

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

**Sweat Test Request Form (Public 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)
- 
- 

**Please provide patient's clinical summary AND signed consent form.**

**Test charge: Sweat test procedure fee HK\$3840 (HKU charge item) and Specialty out-patient procedure fee HK\$80**

**Test Venue: Paediatric Out-patient Clinic, Block K Ground floor, Queen Mary Hospital**

**Remarks:**

- Please bring along birth certificates/HKID/passport/identification documents and referring letter.
- 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.)