

**PREVENTION AND CONTROL OF DISEASE
(COMPULSORY TESTING FOR CERTAIN PERSONS)
REGULATION
(CAP. 599J)**

**Guidelines to Doctors
issuing the Compulsory Testing Direction**

(January 2021 version2)

Please read this note carefully before you issue the Compulsory Testing Direction (“Direction”) to require your specified patient to undergo a polymerase chain reaction-based nucleic acid test for the coronavirus disease 2019 (“the Specified Test”) pursuant to Section 4 of the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J).

Power to issue Direction

2. Pursuant to Section 4 of the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J), doctors may issue the Direction to require specified patient to undergo the Specified Test during a period of not exceeding 14 days as specified (“Specified Period”) by the Secretary for Food and Health (“Secretary”). Doctors should exercise their professional judgement in determining if a symptomatic patient is required to undergo a specified test in accordance with the procedure and conditions specified in **Annex to the Direction**.

Preparations

3. A web-based computer system, namely **TGP Test Bottle ordering system** (<http://tgptestbottle.hk/>), has been in operation from 25 November 2020. Log on the TGP Test Bottle ordering system to order saliva specimen bottles and stool specimen bottles provided free of charge by the Department of Health at least two days in advance. A specimen bottle with specific barcode number and a laboratory form would be included in a plastic bag to form a specimen collection kit (“Specimen Collection Kit”).

4. Soft copies of the latest Direction, Guidelines to Doctors issuing the Compulsory Testing Direction, Guidelines to Persons issued with Compulsory Testing Direction and IT System Instructions of the Targeted Group Testing Scheme website are available on the TGP Test Bottle ordering system for browsing and download.

Issuance of Direction

5. Get ready of the Direction and specimen bottle. Fill in the Direction.

6. Visit the **Targeted Group Testing Scheme website** (<http://www.tgptest.gov.hk>). Follow the IT System Instructions (**attached**) to register the case.

7. Notify the specified patient that this Direction is issued pursuant to Section 4 of the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J) that he or she is required to undergo a polymerase chain reaction-based nucleic acid test for the coronavirus disease 2019 (“the Specified Test”) by ___ [Date (2 days from the issue date of the Direction)]___ in accordance with the procedure and conditions specified in Annex to the Direction.

Specimen collection

8. Please advise your specified patient to refer to the “Guidelines to Persons issued with Compulsory Testing Direction” (“Guidelines”) for information needed for the patient and particularly explain in detail on the step-by-step instruction in specimen collection described in Annex 1 to the Guidelines.

9. Please advise your specified patient to refer to Annex 2 to the Guidelines for a list of specimen collection points, their addresses and opening hours.

10. Please provide the following to the specified patient and remind the patient to complete the laboratory form –

- (a) Compulsory Testing Direction completed with necessary information;
- (b) Specimen Collection Kit, including specimen bottle and a laboratory form; and
- (c) Guidelines to Persons issued with Compulsory Testing Direction.

11. If the specified patient chooses for self-paid testing by one of the private laboratories recognized by the Department of Health (“Specified Private Laboratories”), please provide the following to him/her –

- (a) Compulsory Testing Direction completed with necessary information;
- (b) Guidelines to Persons issued with Compulsory Testing Direction; and
- (c) Your laboratory test order request.

A list of recognized private laboratories is set out at Annex 3 to the Guidelines to Persons issued with Compulsory Testing Direction.

12. Please retain a copy of the completed Compulsory Testing Direction after issue.

13. Please advise your specified patient to take appropriate personal disease prevention measures as far as reasonably practicable, including wearing a mask and maintaining hand hygiene; and unless for the purpose of undergoing the Specified Test, stay at his/her place of residence and avoid going out until the test result is ascertained as far as possible.

14. As the patient has displayed COVID-19 symptoms, please advise your specified patient **NOT** to visit the Community Testing Centres for testing.

15. If the specified patient refuses to take the specimen collection bottle and documents you provided to him/her, please enter “Refused” in the remarks area of the registration page of the Targeted Group Testing Scheme website (for details, see IT System Instructions **attached**).

Reminder for returning specimen bottle or undergoing the test

16. You and your specified patient will receive a SMS message on Day 2 and Day 3 after you issue the Direction (i.e. Issue Date is Day 1) at the respective mobile phone number registered at the Targeted Group Testing Scheme website.

