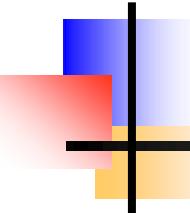


Bachelor of Chinese Medicine Year IV
2024 - 2025



BCHM4608 – Fundamentals of Diagnosis (Pathology)

Use of Biochemical Laboratory Tests:

Clinical Biochemistry I – Making the Best Use of the Clinical Laboratory

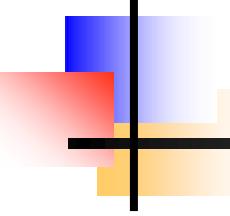
02.04.2025

14:30 – 16:20

Sidney Tam

Hon Clinical Professor

Department of Pathology
The University of Hong Kong



Making the Right Diagnosis is Essential for Proper Patient Management

- History taking
- Physical examination
- **Ancillary investigations:**

Imaging studies (X-ray, CT, MRI, PET scan, ultrasonography); **lab tests** (specimens e.g., blood, urine, sputum, other bodily fluids like CSF, pleural fluid, peritoneal fluid, also cells and tissues), other special haematological, immunological, histopathological, microbiological, molecular, genetic-genomic, cytogenetic examinations, etc.

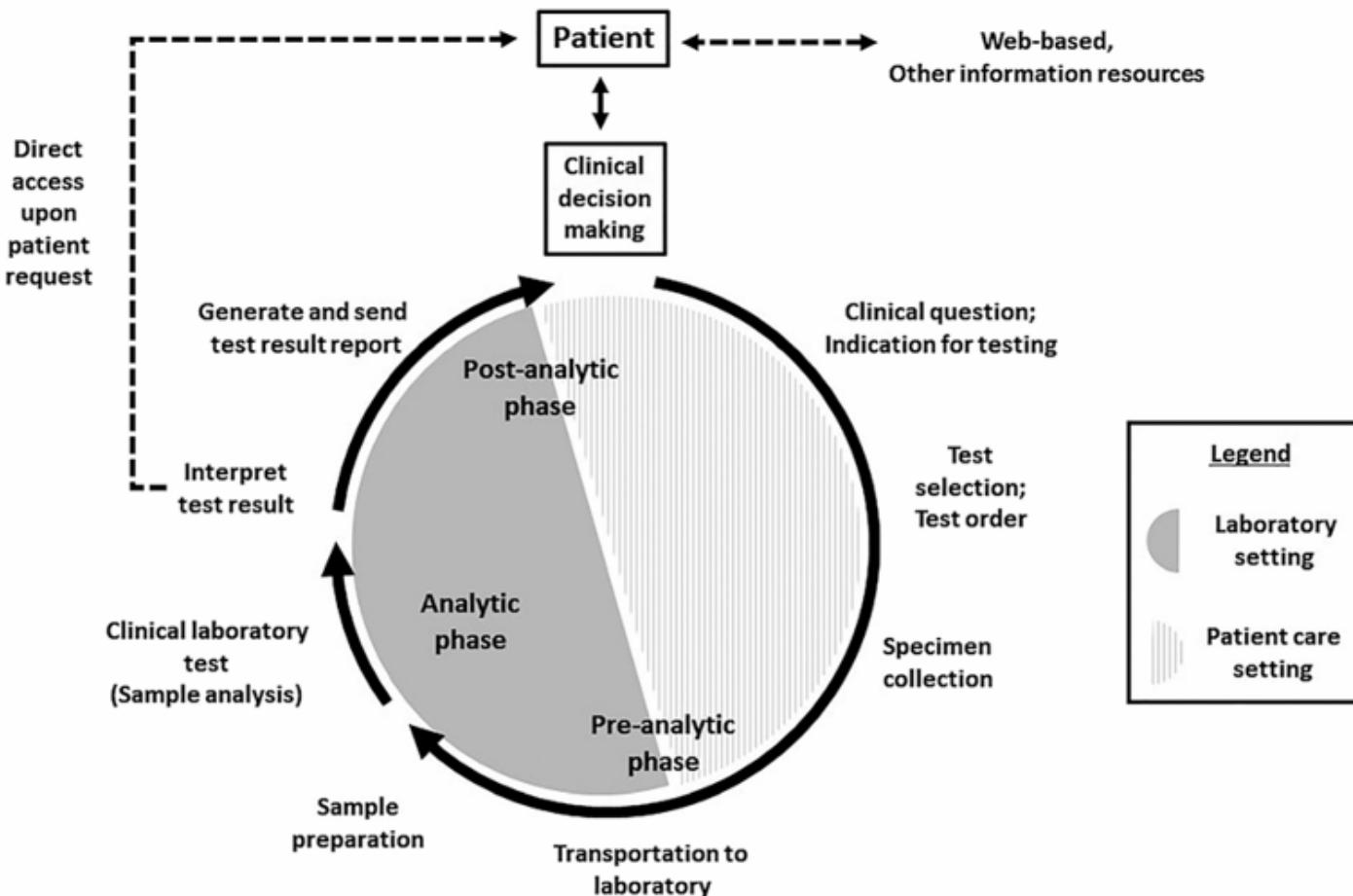
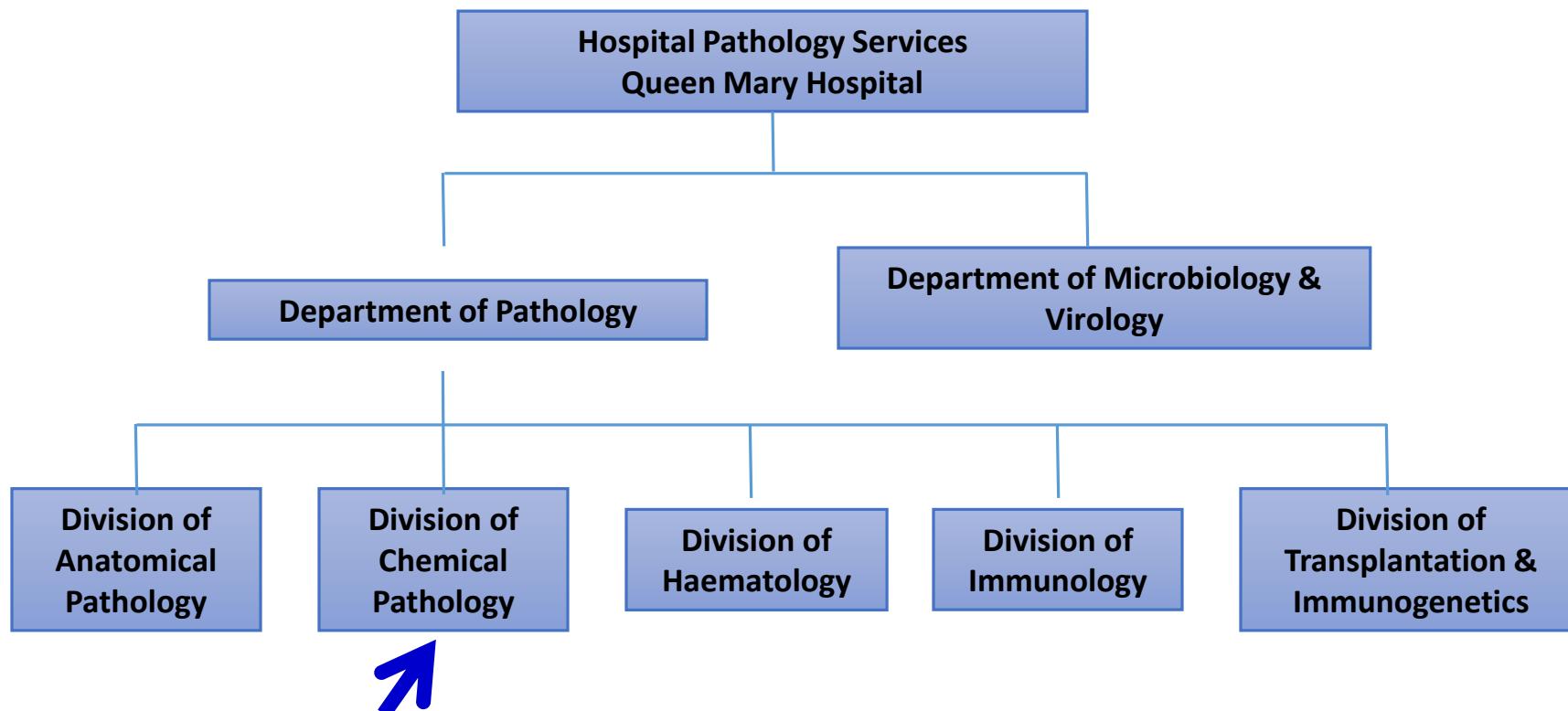


Figure 1: The total testing process describes the lifecycle of a clinical laboratory test [6, 7].

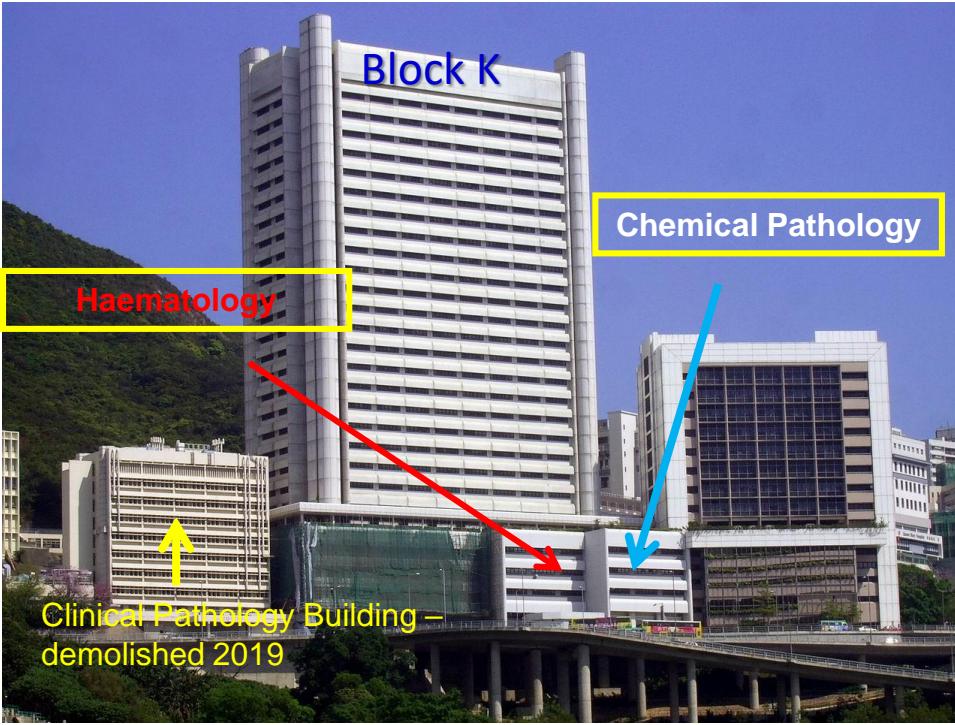
The process is divided into the pre-analytic, analytic, and post-analytic phases of testing. The pre-analytic phase includes all steps that occur prior to performing the clinical test. The analytic phase includes performance of test procedures, quality control, calibration, and verification procedures, and documentation of testing data. The post-analytic phase includes all steps that occur after the clinical test is performed. The pre- and post-analytic phases of testing include steps that occur in both the laboratory and patient-care settings. Dotted lines indicate aspects more recently entering practice that provide patients direct access to test results and access to web-based and resources that contain information about clinical laboratory testing.

