

## HONG KONG BREAST CANCER FOUNDATION PATIENT ACCESS PROGRAM (HKBCF KEYPAP) INFUSION ACKNOWLEDGEMENT FORM

*For redemption of cash rebate*

Please complete this letter and email to [bcsc-ap@hkbcf.org](mailto:bcsc-ap@hkbcf.org) or fax to 2525 6233. Hotline: 2525 6033

This original hardcopy form needs to be mailed to 22/F, Jupiter Tower, 9 Jupiter Street, North Point

Name of Patient : \_\_\_\_\_ HK ID Number : \_\_\_\_\_

Private hospital OR clinic : \_\_\_\_\_

Name of physician : \_\_\_\_\_

Application Number : \_\_\_\_\_

Thank you for your application. We are pleased to inform you that you are qualify for the cash rebate according to the program.

Conditions:

- This form must be countersigned by the physician AND stamped by the hospital/ clinic at the time of infusion
- Please bring along your ID card for identification and confirmation purposes
- Every purchase of two (2) vials or four (4) vials of Pembrolizumab shall be eligible for cash rebate
- The return of this infusion acknowledgment form is necessary for the cash rebate arrangement

This is to acknowledge that I received a Pembrolizumab infusion either with two vials or four vials at the above hospital or clinic as follows:

No	Infusion Date	# of vials infused	Next Treatment Cycle Infusion Date	Patient or Authorized Person's Signature	Physician's signature AND hospital/ clinic stamp	Hong Kong Breast Cancer Foundation
1		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
2		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
3		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
4		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____

5		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
6		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
7		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
8		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
9		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
10		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
11		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
12		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
13		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
14		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
15		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
16		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
17		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____
18		2 vials / 4 vials <small>Please cross out as appropriate</small>				Date: _____