07 Cr. Clearance (Cr+24h Ur Cr) Htcm Wtkg	ALLERGY <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 AUTOIMMUNE <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"/> 05 Lupus 2 <input type="checkbox"/> 02 Arthritis 2 <input type="checkbox"/> 06 C3, C4 <input type="checkbox"/> 03 ENA 6 <input type="checkbox"/> 07 IgA, G, M <input type="checkbox"/> 03B ENA 18 <input type="checkbox"/> 12 M. gravis <input type="checkbox"/> 03C Myositis <input type="checkbox"/> 13 Celiac Scr <input type="checkbox"/> 03D SSC12 <input type="checkbox"/> 14 Celiac Exp <input type="checkbox"/> 04 Lupus 1 <input type="checkbox"/> 15 IBD Screen	THYROID <input type="checkbox"/> FT3* <input type="checkbox"/> TG <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 HORMONES <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, Total <input type="checkbox"/> HCG, Quant <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	HEMATOLOGY <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 COAGULATION <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"/> 13 Throb 2 Mut HEALTH SCREENS <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"/> PM02 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	URINE <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 Catec 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 STOOL <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"/> Worm/Para ID <input type="checkbox"/> Rotavirus Ag <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 HEPATITIS <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 Rdm* <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	CULTURES & SMEARS <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 & 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 4 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 MOLECULAR PCR <input type="checkbox"/> C. albicans DNA <input type="checkbox"/> HLA-B27 DNA <input type="checkbox"/> CT DNA <input type="checkbox"/> HPV DNA, Swab <input type="checkbox"/> CT/NG DNA <input type="checkbox"/> HPV DNA, Ur <input type="checkbox"/> EBV DNA, Qual <input type="checkbox"/> HSV 1&2 DNA <input type="checkbox"/> EBV DNA, Quant <input type="checkbox"/> MTB/RIF DNA <input type="checkbox"/> EBV DNA, Swab <input type="checkbox"/> Mycoplasma 2 types <input type="checkbox"/> G. vaginalis DNA <input type="checkbox"/> Myco-Ureap 4 types <input type="checkbox"/> HBV DNA, Quant <input type="checkbox"/> Myco pneu DNA <input type="checkbox"/> HCV RNA, Quant <input type="checkbox"/> NG DNA <input type="checkbox"/> HIV-1 RNA, Early <input type="checkbox"/> T. vaginalis DNA <input type="checkbox"/> HIV-1 RNA, Quant <input type="checkbox"/> Ureaplasma 2 types <input type="checkbox"/> FL05 GI PCR <input type="checkbox"/> FL06P Resp PCR <input type="checkbox"/> FL09 PNA PCR <input type="checkbox"/> FL10 SpotFire ST <input type="checkbox"/> FL11 SpotFire Resp SEROLOGY <input type="checkbox"/> CMV IgG <input type="checkbox"/> Rubella IgG* <input type="checkbox"/> CMV 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"/> Mumps IgG* <input type="checkbox"/> Varicella IgG* <input type="checkbox"/> Mumps IgM <input type="checkbox"/> Varicella IgM <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
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Ur	St	Swab	VTM	Others	
PI/SST/ Serum	EDTA-wb EDTA-p	FI-wb FI-p	Cit-wb Cit-p	Hep-wb Hep-p	Checked by: