PLAIN REQUEST FORM (F023)

PATHLAB 柏立
MEDICAL LABORATORIES LTD 醫學化驗所

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

LAB USE ONLY

LAB No.

2 PATIENT IDENTIFIERS ARE REQUIRED

Family name 姓 Given name 名

☐ HK ID ☐ Passport ☐ 2 Way ☐ Others

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

☐ Male 男 ☐ Female 女

Date collected ..... / ..... / ..... dd mm yyyy

Time ☐ ..... am ☐ ..... pm

Referred by

☐ Payment in Lab (otherwise on account)

Relevant clinical info: ☐ Fasting ☐ Non-fasting ☐ Health Screen ☐ Pregnant ☐ Others:

Pre-examination requirement checked by: _____

Doctor's instructions:

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

Laboratory Tests Required :

PI/SST/ Serum	EDTA-wb EDTA-p	FI-wb FI-p	Cit-wb Cit-p	Hep-wb Hep-p	Ur	St	Swab	VTM	Others	Checked by:

DR'S COPY

F023 Plain Request form V02 260601