

Application for Medical Report

醫療報告申請須知

1. All medical reports are written in English. This hospital does not provide translation service. The format of medical report is decided by the doctor. Attached forms provided by applicant may not be applicable.
醫療報告以英文簽發，本院並無翻譯服務。報告的形式由負責撰寫醫生決定，附來表格未必適合填寫。
2. For easy retrieval of relevant medical record, please state clearly the patient's Hong Kong Identity Card Number and the required information.
請正確填寫病人身份證號碼及所需資料，以便翻查記錄。
3. The applicant must provide the original or a true copy of his/her identity document.
申請人必須提交其身份證明文件或真確副本。
4. If the applicant is not the patient, a written consent of the patient is required and the applicant must also produce in person the original or a true copy of the patient's identity document.
申請人若非病者本人，必須取得病人簽署同意書及出示病人之身份證明文件或提交真確副本。
5. If the applicant is the patient's parent, authorised person or person appointed by courts in Hong Kong, please produce in person the original or provide a true copy of the documentary evidence to support the relationship.
如申請人是病人之父母，授權人或獲香港法院任命之有關人士，請出示能證明申請人與病人之間關係的證明文件或提交真確副本。
6. When the medical report is prepared, it will be sent to the applicant by registered email or fax.
在一般情形下，院方會以電子郵件或傳真發出醫療報告。

MEDICAL REPORT APPLICATION FORM

醫療報告申請表格

Please tick the appropriate box 請在適當空格上加上 ✓ 號

1. Patient Information 病人資料	
Name 姓名:	Date of Birth 出生日期: (yyyy/mm/dd)
HKID Number 香港身份證號碼:	Gender 性別:
Travel Document Number (if no HKID) 旅遊證件號碼(如沒有香港身分證):	Hospital / Clinic Ref. No. 醫院/診所編號:
Daytime Telephone Number 日間聯絡電話號碼:	Any Other Contact Telephone Number(s) 其他聯絡電話號碼:
Address: 地址	
<p># If the HKID Card No. is provided, no copy of the HKID Card is required in case the number provided is accurate and corresponds to the number recorded on Codex's database. If not, a true copy of the HKID Card will be required for verification. If the Passport No. is provided, please provide a scan copy of the Passport of the Patient when submitting this Medical Report Application to us.</p> <p># 若提交香港身份證號碼，而提交的號碼正確及與科德施資料庫所記錄的號碼相符，無須提交真確副本。否則，須提交香港身份證的真確副本，以供查核。若提交護照號碼，請在向本院提交本表格時，提交護照真確副本。</p>	

2. Information Requested 索取的資料	
Test Name: 測試名稱	Sample submission Date: 樣本提交日期
Purpose(s) of Report: 醫療報告之用途	
<input type="checkbox"/> future medical purposes 日後醫療用途 <input type="checkbox"/> others, please specify 其他 (請註明) <hr/> <input type="checkbox"/> A supplementary medical report 解釋或跟進一個已發出的醫療報告 <input type="checkbox"/> # Please attach a copy of the previous medical report, if available for ease of reference 如有以前的醫療報告，請附上副本以作參考 <input type="checkbox"/> Please specify items to be included in this supplementary medical report: 請註明此跟進醫療報告所應包括之事項 <hr/>	
3. Details of the Relevant Person 有關人士詳情	
(To be completed if a Relevant Person Applies on behalf of the Patient) (如果本申請乃由有關人士代表病人提出，則須填寫此部份)	
Name 姓名:	Date of Birth 出生日期: (yyyy/mm/dd)
HKID Number 香港身份證號碼:	Gender 性別:
Travel Document Number (if no HKID) 旅遊證件號碼(如沒有香港身分證):	

