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Remarks:
* Fasting for 8 hours (空腹8小時)
▲ Fresh specimen (即日樣本)
Special instructions (請聯絡化驗所)
@ Advance booking required (需預約)

Name : _____ Age/Sex : _____ M / F ID No. : _____

Clinical Findings & Diagnosis : _____

Haematology <input type="checkbox"/> CBP <input type="checkbox"/> ESR <input type="checkbox"/> Blood group & Rh <input type="checkbox"/> Hb pattern ▲ <input type="checkbox"/> Iron & TIBC <input type="checkbox"/> Ferritin <input type="checkbox"/> B12 & Folate Diabetes <input type="checkbox"/> Diabetes profile II* <input type="checkbox"/> Glucose (Fasting)* <input type="checkbox"/> Glucose (Random) <input type="checkbox"/> HbA1C <input type="checkbox"/> Microalbumin <input type="checkbox"/> OGTT - 2hr. 75 gm* @ Thyroid <input type="checkbox"/> Thyroid function I / II <input type="checkbox"/> T uptake <input type="checkbox"/> FTI <input type="checkbox"/> T4 <input type="checkbox"/> Free T4 <input type="checkbox"/> T3 <input type="checkbox"/> Free T3 <input type="checkbox"/> TSH <input type="checkbox"/> ATA	Liver & Hepatitis <input type="checkbox"/> Liver function test <input type="checkbox"/> Hep A & B vacc. profile <input type="checkbox"/> Hep B vacc. profile <input type="checkbox"/> Hep A & B vacc. check <input type="checkbox"/> Hep B carrier profile <input type="checkbox"/> SGPT (ALT) <input type="checkbox"/> SGOT (AST) <input type="checkbox"/> HBsAg <input type="checkbox"/> HBsAb <input type="checkbox"/> HBeAg <input type="checkbox"/> HBeAb <input type="checkbox"/> Anti-HAV <input type="checkbox"/> Hep C antibodies <input type="checkbox"/> HBV DNA <input type="checkbox"/> AFP <input type="checkbox"/> U/S Liver* Female Hormone <input type="checkbox"/> Fertility profile <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> E2 <input type="checkbox"/> β-HCG <input type="checkbox"/> Prolactin <input type="checkbox"/> Progesterone	Urinary Tract <input type="checkbox"/> Renal function test ▲ <input type="checkbox"/> Urea <input type="checkbox"/> Creatinine <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> Urine routine analysis <input type="checkbox"/> MSU Culture / ST ▲ <input type="checkbox"/> 24 hrs urine protein# <input type="checkbox"/> 24 hrs creat. clearance# <input type="checkbox"/> KUB Cardiovascular <input type="checkbox"/> Lipid profile ▲ <input type="checkbox"/> Cardiac profile <input type="checkbox"/> Cholesterol* <input type="checkbox"/> Triglycerides* <input type="checkbox"/> Homocysteine#▲ <input type="checkbox"/> ECG Cancer Marker <input type="checkbox"/> Tumor Marker prof. M/F <input type="checkbox"/> EBV - EBNA1 by EIA <input type="checkbox"/> PSA total <input type="checkbox"/> CA125 <input type="checkbox"/> CA19.9 <input type="checkbox"/> CA72.5	Communicable Dis. <input type="checkbox"/> VD profile I / II <input type="checkbox"/> VDRL <input type="checkbox"/> FTA <input type="checkbox"/> HIV 1&2 Antibodies <input type="checkbox"/> HIV + P24 <input type="checkbox"/> HSV II <input type="checkbox"/> Chlamydia antigen <input type="checkbox"/> Chlamydia by PCR#▲ <input type="checkbox"/> Chlamydia antibodies <input type="checkbox"/> GC culture / ST#▲ <input type="checkbox"/> Smear for GC <input type="checkbox"/> VZV Coagulation <input type="checkbox"/> PT / INR ▲ <input type="checkbox"/> APTT▲ O & G <input type="checkbox"/> Prenatal profile I / II/III <input type="checkbox"/> Dual Test# <input type="checkbox"/> Rubella - IgG <input type="checkbox"/> HVS Culture/ST <input type="checkbox"/> HVS T&M <input type="checkbox"/> Seminal fluid analysis# <input type="checkbox"/> Urine for pregnancy <input type="checkbox"/> Pap smear LMP ___ / ___ / ___ <input type="checkbox"/> Thin Pap	Chest <input type="checkbox"/> Sputum culture <input type="checkbox"/> Smear for AFB <input type="checkbox"/> TB culture <input type="checkbox"/> Lung function test @ <input type="checkbox"/> CXR Alimentary Tract <input type="checkbox"/> Urea Breath Test#@ <input type="checkbox"/> Stool routine <input type="checkbox"/> Stool culture / ST <input type="checkbox"/> Stool for OB Arthritis <input type="checkbox"/> Arthritis I / II <input type="checkbox"/> Uric Acid <input type="checkbox"/> Ca ⁺⁺ <input type="checkbox"/> PO ₄ <input type="checkbox"/> RA factor <input type="checkbox"/> CRP <input type="checkbox"/> ANF <input type="checkbox"/> LE cell
Microbiology & other tests <input type="checkbox"/> Urine routine analysis <input type="checkbox"/> MSU culture / ST <input type="checkbox"/> HVS culture / ST <input type="checkbox"/> Smear for T&M <input type="checkbox"/> GC Culture / ST#▲ <input type="checkbox"/> Smear for GC <input type="checkbox"/> Stool routine <input type="checkbox"/> Stool culture / ST <input type="checkbox"/> Sputum culture <input type="checkbox"/> Smear for AFB <input type="checkbox"/> TB culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Fungal smear <input checked="" type="checkbox"/> Other tests (Please specify) Haemoglobin		X-ray, ultrasound, CT & MRI (Advance booking is required): Kindly note the prices difference between the two centres Signature : _____ Date : _____ Dr. : <u>TY MEDICAL - HK</u> <input type="checkbox"/> Cash <input type="checkbox"/> Account 透影檢驗		