Be part of the Hong Kong Breast Cancer Registry

It is easy to support the HKBCR. All you need to do is to read through and understand the terms and conditions of the consent form (see below), and sign it to authorise staff at Hong Kong Breast Cancer Foundation to collect your medical data.

We assure you that all information collected will be kept strictly confidential according to the Personal Data (Privacy) Ordinance (Laws of Hong Kong Special Administrative Region, Chapter 486).

	Cons	ent Form	1	
I(Ho				
acknowledge and agree support breast cancer of (HKBCF) to collect my medical teams, to revie to disclose my data to cancer-related research	research. I author personal medicew and follow up institutions or o	orise the Hong cal data in rel on my medic organisations o	Kong Breast Car ation to breast c cal data. I also au collaborating with	ncer Foundation cancer from my uthorise HKBCF
I hereby consent in my to co-operate fully with providing my further me the HKBCF and/or the were provided for resea	the researchers edical data at an authorised recip	and data offic y stage; howe	cers. I understand ver, I also unders	d that I can stop tand and permit
I also understand that I office hours to access a	J	•		13 7353) during
Personal particular	S			
Name:	Signature:			
Date:	Tel:		Fax:	
E-mail:				
Address:				
Year of first diagnosis of	breast cancer:			
Source:			()
My previous/curren	t Doctor(s) in	-charge/Hos	spital(s) in-cha	arge:
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Please mail your completed consent form to the HKBCF or send via your doctors-in-charge.