Organization of Hospital Pathology Service (HPS) in QMH

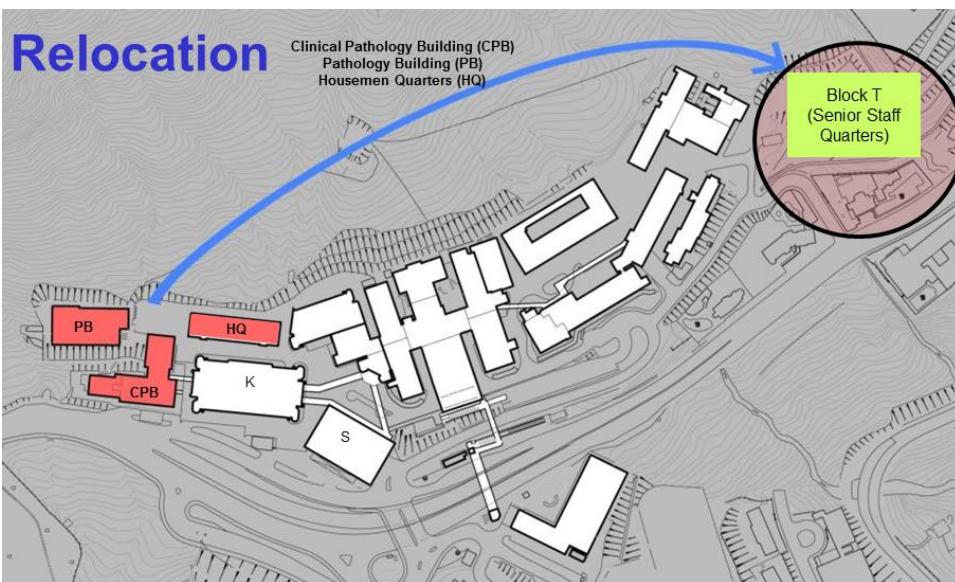


**CHEMICAL PATHOLOGY
LABORATORY SERVICES
(A VIRTUAL LABORATORY VISIT)**

**Making the Best Use of Laboratory
Services in the Course of Patient
Care!**



Block T



- Anatomical Pathology
- Clinical Immunology
- Transplantation & Immunogenetics
- Microbiology

Block K

(since 1989)



LG-128 & LG-238



Advancing Excellence

Accredited Laboratory



The College of American Pathologists

certifies that the laboratory named below

**Queen Mary Hospital
Hospital Pathology Services
Hong Kong, Hong Kong
Sidney Tam, MD**

LAP Number: 7175525
AU-ID: 1370021

Laboratory Accreditation: a Benchmark for Quality

*has met all applicable standards for accreditation and
is hereby fully accredited by the College of American Pathologists'
Laboratory Accreditation Program. Reinspection should occur prior
to December 12, 2012 to maintain accreditation.*

Accreditation does not automatically survive a change in director, ownership,
or location and assumes that all interim requirements are met.

Frank R Rudy

Chair, Commission on Laboratory Accreditation

Ashley Braun MD FCAP

President, College of American Pathologists



cap

The College of American Pathologists recognizes

**7175525-05
Clinical Biochemistry, HPS-QMH**

For participation in the Surveys and Anatomic
Pathology Education Program

Stephen N. Bauer, MD, FCAP

Stephen N. Bauer, MD, FCAP
CAP President

2010
Surveys, EXCEL
and Anatomic
Pathology Education
Programs

Laboratory Request Forms

(obsolete)

Replaced by online request via “GCR-LRS”

Contact Numbers		Cytopathology		Department of Pathology Queen Mary Hospital Hong Kong
Office	2055-4203	Laboratory	2055-4111	
Fax	(852) 20596916			
PLEASE PRINT OR ADDRESS ENVELOPES IN BLOCK CAPITALS OR COMPLETE IN PENCIL				
Patient No. _____ Hospital No. _____		Lab Number (Lab. add 0001)		
Surname / Family Name _____		URGENT (Tick) <input type="checkbox"/> Tel. / Pager No. _____		
First Name(s) or Given Name(s) _____		Previous Ref. No. _____		
Sex	Age	Date of Birth/Name	Resident Ward/Clinic	TCAN UNIT
Male	Female	DD/MM/YY		
Refer report as follows: See ward		Ref. No.	Lab Ref. No.	On-call
Additional Info		Out Patient	Private Patient	Signs
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Requesting Doctor
				DD/MM/YY
Clinical Details:				

Contract Numbers Office Administrator	2655 4420 2655 4420 2673 2613 (HKG)	Histopathology	Department of Pathology Queen Mary Hospital Hong Kong		
PLEASE FILL IN ADDRESS AND NAME LABELS ON COMPLIMENTARY FORM		LAB. NUMBER (Lab. use only)			
Ref ID No.	Result No.				
Surname / Family Name		URGENT (Ex) _____ Tel. / Page No. _____			
First Name(s) (Given Names)		Previous (Diagnosis) Previous Cytology			
Date	Age	Date of Birth (Century)	Hospital / Ward / Clinic	TEAM / DEPT	Birth Note (s)
Patient name as it appears on the birth certificate		Mobile	Birth Ref. No.	In-charge (Post)	Qualif.
Additional copy to:		<input type="checkbox"/> Birth Patient	<input type="checkbox"/> Private Patient	<input type="checkbox"/> Sign. Ref.	<input type="checkbox"/> Qualif. Ref.
				Requesting Doctor's Name <input type="checkbox"/> Qualif. Ref.	
Please indicate Histopathology Immunohistochemistry Molecular Pathology Ultrastructure Pathology Clinical Details (History, Examination, Investigation, Operative Findings)					

Social Chemistry	Clinical Biochemistry		Queen Mary Hong Kong
LG238, Block K Fax: 2819 4179 (Revised Month: 2000)			
PLEASE TICK ALL APPLICABLE CATEGORIES ON THIS FORM			Lab. No.
Hospital ID. No.	Hospital No.		Time Received
Specimen / Family Name		Specimen Collection Date (DD / MM / YY)	
First Names / Given Names		Test No.	
Sex	Date of Birth	Ref. No.	Out Patient
M/F	DD/MM/YY	Hospital / Ward / Clinic	Bed No.
Relevant clinical information & indication must be given.			
Doctor in Charge MS			
Requesting Doctor MS			

Telephone Numbers		Haematology		Queen Mary Hospital Hong Kong
Office	2855 0112			
Laboratory	2855 1056			
PLEASE SIGN AN ADDRESSEEMANSHIP LABEL ON BOTH COPIES OF THE FORM!				
Ref ID No.	Hospital No.			Lab. Number (LAB USE ONLY)
<input checked="" type="checkbox"/> Services / Private Name				<input type="checkbox"/> URGENT
Initial Name / Street Name/Address				<input type="checkbox"/> Tick Tel. / Pager No.
Sex:	Male	Age:	Date of Birth (mm/yyyy)	Hospital / Ward / Clinic Unit
Return report to (if not the ward): Bed No.		Unit Ref. No.	Specimen collection Date (DD/MM/YY) Time (H)	
Additional copy to:		Call Patient? <input checked="" type="checkbox"/> Y/N	Portable Patient? <input checked="" type="checkbox"/> Y/N	Requesting Doctor <input type="checkbox"/> GANHD. <input checked="" type="checkbox"/> DNHLD. <input type="checkbox"/> NSD
Clinical details				
THIS FORM REQUESTS AN IN-LAB 24-HR SERVICE & PREVIOUS FOR TESTS IN BOLD TYPE.				
BLOOD COUNT AND CONSULTATION LABORATORY				
FULL BLOOD COUNT	P.L.	<input type="checkbox"/>	ON CYTOTOXIC DRUGS? <input type="checkbox"/>	YN <input checked="" type="checkbox"/>
HISTOGRAM COUNT	APTT	<input type="checkbox"/>	ON ORAL ANTICOAGULANTS? <input type="checkbox"/>	<input checked="" type="checkbox"/>
EBC	FIBRINogen ASSAY	<input type="checkbox"/>	ON HEPARIN? <input type="checkbox"/>	<input checked="" type="checkbox"/>
MALARIA PARASITES	THROMBIN TIME	<input type="checkbox"/>		
D-ORNER TEST	<input type="checkbox"/>			
BODY FLUID LABORATORY				
SPECIAL TESTS LABORATORY				
CSF EXAMINATION	WT. DIFFERENTIAL ASSAY	<input type="checkbox"/>	HB PATERN	<input type="checkbox"/>
TOTAL CELL COUNT FOR BODY FLUID	Please do not request this test if the patient is on WBC & platelet supplements			
SPECIFIC TYPE			ALKALINE PH TEST	<input type="checkbox"/>
			CEPO-SCOTT	<input type="checkbox"/>
			HANZ BODIES	<input type="checkbox"/>
			599.58 METHEMOCYTOB.	<input type="checkbox"/>
SPINE HEMATOMA	BONE MARROW EXAMINATION	<input type="checkbox"/>	HNB TEST	<input type="checkbox"/>
OTHERS (Please List)	(Please provide additional information on the reverse side of this request form.)			Request for arrangement <input type="checkbox"/>
TEST RESULTS (LAB. USE ONLY)				
WBC	x10 ⁹ /L	P.L.	g/L (11.3 - 13.2)	Test results for other tests available. This requires an arrangement in Haematological Unit or any other urgent tests below.
Hb	g/dL	APTT	g/L (27.6 - 35.6)	
PLATELET	x10 ³ /L	BT	g/L (11 - 15)	
		FIBRINogen	g/L	
		DISSRTE		

Telephone Number	Tissue Typing		
Laboratory	HLA request form		
Fax No.	For BMT patients and potential donor only		
One copy of this form must be completed for each patient and each potential donor			
H.K.I.D. No.	Sex	Date of Birth (DD/MM/YYYY)	Lab. Number (LAB USE ONLY)
<input type="checkbox"/> M/F		<input type="checkbox"/>	<input type="checkbox"/>
Surname / Family Name			
First Name(s) / Given Name(s)			
Ancestral province or area of origin : _____			
If sample from patient : _____			
Diagnosis : _____		Hospital : _____	Unit : _____
Please complete this section if blood sample not from patient			
Date of blood collection (DD/MM/YYYY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Requesting Doctor <input type="checkbox"/>			
Private case : Yes / No <input type="checkbox"/>			
Report to be sent to : _____			

The Clinical Management System (CMS)

Hospital Authority

 病房 WARD

 門診 CLINIC

 常用連結 USEFUL LINK

[QMHS Intranet Home Page](#)

[HA Intranet](#)

[HA News Update](#)



Hospital Authority
Clinical Management System
Version 2.0.0059.004

Logon:

Password:

OK

Shutdown

Reboot

Important Notes

1. All patient information is strictly confidential
2. Staff may only use the CMS for authorised purposes
3. All access to CMS is logged
4. Please logoff immediately after use
5. Please ensure you have verified the content before you sign the computer printouts

17

Using the laboratory

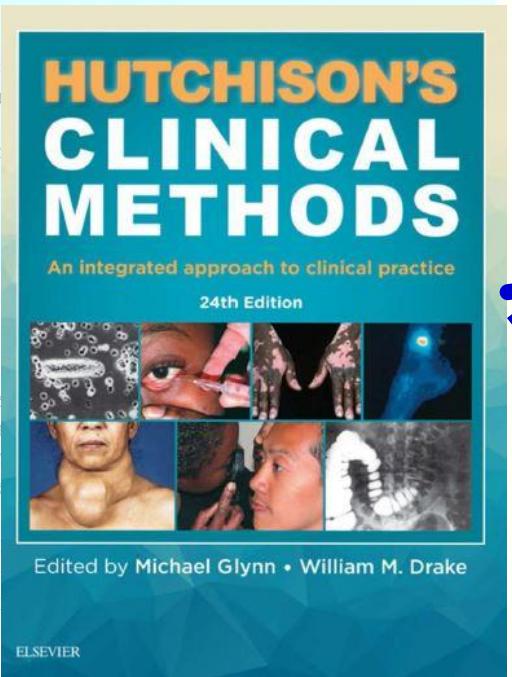
What investigation to request
What information to send
Collection of specimens,
Making the best use of results

Cooperation with laboratories requires the joint efforts of clinicians and laboratory workers. Patients and their relatives, subjects and clinicians cannot be expected to understand the performance of all tests that the laboratory offers. In particular:

- 1 What *investigation* to request
- 2 The discomfort and possible risks involved
- 3 What *information* the pathologist needs to receive
- 4 What *specimens* are required and how they should be submitted to the laboratory
- 5 The approximate cost in time and money of an investigation
- 6 The possible risk of a specimen to the laboratory worker (infected material or Australia antigen-positive sera)
- 7 How to make the *best use* of the results received from the laboratory. In the case of complicated investigations, the clinician and the pathologist should agree a programme of investigation and discuss the results.

WHAT INVESTIGATION TO REQUEST

The result of any laboratory investigation is only one part of the information required to make a diagnosis. It may have as much or as little significance as any other physical finding. The plan of investigation has to be decided from the facts elicited by history taking and physical examination. However, the widespread use of automation in haematology and biochemistry means that tests are often performed in a 'package'. It is necessary to know what is offered in each package and to choose the appropriate one, rather than the single test. The availability of these routines should not lead to the abandonment of the eclectic



approach that adds to the patient's comfort, the speed of diagnosis and the continued education of the doctor.

Certain investigations are often necessary to monitor the natural history of a disease and its treatment. For example the white blood cell count has to be followed serially in cases of leukaemia and the sedimentation rate in rheumatoid arthritis. There should therefore be a planned series of repeat tests, as is often necessary when following the resolution of a metabolic disorder. Tests should not be repeated without good reason and, if repeated, the interval between them should be logically decided.

