



愛心力量中原慈善洗腎中心
POLCCF DIALYSIS CENTRE

Address: 1/F, Success Commercial Building, 245-251 Hennessy Road, Wanchai, Hong Kong
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Checklist for haemodialysis registration

血液透析登記資料

Please let us know your treatment days at least 4 weeks in advance, and provide the following information to our centre via email or fax.

請在預定日期最少四星期前提供以下資料，電郵或傳真至本中心。

- Medical History (including any allergies)

病歷報告

- Laboratory Report including test for the following diseases:

Hepatitis B, hepatitis C and HIV

血液化驗報告包括下列疾病測試：

乙型肝炎表面抗原 HbsAg,

乙型肝炎表面抗體 Anti-HBs, 乙型肝炎核心抗體 Anti-HBc (\pm DNA),

丙型肝炎抗體 Anti-HCV (\pm RNA) 及 愛滋病病毒抗體 Anti-HIV

*本院不能接受乙型/丙型 肝炎, 愛滋病帶菌者

- The two most recent haemodialysis reports

最近兩次血液透析治療報告

- Doctor's Referral Letter

醫生轉介信

- List of current medications (if application)

現時服用的藥物 (如適用)

- Currently treatment plan/ schedule for haemodialysis

現時的治療時間表