

檔案編號：JCS/ODX/2024PCP _____

香港乳癌基金會

安可待®乳癌腫瘤基因檢測 關顧資助計劃

Hong Kong Breast Cancer Foundation

Oncotype DX® Breast Recurrence Score Patient Care Program

退款申請表 Refund Application Form

申請人資料 Personal Particulars

姓名 Name		
(英文 English):	_____	(中文 Chinese): _____
香港身份證號碼: HKID card no.	_____	
出生日期: Date of birth	_____	聯絡電話 Tel. No.: _____
	(日 DD/月 MM/年 YYYY)	
電郵地址 Email:	_____	
地址 Address:	_____	
職業 Occupation:	<input type="checkbox"/> 專業人士 Professional <input type="checkbox"/> 文職 Clerical <input type="checkbox"/> 勞動業 Labor	
	<input type="checkbox"/> 自僱人士 Self-employed <input type="checkbox"/> 家庭主婦 Housewife	
	<input type="checkbox"/> 退休人士 Retired <input type="checkbox"/> 待業/失業 Unemployed	

安可待®檢測報告資料 OncotypeDX® Report Information

報告號碼 Report Number:	_____	復發指數結果: Recurrence Score Result	<input type="checkbox"/> 0-25 <input type="checkbox"/> 26-100
報告日期 Report Date:	_____	覆診醫院: Follow-up hospital	_____
	(日 DD/月 MM/年 YYYY)		

其他資料 Other Information

您有否購買任何賠償藥費開支的保險? Do you have insurance coverage on your medication cost?

- 沒有 No
- 有 (請註明保險公司賠償的藥費開支詳情)
Yes (please state details of medication cost covered by your insurance company)

聲明 Declaration

1. 本人了解此計劃僅適用於乳癌患者，並於醫管局轄下公立醫院接受治療，不適用於私營診所及醫院。
 2. 本人了解此計劃之檢測申請表必須由醫管局轄下公立醫院醫生填寫並簽署核實。
 3. 本人了解此計劃名額有限，合資格申請人應盡早遞交退款申請。
 4. 本人了解此計劃之退款安排只適用於首次完成安可待檢測，並報告所得之復發指數結果介乎26 – 100。
如復發指數結果介乎0 -25，退款申請將不獲受理。
 5. 本人了解此計劃如同時間檢測多於一個腫瘤樣本，將不合資格申請本計劃。
 6. 本人了解在申請此項計劃所提供一切資料，只作評核申請資格處理，及確保所有資料均為完整及正確無誤，並可以電話或郵件就此項計劃與本人聯絡。
 7. 本人申請此項計劃的資料如有所更改，需主動聯絡香港乳癌基金會更新。
 8. 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。
 9. 本人了解香港乳癌基金會有權要求申請人提供進一步資料和證明文件、或聯絡申請人的主診醫生或醫療保險公司，索取進一步資料。
 10. 本人了解香港乳癌基金會保留審批申請的最終決定權。
 11. 本人了解香港乳癌基金會必定根據《個人資料(私隱)條例》所載的保障資料原則嚴謹行事，確保申請人的個人資料絕對保密。
 12. 本人了解是次計劃必須成為香港乳癌基金會之乳癌支援中心會員才可申請資助。
1. I understand that this program is only for breast cancer patients receiving treatment at public hospitals under the Hospital Authority, and is not applicable to private clinics or hospitals.
 2. I understand that the testing application form for this program must be filled out and verified by a doctor from a public hospital under the Hospital Authority.
 3. I understand that the program has limited availability, and eligible applicants should submit their refund applications as early as possible.
 4. I understand that the refund arrangement under this program is only applicable for the first completion of the Oncotype DX test and for recurrence scores ranging from 26-100. Refund applications will not be accepted for recurrence scores ranging from 0-25.
 5. I understand that if multiple tumor samples are tested at the same time, I will not be eligible to apply for this program.
 6. I understand that the information I provide in this application will only be used to assess my eligibility, and I agree to ensure that all information is complete and accurate. The Hong Kong Breast Cancer Foundation may contact me by phone or email regarding this program.
 7. If there are any changes to the information I have provided, I will proactively contact the Hong Kong Breast Cancer Foundation to update it.
 8. I understand that I can cancel my application at any time and refuse the Hong Kong Breast Cancer Foundation further access to my information.
 9. I understand that the Hong Kong Breast Cancer Foundation has the right to request additional information and supporting documents from me, or to contact my attending physician or insurance company to obtain further information.
 10. I understand that the Hong Kong Breast Cancer Foundation reserves the final decision-making authority on my application.
 11. I understand that the Hong Kong Breast Cancer Foundation will strictly adhere to the data protection principles set out in the Personal Data (Privacy) Ordinance to ensure the absolute confidentiality of my personal information.
 12. I understand that in order to apply for the funding support under this program, the applicant must be a member of BCSC from HKBCF.

申請人簽署 Applicant's Signature: _____ 日期 Date: _____

注意事項 Important Notice

請在遞交此申請表前，檢查你是否 Before submitting this application form, please check whether you:

- 已填妥本申請表格 Completed application form
- 付款正式收據 Official receipt of payment
- 香港身分證副本 Photocopy of your HKSAR identity card
- 安可待®乳癌腫瘤基因檢測報告副本 Photocopy of Oncotype DX® Breast Recurrence Score report

請郵寄/ 親身遞交至 :	Mail/ Direct submit to:
香港北角木星街 9 號永昇中心 22 樓	22/F, Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong
九龍牛池灣龍翔道28號	28 Lung Cheung Road, Ngau Chi Wan, Kowloon

信封面請註明: 「安可待®乳癌腫瘤基因檢測 關顧資助計劃」
Please mark "Oncotype DX® Breast Recurrence Score Patient Care Programme" on the envelope.