WHAT INFORMATION TO SEND

A source of serious error can be failure to identify correctly the source of a specimen from a given patient. Therefore laboratories design their request forms with care and it is essential that all details required are filled in, accurately and legibly. Usually it is necessary to record the patient's surname and first name, address (or ward and bed number), the hospital serial number and the sex and date of birth of the patient. These details are all the more necessary in parts of the world where many family names are very similar.

Requests must also indicate the exact nature of the material sent, its source and the precise nature of the investigations required. The date on which the specimen is collected must be recorded. For many biochemical tests it is necessary to record the exact time at which the specimen is collected.

It is desirable that the patient's tentative diagnosis should be recorded together with any relevant clinical comment. A note of current antibiotic therapy is necessary with all requests for bacteriological examinations. Similarly, any therapy that might influence biochemical investigations should be recorded.

COLLECTION OF SPECIMENS

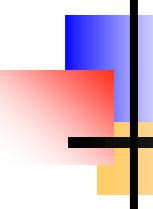
It is essential that specimens reach the laboratory fresh and in the correct kind of container. Specimens are best taken by hand to the laboratory as soon as they are obtained, but they can, if necessary, be sent by post (letter post only), provided they are suitably packed and labelled 'Fragile, With Care' and 'Pathological Specimen'. Such specimens must be placed in a sealed inner container and then packed in a wooden or metal box containing sufficient absorbent material to soak up all the liquid contents if the inner container is broken. Local and international regulations about the transmission of pathological material must be strictly adhered to.

Suitable containers are best obtained from the laboratory that is going to do the investigations. All containers must be perfectly clean and preferably



Timing and Condition of Sampling

- Fasting, postprandial (kind of food), posture, activity, basal state, post-therapy, diurnal variations, menstrual history, etc.
- Hormonal suppression or stimulation tests require accurately timed collections and serial sampling.
- Blood for Therapeutic Drug Monitoring (TDM) is usually collected as a “trough” (pre-dose) sample, but in certain situations a “peak” or post-dose timed sample is required.



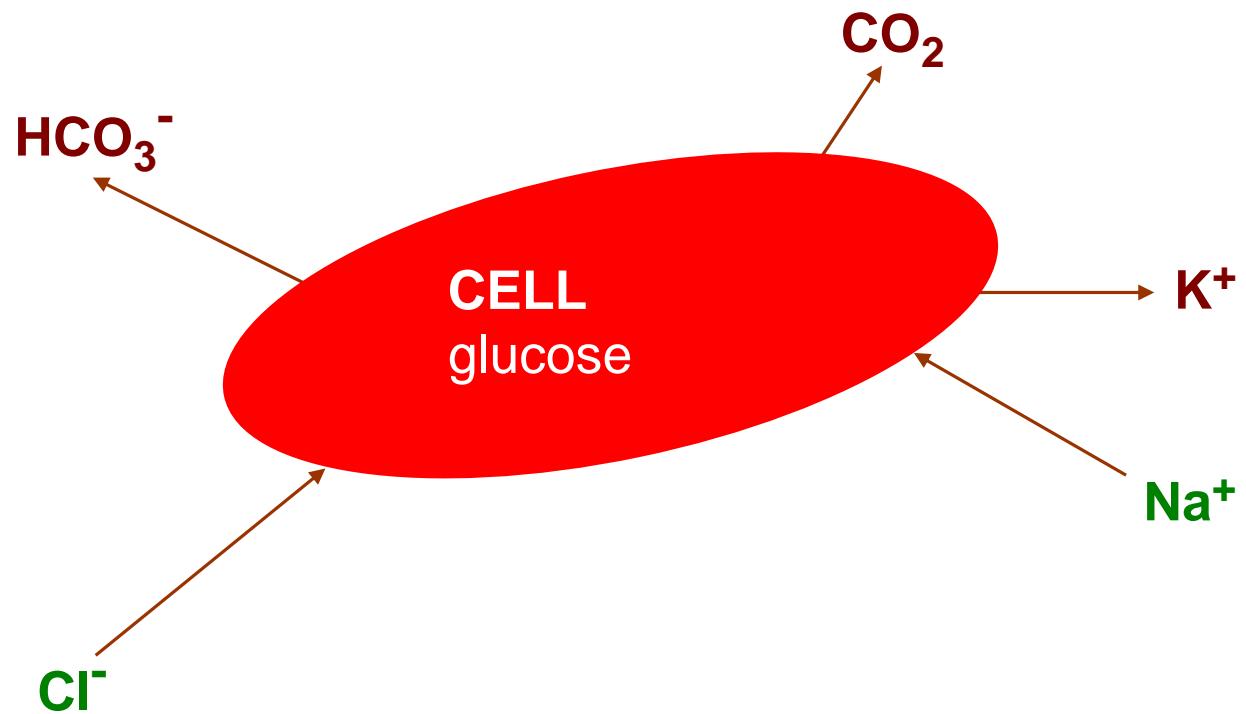
Specimen Collection and Delivery

- Some tests must be collected and transported at a specific temperature - peptide hormones that are prone to *in vitro* degradations (e.g., PRA, PTH, ACTH)
- Delayed separation of plasma / serum from cells could lead to spurious results, e.g.,
 - Decreased: Glucose, Na^+
 - Increased: K^+ , PO_4^{2-} , LDH, AST
- Unseparated blood samples must never be frozen!

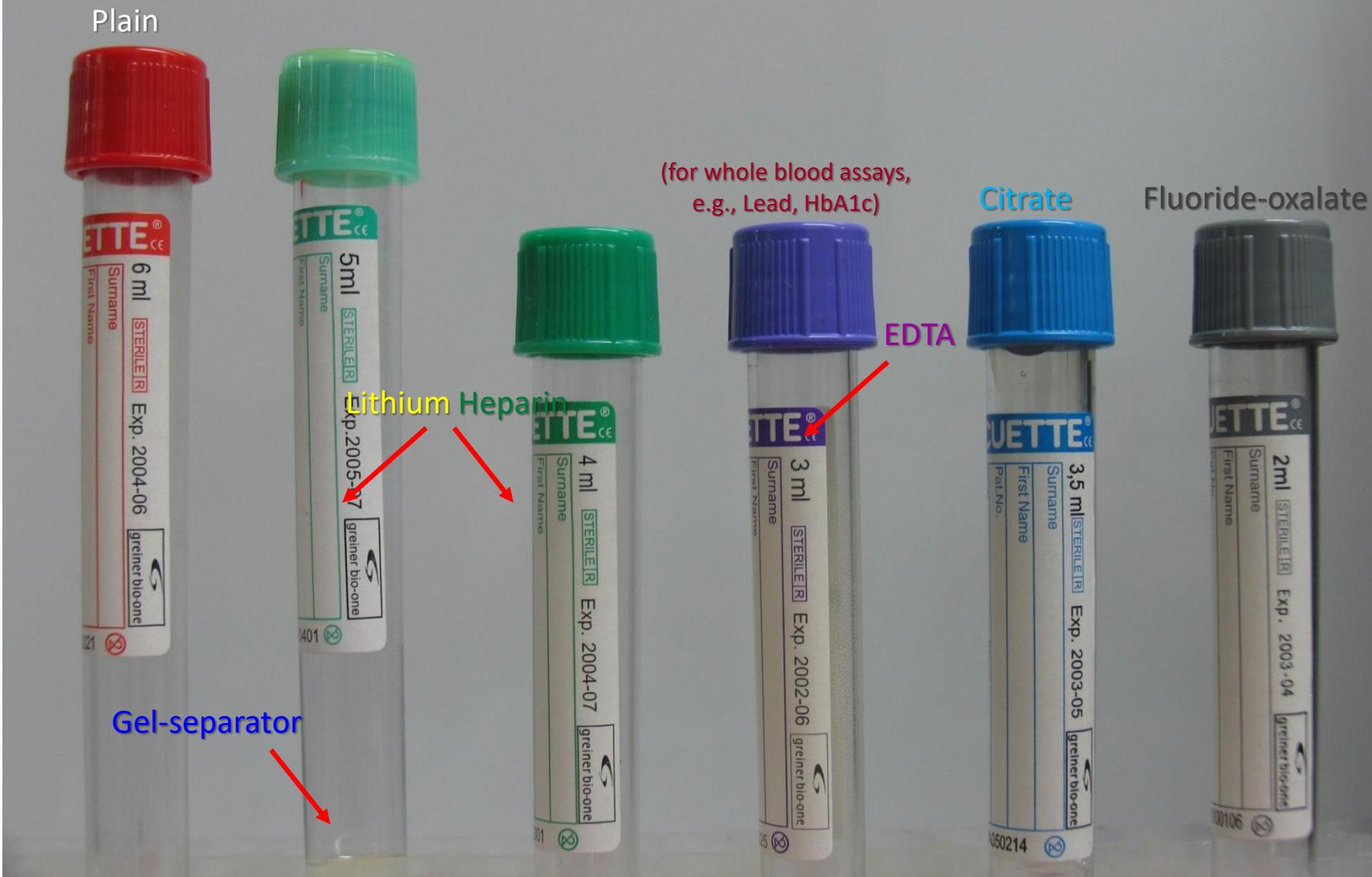
Composition of Intracellular and Extracellular Fluids expressed in S.I. Units

Substance	Extracellular Fluid	Intracellular Fluid
Sodium	143 mmol/L	14 mmol/L
Potassium	4.7 mmol/L	130 - 150 mmol/L
Calcium (ionized)	2.5 mmol/L	< 1 mmol/L
Magnesium	1 mmol/L	7.5 - 12 mmol/L
Chloride	104 mmol/L	5 mmol/L
Bicarbonate	27 mmol/L	10 mmol/L
Glucose	4.4 mmol/L	0 - 1.7 mmol/L
Amino acid nitrogen	2.8 - 4.2 mmol/L	14 - 21 mmol/L

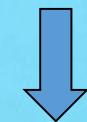
In-vitro Changes in Whole Blood



Blood Collection Tubes



Most of the Clinical Biochemistry tests are performed in the **Plasma** or **Serum** fraction of the blood sample.



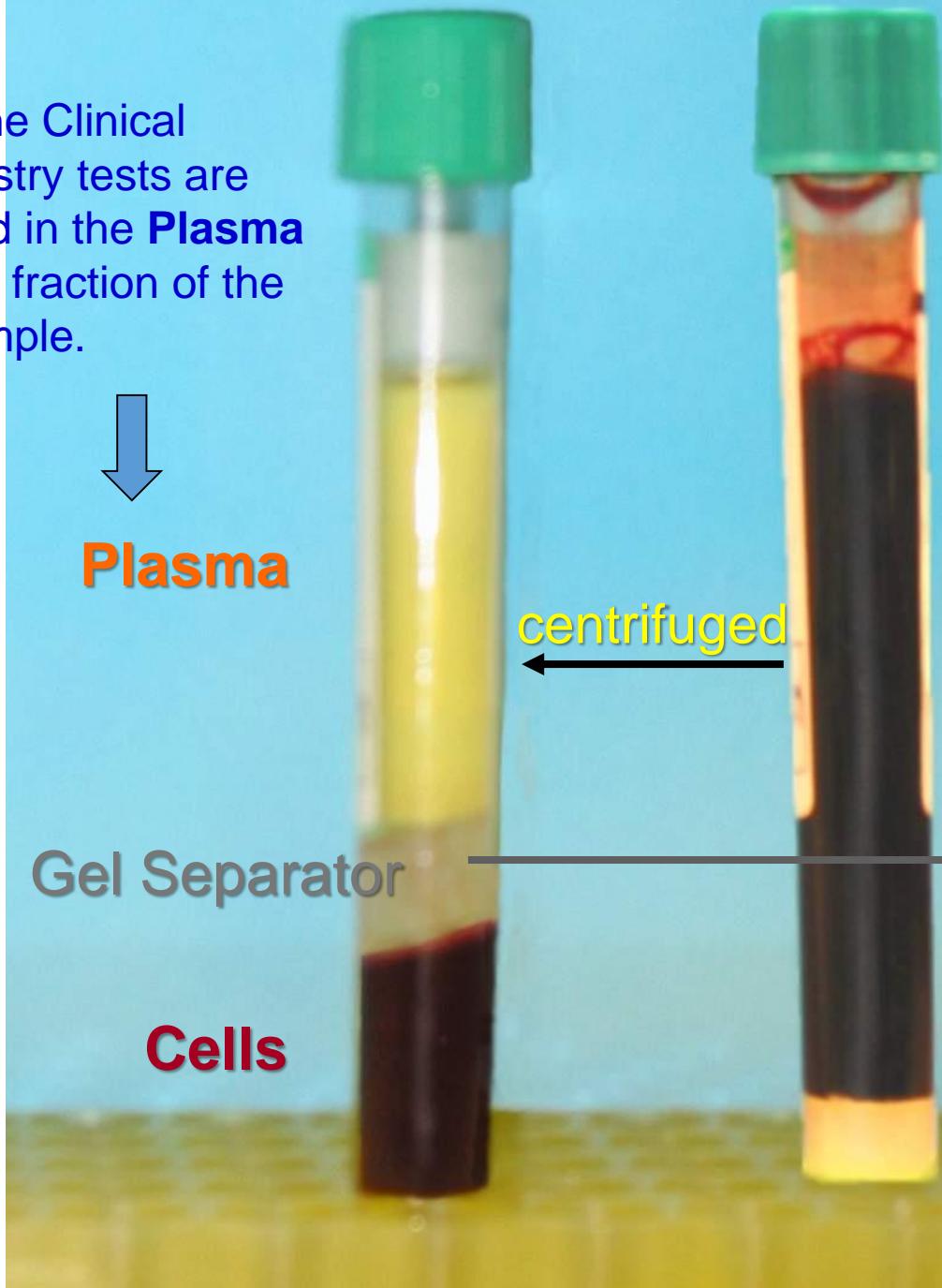
Plasma

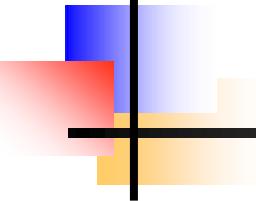
Gel Separator

Cells

centrifuged

An inert physical barrier separating the plasma from the cells, preventing alteration in the plasma components due to ex vivo cellular metabolism, e.g., consumption of Glucose by anaerobic glycolysis of RBC





