

**Hong Kong Institute of Medical Laboratory Sciences
Quality Assurance Programme Limited**

Requisition of Replacement / Additional Sample

To: Chairman, HKIMLSQAP

Fax: 2499 0382 or Email: qap_info@hkimlsqap.org

From: _____

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

Authorised Contact Person: _____

Phone: _____ Fax No: _____ Email: _____

Date: _____

Message: I would like to ask for the proficiency testing material of

Year _____ 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) _____ | |

To be filled by HKIMLSQAP Office:

Reply To: _____

Year____ Survey Exercise _____ of Code Number _____

replacement / additional proficiency testing material(s) is/ are not* available.

Please collect the sample[#] from

_____ at _____

on _____.

* Delete where appropriate

[#] Please bring along suitable container and keep sample at _____ °C