

Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme Limited

REGISTRATION FORM Year 2026

Name of	1 W V)						Геl. No. 	
Institution	(English)							
Address	(中文) Fa							
iuui ess	(English)							
Responsible Dr./ Mr. / 1		n:		Emai -	l Address:			
Program	me				Subscription	on Fee (HK\$) #	Amount	
Trogram	inc				before 15/10/2025	15/10/2025 to 15/12/2025	(HK\$)	
) gy	Complete Blood Picture (CBP)				\$4,500	5,000		
atolo erolo S) *	Coagulation (COAG)							
H S	Blood Grouping (ABO)							
Hi	Blood Film (Film)							
cal	General Staining (GS)				\$2,250	2,350		
Anatomical Pathology (AP)	Immuno- histochemical Staining (IHC)				\$2,450	2,550		
Ana Pat	Two Modules (GS +IHC)				\$3,800	4,000		
H		Cytopathology Microscopy Module (CYTOM)		TOM)	\$2,650	2,750		
HOKLAS 2	(CVTC)		naecological slide Preparation Module PREP)		\$1,600	1,700		
Cytopatho (CYTO)		Two Modules (CYTOM + CYTOPREP)			\$3,500	3,700		
Programm in collaborati with the HI College of	ion K	Interpretative QAP in Haematology		ology	\$4,500	4,600		
			indicate $()$ what module wou registration.	ld you l	ike to join. T	The subscription	fee is san	
# Addition	al adm	inistrative	charge will be included if enroll	ment is 1	received after	15 December 202	25.	
Quotation i	is requ	ired before	e settling of payment :	(Yes/No)			
		Date			Autho	orized Signature /	Chon	

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Information and Instructions

- 1. Details of Programme refer to information at http://www.hkimlsqap.org
- 2. Frequency of Programme Exact date of delivery of survey materials refer to the 'Time Schedule for the Year' at http://www.hkimlsqap.org

Frequency	Time Schedule						
	February	May	August	November			
Four per year	AP	AP	AP	AP			
Four per year	CYTOM	CYTOM	CYTOM	CYTOM			
Twice per year		CYTOPREP		CYTOPREP			
Four per year	HS & HI	HS & HI	HS & HI	HS & HI			

3. Enrollment of Programme:

To allow sufficient time for processing of new application, registration at least **THREE** months before the commencement date of the "Registration Period" is recommended.

4. Subscription:

- a. Subscription fee is non-refundable.
- b. For participant outside Hong Kong, a surcharge on the delivery and administration will be imposed.
- c. Registration will not be confirmed until the subscription fee is received in FULL.

5. Payment:

- a. The subscription fee must be made payable to "Hong Kong Institute of Medical Laboratory Sciences Quality Assurance Programme Ltd." in Hong Kong Dollars by a bank draft, crossed cheque or by autopay system.
- b. Bank draft or crossed cheque should be mailed to Flat 1711, 17/F, Block C, Bell House, 525-543 Nathan Road, Yaumatei, Kowloon.
- c. For payment by autopay system, receipts of transaction should be sent to info@hkimlsqap.org or fax to 2124 2798.
- d. For payment via remittance any additional bank charge should be paid by participant.

6. Registration

Each participant will be assigned unique laboratory code for each registered programme which should be used for submission of survey result.

7. Confidentiality

HKIMLSQAP is committed to keep all details of participants confidential. Please refer to http://www.hkimlsqap.org

8. Contact of HKIMLSQAP

info@hkimlsqap.org / Tel: 2499 0015 / Fax: 2124 2798 / WhatsApp 9226 4521

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