Recommended Sequence of Collecting Various Blood Specimens

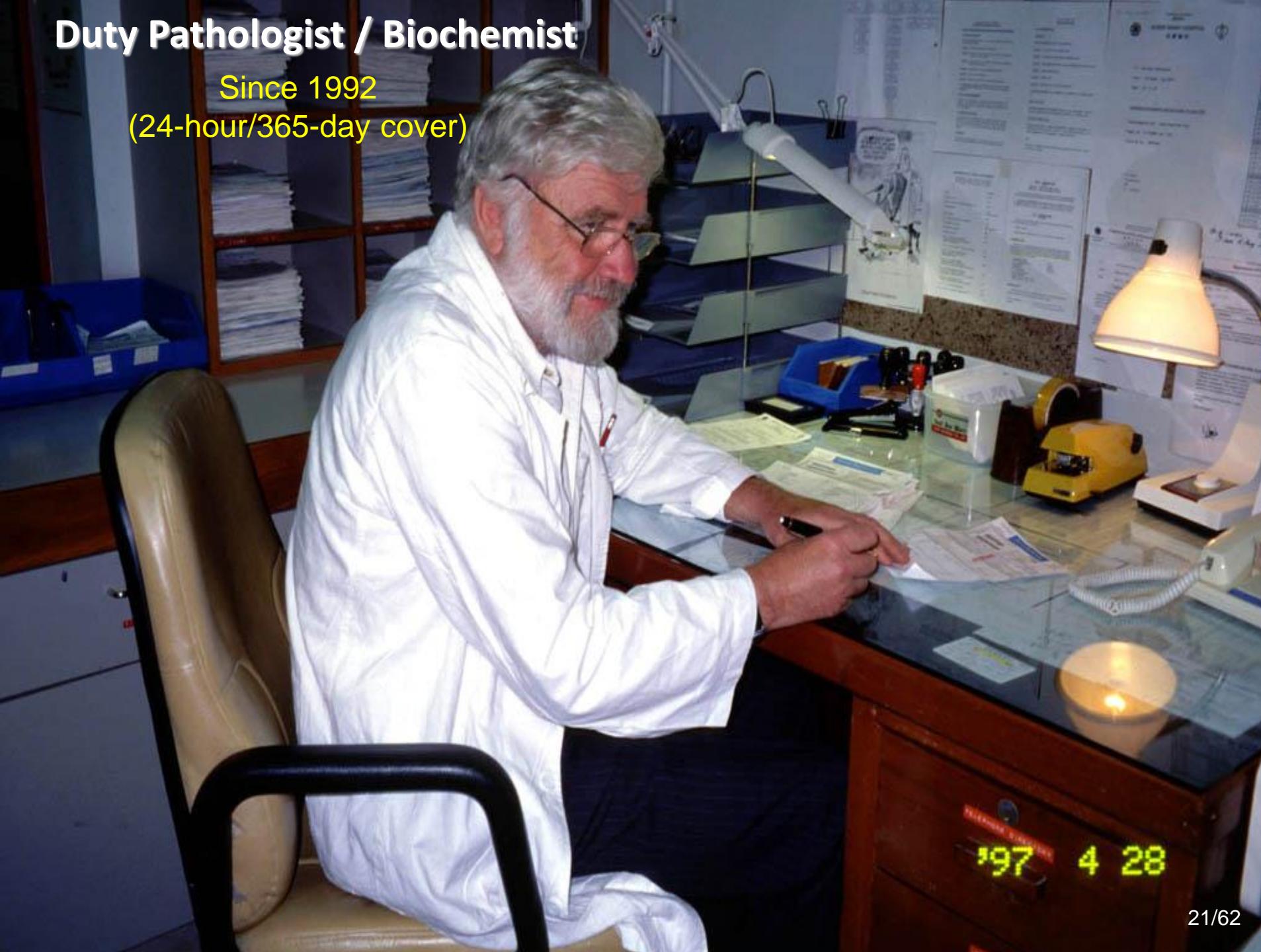
1. Blood culture	Blood	Red	
2. Non-additive tube	Serum	Red	
3. Citrate	Plasma	Blue	
4. Heparin	Blood	Green	
5. EDTA	Blood / plasma	Lavender	
6. Glycolytic inhibitor	Glucose / lactate	Grey	

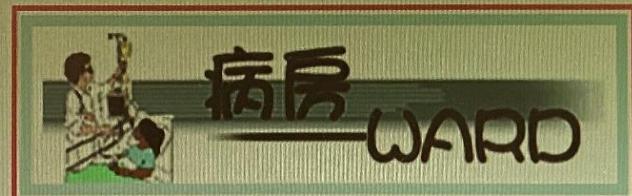
General Chemistry Laboratory Report

Collect Date :	02/04/23	03/04/23	04/04/23	13/04/23	14/04/23			
Collect Time :	10:43	06:20	10:00	09:06	08:36			
Request No. :	C40:	C40	C40	C41	C41			
Remark :	UTI	UTI	chf	UTI	Che	Ref. Interval	Units	
					infection.			
					Mask Type			
					= Nasal...			
Comment								
Mask Type								
Flow Rate					Below Nasal Can			
% inspired O ₂					2.0	L/min		
pH					30	%		
pO ₂					7.33 L	7.35 - 7.45		
pCO ₂					5.0 L	10.6 - 14.0	kPa	
HCO ₃ -					5.2	4.7 - 6.0	kPa	
Base excess					20 L	22 - 26	mmol/L	
					-6 L	(-4) - (+2)	mmol/L	
Blood Gas								
Na	139	136	135 L			136 - 148	mmol/L	
K	4.7	4.6	4.2			3.6 - 5.0	mmol/L	
Chloride	103	101	103	RFT		100 - 109	mmol/L	
HCO ₃	26	23	18 L			21 - 31	mmol/L	
Urea	11.2 H	12.1 H	16.5 H			3.0 - 8.8	mmol/L	
Creatinine	160 H	170 H	206 H			67 - 109	umol/L	
Estimated GFR	38 L	35 L	28 L			>90	unit	
Calcium	2.38		2.17 L			2.24 - 2.63	mmol/L	
Adjusted Calcium	2.46		2.33			2.24 - 2.63	mmol/L	
Phosphate	1.25		1.49 H			0.88 - 1.45	mmol/L	
Total Protein	73	75	68			68 - 84	g/L	
Albumin	38 L	38 L	34 L			39 - 50	g/L	
Globulin	35	37	34			24 - 37	g/L	
Total Bili	4	4	6			4 - 23	umol/L	
ALP	241 H	220 H	176 H	LFT		42 - 110	U/L	
ALT	20	16	11			8 - 58	U/L	
AST	19	18	15			15 - 38	U/L	
Urate			587 H			260 - 530	umol/L	
Ur Creatinine	2000		GG				umol/L	
Ur Protein	0.13		T				g/L	
Ur Prot/Ur Crea	63 H					< 10	mg/mmol Cr	
Ur Prot/Ur Crea	0.55 H					< 0.09	mg/mg Cr	
Urinary Protein								

Duty Pathologist / Biochemist

Since 1992
(24-hour/365-day cover)





Critical Result Alert System(CRAS)

Logon ID:

Logon

Critical Result Received.

Press Enter to Check

4. Please logon immediately after use
5. Please ensure you have verified the content before you sign the computer printouts
6. Please change your password on a regular basis

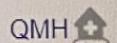
Useful Links

- HA Intranet Home
- HA Intranet Email
- HKWC Intranet Ho
- HKWC Clinical We
- QMH Intranet Home Page
- Clinical data access - FAQ
- ePR-ID Image Viewer Display Mode
- Drugs Ingredient Search
- ePR Home
- Informed Consent Form (ICF) System

User Guide

CMS feedback 任你講

HA IT Call Centre

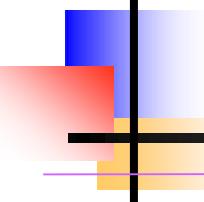


CRAS device status

Hospital Authority Cli...

Critical Result Alert Sy...

16:15



Critical Values (Panic Results) Reporting

Glucose	< 2.0 mmol/L	or	> 30 mmol/L
Sodium	< 120 mmol/L	or	> 160 mmol/L
Potassium	< 2.6 mmol/L	or	> 6.0 mmol/L
Ionised Calcium	< 0.80 mmol/L	or	> 1.65 mmol/L
Adjusted Calcium	< 1.6 mmol/L	or	> 3.3 mmol/L
Amylase	> 500 U/L		
Carboxyhaemoglobin	> 3%	CRAS – Critical Result Alert System	
Cardiac Troponin T:	$\geq 100 \text{ ng/L}$		

- Report by phone + fax (sites without line-printer)
- Report by phone + triggered print in ward
- Report by phone + triggered print + fax (upon requested)

Locations
without CRAS

Chemical Pathology Service

(physical layout)



Service Round-the-Clock





Chemical Pathology Service Round-the-Clock and On-call Duty Pathologist/Biochemist



Main Laboratory at KL128 (round-the-clock service)



