

STEP BY STEP GUIDE

COLLECT SPECIMEN IN FAMILY DOCTOR CLINIC

醫健通
eHealth

Version 1

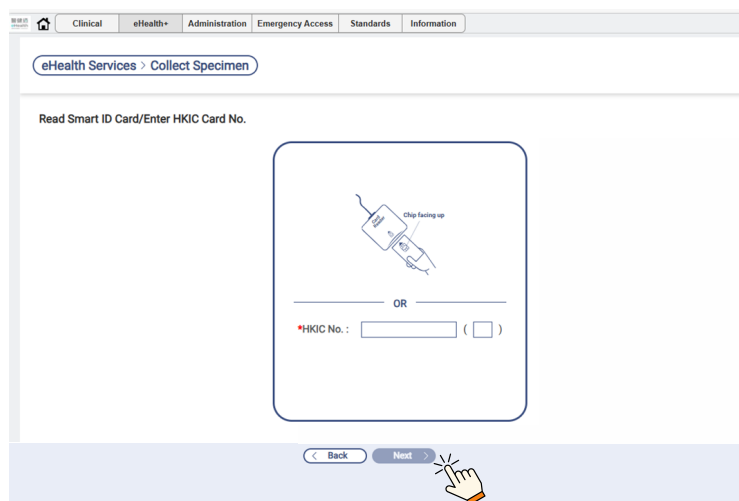
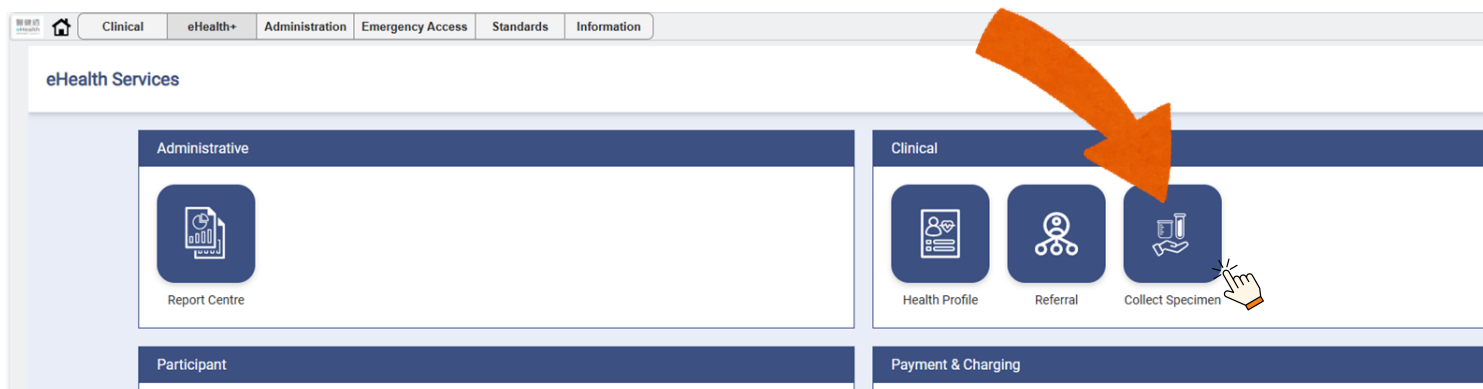
1

 Login eHealth 醫健通 eHealth
and Click “eHealth Services”



2

Click “Collect Specimen”



3

Read Smart ID Card or Input HKIC Card No.

System will check if the participant has sharing consent to your healthcare organisation, if there is no valid sharing consent, eHealth sharing consent prompt appears and please build the consent accordingly.

4

Click "Collect Specimen"

Select Participant
English Name: CHAN, SIU MING
Chinese Name: -
HKIC No.: X96
DOB: 12-Dec-1960 (64 years)
Sex: Male

Progress
Request Status: Pending
Create Request
Request Date: 28-Sep-2025
Collect Specimen
Service Received Date: -
View Payment Checkout
Register Specimen
Registered Specimen Date: -
Upload Results
Last Result Upload Date: -

Request Information
Request No.: 23830001250000434463
Request From: Chronic Disease Co-Care Pilot Scheme
Request By: INVSPPP DOCTOR003 [HCP ID: 4310898234]
Reason for Request/Remark: Screening Pending case
DHC Membership No.: 2510046053
District: Kwai Tsing

Items
DM & HT
Annual Tests for Pre-Diabetes
☐ HbA1c
☐ Glucose, Fasting / FPG
☐ Full Lipid Profile

Emergency Contact Information
Requesting Doctor: 55555554
Participant: -

Collect Specimen

5

Input Participants' Phone Number

Participant's Emergency Contact Number

To ensure timely communication in case of critical results, please collect and input emergency contact number of participant.

98765432

Next **Cancel**

A

B

C

D

E

Payment Checkout

Laboratory: VIRTUAL UNIT A
Service Received Date: 16-Oct-2025
Programme: Laboratory Services Collaboration
Service Location: Virtual HOSPITAL - VHC4 HSL

Service Summary

Service	Item	Participant Co-payment
Investigation Service (Lab)	DM&HT Annual Tests for Pre-Diabetes	\$ 70.00

Additional Charging ☒ Yes ☐ No

Item	Remarks	Additional Charging
Additional Charge 1	Laboratory	\$ 0.00

Total Participant Pay Amount
\$ 70.00

☐ I have confirmed with the participant that the payment information above is correct and I shall collect the co-payment and addition charge from the participant.

☐ Collect the lab co-payment on behalf of lab ☐ Participant to pay the lab co-payment directly to lab by electronic means

Save **Cancel**

The selected lab will be carried forward by service location

6

Perform Payment Checkout

- Select the laboratory
- Select the Service Received Date
- Input the additional charge if applicable
- Collect the co-payment and additional charge, then confirm the checkbox
- Select the co-payment method and click "Save"
- Click "Yes" to Confirm

F

Are you sure to confirm the payment?

Yes **Cancel**

7

Notification Sent To Participant

A notification would be sent to participants' communication means via eHealth after payment checkout is performed.

