

香港乳癌基金會
「Verzenio® (abemaciclib) 早期乳癌藥物資助計劃」申請表
Hong Kong Breast Cancer Foundation
"Verzenio® Patient Assistant Program for Early Breast Cancer"
Application Form

(由基金會填寫 To be filled by HKBCF)
申請編號 Application No. : EL-VER-
收表日期 Date of Receipt : _____

申請人資料 Personal Particulars

中文姓名 Chinese Name: _____

英文姓名 English Name: _____

出生日期 Date of Birth (日DD/月MM/年YYYY):

年齡 Age: _____

性別 Sex: 男 Male /女 Female

身份証號碼 HKID card no. (英文字母和頭四位數字): _____

電郵地址 Email Address: _____
(可選擇填寫 Optional)

聯絡電話 Tel. No.: _____

與申請人關係 Relationship with Applicant: _____

緊急聯絡人電話 Emergency Contact No: _____

聯絡地址 Address: _____

私家醫院 / 診所 Private Hospital/ Clinic

所屬醫院 / 診所名稱 Name of Hospital/Clinic : _____

專科部門 Department: 腫瘤科 Oncology 乳房外科 Breast Surgery 其他 Other _____

主診醫生姓名 Doctor Name: _____

其他資料 Other Information

您有否申請其他有關 Verzenio® (abemaciclib) 的藥物資助計劃? Have you applied other Verzenio (abemaciclib) Patient Assistance Programmes?

沒有 No

有 Yes (請註明有關其他藥物資助計劃詳情 Please state details of other Verzenio Patient Assistance Programme) _____

您是否參加過友邦保險AIA的「攜手增益癌症藥物計劃」 Have you joined (Health Plus Partnership Programme) initiated by AIA Hong Kong ?

否 No

是 Yes

聲明Declaration

1. 本人批准香港乳癌基金會查閱本人提供的資料，以確保所有資料均為完整及屬實，並可以透過電話或電郵就此計劃與本人聯絡。
I authorize the Hong Kong Breast Cancer Foundation to access the information I have provided to ensure all data is complete and accurate, and they may contact me via phone or email regarding this program.
2. 本人聲明上述填報資料及所提供的相關證明文件均屬真確無誤。有關本人申請此項計劃的資料如有所更改，本人需主動聯絡香港乳癌基金會。
I declare that the information filled in above and the related supporting documents provided are all true and correct. If there are any changes to the information regarding my application for this program, I need to proactively contact the Hong Kong Breast Cancer Foundation.
3. 本人了解香港乳癌基金會有權要求提供進一步資料和證明文件、約見本人或聯絡本人的主診醫生，以索取進一步資料。
I understand that the Hong Kong Breast Cancer Foundation has the right to request further information and supporting documents, meet with me, or contact my primary diagnosing physician to obtain additional information.
4. 本人了解在申請此項計劃所提供的一切資料，只作評核申請資格及改善此計劃用途。本人了解可隨時取消有關申請，並拒絕香港乳癌基金會進一步查閱本人的資料。
I understand that all information provided in the application for this program is only used for assessing eligibility and improving the program. I understand that I can cancel the application at any time and refuse further access to my information by the Hong Kong Breast Cancer Foundation.
5. 本人了解此資助計劃只計算於香港私營醫院或私營腫瘤中心購買的Verzenio®，任何在公立醫院購買的Verzenio® 都不能計算在內。
I understand that this subsidy program only calculates Verzenio® purchased at private hospitals or private oncology centers in Hong Kong, and any Verzenio® purchased at public hospitals cannot be included.
6. 本人了解若已參加其他Verzenio® 的藥物資助計劃，則不合資格申請此資助計劃。
I understand that if I have already participated in another Verzenio® drug subsidy program, I am not eligible to apply for this subsidy program.
7. 本人明白錯失或忘記領取的資助，將不獲補發。
I understand that any missed or forgotten collection of the subsidy will not be reissued.
8. 本人了解若在資助計劃期間停止Verzenio® 治療，資助將立即終止。
I understand that if I stop Verzenio® treatment during the subsidy program period, the subsidy will immediately terminate.
9. 本人了解如故意隱瞞有關資料，或誤導香港乳癌基金會以獲得資助，香港乳癌基金會絕對有權終止資助。
I understand that if I intentionally conceal relevant information or mislead the Hong Kong Breast Cancer Foundation to obtain the subsidy, the Hong Kong Breast Cancer Foundation has the absolute right to terminate the subsidy.
10. 本人了解在傳遞個人資料時，有機會在過程中被第三者竊取。如因此引致損失，香港乳癌基金會將不會負責。香港乳癌基金會只會保存本人的個人資料至此計劃完畢。
I understand that there is a risk of third-party interception of personal data during transmission. If this leads to any loss, the Hong Kong Breast Cancer Foundation will not be responsible. The Hong Kong Breast Cancer Foundation will only retain my personal information until the completion of this program.
11. 本人了解香港乳癌基金會保留審批及此資助計劃的最終決定權，並可以拒絕任何申請而無須給予任何理由。
I understand that the Hong Kong Breast Cancer Foundation reserves the right to approve and make the final decision on this subsidy program and may refuse any application without providing any reason.
12. 本人了解贊助藥廠有權隨時停止資助或更改資助方式。
I understand that the sponsoring pharmaceutical company has the right to stop the subsidy or change the subsidy method at any time.

