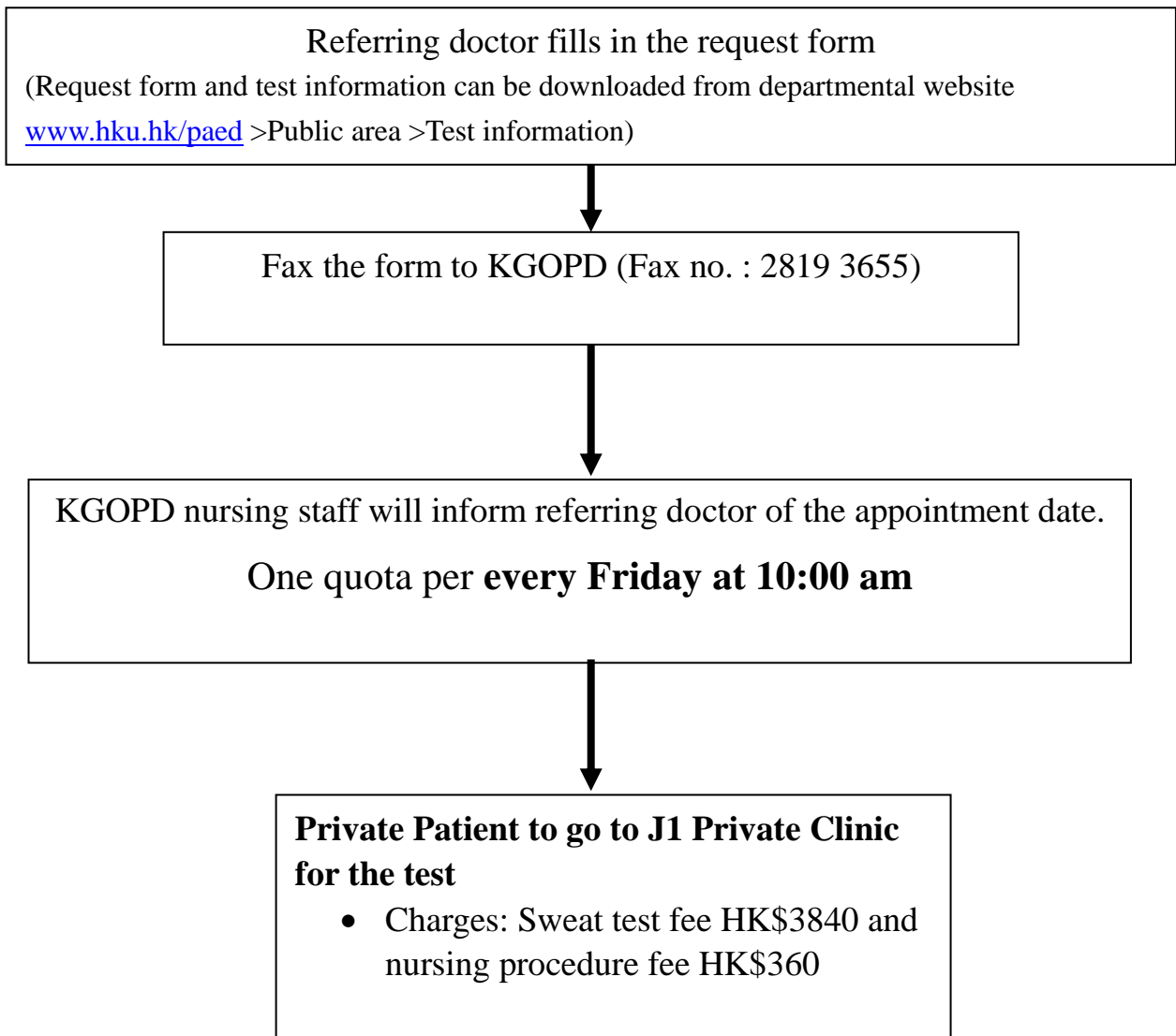


**Booking of Sweat Test at the Department of Paediatrics & Adolescent Medicine,
QMH (private patients)**



Remarks:

- Please inform the parents/legal guardian to accompany the child for the test in order to sign the consent.
- **Cancellation /Change of appointment date:** please inform KGOPD nurse I/C (Tel. no. 2255 3343, Fax no. 2819 3655) **at least 1 week** before appointment date.