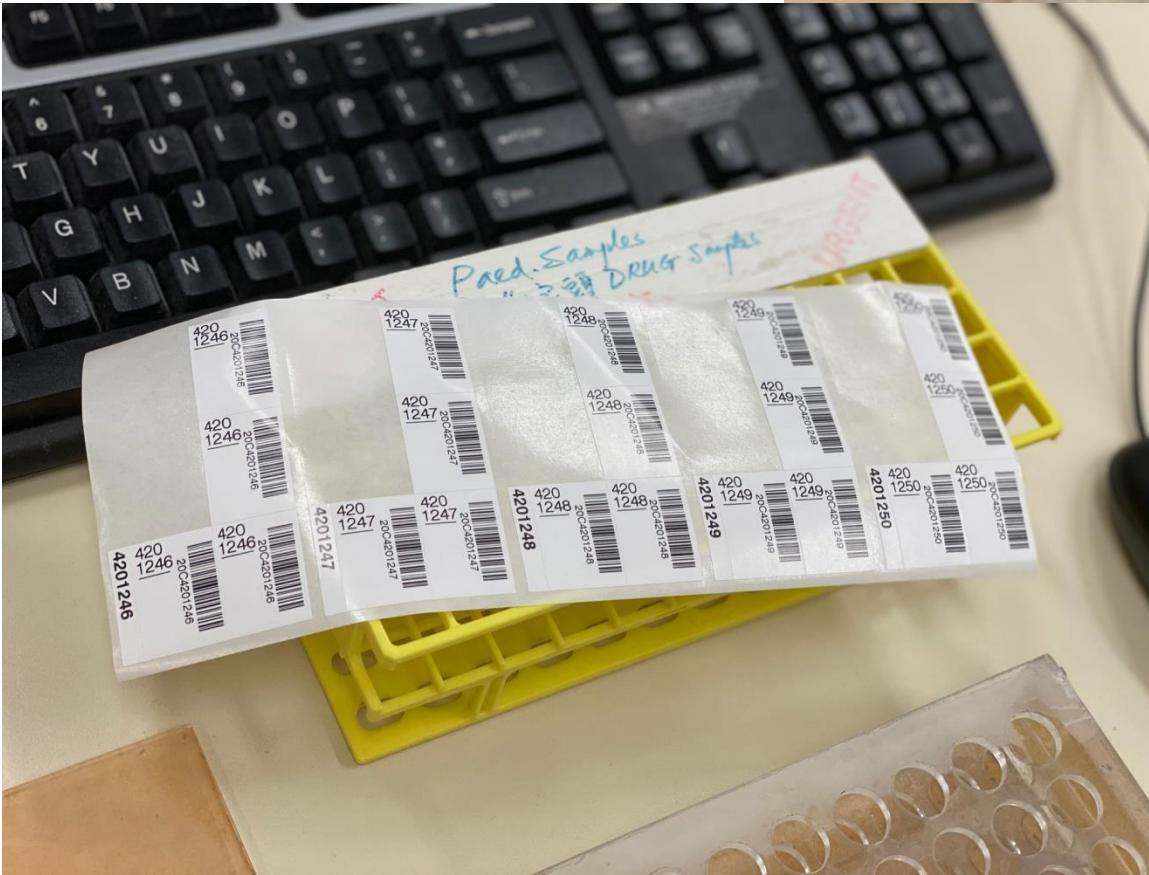
Specimen Registration and Accessioning



Specimen Registration and Accessioning



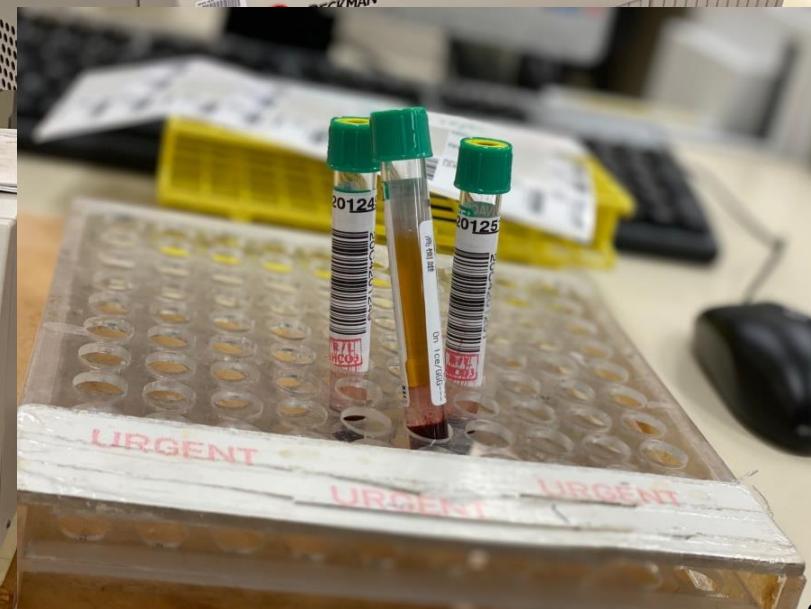
Specimen Registration and Accessioning

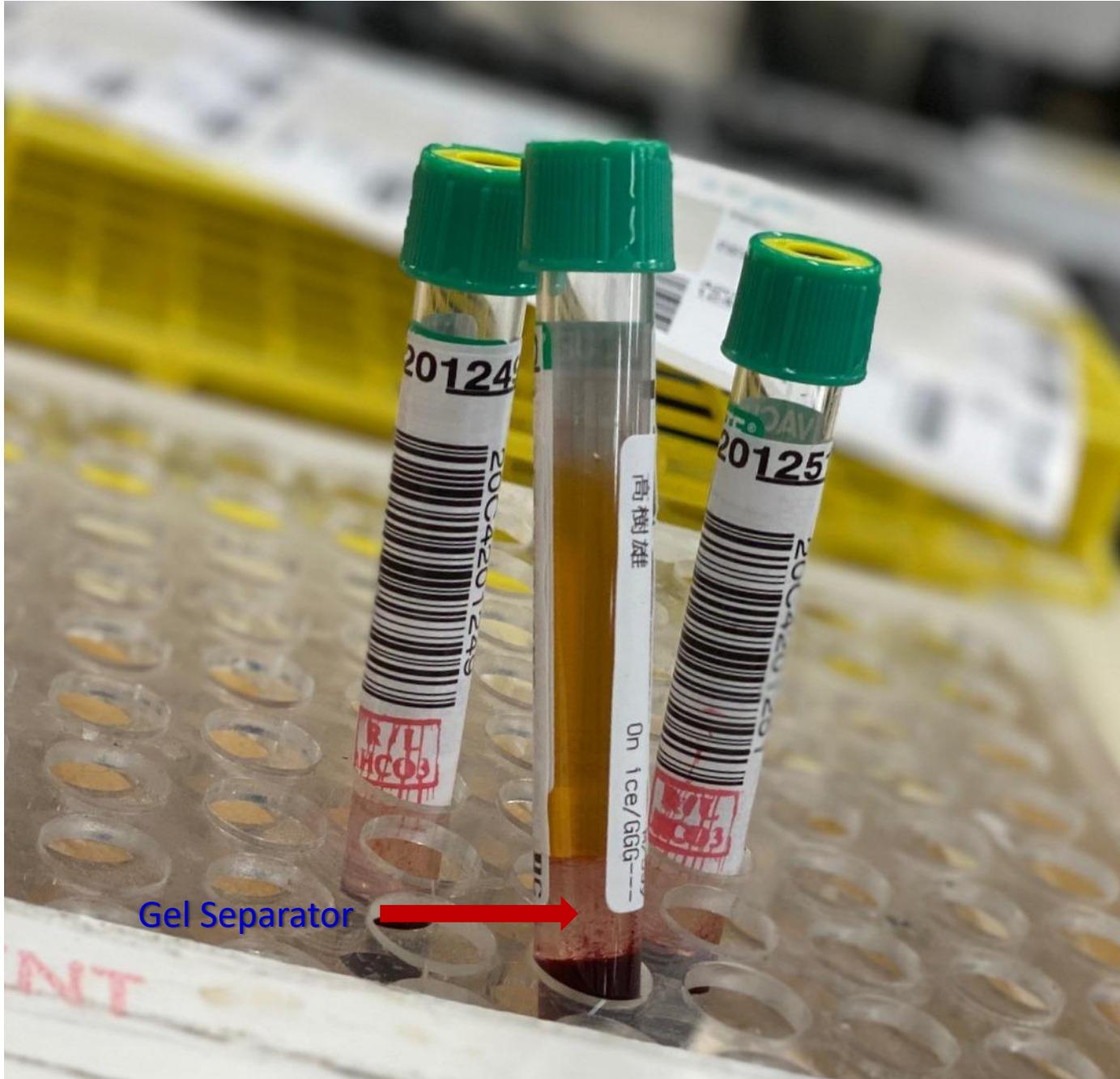


Centrifugation

Separate Plasma / Serum from the Blood Cells as soon as possible to better preserve the ingredients in the fluid compartment of the blood sample.

Temperature-controlled centrifugation (labile analytes)





Manual or Pneumatic Tube Delivery of Specimens



Some specimens require delivery on ice to better preserve its ingredients, e.g., Blood Gases, labile peptide hormones like Renin, Parathyroid hormone.



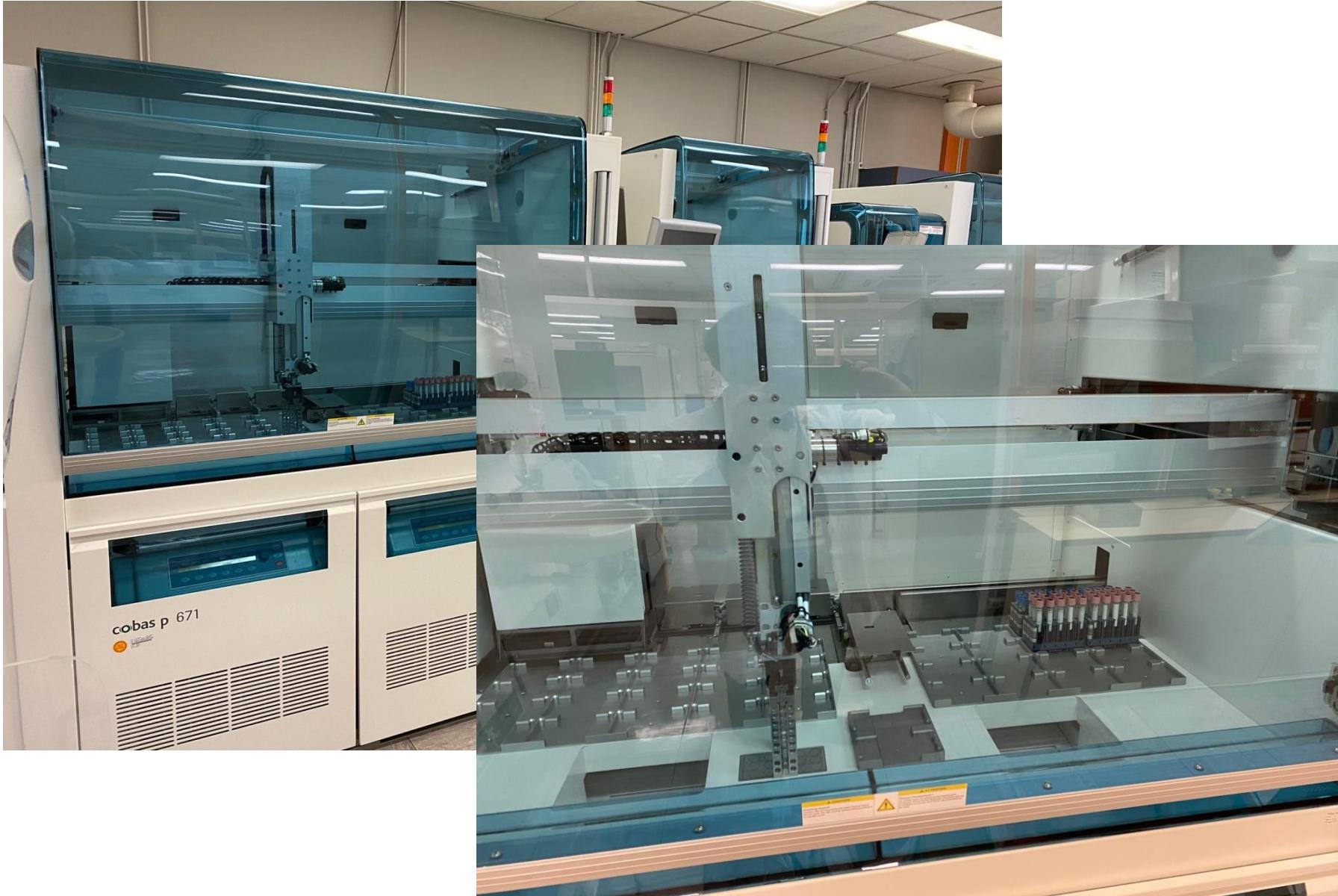


**Bring them straight to
the labs yourself with a
prior phone call to the
lab concerned**

Extremely URGENT Tests



Automated Specimen Registration, Accessioning, Centrifugation, Aliquoting, Storage, Archival and Retrieval



Preliminary Sample Processing & Storage



Automated Multi-channel Chemistry Analyser



The “work horse” of the laboratory on which “RFT” and “LFT” are performed.

Automated Multi-channel Chemistry Analyser



Automated Multi-channel Chemistry Analyser



Automated Multi-channel Chemistry Analyser



~5,000 specimens are processed every day,
7 days a week, 52 weeks a year.