Notification of specimen unsuitable for testing

17. For tests to be performed by the public sector, if the specimen received is unsuitable for testing, you and your specified patient will receive a SMS message at the respective mobile phone number registered at the Targeted Group Testing Scheme website. Please contact your specified patient as soon as possible for distributing another specimen bottle and repeat the steps above.

Notification of test results

18. For tests to be performed by the public sector, test results will normally be available within 48 hours after the specimen bottle is returned. Test results (whether positive or negative) will be sent to you and your specified patient by SMS at the respective mobile phone number registered at the Targeted Group Testing Scheme website.

19. For specified patient that has opted for testing in one of the Specified Private Laboratories, he/she is required to submit or make arrangement with the private laboratory to submit the results of the Specified Test to you within 4 days after the date specified in the Direction. Please report the test results or submit the test report of your specified patient to the Government by phone (6275 6901), fax (2530 5872) or email (ct@csb.gov.hk) immediately.

20. You may be approached by the Government for the address of the specified patient for Government's subsequent following up when (a) no test results are received by the Government within 4 days after the issue date of the Direction for those undergoing test in the public sector; or (b) no test results are received by the Government within 4 days after the date specified in the Direction for undergoing test in the specified private

laboratory. Please keep record of the address of the specified patient.

Administration fee – submission of information

21. The Government will pay an administration fee of \$50 to you / your clinic for each case with test result returned to the Government. Please follow the IT System Instructions (**attached**) to submit your information (once for each mobile phone number) to facilitate payment.

Hotline Support

22. For general enquiries including test result reporting,
General hotline – 6275 6901

For IT systems enquiries only,
IT hotline – 3708 1118

**Food and Health Bureau
Department of Health
Updated in January 2021**

IT System Instructions

Doctor's Referral Testing Scheme Registration of Cases Workflow (Starting from 28 November 2020)

(醫生轉介檢測計劃個案登記流程)
(2020年11月28日起)

1

Doctor's Referral Testing Scheme Registration of Cases Workflow (醫生轉介檢測計劃個案登記流程)

Visit the website - <http://www.tgptest.gov.hk>
登入網站 - <http://www.tgptest.gov.hk>

General hotline – 6275 6901 (for general enquiries including test result reporting)
一般查詢熱線 – 6275 6901 (一般查詢服務包括報告檢測結果)
IT hotline – 3708 1118 (for IT systems enquiries only)
電腦系統熱線 – 3708 1118 (只提供電腦系統查詢服務)

Choose language
選擇語言



1 Select Target Group — 2 Registration Form — 3 Confirmation — 4 Registration Summary

Targeted Group Testing Scheme

* Mandatory

Please select the Targeted Group Testing you would like to join: *

Please select

I have read and agree to the terms and conditions above.

Next

2

Doctor's Referral Testing Scheme Registration of Cases Workflow

(醫生轉介檢測計劃個案登記流程)



The Government of
the Hong Kong Special Administrative Region

1 Select Target Group — 2 Registration Form — 3 Confirmation — 4 Registration Summary

Targeted Group Testing Scheme

* Mandatory

Select 選取 - "Doctor's Referral"

Please select the Targeted Group Testing you would like to join: *

Please select

Please select

Public

Doctor's Referral

Community Testing Centres

YAU TSIM MONG (Henry G. Leong Yau Ma Tai Community Centre)
EASTERN DISTRICT (Quarry Bay Community Hall)
SHA TIN (Lek Yuen Community Hall)
YUEN LONG (Town East Community Hall)

Non-Government Staff

Hotel frontline staff
Market tenants and their staff (under Food and Environmental Hygiene Department)
Licensed hawkers of Food and Environmental Hygiene Department
Market tenants and their staff (not under Food and Environmental Hygiene Department)
Staff of residential care homes for the elderly (RCHFs), residential care homes for persons with disabilities (RCHDs) and nursing homes

3

Doctor's Referral Testing Scheme Registration of Cases Workflow

(醫生轉介檢測計劃個案登記流程)



