



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

REGISTRATION FORM

Interpretative Quality Assurance Programme Cytopathology
May 2025– April 2026

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\$)
Interpretative Quality Assurance Programme Cytopathology	May 2025	April 2026	2,000		

Date

Authorized Signature / Chop

Information and Instructions

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