Reagent Storage & Stock Keeping



KLG-128
(the Special & Manual Lab)



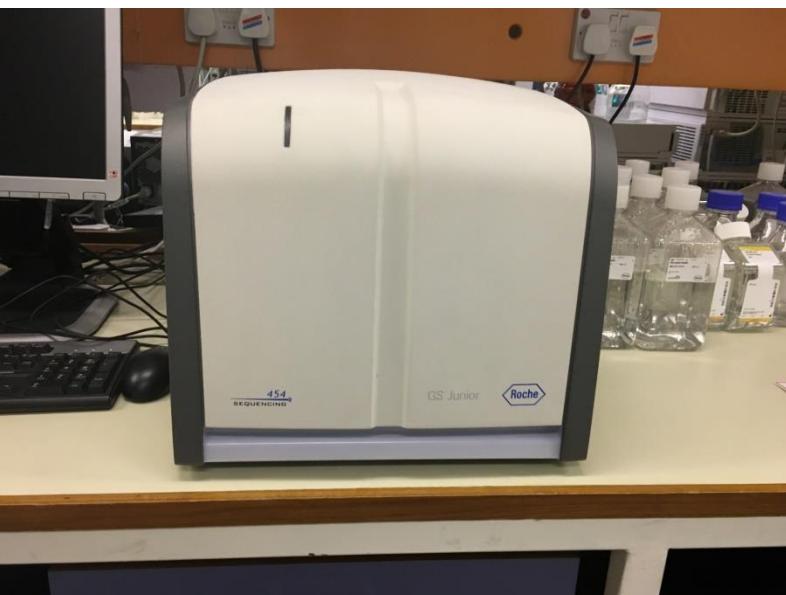
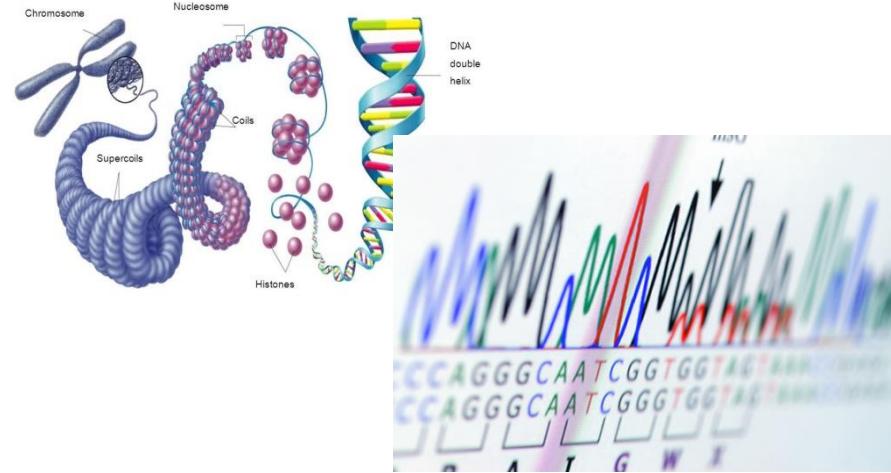
Genetic and Genomic Tests



Chromatography-based Instruments and Mass Spectrometers



Genetic & Genomic Testing



Molecular Pathology





Many of such tests are carried out upon **consultation** with the Chemical Pathologists.

Non-urgent consultations are available via GCRS whilst **urgent** ones are via phone calls to the Duty Pathologist / Biochemist.

KLG1

Genetic & Genomic tests,
Inherited Metabolic Disorders,
Inborn Errors of Metabolism,
Toxicology, Therapeutic Drug Monitoring, Porphyrias, and other esoteric tests.





Assay Reagents

Properly labelled,
archived, accessioned
and stored.

Electronic Patient Record (ePR)

Authorized Access

Clinical Management System



The Clinical Management System (CMS)

Hospital Authority

 病房 WARD

 門診 CLINIC

 常用連結 USEFUL LINK

[QMHS Intranet Home Page](#)

[HA Intranet](#)

[HA News Update](#)



Hospital Authority
Clinical Management System
Version 2.0.0059.004

Logon:

Password:

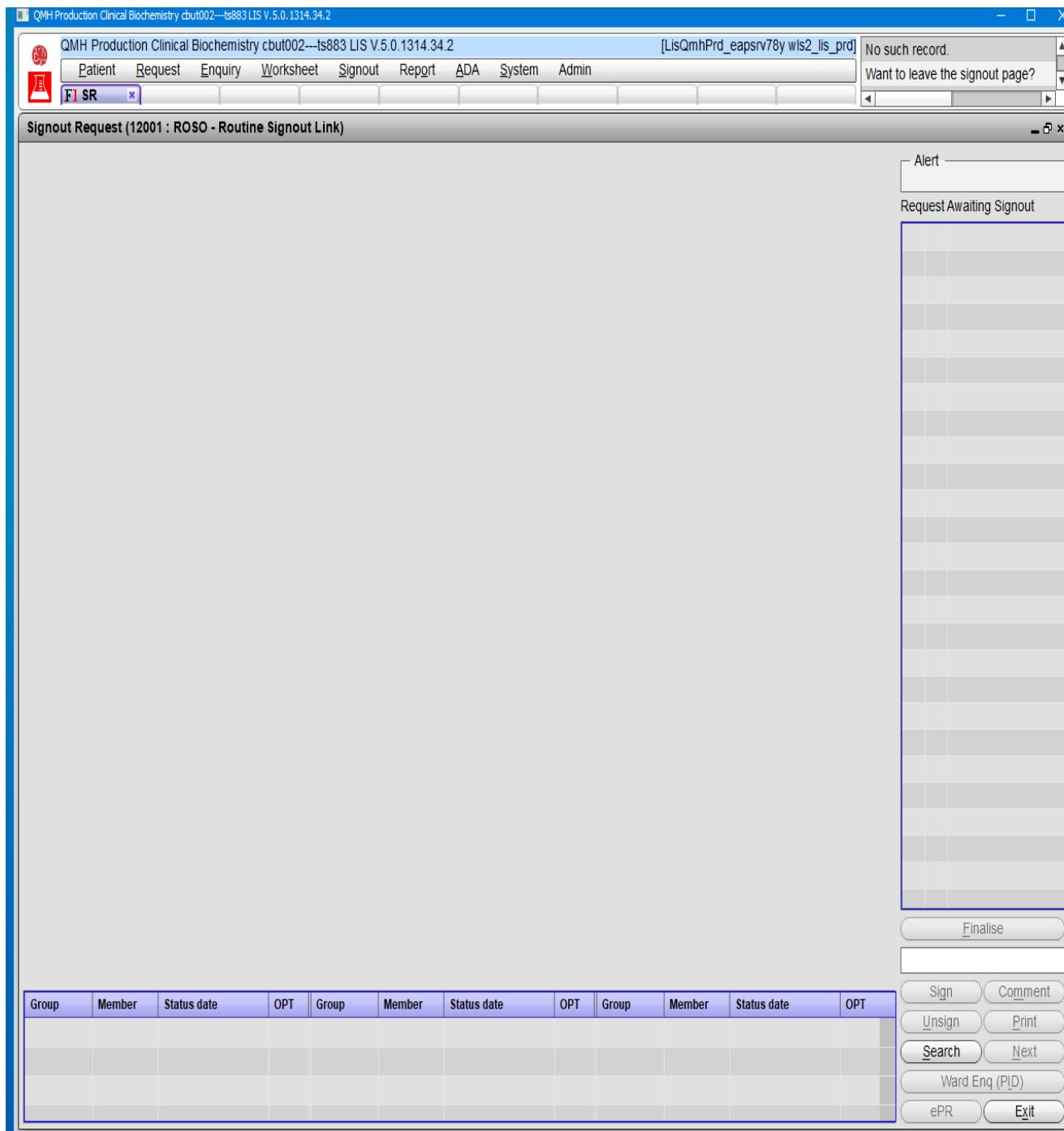
OK

Shutdown

Reboot

Important Notes

1. All patient information is strictly confidential
2. Staff may only use the CMS for authorised purposes
3. All access to CMS is logged
4. Please logoff immediately after use
5. Please ensure you have verified the content before you sign the computer printouts



QMH Production Clinical Biochemistry cbt002--ts883 LIS V.5.0.1314.34.2 [LisQmhPrd_eapsrv78y wls2_lis_prd] Total 187 requests retrieved!
280.45 MB /280.45MB

F1 SR F2 CWE

Ward Enquiry

Request List

Search: Request No.: HKID: Encounter No.: Name: Search Clear

Advance ▾

Filters (CTRL-L to pop up list) Test Code: Request Location: Request Doctor: Clear Result: Enforce Single Retrieve Print

Hospital	Lab		HKID	Name	Request No.	Status	Specimen / Tests	Collected Date	Registered Date
QMH	H	!	Z8	TOU,	23	Printed	CBC	13-Apr-2023 06:01	13-Apr-2023 06:01
QMH	C	!	Z8	TOU,	23	In Progress	ALP,Albumin,Albumin	13-Apr-2023 06:01	13-Apr-2023 06:01
QMH	MB		Z8	TOU,	23	In Progress	Early morning Urine /	12-Apr-2023 06:54	12-Apr-2023 06:54
QMH	MB		Z8	TOU,	23	In Progress	Blood (Culture) / Fung	12-Apr-2023 05:52	12-Apr-2023 05:52
QMH	C	!	Z8	TOU,	23	Printed	ALP,Albumin,Albumin	12-Apr-2023 05:52	12-Apr-2023 05:52
QMH	MB		Z8	TOU,	23	In Progress	Blood (Culture) / Blood	12-Apr-2023 05:52	12-Apr-2023 05:52
QMH	H	!	Z8	TOU,	23	Printed	CBC	12-Apr-2023 05:52	12-Apr-2023 05:52
QMH	C	!	Z8	TOU,	23	Printed	K.NA	11-Apr-2023 19:24	11-Apr-2023 19:24
QMH	MB		Z8	TOU,	23	In Progress	Sputum / AFB C & Sm	11-Apr-2023 16:27	12-Apr-2023 00:00
QMH	MB		Z8	TOU,	23	In Progress	Blood (Culture) / AFB	11-Apr-2023 12:51	11-Apr-2023 12:51
QMH	H	!	Z8	TOU,	23	Printed	CBC	11-Apr-2023 06:03	11-Apr-2023 06:03
QMH	C	!	Z8	TOU,	23	Printed	Albumin,Albumin Adju	11-Apr-2023 06:02	11-Apr-2023 06:02
QMH	MB		Z8	TOU,	23	In Progress	Stool / AFB C & Sm	10-Apr-2023 00:00	11-Apr-2023 12:51
QMH	MB		Z8	TOU,	23	In Progress	Sputum / AFB C & Sm	10-Apr-2023 18:56	11-Apr-2023 00:00
QMH	MB		Z8	TOU,	23	In Progress	Stool / CRE Screening	10-Apr-2023 13:36	10-Apr-2023 13:36
QMH	MB		Z8	TOU,	23	Printed	Stool / Ova & Cyst	10-Apr-2023 13:36	10-Apr-2023 13:36
QMH	MB		Z8	TOU,	23	Printed	Stool / VRE Screening	10-Apr-2023 13:36	10-Apr-2023 13:36
QMH	MB		Z8	TOU,	23	In Progress	Stool / CRA/MDRA Sc	10-Apr-2023 13:36	10-Apr-2023 13:36
QMH	MB		Z8	TOU,	23	In Progress	Stool / Stl Cult	10-Apr-2023 13:36	10-Apr-2023 13:36
QMH	MB		Z8	TOU,	23	Printed	Stool / Cl Cult	10-Apr-2023 13:36	10-Apr-2023 13:36
QMH	MB		Z8	TOU,	23	In Progress	Stool / Fungal Cul	10-Apr-2023 13:36	10-Apr-2023 13:36

! - Amended ! - Critical Alert P - Patient Tag Alert
! - Urgent ! - Confidential

Request No.: HKID: Refresh Exit

健通 health

QM Production Clinical Biochemistry cbut002---ts883 LIS V.5.0.1314.34.2 [LisQmhPrd_eapsrv78y wls2_lis_prd] Total 187 requests retrieved!
 Patient Request Enquiry Worksheet Signout Report ADA System Admin
 F1 SR * F2 CWE X

Ward Enquiry

Request List

Search: Request No.: [] HKID: [] Encounter No.: [] Name: [] Search Clear

Advance ▾

Filters (CTRL-L to pop up list): Test Code: [] Request Location: [] Request Doctor: [] Clear

