

乳癌腫瘤基因表現檢測資助計劃  
Breast Recurrence Score®  
Financial Assistance Program

主診醫生轉介信  
Doctor's Referral Letter



致：香港乳癌基金會  
To：Hong Kong Breast Cancer Foundation

申請人姓名  
Applicant Name: \_\_\_\_\_

香港身份證號碼  
Hong Kong I.D. Card No.: \_\_\_\_\_

出生日期  
Date of Birth: \_\_\_\_\_

申請人聯絡電話  
Contact No.: \_\_\_\_\_

主診醫生姓名  
Name of Doctor in-charge: \_\_\_\_\_

主診醫生聯絡電話  
Doctor's Contact No.: \_\_\_\_\_

主診醫生電郵  
Doctor's Email: \_\_\_\_\_

醫院名稱  
Hospital Name: \_\_\_\_\_

申請人腫瘤大小  
Tumor Size: \_\_\_\_\_

申請人腫瘤等級  
Tumor Grade: \_\_\_\_\_

淋巴結狀態  
Nodal Status:  陽性 Positive  陰性 Negative  
(1-3個淋巴結)  
(1-3 lymph nodes)

分子特性  
Molecular Characteristics:  
HR  陽性 Positive  
HER2  陰性 Negative

醫院/ 醫生簽署及蓋章:  
Hospital's / Doctor's Signature & Chop:

**備註：**  
• 如有需要，香港乳癌基金會將聯絡轉介醫生或申請人，索取進一步資料。  
• 申請人需將此轉介信交回香港乳癌基金會。

**Remarks:**  
• Hong Kong Breast Cancer Foundation may contact referral doctor or applicant for further information.  
• Applicant should submit the referral letter to Hong Kong Breast Cancer Foundation.

**References:** 1. Sparano et al. N Engl J Med 2015 2. Sparano et al. N Engl J Med 2018 3. Geyer et al. npj Breast Cancer 2018. 4. EBCTCG Lancet 2012 2018 5. Albain et al. Lancet Oncol 2010 6. Dowsett et al. J Clin Oncol 2010 7. Nitz et al. Breast Cancer Res Treat 2017

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