



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

REGISTRATION FORM

Interpretative Quality Assurance Programme Cytopathology
May 2026– April 2027

Institution : _____ **Tel. No.** _____

Address (English) _____ **Fax No.** _____

(中文) _____

Responsible Person: (Dr./ Mr. / Ms) _____ **Email Address:** _____

Delivery Address of Samples

Address: _____

Contact Person: _____ **Tel. No.** _____

Programme	Registration Period		Subscription Fee (HK\$)	No. of Enrollment	Amounts (HK\$)
	May 2026	April 2027			
Interpretative Quality Assurance Programme Cytopathology	May 2026	April 2027	2,000		

_____ Date

_____ Authorized Signature / Chop

Information and Instructions

1. Details of Programme - refer to information at <http://www.hkimlsqap.org>
2. Registration: Participant is recommended to submit the registration form to HKIMLSQAP three months before commencement of “Registration Period”.
3. Subscription Fee
 - a. Subscription fee is non-refundable.
 - b. For participant **outside** Hong Kong a **surcharge on delivery and administration will be imposed.**
 - c. **Registration will not be confirmed until the subscription fee is received in FULL.**
4. Payment:
 - a. The subscription fee must be made payable to “**Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme Ltd.**” in Hong Kong Dollars by a crossed cheque or by autopay system.
 - b. Crossed cheque should be mailed to Flat 1711, 17/F, Block C, Bell House, 525- 543 Nathan Road, Yaumatei, Kowloon.
 - c. For payment by autopay system, receipts of transaction should be sent to HKIMLSQAP office at info@hkimlsqap.org or fax to **2124 2798**.
 - d. Invoice will be sent to the registered address upon receipt of the registration form.
5. **For enquiry, please send WhatsApp message to 9226 4521 / email to info@hkimlsqap.org**