The Government of
the Hong Kong Special Administrative Region



1 Select Target Group — 2 Registration Form — 3 Confirmation — 4 Registration Summary

Targeted Group Testing Scheme

* Mandatory

Please select the Targeted Group Testing you would like to join: *

Doctor's Referral

Personal Information Collection Statement

How we use the personal data in this registration

1. The Government of the Hong Kong Special Administrative Region ("Government") and the Hospital Authority ("HA") will use the personal data collected in this registration for the following purposes:
- processing the registration, verifying the relevant information to detect fraud, following up with the registrants on individual test results for the purpose of disease control and prevention under the COVID-19 testing scheme (doctor's referral) ("testing scheme"), following up with the registrants according to related ordinance, and handling enquiries relating to registration. During processing and verification, the doctors (private medical practitioners)/clinic staff may require the registrants to clarify the information in the registration or provide further information; and
 - collating statistics and carrying out analysis, where the statistical information obtained will not be released or made available to a third party in a form that identifies the data subjects or any of them.

(i) Scroll down the
Personal Information
Collection Statement
to the bottom
下移至收集個人資
料聲明頁底

(ii) Click this checkbox and
then click "Next" button
點擊選項及按“下一步”

have read and agree to the terms and conditions above.

Next

4

A. Patient Chooses to Conduct Testing by the Department of Health (DH) / Hospital Authority (HA)

(病人選擇由衛生署/醫管局進行檢測)

A. Patient Chooses to Conduct Testing by DH/HA (病人選擇由衛生署/醫管局進行檢測)

(i) Patient information 病人資料

- Last name 姓氏 - First name 名字
- Identity document no. (e.g. HKID / Birth Certificate / Other identity documents) 證件號碼 (香港身份證/出世紙/其他身份證明文件)
- Local mobile no. (for receiving SMS) 本地流動電話號碼 (以接收短訊)

- Fixed line phone no. is also allowed, but no SMS will be received 接受固網電話號碼,但不能接收短訊
- For patients without contact number, enter "00000000" 如病人沒有聯絡電話號碼,輸入"00000000"

- Barcode no. on sampling bottle (start with "5") 樣本瓶條碼 (以"5"字開始)

(ii) Doctor information 醫生資料

- Doctor/clinic name 醫生/醫務所名字
- Doctor/clinic local mobile no. 醫生/醫務所本地流動電話號碼

- Only accept local mobile no. 只接受本地流動電話號碼
- Suggest to use **same** mobile no. for each clinic to facilitate payment of administration fee (see page 17) 建議每間醫務所使用同一流動電話號碼以方便計算行政費 (見第17頁)

- Remark (non-compulsory field) 備註 (非必填項)

Doctor's Referral Testing Scheme Registration of Cases Workflow

(醫生轉介檢測計劃個案登記流程)

1 Select Target Group — 2 Registration Form — 3 Confirmation — 4 Registration Summary

Registration not yet complete. Please confirm.

Target Group: Doctor's Referral

Last Name: CHAN

First Name: TAI MAN

Hong Kong Identity Card Number: V273081(2)

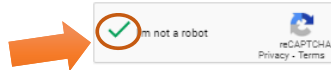
Local mobile number: 98765432

Barcode number on sampling bottle: P000000013

Doctor / Clinic Name: Dr WONG TAI MAN

Doctor / Clinic Local Mobile Number: 91234567

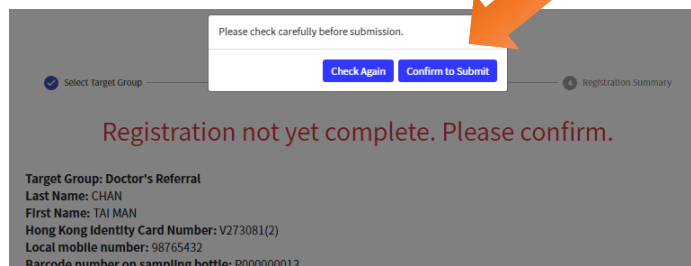
Remarks:



(i) Click "I'm not a robot", then click "Submit" button
點擊“我不是自動程式”及按“提交”

Back Submit

(ii) Click "Confirm to Submit" button
點擊“確認提交”



7

Doctor's Referral Testing Scheme Registration of Cases Workflow

(醫生轉介檢測計劃個案登記流程)

1 Select Target Group — 2 Registration Form — 3 Confirmation — 4 Registration Summary

Please save or print the reference number and the registration summary for future reference.

