



香港醫務化驗學會品質保證計劃有限公司
**Hong Kong Institute of Medical Laboratory Sciences
Quality Assurance Programme Ltd.** (Founded 1990)

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Requisition of Replacement/Additional Specimen

To: Chairman, HKIMLSQAP

Fax: 2124 2798 or Email: info@hkimlsqap.org

From:

Name of Participating Laboratory (Don't disclose your Lab code)

Authorized Contact Person: _____

Phone: _____ Email: _____

Date: _____

Signature: _____

Message: I would like to ask for the proficiency testing material of survey exercise _____ of code number _____ regarding to:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Spillage | <input type="checkbox"/> Broken |
| <input type="checkbox"/> Abnormal sample integrity | <input type="checkbox"/> Lysis |
| <input type="checkbox"/> Coloration | <input type="checkbox"/> Turbidity |
| <input type="checkbox"/> Precipitation | |
| <input type="checkbox"/> Investigation of substandard performance | |
| <input type="checkbox"/> Other (Please state) _____ | |
- _____