Daytime Telephone Number 日間聯絡電話號碼:		Any Other Contact Telephone Number(s) 其他聯絡電話號碼:
Address: 地址		
# Please provide a copy of the HKID Card/Passport of Relevant Person when submitting this request. # 在提交本表格時，請出示有關人士的香港身份證／護照正本或提交真確副本。		
4. Relationship between the Relevant Person and the Patient (please tick as appropriate): 有關人士與病人的關係，請在適當方格內加✓號		
EITHER 請選擇		(a) The Relevant Person has parental responsibility for the Patient who is under age 18; 病人年齡未滿十八歲，而有關人士對其有父母責任；
OR 或		(b) The Relevant Person has been duly authorised by the Patient to submit this request and to collect the medical report on behalf of the Patient; 有關人士獲病人授權提交申請，以及代其領取醫療報告；
OR 或		(c) The Patient is incapable of managing his/her own affairs and the Relevant Person has been appointed by a court to manage the affairs of the Patient; 病人無能力管理本身事務，獲法院任命的有關人士管理此人的事務；
OR 或		(d) The Patient is mentally incapacitated within the meaning of the Mental Health Ordinance and the Relevant Person is appointed as a guardian of the Patient by a court, magistrate or the Guardianship Board under the relevant section of the Mental Health Ordinance. 病人屬《精神健康條例》所指的精神上無行為能力的人，以及有關人士經由法院、裁判官或監護委員會就《精神健康條例》的相關條文，獲委任為病人的監護人。
# Please also provide a true copy of the documentary evidence to support the relationship between the Relevant Person and the Patient. The documentary evidence can be:		
<ul style="list-style-type: none"> a. a birth certificate / legal custody paper if the Relevant Person claims parental responsibility over the Patient; or b. an original authorization form signed by the Patient where the Relevant Person claims to have been duly authorised by the Patient; or c. a court document issued by a court appointing the Relevant Person to manage the affairs of the Patient who is incapable of managing his/her own affairs; or d. a guardianship order issued by the Guardianship Board / court / magistrate which can show that the Relevant Person is currently appointed as the guardian of the mentally incapacitated Patient; or e. documentary evidence to show that the Relevant Person has been vested the guardianship or that he is authorized to perform the functions of a guardian under the relevant section of the Mental Health Ordinance. 		
# 請一併提供能證明有關人士與病人之間關係的證件或提交真確副本。該證件為		
<ul style="list-style-type: none"> a. 出生證明書／法定管養權證明書(若有關人士聲稱對病人有父母責任); 或 b. 病人簽署的授權書正本(若有關人士聲稱已獲此人的授權); 或 c. 法院簽發任命有關人士管理病人事務的法院文件(若此人無能力管理本身事務); 或 d. 監護委員會/ 法庭/ 裁判官作出的監護令，顯示有關人士現正委任為精神上無行為能力的病人的監護人; 或 e. 證明文件顯示有關人士就《精神健康條例》的相關條文獲轉歸監護或獲授權執行監護人的職能。 		

5. Declaration and Signatures: 聲明及簽署

WHERE applicable, the Patient has irrevocably authorised the Relevant Person to deal with this medical report request and to collect the medical report on behalf of the Patient. The Patient and (where applicable) the Relevant Person declare that the information given in this Medical Report Application Form is accurate.

在適用情況下，病人已授權有關人士，准許其代表病人處理此醫療報告申請及領取醫療報告。病人及有關人士(如適用者)謹此聲明在此「醫療報告申請」表格內提供的資料準確無訛。

Signature of the Patient 病人簽署:	Date 日期:

If application by Relevant Person 若由有關人士提交申請:

Signature of Relevant Person (if applicable) 有關人士簽署 (如適用):	Date 日期:

FOR OFFICIAL USE:

	有關人士的 *香港身份證／護照號碼 已經由 _____ [職員姓名]核對正本。 The Relevant Person's *HKID Card / Passport Number(s) *has / have been checked against the original by _____ [name of staff].
	有關人士的 *香港身份證／護照號碼 已經由 _____ [職員姓名] 核對其 *香港身份證／護照副本 (但未經核對正本)。 The Relevant Person's *HKID Card / Passport Number(s) *has / have been checked against the copy (original not seen) by _____ [name of staff].