Reference Number
T311B30MCBSGT7RS9R
2020-10-30 18:02:53

Registration Summary

Target Group: Doctor's Referral

Last Name: CHAN

First Name: TAI MAN

Hong Kong Identity Card Number: V273***(2)

Local mobile number: 98765432

Barcode number on sampling bottle: P000000013

Doctor / Clinic Name: Dr WONG TAI MAN

Doctor / Clinic Local Mobile Number: 91234567

Remarks:

Print / Save

Next Registration

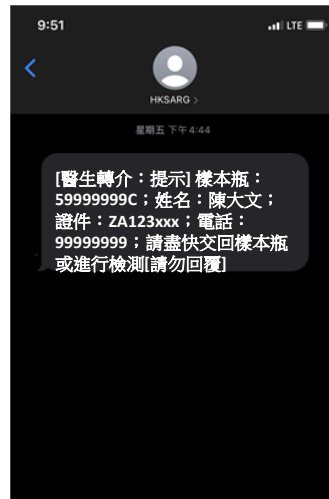
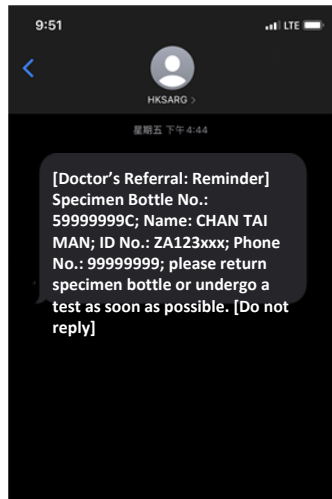
Registration information displayed on the screen
螢幕顯示登記資料

8

Doctor's Referral Testing Scheme Registration of Cases Workflow

(醫生轉介檢測計劃個案登記流程)

SMS 短訊 – 1st Reminder 第一次提示 (for sending to both Patient and Doctor/Clinic)(發送至病人及醫生/醫務所)

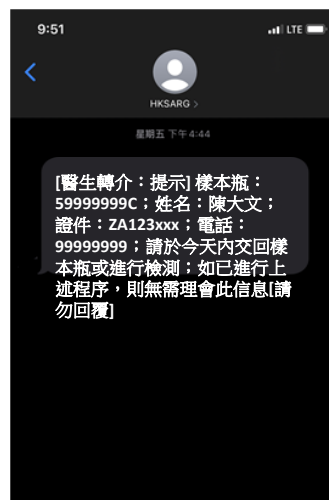
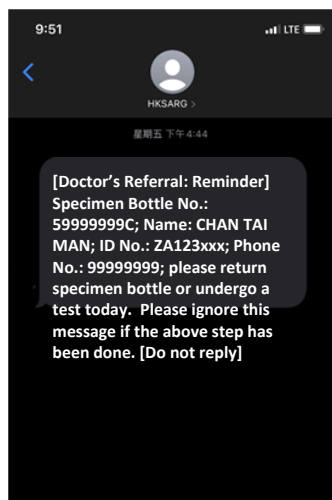


9

Doctor's Referral Testing Scheme Registration of Cases Workflow

(醫生轉介檢測計劃個案登記流程)

SMS 短訊 – 2nd Reminder 第二次提示 (for sending to both Patient and Doctor/Clinic)(發送至病人及醫生/醫務所)



