



衛生署公共衛生檢測中心
九龍石硤尾南昌街382號
Public Health Laboratory Centre, Department of Health
382 Nam Cheong Street, Shek Kip Mei, Kowloon

組織病理及細胞學化驗室
Histopathology & Cytology Laboratory

Lab. No. _____

HISTOPATHOLOGY

HKID

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Surname

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Other Names

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Gender M / F DOB _____
(dd/mm/yyyy)

Requesting Doctor's Name and Code Signature

Requesting Unit

Report to Clinic (if different from Requesting Unit)

Clinical Summary & Diagnosis

Specimen (Nature & Site)

Test Requested

- ☐ Histopathology
☐ IMF
☐ Others _____
(please specify)

Date Collected _____
(dd/mm/yy)

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