



CERVICAL SCREENING PROGRAMME

Information Update Form
for Women, Service Providers
& Lab Professionals

(Please fill in this form in BLOCK letters)

Personal Particulars

Name*: <small>(As on HKID/passport)</small>	<i>Surname</i>	Chinese name*: <small>(If any, as on HKID/passport)</small>	
#HKID / Passport number*:		Date of birth: _____ / _____ / _____ <small>Day</small>	
User type*:	<input type="checkbox"/> Woman	<input type="checkbox"/> Service provider	<input type="checkbox"/> Lab professional

Information to be updated

Correspondence address: _____	
<input type="checkbox"/> Hong Kong <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories	
Home Tel. no.:	Mobile phone:
Office Tel. no.: <small>(For service provider / laboratory)</small>	E-mail address:
Others:	

Declaration

I confirm that the above information is correct and complete.	
Signature: _____	Date: _____

Thank you

Delete as appropriate

* indicates a mandatory field and must be provided

Please send this completed form to Cervical Screening Programme by fax (2833 5445) or by 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. Information update can also be done on-line through the website www.csis.gov.hk