10

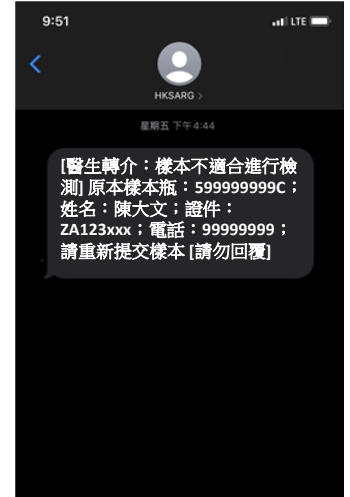
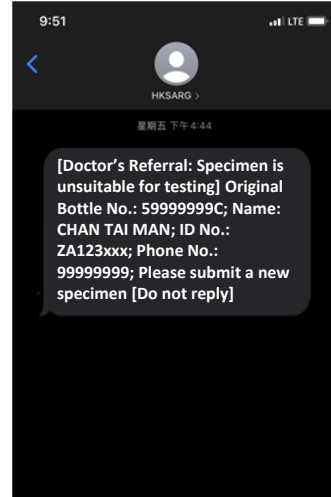
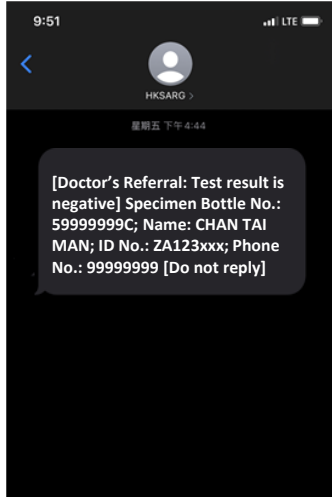
Doctor's Referral Testing Scheme Registration of Cases Workflow

(醫生轉介檢測計劃個案登記流程)

SMS 短訊 – [Negative Result](#) 檢測呈陰性結果
(for sending to both Patient and Doctor/Clinic)
(發送至病人及醫生/醫務所)

SMS 短訊 – [Unsuitable for Testing](#) 樣本不適合進行檢測
(for sending to both Patient and Doctor/Clinic)
(發送至病人及醫生/醫務所)

Please distribute another sampling bottle and repeat the above steps
請再派發另一個樣本瓶並重複以上步驟



11



B. Patient Chooses Self-paid Testing by Private Laboratory

(病人選擇由私人化驗所自費進行檢測)

12

Registration Form

* Mandatory

| | | | |
|---|--|---------------|-------|
| Last Name* | | First Name* | |
| CHAN | | TAI MAN | |
| Please provide any of the following: | | | |
| <input checked="" type="radio"/> Hong Kong Identity Card Number | | T863607 | (3) |
| <input type="radio"/> Birth Certificate Number | | e.g. XX999999 | () |
| <input type="radio"/> Other Identity Document Number | | | |
| Local mobile number* (Please provide a local mobile number for receiving SMS. Otherwise, no SMS can be received.) | | | |
| 98222222 | | | |
| Re-enter local mobile number for verification* | | | |
| 98222222 | | | |
| Barcode number on sampling bottle* e.g.  | | | |
| 590000014 | | | |
| Re-enter barcode number on sampling bottle for verification* | | | |
| 590000014 | | | |
| Doctor / Clinic Name* | | | |
| Dr CHAN Clinic | | | |
| Doctor / Clinic Local Mobile Number*(for receiving SMS) | | | |
| 98765432 | | | |
| Re-enter Doctor / Clinic Local Mobile Number* | | | |
| 98765432 | | | |
| Remark | | | |
| Private Lab  | | | |

(i) Patient information
病人資料

(ii) Doctor information
醫生資料

B. Patient Chooses Private Laboratory for Testing (病人選擇由私人化驗所進行檢測)

(i) Patient information 病人資料

- Input patient information (see page 6)
輸入病人資料 (見第6頁)
- Barcode no. on sampling bottle 樣本瓶條碼 = input barcode of any sampling bottle "5xxxxxxx" and void the bottle thereafter 輸入任何一個樣本瓶條碼 "5xxxxxxx" 然後請棄置該樣本瓶

(ii) Doctor information 醫生資料

- Input doctor / clinic information (see page 6)
輸入醫生/醫務所資料(見第6頁)
- Remark (compulsory field) 備註(必填項) = "Private Lab"

(iii) Clinic's Follow-up Actions 醫務所跟進工作

- Remind the patient to provide the test result to clinic asap.
提醒病人盡快向醫務所交回檢測結果。
- Report the test result of the patient to the Government by phone (6275 6901), fax (2530 5872) or email (ct@csb.gov.hk) immediately
盡快向當局提交病人的檢測結果- 電話 (6275 6901) / 傳真(2530 5872) / 電郵 ct@csb.gov.hk。

13

C. Patient Refuses to Conduct Testing

(病人拒絕進行檢測)

