

檔案編號：JCS/ODX/

香港乳癌基金會

安可待®乳癌腫瘤基因檢測 – 資助計劃

Hong Kong Breast Cancer Foundation

Oncotype DX® Breast Recurrence Score – Financial Assistance Program

全額資助計劃申請表 FAP 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.: _____	性別 Sex: <input type="checkbox"/> 女性 Female <input type="checkbox"/> 男性 Male
出生日期 Date of Birth (日 DD/月 MM/年 YYYY): _____	
聯絡電話 Tel. No.: _____	電郵地址 Email: _____
地址 Address: _____	
<p>職業 Occupation: <input type="checkbox"/> 專業人士 Professional <input type="checkbox"/> 文職 Clerical <input type="checkbox"/> 勞動業 Labor</p> <p><input type="checkbox"/> 自僱人士 Self-employed <input type="checkbox"/> 家庭主婦 Housewife</p> <p><input type="checkbox"/> 退休人士 Retired <input type="checkbox"/> 待業/失業 Unemployed</p> <p>婚姻狀況 Marital status: <input type="checkbox"/> 未婚 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 喪偶 Widowed</p> <p><input type="checkbox"/> 離婚/分居 Divorced/Separated <input type="checkbox"/> 其他 other</p>	

最近3個月的個人收入 Monthly Individual Income In Past 3 Months

申請人資料 Particulars of applicant				
姓名 Name	年齡 Age	性別 Sex	職業(如適用) / 收入來源 Occupation / sources of income (if applicable)	最近3個月的收入(港元) Monthly income in past 3 months (HK\$)

*過去3個月內，個人平均每月總收入最高限額必須不超過港幣\$20,750。

* The maximum average monthly individual income must not exceed HK\$20,750 in the past 3 months.

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)

如申請人為待業或失業人士，請寫下失業原因或提供相關的失業證明文件：

If the applicant is unemployed, please state reasons of unemployment or provide documentary proof of unemployment:

聲明 Declaration

1. 本人了解此計劃僅適用於政府醫院的乳癌患者，不適用於私營診所及私營醫院。
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. 本人了解此計劃僅適用居住於香港的永久性居民。
4. 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。
5. 本人批准香港乳癌基金會查閱本人提供的資料，以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。
6. 本人聲明上述填報資料及所提供的相關證明文件均屬真確無誤。有關本人申請此項計劃的資料如有所更改，本人需主動聯絡香港乳癌基金會。
7. 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。
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、約見申請人及其家人、進行家訪，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，並可以拒絕任何申請而無須給予任何理由。
11. 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。
12. 本人了解申請人若已自費進行乳癌腫瘤基因檢測，便不能申請此資助計劃。
 1. I understand that this program is only applicable to breast cancer patients receiving treatment at public hospitals under the Hospital Authority, and not applicable to private clinics and hospitals.
 2. I understand that the application form for this program's testing must be completed and signed by a doctor from a public hospital under the Hospital Authority.
 3. I understand that this program is only applicable to Hong Kong permanent residents whom is living in Hong Kong.
 4. I understand that if multiple tumor samples are tested at the same time, the applicant will not be eligible for this program.
 5. I authorize the Hong Kong Breast Cancer Foundation to verify the information I have provided to ensure it is complete and accurate, and they may contact me by phone or mail regarding this program.
 6. I declare that the information I have provided and the supporting documents are true and correct. I will proactively contact the Hong Kong Breast Cancer Foundation if there are any changes to the information in my application.
 7. I understand that the information provided in this application will only be used for assessing my eligibility and improving this program.
 8. I understand that the applicant can withdraw the application at any time and refuse the Hong Kong Breast Cancer Foundation from further accessing my information.
 9. I understand the Hong Kong Breast Cancer Foundation has the right to request further information and documentation from the applicant, interview the applicant and their family, conduct home visits, or contact the applicant's attending physician or insurance company to obtain additional information.
 10. I understand the Hong Kong Breast Cancer Foundation reserves the final decision-making authority on application approval, and can reject any application without providing reasons.
 11. I understand that to apply for funding under this program, I must become a member of the Hong Kong Breast Cancer Foundation's Breast Cancer Support Centre.
 12. I understand that applicants who have already undergone breast recurrence score test at their own expense are not eligible for this funding program.

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
- ☐ 附上醫生轉介信 (需醫生簽署及蓋印正本) Attach original copy of Doctor's Referral Letter(With sign & chop)
- ☐ 附上香港永久性居民身分證副本 Attach photocopy of your HKSAR Hong Kong Permanent Identity Card
- ☐ 附上個人入息證明文件副本 Attach photocopy of financial proof of individual income
- ☐ 附上綜合社會保障援助通知書 (如有)
Attach photocopy of notification letter of Comprehensive Social Security Assistance (CSSA) (If any)

請郵寄/ 親身遞交至：

香港北角木星街 9 號永昇中心 22 樓
九龍牛池灣龍翔道28號

Mail/ Direct submit to:

22/F, Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong
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 資助計劃」

Please mark "Oncotype DX® Breast Recurrence Score Financial Assistance Program" on the envelope.

申請人須知：

- 如有需要，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、約見申請人及其家人、進行家訪，或聯絡申請人的主診醫生，索取進一步資料。
- 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。
- 香港乳癌基金會保留審批申請的最終決定權，並可以拒絕任何申請而無須給予任何理由。

Notes to Applicants:

- HKBCF may request further information and supporting documents from applicant, interview applicant and household members, visit applicant's household, contact applicant's doctor-in-charge.
- All personal information collected will be treated in strictest confidence and in accordance to the Personal Data (Privacy) Ordinance.
- HKBCF shall vet all applications; reserves the right for final decision and to decline any application without providing any reason.