



UNIVERSITY PATHOLOGY LABORATORY
DEPARTMENT OF PATHOLOGY
THE UNIVERSITY OF HONG KONG

Office Use Only

Accession No: FH

Name..... Chinese.....
(BLOCK LETTER)

DOB..... Age..... Sex.....

ID Card No.

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Previous Biopsy No:.....

Previous Cyto. No:.....

Previous Molecular Pathology No:.....

Debit note:.....

Reference No:.....

Ward/Bed..... Unit..... Hosp.....

Address.....

Tel. / Pager No:.....

Return report to:.....

Additional copy to:.....

Genetic Counseling:

Please specify: _____
(e.g. cardiovascular, developmental, endocrine, metabolic, neurological & skin disorders, breast/ovarian cancer, etc)

Clinical Details (History and Clinical Findings):

Test Requested:

Molecular Targeted Therapy: ☐ BCR/ABL ☐ KRAS ☐ EGFR ☐ MSI

FISH Analysis: ☐ HER-2 ☐ Bladder Cancer Detection

Genetic Testing: ☐ BRCA1 ☐ BRCA2 ☐ BRCA1 & 2 ☐ Carrier Testing

☐ MEN1 ☐ MEN2a/FMTC ☐ MEN2b ☐ Carrier Testing

☐ Cardiovascular ☐ Development ☐ Endocrine ☐ Metabolic

☐ Neurological ☐ Skin Disorders ☐ NPM1/FLT3-ITD Mutation Testing

HBV Detection: ☐ DNA Viral Load ☐ Mutant Detection

HPV Detection: ☐ Cobas HPV test (include HPV 16, 18 genotyping) ☐ Digene ☐ Linear Array Genotyping ☐ PCR Sequencing

☐ Toxicology & Pharmacogenomics

Signed..... Referring Doctor..... Date

Specimen:

Pathology Specimen Number:.....

Nature of specimen: (specify site).....

☐ Cervical Cytology ☐ Clotted Blood ☐ EDTA Blood ☐ Paraffin Block

☐ Unstained sections ☐ Urine ☐ Others

Date requested..... Technician Name.....

Date received..... Technician Name.....

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