14


Registration Form

* Mandatory

| | |
|------------|-------------|
| Last Name* | First Name* |
| CHAN | TAI MAN |

Please provide any of the following*
 Hong Kong Identity Card Number T863607 (3)
 Birth Certificate Number e.g. XX999999 ()
 Other Identity Document Number

Local mobile number*
(Please provide a local mobile number for receiving SMS. Otherwise, no SMS can be received.)
98222222
Re-enter local mobile number for verification*
98222222

Barcode number on sampling bottle* e.g.  590000014
Re-enter barcode number on sampling bottle for verification*
590000014

Doctor / Clinic Name*
Dr CHAN Clinic
Doctor / Clinic Local Mobile Number* (for receiving SMS)
98765432
Re-enter Doctor / Clinic Local Mobile Number*
98765432
Remark
Refused

(i) Patient information
病人資料

(ii) Doctor information
醫生資料

C. Patient Refuses to Conduct Testing

(病人拒絕進行檢測)

(i) Patient information 病人資料

- Input patient information (see page 6) 輸入病人資料 (見第6頁)
- Barcode no. on sampling bottle 樣本瓶條碼 = input barcode of any sampling bottle "5xxxxxxxx" and void the bottle thereafter 輸入任何一個樣本瓶條碼 "5xxxxxxxx" 然後請棄置該樣本瓶

(ii) Doctor information 醫生資料

- Input doctor / clinic information (see page 6) 輸入醫生/醫務所資料(見第6頁)
- Remark (compulsory field) 備註 (必填項) = "Refused"

(iii) Clinic's Follow-up Actions 醫務所跟進工作

1. Mark down "patient information" and "bottle number" for reference. 紀錄 "病人資料" 及 "樣本瓶條碼"。

Doctor's One-time Registration of Account for Payment of Administration Fee (before 15 December 2020)

(醫生一次性登記行政費帳戶)
(2020年12月15日前)

Registration Form

*** Mandatory**

Last Name* REGISTRATION First Name* NA

Please provide any of the following*

Hong Kong Identity Card Number e.g. XX999999 ()

Birth Certificate Number e.g. XX999999 ()


Other Identity Document Number NA

Local mobile number*
(Please provide a local mobile number for receiving SMS. Otherwise, no SMS can be received.)

00000000

Re-enter local mobile number for verification*

00000000

Barcode number on sampling bottle* e.g.  591000009

Re-enter barcode number on sampling bottle for verification*

591000009

**(i) Input "REGISTRATION" in last name field ...
在姓氏一欄輸入 "REGISTRATION" ...**

Doctor / Clinic Name*
Dr CHAN Clinic

Doctor / Clinic Local Mobile Number*(for receiving SMS)
98765432

Re-enter Doctor / Clinic Local Mobile Number*
98765432

Remark
CHAN TAI MAN @ RM 2, G/F, Tower 1, 12 King Street, Prince Edward, Kowloon

**(ii) Doctor information
醫生資料**

Use Doctor's Referral Testing Scheme case registration page to submit doctor's / clinic's information (**once per mobile no.**)
使用“醫生轉介檢測計劃”個案登記頁面提交醫生/醫務所資料(每個流動電話號碼只需要提交**一次**登記)

(i) Patient information 病人資料

- Last name 姓氏 = "REGISTRATION"
- First name 名字 = "NA"
- Choose other identity document no. 選擇其他身份證明文件號碼 = "NA"
- Local mobile no. 本地流動電話號碼 = "00000000"
- Barcode No. on sampling nottle 樣本瓶條碼 = input barcode of any sampling bottle "5xxxxxxx" and void the bottle thereafter 輸入任何一個樣本瓶條碼 "5xxxxxxx" 然後請棄置該樣本瓶

(ii) Doctor information 醫生資料

- Doctor/clinic name 醫生/醫務所名字
- Doctor/clinic local mobile no. 醫生/醫務所本地流動電話號碼

- Enter the **same** local mobile no. used for receiving test results of patients (i.e. page 6) 輸入用於接收病人檢測結果的**同一**本地流動電話號碼 (第6頁)

- Remark(compulsory field) 備註 (必填項)

Full name of Payee (cheque) 支票收款人/公司全名 @ Postal address for receiving cheque 收取郵寄支票地址

17

The End
(完)