

**To: Department of Paediatrics & Adolescent Medicine
The University of Hong Kong
Queen Mary Hospital (Fax: 2819 3655)**

Sweat Test Request Form (Private Patients)

Patient's name:		
Sex/DOB:		HKID:
Address:		
Contact Tel. No. :	(Father)	(Mother)

Paediatrician in charge:		
Address:		
Contact no.	(Tel. No.)	(Fax. No.)

Indications for performing the sweat test: (Please tick as appropriate)

- Meconium ileus in new born
- Malabsorption
- Recurrent chest infections or chronic sinopulmonary infections
- Family history of cystic fibrosis (CF) or family history of CF carrier status
- Others (Please give details)

Test charge: Sweat test procedure fee HK\$3840 (HKU charge item) and nursing procedure fee HK\$360

Test Venue: Private Out-patient Clinic, Block J 1st floor, Queen Mary Hospital

Remarks:

- Please bring along birth certificates/HKID/passport/identification documents and referring letter/ brief medical history.
- For cancellation or rescheduling of test, please call KGOPD Nurse in-charge (Tel: 2255 3343) at least one week prior to the appointment date. (Request for rescheduling may not be accepted afterwards.)