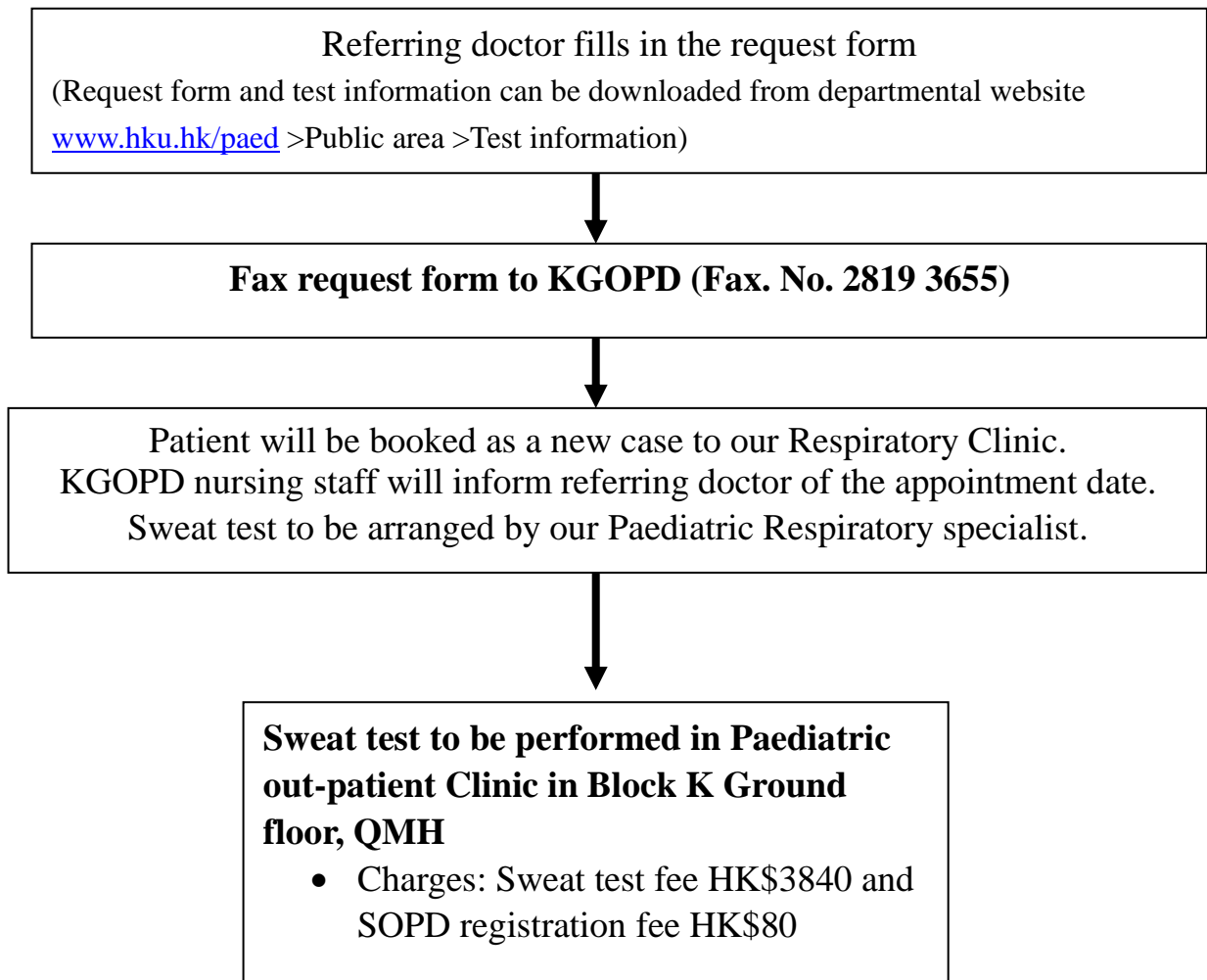


**Booking of Sweat Test at the Department of Paediatrics & Adolescent Medicine,  
QMH (Public patients from other departments)**



**Remarks:**

- Please inform the parents/legal guardian to accompany the child for the test.
- **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.