

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

Requisition of Replacement / Additional Survey Material

To: Chairman, HKIMLSQAP

Date: _____

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

From: _____

Name of Participating Laboratory (**DON'T put down Lab Code**)

Authorised Contact Person: _____

Phone: _____ Fax No: _____ Email: _____

Message: I would like to ask for the proficiency testing material of _____ Survey Year ()
of sample code number _____

Replacement Survey Material #

Abnormal sample integrity upon receipt

Broken

Coloration

Lysis

Precipitation

Spillage

Turbidity

Others (Please state) _____

Additional Survey Material #

Broken during processing

Investigation of substandard performance &

Re-testing is required

Others (Please state) _____

Replacement will be issued only when stock is available and request is submitted within 5 working days upon receipt of the survey materials.

& Additional Survey Material will be issued only when stock is available and request is submitted within one week upon receipt of survey report.

To be filled by HKIMLSQAP Office:

Reply To: _____

_____ Survey Year () of Sample Code Number _____ replacement / additional
survey material(s) is/ are not* available. Please collect the survey material from

_____ at _____

_____ on _____.

Please bring along this request form, signed acknowledgement form and suitable container
and keep material at _____ °C*.

* Delete where appropriate