

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

**Requisition of Replacement / Additional Survey Material**

**To:** Chairman, HKIMLSQAP

Fax: 2124 2798 or Email: [info@hkimlsqap.org](mailto:info@hkimlsqap.org)

**From:** \_\_\_\_\_

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

Authorised Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

**Date:** \_\_\_\_\_

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

\_\_\_\_\_ Survey Year ( ) of sample code number \_\_\_\_\_

regarding to:

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/ Additional Survey Material will be issues only when stock is available.  
& Request needed to be 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