Contingency Only
For E-Request System
Out of Service Only

NEWBORN SCREENING LABORATORY
7/F, TOWER A, HONG KONG CHILDREN'S HOSPITAL

Tel No. : 3513 3139 / 3513 3116 Fax No. : 3512 7531

Please circle: **Urgent / Non-urgent** **N**

LAB No.

Request Form for Babies Born in Private Hospitals under the Scheme of Newborn Screening Service to Private Sector

Specimen Collection Date & Time :

Clinical Summary & Diagnosis :

HN/AE/OP/No.

H.K.I.D.

Name

Sex/Age : _____ / _____ Birth Date & Time : _____

Ward/Bed : _____ / _____ Hospital : _____

Doctor I.D. ☐☐☐☐☐☐ Signature : _____

Doctor Name : _____ Report to_____ (Ward /Hosp.)

Request Doctor Contact No: _____

Fax no. : _____

(Please (✔) tick as appropriate)

SPECIMEN TYPE	TEST REQUESTED
Dried Blood Spot Card	☐ DBS-based newborn screening profiles

Birth weight (g) : _____

Gestation (wk) : _____

Race : _____

Parent consanguinity : ☐ Yes / ☐ No

Any milk within 1 day of sampling : ☐ Yes / ☐ No

Any TPN within 1 day of sampling : ☐ Yes / ☐ No

Any blood product transfusion : ☐ Yes / ☐ No

Last transfusion date & time (if yes): _____

Any family history of

IEM: ☐ Yes / ☐ No _____

SCID: ☐ Yes / ☐ No _____

SMA: ☐ Yes / ☐ No _____

Maternal remark: _____

Neonatal remark: _____

For Lab. Use Only