



CERVICAL SCREENING PROGRAMME

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

New registration

Information update

Lab English name*:		
Lab Chinese name*:	Email address*:	
Address*: _____		
<input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT		
Type*:	<input type="checkbox"/> Private Laboratory <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 card)</small>	_____	_____	_____
Chinese name <small>(As on HKID card)</small>			
Title*	<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 <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms
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 card 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.			
Preferred means of correspondence*	<input type="checkbox"/> Email <input type="checkbox"/> Post	<input type="checkbox"/> Email <input type="checkbox"/> Post	<input type="checkbox"/> Email <input type="checkbox"/> Post
Email address*			
Declaration	1. I / We agree to take part in the Cervical Screening Programme (CSP) 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: _____ Date: _____ <small>(signature of the person in-charge with company chop)</small>			

* indicates a mandatory field and must be provided.

Please send this completed form to the Cervical Screening Programme Office by mail to:



Cervical Screening Programme Office
Department of Health
Room 10, 5/F, 134 Queen's Road West, Sai Ying Pun, Hong Kong

Cervical Screening Programme Registration Form – Laboratory Professionals

Notes to Applicant

1. Eligibility: All pathologists, qualified cytotechnologists or medical laboratory technologists who perform cervical cytology in laboratories are eligible to register. To maintain and improve the quality of patient care and promote a high standard of performance, the laboratory may wish to subscribe to one or more of the accreditation schemes offered by The Hong Kong Laboratory Accreditation Scheme (HOKLAS), College of American Pathologists (CAP) and National Association of Testing Authorities, Australia (NATA).
2. Registration is free of charge.
3. With the smear result of clients provided to Cervical Screening Information System (CSIS) by you and the service providers, privileges of joining the Programme include the following:
 - online access (www.csis.gov.hk) to women's past records of cervical smears done in your laboratory to facilitate interpretation of current smear
 - have the laboratory name displayed in the List of Participating Laboratories section on the CSP website (www.cervicalscreening.gov.hk)
 - receive a free health education resources kit

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 healthcare providers to the 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 organisation 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 healthcare 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 Cervical Screening Programme Office, Department of Health, Room 10, 5/F, 134 Queen's Road West, Sai Ying Pun, Hong Kong.