



CERVICAL SCREENING PROGRAMME

Ref no.:

Registration Form
for Laboratory Professionals

(Please read Notes to Applicant, Terms and Conditions and Personal Information Collection Statement overleaf and fill in this form in BLOCK letters)

Laboratory Particulars

Lab English name*:
Lab Chinese name:
Address*: _____
<input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT
Type*: <input type="checkbox"/> Private lab <input type="checkbox"/> Private Hospital <input type="checkbox"/> Hospital Authority <input type="checkbox"/> Government <input type="checkbox"/> University <input type="checkbox"/> Others _____
Tel. no.*: _____ Fax no.: _____ Business registration no.: _____ <small>(for private laboratory)</small>


Applicants' Particulars *(please use additional form if needed)*

	Person in-charge	Staff	Staff
English name* Surname _____ Given name _____ <small>(As on HKID)</small>			
Chinese name <small>(As on HKID)</small>			
Title*	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Prof	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Prof	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Prof
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
HKID no.*			
Profession		<input type="checkbox"/> Pathologist <input type="checkbox"/> Cytotechnologist <input type="checkbox"/> Medical laboratory technologist	<input type="checkbox"/> Pathologist <input type="checkbox"/> Cytotechnologist <input type="checkbox"/> Medical laboratory technologist
Professional registration no.			
Correspondence means*	<input type="checkbox"/> Post <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <i>(Starting from July 2004)</i>	<input type="checkbox"/> Post <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <i>(Starting from July 2004)</i>	<input type="checkbox"/> Post <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <i>(Starting from July 2004)</i>
E-mail address <small>(if Email is selected)</small>			
Declaration	1. I / We agree to take part in the Cervical Screening Programme as laboratory professional and will provide clients' cervical test results to the CSP. 2. I / We fully understand the Personal Information Collection Statement overleaf and I agree to let my/our personal data to be used as stated. 3. I / We have read and understand the Terms and Conditions overleaf. 4. I/We confirmed that true copy of the Business Registration Certificate of my/our Laboratory is enclosed. (for private laboratory only)		
Signature			
Endorsed by: (signature of the person in-charge) _____		Date: _____	

* indicates a mandatory field and must be provided.

Thank you for your participation

Please send this completed form to the Cervical Screening Programme by fax (2833 5445) or mail to:

 **Cervical Screening Programme**
Department of Health
18/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong

Photocopy of the blank form is allowed. Registration can also be done on-line through the website www.csis.gov.hk

Cervical Screening Programme Registration Form – Laboratory Professionals

Notes to Applicant

1. Eligibility: pathologists or qualified cytotechnologists who perform cervical cytology in laboratories.
2. Registration is free of charge.
3. With the smear result of clients provided to CSIS by you and the service providers, privileges of joining the Programme include the following:
 - feedback on the performance of smears screened by you
 - access to women's past cervical smear results online (www.csis.gov.hk) to facilitate interpretation of current smear (starting from March 2004)
 - free training kit containing education VCDs, cervical screening manual and pamphlets
 - have the laboratory name displayed on the CSP website (www.cervicalscreening.gov.hk)

Terms and Conditions

1. Women's personal information and test results stored in the CSIS are confidential. You may only access and use this data for assisting smear interpretation or health care of the women.
2. You should provide women's cervical test results to us if they have joined the CSP.
3. You should inform us if there is any change of personal information by completing the paper / online Information Update Form

Personal Information Collection Statement

We shall keep your personal data confidential at all times. Our policies and practices with respect to the collection, use, retention, disclosure, transfer, security and access of personal data will be in accordance with the Personal Data (Privacy) Ordinance (Cap. 486) and are as set out in this Statement.

Purpose of Collection

Your personal data provided through medical service providers to the Cervical Screening Information System (CSIS), which is maintained by the Department of Health (DH), will be used for the following purposes:

- a. Record-linking and transferring of information on examination, test results, diagnosis and treatment or reference by relevant medical professionals and laboratories;
- b. Tracing defaulter for follow-up and treatment;
- c. Preparing statistics for carrying out research or teaching purpose;
- d. For quality assurance of the programme;
- e. Investigating and following up matters related to the programme; and
- f. Facilitating organization of activities related to cervical screening.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove that you have enrolled in the programme and cannot provide / coordinate services for you.

Classes of Transferees of Personal Data

The personal data you provide are mainly for use within DH but they may also be disclosed to other health care providers, including doctors and pathology laboratories, Government bureaux/departments or relevant parties for the purposes mentioned above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

Enquiries

Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to Disease Prevention and Control Division, Department of Health, 18/F Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong. Tel. 2961 8778.