

Request Form for Amendment of Laboratory Order

**All fields are mandatory for medico-legal & documentation reasons*
*Incomplete form will not be accepted**

To: Department of Clinical Laboratory (Fax: 3903 3499)	Date:
Attn: _____ (Please specify the staff if contracted)	Time:

Request to: (Please select the item)
<input type="checkbox"/> Add laboratory test(s)-Please complete Section A, C, D and F <input type="checkbox"/> Cancel laboratory test(s)-Please complete Section A, C, E, and F <input type="checkbox"/> Cancel the entire laboratory request-Please complete Section A, B, C and F

A. Patient Demographics:	B. Reason(s) for Cancellation of Laboratory Request:
Name / HKID / HN / Ward / Dept / Hospital: Please affix patient GUM label	
C. Specimen Details	D. Test(s) to be Added:
Laboratory No. / (e.g. 17C0000XX)	
	E. Test(s) to be Cancelled:
F. Requested by:	
Doctor's Name:	Doctor's Code:
Signature:	Contact phone:

Please fax the completed request form to 3903 3499

To be filled by staff of Dept. of clinical Laboratory:		
Request handled by:	Rank:	Date/Time:
Specimen available? Yes / No	Suitable for analysis? Yes / No	Inform doctor if request rejected? Yes / No

NOTE:

1. Result cancellation due to wrong patient labelling or blood collection from incorrect patient(s) are recorded and may be submitted to the Risk Management Committee for audit purpose.
2. The laboratory will confirm whether the specimen is still available and suitable for further analysis before adding the test(s).