收集個人資料聲明書（閣下需知）

個人資料條款：我們尊重閣下的私隱，並遵守香港法例個人資料(私隱)條例的規定。

感謝閣下向我們提供個人資料。閣下向我們提供個人資料表示閣下同意我們為了確認閣下符合本計劃資格及核對參加者身份，在香港收集、使用、儲存及處理此等資料。閣下的個人資料將會被保密。

閣下有權聯絡香港乳癌基金會要求查詢我們所持有有關閣下的個人資料，並修訂或更正有關資料。

如有任何查詢，歡迎致電與我們聯絡。

Personal Information Collection Statement

Personal Information Clause: We respect your privacy and comply with the laws according to the Hong Kong Personal Data (Privacy) Ordinance.

Thank you for providing us with your personal information. Your provision of personal information to us indicates your agreement that we collect, use, store, and process such data in Hong Kong to confirm your eligibility for this program and verify the identity of participants. Your personal information will be kept confidential.

You have the right to contact the Hong Kong Breast Cancer Foundation to inquire about the personal information we hold about you and to amend or correct that information. For any inquiries, please feel free to call and contact us.

本人明白和同意以上所有條款後作簽署。

I understand and agree to all the above terms before signing.

申請人簽署Applicant's Signature: _____

日期Date: _____

注意事項 Importance Notice

請在遞交此申請表前，檢查你是否： Before you submit this application, make sure you:

- 1. 已填妥本申請表格 Completed this application form
- 2. 附上醫生填寫的「Verzenio®早期乳癌藥物資助計劃」小冊子內頁的主診醫生轉介信 Attached the filled doctor referral form from “Verzenio® Patient Assistant Program for Early Breast Cancer” booklet.
- 3. 附上醫生簽發的藥費正式單據（如申請醫療保險索賠，可附上經認證的真實副本及理賠文件） Attached original official medication receipts (or certified true copy if applied medicine insurance claim)
- 4. 最近3個月內的個人收入證明文件（例如 i. 銀行月結單 ii. 糧單/稅單, iii. 任何收入來源的證明書，例如：其他物業的租金收入，或iv. 任何沒有工作或收入的證明書） Income proof within the last 3 months (e.g. i. monthly bank statements ii. pay slips/ tax receipts, iii. certificates of any source of income, e.g. rental income from property, or iv. any certificates of unemployment or incomelessness)

計劃概要 Programme Summary

香港乳癌基金會將會審核申請人的參加資格，符合資格的申請者會分為以下兩組：
The Hong Kong Breast Cancer Foundation will assess the eligibility of the applicants and eligible applicants will be categorized into two tiers as follows:

組別一 Tier 1:

申請人月入少於HK\$60,000 For applicants with a monthly income below HK\$60,000

在本港私營醫院或私營腫瘤中心自費購買每4個週期*（共224粒）藥物可領取HK\$16,000資助（以支票形式發放）

A rebate of HK\$16,000 (by cheque) for every 4 cycles* (224 tablets in total) of self-financed drugs purchased at private hospitals or private oncology clinics in Hong Kong.

組別二 Tier 2:

申請人月入介乎HK\$60,000 – 80,000 For applicants with a monthly income between HK\$60,000 and HK\$80,000

在本港私營醫院或私營腫瘤中心自費購買每6個週期*（共336粒）藥物可領取HK\$16,000資助（以支票形式發放）

A rebate of HK\$16,000 (by cheque) for every 6 cycles* (336 tablets in total) of self-financed drugs purchased at private hospitals or private oncology clinics in Hong Kong.

* 28日為一個療程週期 28 days per treatment cycle

詳情請瀏覽「Verzenio®早期乳癌藥物資助計劃」小冊子

For details, please refer to “Verzenio® Patient Assistant Program for Early Breast Cancer” booklet

查詢計劃之詳情及申請方法，請聯絡香港乳癌基金會患者支援中心

For more information about the Verzenio® (abemaciclib) Patient Assistant Program for Early Breast Cancer and application procedures, please contact Breast Cancer Support Centre in the Hong Kong Breast Cancer Foundation .

香港乳癌基金會患者支援中心（香港）

HKBCF Breast Cancer Support Centre (Hong Kong)

地址 Address: 香港北角木星街9號永昇中心22樓(炮台山港鐵站A出口)

22/F, Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong (Exit A, Fortress Hill MTR Station)

患者支援熱線 Patient Support Hotline: (852) 2525 6033

傳真 Fax No. : (852) 2525 6233

香港乳癌基金會賽馬會乳健中心（九龍）一樓患者支援中心

HKBCF Jockey Club Breast Health Centre (Kowloon)

Breast Cancer Support Centre (Kowloon Centre)

地址：香港九龍牛池灣龍翔道28號一樓(港鐵彩虹站C2出口)

1/F, 28 Lung Cheung Road, Ngau Chi Wan, Kowloon (Exit C2, Choi Hung MTR Station)

患者支援熱線 Patient Support Hotline: (852) 2597 3251

傳真 Fax No.: (852) 2597 5355