Result: Enforce Single Retrieve Print

Hospital	Lab		HKID	Name	Request No.	Status	Specimen / Tests	Collected Date	Registered Date
QM	H	!	Z8	TOU	23	Printed	CBC	13-Apr-2023 06:01	13-Apr-2023 06:01
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QM	MB		Z8	TOU	23	In Progress	Early morning Urine /	12-Apr-2023 06:54	12-Apr-2023 06:54
QM	MB		Z8	TOU	23	In Progress	Blood (Culture) / Fung	12-Apr-2023 05:52	12-Apr-2023 06:01
QM	C	!	Z8	TOU	23	Printed	ALP,Albumin,Albumin	12-Apr-2023 05:52	12-Apr-2023 06:01
QM	MB		Z8	TOU	23	In Progress	Blood (Culture) / Blood	12-Apr-2023 05:52	12-Apr-2023 06:01
QM	H	!	Z8	TOU	23	Printed	CBC	12-Apr-2023 05:52	12-Apr-2023 06:01
QM	C	!	Z8	TOU	23	Printed	K,NA	11-Apr-2023 19:24	11-Apr-2023 19:24
QM	MB		Z8	TOU	23	In Progress	Sputum / AFB C & Sm	11-Apr-2023 16:27	12-Apr-2023 06:01
QM	MB		Z8	TOU	23	In Progress	Blood (Culture) / AFB	11-Apr-2023 12:51	11-Apr-2023 11:51
QM	H	!	Z8	TOU	23	Printed	CBC	11-Apr-2023 06:03	11-Apr-2023 06:03
QM	C	!	Z8	TOU	23	Printed	Albumin,Albumin Adju	11-Apr-2023 06:02	11-Apr-2023 06:02
QM	MB		Z8	TOU	23	In Progress	Stool / AFB C & Sm	10-Apr-2023 00:00	11-Apr-2023 11:51
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QM	MB		Z8	TOU	23	In Progress	Stool / CRE Screening	10-Apr-2023 13:36	10-Apr-2023 11:51
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QM	MB		Z8	TOU	23	Printed	Stool / Cl Cult	10-Apr-2023 13:36	10-Apr-2023 11:51
QM	MB		Z8	TOU	23	In Progress	Stool / Fungal Cul	10-Apr-2023 13:36	10-Apr-2023 11:51

Amended - Critical Alert P - Patient Tag Alert
 ! - Urgent C - Confidential

Request No.: [] HKID: [] Refresh Exit ↑ ↓ 🔍

QM Production Clinical Biochemistry cbut002---ts883 LIS V.5.0.1314.34.2 [LisQmhPrd_eapsrv78y wls2_lis_prd] Report has not ready result.
 Patient Request Enquiry Worksheet Signout Report ADA System Admin
 F1 SR F2 CWE

Ward Enquiry

Request List 23C4132470

(WARD ENQUIRY)

Hospital Authority Queen Mary Hospital Division of Chemical Pathology LG238, Block K, 102 Pokfulam Road, Hong Kong Tel. 22553175 Fax. 28194179	Lab No: 23C41 Name: TO HKID No: Hosp No: Location: QMH/MHAE/J8 Bed: 14 Sex/Age: M/36Y DOB: 0 Req. Loc.: QMH/MHAE/J8 Doctor: DR. LEUNG I																																																																																									
Patient Hospital: Queen Mary Hospital Collect Date : 10/04/23 11/04/23 11/04/23 12/04/23 13/04/23 Collect Time : 07:37 06:02 19:24 05:52 06:01 Request No. : C41 C41 C41 C4 C41 Remark : ALCL ALCL ALCL ALCL ALCL Ref. Interval Units																																																																																										
<table border="1"> <tbody> <tr> <td>Na</td> <td>141</td> <td>135 L</td> <td>134 L</td> <td>135 L</td> <td>T/F</td> <td>136 - 148</td> <td>mmol/L</td> </tr> <tr> <td>K</td> <td>3.5</td> <td>L</td> <td>2.8 L</td> <td>3.4 L</td> <td>3.7</td> <td>T/F</td> <td>3.6 - 5.0</td> <td>mmol/L</td> </tr> <tr> <td>Chloride</td> <td>100</td> <td>96 L</td> <td></td> <td>98 L</td> <td>T/F</td> <td>100 - 109</td> <td>mmol/L</td> </tr> <tr> <td>Urea</td> <td>5.3</td> <td>5.0</td> <td></td> <td>6.8</td> <td>T/F</td> <td>3.1 - 8.0</td> <td>mmol/L</td> </tr> <tr> <td>Creatinine</td> <td>110 H</td> <td>122 H</td> <td></td> <td>104</td> <td>T/F</td> <td>67 - 109</td> <td>umol/L</td> </tr> <tr> <td>Estimated GFR</td> <td>74 L</td> <td>65 L</td> <td></td> <td>79 L</td> <td>T/F</td> <td>>90</td> <td>unit</td> </tr> <tr> <td>R Glucose</td> <td>6.1</td> <td>6.2</td> <td></td> <td>7.3 H</td> <td>T/F</td> <td>See below</td> <td>mmol/L</td> </tr> <tr> <td>Calcium</td> <td>2.00</td> <td>L</td> <td>1.90 L</td> <td>1.99 L</td> <td>T/F</td> <td>2.11 - 2.55</td> <td>mmol/L</td> </tr> <tr> <td>Adjusted Calcium</td> <td>2.06</td> <td>L</td> <td>2.04 L</td> <td>2.13</td> <td></td> <td>2.11 - 2.55</td> <td>mmol/L</td> </tr> <tr> <td>Phosphate</td> <td>0.82</td> <td>L</td> <td>0.84 L</td> <td>0.58 L</td> <td>T/F</td> <td>0.88 - 1.45</td> <td>mmol/L</td> </tr> <tr> <td>CaP:</td> <td></td> <td></td> <td></td> <td></td> <td>T/F</td> <td>< 4.4</td> <td>mmol^2/L^2</td> </tr> </tbody> </table>		Na	141	135 L	134 L	135 L	T/F	136 - 148	mmol/L	K	3.5	L	2.8 L	3.4 L	3.7	T/F	3.6 - 5.0	mmol/L	Chloride	100	96 L		98 L	T/F	100 - 109	mmol/L	Urea	5.3	5.0		6.8	T/F	3.1 - 8.0	mmol/L	Creatinine	110 H	122 H		104	T/F	67 - 109	umol/L	Estimated GFR	74 L	65 L		79 L	T/F	>90	unit	R Glucose	6.1	6.2		7.3 H	T/F	See below	mmol/L	Calcium	2.00	L	1.90 L	1.99 L	T/F	2.11 - 2.55	mmol/L	Adjusted Calcium	2.06	L	2.04 L	2.13		2.11 - 2.55	mmol/L	Phosphate	0.82	L	0.84 L	0.58 L	T/F	0.88 - 1.45	mmol/L	CaP:					T/F	< 4.4	mmol^2/L^2
Na	141	135 L	134 L	135 L	T/F	136 - 148	mmol/L																																																																																			
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GEN

Amended - Critical Alert - Patient Tag Alert
 Urgent - Confidential

Request No.: HKID: Refresh Exit

Electronic Patient Record

M 36y DOB: [REDACTED]

[What's New](#) [Patient Album](#)

[Radi Images](#) [Non-Radi Images](#)

[Print Patient Summary](#)

Clinical Notes / Summaries

- [Clinical Notes](#)
- [A&E](#)
- [IP + OP](#)
- [Family Medicine](#)
- [Nursing Documentations](#)
- [AH Documentations](#)

Operations / **Endoscopies**

No records found within 2 years.
Click the arrow button for older records.

Laboratory

OMH 13/04/23 CBC
OMH 13/04/23 ALP, Albumin, Ca, Cap, DBIL, GGT, LDH*, LFT, Phosphate, RFT, I
OMH 12/04/23 Nasopharyngeal Swab / (Xpert) RT-PCR for SARS-CoV-2/Flu/RSV
OMH 12/04/23 Nasopharyngeal Swab / Pneumocystis jirovecii PCR
OMH 12/04/23 Early morning Urine / AFB C & Sm

Radiology [Radi Images](#) [Lossless Images](#)

OMH 12/04/23 CT HRCT
OMH 12/04/23 XRAY Chest
OMH 10/04/23 XRAY Chest
OMH 09/04/23 XRAY Chest
OMH 09/04/23 CT Abdomen +con., Abdomen plain

Diagnosis [Legend](#)

Last Entry	Description
16/03/2023	A Lymphoma
14/03/2023	A Anaemia
04/03/2023	A Loss of consciousness
08/07/2022	A Abdominal pain
08/07/2022	A Lymphadenopathy

Alert [Details](#) [Legend](#)

No Known Drug Allergy

CPE

eHR non-HA Allergy / ADR [Legend](#)

Nil

30-day Prescribing History [Zoom](#) [Legend](#)

Last Prescription End Date	Drug Name (Route)
06/04/2023 (x 4)	COTRIMOXAZOLE (ORAL)
05/04/2023 (x 4)	CALCITRIOL (ORAL)
05/04/2023 (x 4)	CALCIUM CARBONATE (ORAL)
05/04/2023 (x 2)	HEPARINISED SALINE (PARENTERAL)
05/04/2023 (x 4)	PANTOPRAZOLE (ORAL)
05/04/2023 (x 4)	PARACETAMOL (ORAL)
05/04/2023 (x 2)	POTASSIUM CHLORIDE (ORAL)
05/04/2023 (x 2)	SODIUM CHLORIDE 0.9% (PARENTERAL)
05/04/2023	TINZAPARIN (PARENTERAL)
25/03/2023 (x 2)	TINZAPARIN (SC BOLUS)
21/03/2023	ELTROMBOPAG (ORAL)
16/03/2023	HEPARINISED SALINE (FOR LINE FLUSHING)
16/03/2023	SODIUM CHLORIDE 0.9% (FOR LINE FLUSHING)

Procedure [Legend](#)

Last Entry	Description
16/03/2023	B Blood transfusion
13/03/2023	B Chemotherapy
08/07/2022	Computerised axial tomography scan - abdomen & pelvis
08/07/2022	Injection of antibiotic
08/07/2022	X-ray

Admission & Appointment [Schedule](#) [Episode History](#) [Legend](#)

Date	Hospital / Clinic	Local Specialty	Local Sub-specialty	EIS Specialty	EIS Sub-specialty	Case No.	Service Type
27/04/2023 12:30	QMH	MED	HEC5	MED	HAEMAT	HE 20230427	SOPD
17/04/2023 14:25	TKO	EDU	ECHA			SO	/ Others
17/04/2023 09:00	QMH	MED	BMN3			QB	Nurse

What's New Patient Album
 Radi Images Non-Radi Images

**All Laboratories**

Biochemistry
 Haematology
 Immunology
 Microbiology
 Virology
 Anatomical Pathology
 Department of Health

Other Laboratories

Blood Bank

Special Profiles

Common / In-patient
 Anaesthetic
 COVID-19
 DM
 Genetics / HLA Typing
 Immunology
 Liver
 Medical
 Prenatal Diagnostic
 Psychiatry
 Renal
 TBCU
 Thyroid
 Tumour Marker

Laboratory Show All Period: Last 6 Months Advanced Search Cumulative Period: 1 Year

Hospital	Reference Date	Profile Description	Laboratory
QMH	13/04/2023	CBC	Haematology
QMH	13/04/2023	ALP, Albumin, Ca, CaP, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	12/04/2023	Nasopharyngeal Swab / (Xpert) RT-PCR for SARS-CoV-2/Flu/RSV RNA	Virology
QMH	12/04/2023	Nasopharyngeal Swab / Pneumocystis jirovecii PCR	Virology
QMH	12/04/2023	Early morning Urine / AFB C & Sm	Microbiology
QMH	12/04/2023	Blood (Culture) / Fungal Cul	Microbiology
QMH	12/04/2023	Blood (Culture) / Blood Culture	Microbiology
QMH	12/04/2023	CBC	Haematology
QMH	12/04/2023	ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	11/04/2023	K, NA	Biochemistry
QMH	11/04/2023	Sputum / AFB C & Sm	Microbiology
QMH	11/04/2023	Clotted Blood / ASPAB, VCOM	Virology
QMH	11/04/2023	Clotted Blood / ASPAG	Virology
QMH	11/04/2023	Clotted Blood / MELIO	Virology
QMH	11/04/2023	Clotted Blood / CRYPT	Virology
QMH	11/04/2023	Blood (Culture) / AFB Cult	Microbiology
QMH	11/04/2023	Nucleic acid testing	Department of Health
QMH	11/04/2023	Urine / Other	Virology
QMH	11/04/2023	Stool / *DH Other Sendout Test (Pls. see Reference below)	Virology
QMH	11/04/2023	CBC	Haematology
QMH	11/04/2023	EDTA Blood / CMV PCR	Virology
QMH	11/04/2023	EDTA Blood / CMV	Virology
QMH	11/04/2023	DCRP	Immunology
QMH	11/04/2023	Albumin, Albumin Adjusted Ca, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	10/04/2023	Stool / TB-PCR(PCR)	Virology
QMH	10/04/2023	Stool / AFB C & Sm	Microbiology
QMH	10/04/2023	Urine / *DH Legionella antigen	Virology
QMH	10/04/2023	Sputum / AFB C & Sm	Microbiology
QMH	10/04/2023	Legionella antigen test	Department of Health
QMH	10/04/2023	Stool / CRA/MDRA Screening	Microbiology
QMH	10/04/2023	Stool / CRE Screening	Microbiology
QMH	10/04/2023	Stool / VRE Screening	Microbiology
QMH	10/04/2023	Stool / Ova & Cyst	Microbiology
QMH	10/04/2023	Stool / Fungal Cul	Microbiology
QMH	10/04/2023	Stool / Cl dif tox	Microbiology
QMH	10/04/2023	Stool / Cl Cul	Microbiology
QMH	10/04/2023	Stool / Sti Cul	Microbiology
QMH	10/04/2023	Early morning Urine / TB-PCR(PCR)	Virology
QMH	10/04/2023	Early morning Urine / AFB C & Sm	Microbiology
QMH	10/04/2023	ALP, Albumin, Albumin Adjusted Ca, CK, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	10/04/2023	CBC	Haematology
QMH	09/04/2023	Blood (Culture) / Fungal Cul	Microbiology

