

# To Support and Participate in the Hong Kong Breast Cancer Registry

## Please sign the Consent Form

It is easy to support the HKBCR. All you need to do is to read through and understand the consent form below, sign it, and authorise the HKBCF to collect your medical data. Our data officers will then contact and follow up with you.

We assure you that all information collected will be kept strictly confidential according to the Personal Data (Privacy) Ordinance (Laws of Hong Kong Special Administrative Region, Chapter 486).

I \_\_\_\_\_ (Name),  
Hong Kong Identity Card Number: \_\_\_\_\_,  
hereby acknowledge and agree to participate in the Hong Kong Breast Cancer Registry, and support breast cancer research. I authorise the Hong Kong Breast Cancer Foundation (HKBCF) to collect my personal medical records in relation to breast cancer from my medical teams, and authorise the medical researchers, all being authorised personnel of the HKBCF, to review and follow up on my medical records.

I hereby consent in my own free will to join and support this research programme and to co-operate fully with the researchers and data officers. I understand that I can stop providing my further medical record at any stage; however, I also understand and permit that the HKBCF to continue to use my medical records that were provided for research purpose.

I also understand that I have the right to request the HKBCF (Tel.:2525 6033) during office hours to access and amend the personal data I have provided.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Contact Tel : \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail : \_\_\_\_\_ Year of first diagnosis of breast cancer : \_\_\_\_\_

Address : \_\_\_\_\_

My previous/current Doctor(s) in-charge/Hospital(s) in-charge:

\_\_\_\_\_  
\_\_\_\_\_

Contact Tel.: \_\_\_\_\_ Fax : \_\_\_\_\_

Please mail your completed consent form to the HKBCF or submit it to us via your doctors-in-charge.

