衞生署化學病理及血液科
DEPARTMENT OF HEALTH
CHEMICAL PATHOLOGY & HAEMATOLOGY DIVISION

Test Request Form

Surname	Report to Clinic/Institution
Other Names	
HKID No. ( )	Clinic Code :
Sex Age/DOB	
Clinical Diagnosis	Clinic/Institution Reference
Dr. (Name in Block Letters) / Signature	Date Requested
	Sample Collection **Date** : **Time** :

Container type					
	Profile test	**Single test**			
Gel tube	☐ Liver function	☐ Sodium	☐ Protein	☐ ALT	☐ Gamma GT
☐ Fasting	☐ Renal function	☐ Potassium	☐ Albumin	☐ Cholesterol	☐ Calcium
☐ Random	☐ Lipid profile	☐ Urea	☐ Total Bilirubin	☐ Triglycerides	☐ Phosphate
		☐ Creatinine	☐ ALP	☐ HDL Cholesterol	☐ Urate

Plain tube	☐ Thyroid function	**Clinical information** (Please ☑ the most appropriate one)	**Initial test**	**Reflex test by CPHD**
		☐ Suspected hyperthyroidism / hypothyroidism	TSH	FT4 +/-FT3 if TSH result abnormal
		☐ Hyperthyroidism on treatment	TSH, FT4	FT3 if indicated
		☐ 1° hypothyroidism, post thyroid surgery on thyroxine	TSH, FT4	
		☐ Other clinical situation (please specify) :	☐ TSH	☐ FT4 ☐ FT3
		☐ RF	☐ ANA	☐ Anti-thyroid antibodies
EDTA tube	☐ CBC ☐ CBC & Diff	☐ Retics	☐ Blood film review	☐ ESR ☐ HbA1c
Citrate tube		☐ PT	☐ APTT	☐ INR (Collection time **must** be provided)
Fluoride tube		☐ Fasting Glucose	☐ Random Glucose	☐ OGTT

Urine			
	☐ Spot, plain	☐ Albumin / Creatinine Ratio	☐ Protein / Creatinine ratio
	☐ 24 hrs., plain	☐ Protein	☐ Creatinine
	☐ 24 hrs., with preservative	☐ Catecholamines	

Other tests required :