

## 「基因檢測資助計劃」申請表

### Gene Testing Financial Assistance Program – Application Form

#### 申請人資料 Personal Particulars

申請人名字 Name of Applicant: \_\_\_\_\_

申請人聯絡電話 Contact of Applicant: \_\_\_\_\_

#### 計劃流程 Program Mechanism

- 此計劃只適用於荷爾蒙受體陽性(HR+)、第二型表皮生長因子受體陰性(HER2-)的晚期或轉移性乳癌患者
- 主診醫生將會根據申請者情況，為申請者選擇合適的基因檢測方法
- 申請者於接受基因檢測後，需要填妥此申請表，連同醫生轉介信及基因檢測的正式收據交予香港乳癌基金會，合資格申請者可獲得最多港幣四千元正（實報實銷）的資助
- This program is applicable to HR+/HER2- advanced or metastatic breast cancer patients only
- The doctor-in-charge shall arrange the appropriate gene mutation test depending on patient's clinical conditions
- After testing, applicants need to complete this application form, attach referral letter and official receipt of the gene mutation test. Qualified applicant shall reimburse the actual expenses (maximum cap of HKD4,000 only) from Hong Kong Breast Cancer Foundation

#### 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:

- 填妥本申請表格 Complete this application form
- 附上由主診醫生簽署轄實的轉介信 Attach the signed referral letter by the doctor-in-charged
- 附上醫生或其所屬醫院簽發的正式單據 Attach receipt issued by the doctor or hospital-in-charged

#### 聲明 Declaration

- 本人確保所有資料及所提供的相關證明文件均屬真確無誤。
- 本人了解在申請此項計劃所提供的一切資料，只作評核申請資格處理及改善此項計劃的用途。
- 本人了解申請人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。
- 本人了解香港乳癌基金會保留審批申請的最終決定權。
- I declare that all the information in this application is true and complete.
- I understand that the Program will only use my information to decide if I qualify to participate in the Program, administer or improve the Program.
- I understand that I can at any time withdraw from the Program, and cancel my permission to Hong Kong Breast Cancer Foundation for further validation of my information provided.
- I understand that Hong Kong Breast Cancer Foundation shall vet all applications and reserve the right for final decision.

申請人簽署 Applicant's Signature: \_\_\_\_\_

日期 Date: \_\_\_\_\_