



RESTRICTED WHEN ENTERED WITH DATA

CERVICAL SCREENING INFORMATION SYSTEM (CSIS)

Registration Form

for Laboratory Professional

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

Laboratory Particulars

*Lab English Name:		
*Lab Chinese Name:	*E-mail Address:	
*Address: _____ <div style="text-align: right;"><input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT</div>		
*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 Number			
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"/> E-mail <input type="checkbox"/> Post	<input type="checkbox"/> E-mail <input type="checkbox"/> Post	<input type="checkbox"/> E-mail <input type="checkbox"/> Post
*E-mail Address			
*Declaration	<ol style="list-style-type: none">1. I / We confirm that the information given is correct and complete.2. I / We agree to register with the Cervical Screening Information System (CSIS) as laboratory professional and will provide clients' cervical test results to the CSIS.3. I / We fully understand the Personal Information Collection Statement overleaf and I/We agree to let my/our personal data to be disclosed by the relevant parties listed in the Statement to the Department of Health for the stated purposes. A copy of this consent is valid as the original. This consent shall remain valid unless and until written notice of my/our revocation is/are received by the said relevant parties which actually have in their possession my/our personal data and which have been authorized to provide such data.4. I / We have read and understand the Terms and Conditions overleaf.5. 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: _____ (Signature of the person in-charge with company chop)			



Please send the completed form by post to the **Cervical Screening Programme Office, Department of Health**
Room 10, 5/F, 134 Queen's Road West, Sai Ying Pun, Hong Kong
Photocopy of the blank form is accepted. Registration can also be done online at www.csis.gov.hk

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CSIS-RGLE-2022

Cervical Screening Information System Registration Form (Laboratory Professional)

Notes to Applicant

1. The Cervical Screening Information System (CSIS) is a computerised registry for keeping and processing data related to cervical screening, including participants' personal information, screening results and next recommended screening date.
2. Eligibility: All pathologists, qualified cytotechnologists or medical laboratory technologists who perform cervical screening 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).
3. Registration is free of charge.
4. With the screening result of clients provided to the CSIS by you and the service providers, privileges of joining the CSIS include the following:
 - access your client's past screening records done in your laboratory on the CSIS (www.csis.gov.hk) to facilitate interpretation of current screening
 - receive a free health education resources kit

Terms and Conditions

1. Registered client's personal information and test results stored in the Cervical Screening Information System (CSIS) are confidential. You may only access and use this data for assisting screening interpretation or health care of the registered clients.
2. You should provide registrants' screening results to us if they have joined the CSIS.
3. You should inform us of any change of personal information using the 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 Cervical Screening Information System (CSIS), which is maintained by the Department of Health (DH), will be used for the following purposes:

1. Record-linking and transferring of clients' information on examination, test results, diagnosis and treatment or reference by relevant medical professionals and laboratories;
2. Preparing statistics for research or teaching purposes;
3. For quality assurance of the CSIS;
4. Investigating and following up matters related to the CSIS; and
5. 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 registered with the CSIS 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. You may also visit our website: www.cervicalscreening.gov.hk.