

基因檢測資助計劃 Gene Testing Financial Assistance Program

主診醫生轉介信 Doctor Referral Letter

致: 香港乳癌基金會

To: Hong Kong Breast Cancer Foundation

申請人姓名

Name of Applicant: _____

申請人聯絡電話

Contact no. of Applicant: _____

主診醫生姓名

Name of Doctor-in-charge: _____

主診醫院 (如適用)

Hospital in-charge(if applicable): _____

主診醫生聯絡電話

Doctor-in-charge's contact no.: _____

勾選以下認可的檢測選項 (請附上由診所或所屬醫院發出的收據)

Select below endorsed testing option (Please attach receipt issued by the clinic or hospital-in-charge)

	檢測公司 Testing company	檢測選項 Testing option
<input type="checkbox"/>	1. ACT Genomics (Hong Kong) Ltd.	PIK3CA Assay
<input type="checkbox"/>	2. ACT Genomics (Hong Kong) Ltd.	ACT Drug [®] +
<input type="checkbox"/>	3. ACT Genomics (Hong Kong) Ltd.	ACT Monitor [®] Breast
<input type="checkbox"/>	4. ACT Genomics (Hong Kong) Ltd.	ACT Onco [®] +
<input type="checkbox"/>	5. Hong Kong Sanatorium & Hospital	PIK3CA by Sanger
<input type="checkbox"/>	6. Hong Kong Sanatorium & Hospital	PIK3CA by NGS
<input type="checkbox"/>	7. Hong Kong Sanatorium & Hospital	Somatic Breast Cancer Panel by NGS
<input type="checkbox"/>	8. Hong Kong Molecular Pathology Diagnostic Centre Limited	Cancer Hotspot NGS Panel
<input type="checkbox"/>	9. Hong Kong Molecular Pathology Diagnostic Centre Limited	PIK3CA Hotspot Mutation Test(Blood)
<input type="checkbox"/>	10. Hong Kong Molecular Pathology Diagnostic Centre Limited	PIK3CA Hotspot Mutation Test (Tissue)

見後頁 See next page

檢測公司 Testing company		檢測選項 Testing option
<input type="checkbox"/>	11. Lucence Diagnostics (Hong Kong) Pte Limited	LiquidHALLMARK®
<input type="checkbox"/>	12. Lucence Diagnostics (Hong Kong) Pte Limited	LiquidMARK™ Breast
<input type="checkbox"/>	13. Lucence Diagnostics (Hong Kong) Pte Limited	Tissue 500™
<input type="checkbox"/>	14. Lucence Diagnostics (Hong Kong) Pte Limited	TissueMARK™ Breast
<input type="checkbox"/>	15. Roche Hong Kong Limited	FoundationOne®CDx
<input type="checkbox"/>	16. Roche Hong Kong Limited	FoundationOne®Liquid CDx
<input type="checkbox"/>	17. University Pathology Service, CUHK	PIK3CA gene hotspot mutation detection (Exon 7, 9 and 20)
<input type="checkbox"/>	18. University Pathology Service, CUHK	cfDNA PIK3CA test
<input type="checkbox"/>	19. University Pathology Service, CUHK	CUHK Somatic Mutation v3 Test for Solid Cancers (Tissue)
<input type="checkbox"/>	20. University Pathology Service, CUHK	Focused Mutation Panel for solid cancers (Tissue)
<input type="checkbox"/>	21. University Pathology Service, CUHK	Roche Avenio surveillance mutation panel for solid cancers on peripheral blood (197 genes)

- I certify that this applicant is a HR+/HER2- advanced or metastatic breast cancer patient.
- 本人在此證明此申請人患有荷爾蒙受體陽性(HR+)、第二型表皮生長因子受體陰性(HER2-) 晚期或轉移性乳癌。
- I am a registered medical practitioner in Hong Kong.
本人為香港註冊醫生。
- I declare that all the information provided is true and complete.
本人確保所有資料均屬真確無誤。

主診醫生簽署
Doctor-in-charge's Signature

診所或醫院蓋章
Clinic or Hospital's Chop

日期
Date

備註:

- 如有需要，乳癌基金會可能會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連同檢測收據交回乳癌基金會。

Remarks:

- Hong Kong Breast Cancer Foundation may contact the referral doctor or applicant for further information
- Applicant shall submit the signed referral letter and the test receipt to Hong Kong Breast Cancer Foundation