MANAGED CARE REQUEST FORM (F024)

PATHLAB MEDICAL LABORATORIES LTD 栢立醫學化驗所

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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

LAB USE ONLY

LAB No. | | | | | | | | |

2 PATIENT IDENTIFIERS ARE REQUIRED

Family name 姓 Given name 名

☐ HKID ☐ Passport ☐ 2 Way ☐ Others

D.O.B. 出生日期 ...../...../..... dd mm yyyy

☐ Male 男 ☐ Female 女

Specimen drawn date & time ☐ ..... am ☐ ..... pm

Referred by

FOR MANAGED CARE PATIENTS ONLY - PLEASE FILL IN

Organization

Diagnosis

Member card no.

Expiry date

☐ Voucher attached

☐ No Voucher

Doctor's Signature:

Card Holder's Signature:

Clinical details

☐ Fasting
☐ Non-fasting
☐ Routine screen
☐ Pregnant .....wks

Doctor's instructions

☐ Specimen: ..... to follow

☐ PI ☐ EDTA ☐ FI ☐ Cit ☐ Hep ☐ Ur ☐ St ☐ Swab ☐ VTM ☐ Others: Taken by:

Laboratory Tests Required : *(Cytology & Histopathology, please use "PINK" Request Form F026)*

Please Scratch Card Here

F024 Managed Care Request Form 250301

For Organization/Lab use only:

Approval Chop (if needed):

Signature:

From	Fax	Tel
☐ Fortress Hill	3983 1810	3983 1800
☐ Central	2526 6560	3651 1200
☐ Causeway Bay	2891 3803	3651 1100
☐ Mongkok	2398 1695	3651 1000
☐ Tsim Sha Tsui	2813 2631	2813 2630

Specimens Received:

☐ PI ☐ EDTA ☐ FI
☐ Cit ☐ Hep ☐ Ur
☐ St ☐ Swab ☐ VTM
☐ Others .....

Checked By _____

Doctor's Copy