

**Pembrolizumab 匹博利組單抗**

**For Cash Rebate Only 只限現金回扣**

香港乳癌基金會 - 醫生轉介申請書

**The Hong Kong Breast Cancer Foundation (HKBCF)**

**Doctor's Recommendation for Keytruda Patient Assistance Program**

Email: [bcsc-ap@hkbcf.org](mailto:bcsc-ap@hkbcf.org) Address

Breast Cancer Support Centre (Hong Kong): 22/F, Jupiter Tower, 9 Jupiter Street, North Point. Tel.: 2525 6033 Fax: 2525 6233  
Breast Cancer Support Centre (Kowloon Centre): 1/F, 28 Lung Cheung Road, Ngau Chi Wan. Tel.: 2597 3251

**(A) To: HKBCF 香港乳癌基金會 (傳真: 2525 6233)**

HKBCF would follow up on the application accordingly.  
香港乳癌基金會直接跟進申請。

**Financial Assessment is NOT Required**  
**不需要進行入息資產審查**

**Doctor to complete and sign 醫生填寫及簽署**

Specialty: Clinical Oncology / Medical Oncology / General Surgery; Contact No.: \_\_\_\_\_

Public hospital – PMH / PWH / PYNEH / QEH / QMH / TMH / UCH / Other: \_\_\_\_\_

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

Treatment Drug Recommended: **Pembrolizumab (Keytruda)**

Dosage: **200mg / 400mg per cycle**

Eligible Diagnosis

**Triple-Negative Breast Cancer**

KEYTRUDA is indicated for the treatment of patients with high-risk early-stage triple-negative breast cancer (TNBC) in combination with chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery

Name of referring doctor: \_\_\_\_\_ Signature: \_\_\_\_\_

(Adhere Patient's Label)

**B. Patient to complete and sign 病人填寫及簽署**

**Patient's Declaration 病人聲明:** I hereby authorize my attending doctor/specialist above to release all my personal data on this form to HKBCF for the sole purpose of applying to the subject Assistance Programme. 本人授權上列的主治/專科醫生提供此表格內一切有關本人之個人資料予香港乳癌基金會，作申請此藥物資助計劃之用。

Residential address 住址: \_\_\_\_\_

Email address 電郵: \_\_\_\_\_ Tel. No. 電話: \_\_\_\_\_

Patient's Signature 簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

**(For Office Use only)**

**Application No.:** \_\_\_\_\_

Date:

**Signed & Stamp (HKBCF)**

Approved /  Not Approved