<input type="button" value="What's New"/> <input type="button" value="Patient Album"/>			
<input type="button" value="Laboratory"/> <input type="button" value="Biochemistry"/> Period: Last 6 Months <input type="button" value="Advanced Search"/> Cumulative Period: 1 Year			
Search for <input type="text" value="Search laboratory test..."/> <input type="button" value="Go"/>			
       			
All Laboratories	Hospital	Profile Description	Laboratory
Biochemistry	QMH	13/04/2023 ALP, Albumin, Ca, CaP, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Haematology	QMH	12/04/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Immunology	QMH	11/04/2023 K, NA	Biochemistry
Microbiology	QMH	11/04/2023 Albumin, Albumin Adjusted Ca, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Virology	QMH	10/04/2023 ALP, Albumin, Albumin Adjusted Ca, CK, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Anatomical Pathology	QMH	09/04/2023 ALP, AMY, Albumin, Albumin Adjusted Ca, COMROUT, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Department of Health	QMH	08/04/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Other Laboratories	QMH	07/04/2023 ALP, Albumin, Albumin Adjusted Ca, COMROUT, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Blood Bank	QMH	04/04/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Special Profiles	QMH	31/03/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Common / In-patient	QMH	21/03/2023 ALP, Albumin, Albumin Adjusted Ca, COMROUT, Ca, HBCOM, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Anaesthetic	QMH	15/03/2023 LDH*, LFT, RFT, RG, URAT	Biochemistry
COVID-19	QMH	14/03/2023 RFT	Biochemistry
DM	QMH	13/03/2023 ALP, Albumin, Albumin Adjusted Ca, COMROUT, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Genetics / HLA Typing	QMH	04/03/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Immunology	QMH	03/03/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Liver	QMH	02/03/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Medical	QMH	01/03/2023 ALP, Albumin, Albumin Adjusted Ca, COMROUT, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Prenatal Diagnostic	QMH	28/02/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Psychiatry	QMH	27/02/2023 Albumin, Albumin Adjusted Ca, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Renal	QMH	26/02/2023 Albumin, Albumin Adjusted Ca, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
TBCU	QMH	25/02/2023 Albumin, Albumin Adjusted Ca, COMROUT, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
Thyroid	QMH	25/02/2023 MG2	Biochemistry
Tumour Marker	QMH	25/02/2023 ICA, ICCA, PH	Biochemistry
	QMH	24/02/2023 Albumin, Albumin Adjusted Ca, Ca, HBCOM, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
	QMH	23/02/2023 ALP, AMY, Albumin, Albumin Adjusted Ca, COMROUT, Ca, DBIL, LDH*, LFT, MG2, Phosphate, RFT, RG, URAT	Biochemistry
	QMH	23/02/2023 ICA, ICCA, PH	Biochemistry
	QMH	22/02/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
	QMH	21/02/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
	QMH	20/02/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
	QMH	19/02/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, LFT, Phosphate, RFT, RG, URAT	Biochemistry
	QMH	18/02/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, LFT, Phosphate, RFT, RG, URAT	Biochemistry
	QMH	17/02/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, HBCOM, LFT, Phosphate, RFT, RG, URAT	Biochemistry
	QMH	16/02/2023 ALP, Albumin, Albumin Adjusted Ca, COMROUT, Ca, DBIL, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
	QMH	15/02/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
	QMH	14/02/2023 UOSM	Biochemistry
	QMH	14/02/2023 FT4, TSH	Biochemistry
	QMH	14/02/2023 CORT	Biochemistry
	QMH	14/02/2023 POSM	Biochemistry
	QMH	14/02/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
	QMH	13/02/2023 CSFP	Biochemistry
	QMH	13/02/2023 ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry

What's New Patient Album
 Radi Images Non-Radi Images

**All Laboratories****Biochemistry****Haematology****Immunology****Microbiology****Virology****Anatomical Pathology****Department of Health****Other Laboratories****Blood Bank****Special Profiles****Common / In-patient****Anaesthetic****COVID-19****DM****Genetics / HLA Typing****Immunology****Liver****Medical****Prenatal Diagnostic****Psychiatry****Renal****TBCU****Thyroid****Tumour Marker**

Laboratory Biochemistry Period: Last 6 Months Advanced Search Cumulative Period: 1 Year

Search for Search laboratory test...

Hospital	Reference Date	Profile Description	Laboratory
QMH	13/04/2023	ALP, Albumin, Ca, CaP, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	12/04/2023	ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	11/04/2023	K, NA	Biochemistry
QMH	11/04/2023	Albumin, Albumin Adjusted Ca, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	10/04/2023	ALP, Albumin, Albumin Adjusted Ca, CK, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	09/04/2023	ALP, AMY, Albumin, Albumin Adjusted Ca, COMROUT, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	08/04/2023	ALP, Albumin, Albumin Adjusted Ca, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	07/04/2023	ALP, Albumin, Albumin Adjusted Ca, COMROUT, Ca, DBIL, GGT, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	04/04/2023	ALP, Albumin, Albumin Adjusted Ca, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	31/03/2023	ALP, Albumin, Albumin Adjusted Ca, Ca, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry
QMH	21/03/2023	ALP, Albumin, Albumin Adjusted Ca, COMROUT, Ca, HBCOM, LDH*, LFT, Phosphate, RFT, RG, URAT	Biochemistry

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Show Request Date and Arrive Date

Hospital Code	QMH	QMH	QMH	QMH	QMH	QMH	
Collect Date	12/04/23 05:52	11/04/23 19:24	11/04/23 06:02	10/04/23 13:36	10/04/23 07:37	09/04/23 06:10	08/04/23 06:41
Type, Specimen	--	--	--	Stool	--	--	--
Sodium	135 ↓	134 ↓	135 ↓	--	141	140	136
Potassium	3.7	3.4 ↓	2.8 ↓	--	3.5 ↓	3.7	3.5 ↓
Chloride	98 ↓	--	96 ↓	--	100	100	101
Urea	6.8	--	5.0	--	5.3	5.8	5.0
Creatinine	104	--	122 ↑	--	110 ↑	118 ↑	105
eGFR(CKD-EPI)	79 ↓	--	65 ↓	--	74 ↓	68 ↓	78 ↓
Protein, Total	70	--	69	--	72	73	65 ↓
Albumin	35 ↓	--	35 ↓	--	39	41	38 ↓
Globulin	35	--	34	--	33	32	27
Bilirubin, Total	6	--	8	--	9	10	10
Bilirubin, Direct	5	--	6 ↑	--	6 ↑	--	8 ↑
Alkaline Phosphatase, Total	136 ↑	--	137 ↑	--	156 ↑	155 ↑	125 ↑
Alanine Aminotransferase	28	--	31	--	36	39	31
Aspartate Aminotransferase	17	--	25	--	24	31	25
Gamma-glutamyl transferase	257 ↑	--	279 ↑	--	302 ↑	--	232 ↑
Calcium	1.99 ↓	--	1.90 ↓	--	2.00 ↓	2.10 ↓	2.03 ↓
Calcium, Albumin Adjusted	2.13	--	2.04 ↓	--	2.06 ↓	2.12	2.11
Phosphate	0.58 ↓	--	0.84 ↓	--	0.82 ↓	0.92	0.68 ↓
Urate	230 ↓	--	210 ↓	--	208 ↓	197 ↓	165 ↓
Amylase	--	--	--	--	50	--	--
Creatine Kinase	--	--	--	--	29 ↓	--	--
Lactate Dehydrogenase	427 ↑	--	396 ↑	--	533 ↑	377 ↑	262 ↑
Glucose, Random	7.3 ↑	--	6.2	--	6.1	5.8	6.8
Appearance	--	--	--	Loose with mucus	--	--	--
Comment:	--	--	--	--	Additional test(s) requested by	--	--

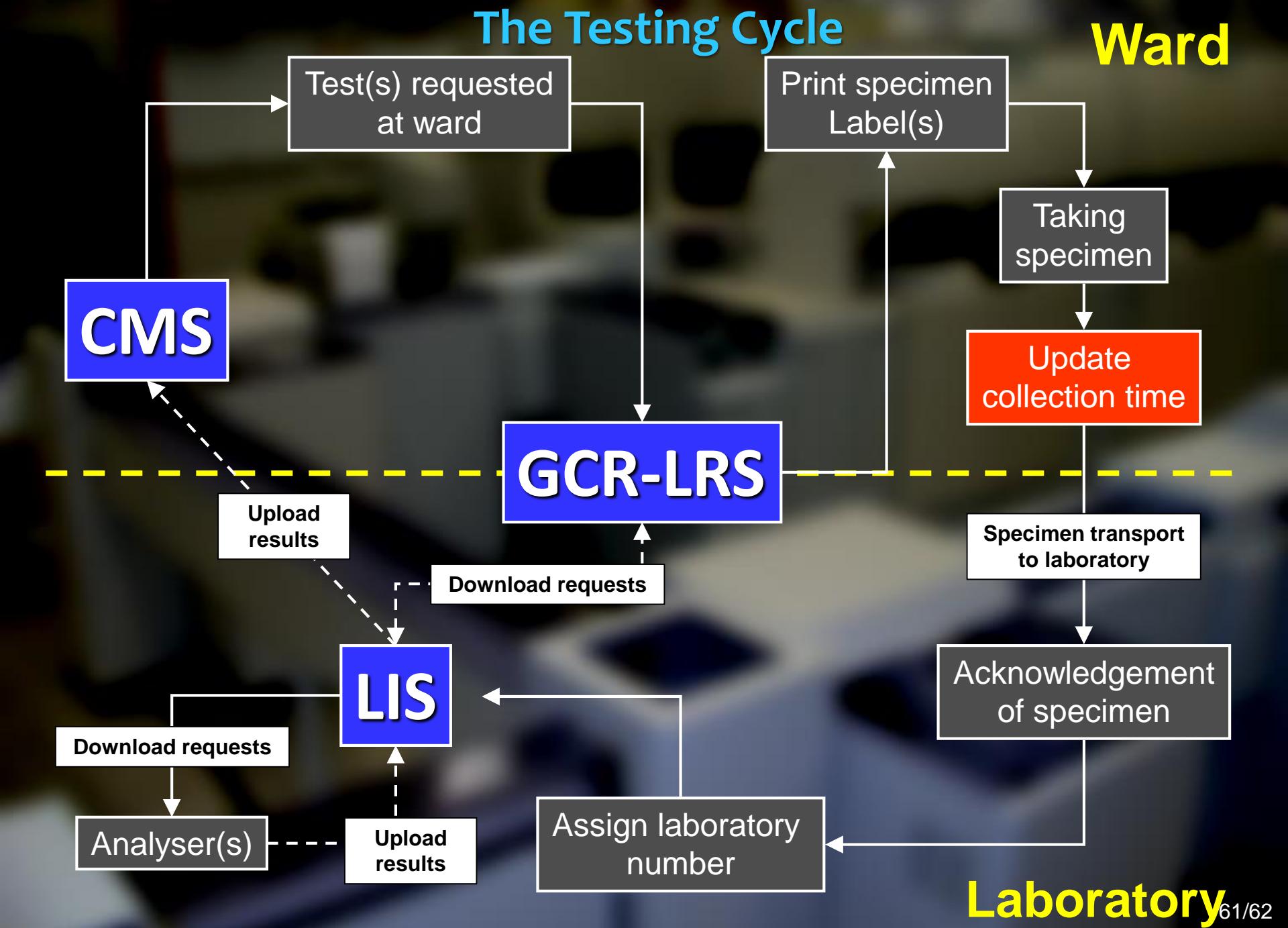
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out-patients



CCTV



The Testing Cycle



END

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