



## PRUChoice PinkShield Claim Form 保誠精選「粉紅護盾」索償表格

Please complete this claim form in full carefully. Forwarding of this claim form for completion is not an admission of liability upon the part of Prudential General Insurance Hong Kong Limited ("the Company"). For queries, please contact your Financial Consultant or us by email at [gi.claims@prudential.com.hk](mailto:gi.claims@prudential.com.hk).

請小心填妥本索償表格。發出本索償表格予以填寫，並不能視作保誠財險有限公司（「本公司」）已承認有賠償的責任。如有查詢，請聯絡你的理財顧問或電郵至 [gi.claims@prudential.com.hk](mailto:gi.claims@prudential.com.hk)。

### Completing Claim Form 填寫索償申請表

Part I: To be completed by the Insured/Claimant

第一部份：須由受保人/索償人填寫

Part III: To be completed by attending Physician/Surgeon (any cost incurred is to be borne by the Insured/Claimant)

第三部份：須由主診醫生/外科醫生填寫（所需費用由受保人/索償人支付）

Please complete in BLOCK LETTERS

請以正楷填寫

### PART I To be completed by the Insured/Claimant 第一部份 由受保人/索償人填寫

Name of Insured  
受保人姓名 \_\_\_\_\_

Policy number  
保單號碼 \_\_\_\_\_

Address  
地址 \_\_\_\_\_

Contact number  
聯絡電話 \_\_\_\_\_

Since when have these symptoms  
first appeared? (DD/MM/YYYY)  
何時出現首次徵狀？(日/月/年) \_\_\_\_\_

Symptoms & abnormalities  
徵狀及異常 \_\_\_\_\_

### PART II 第二部份

#### Declaration and Authorisation 聲明及授權

The statements and particulars given in this application are, to the best of my/ our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential General Insurance Hong Kong Limited.

就本人/ 吾等知悉範圍內，此申請表填報的一切資料，均屬確實完整，本人/ 吾等並同意以此申請表作本人/ 吾等與保誠財險有限公司之間所訂合約的根據。

I/ We hereby authorize Prudential General Insurance Hong Kong Limited to access, obtain and utilize all of my/ our information from any person, company, authority, enterprise and/ or legal entity for the Company's reference, and/ or processing of this claim and/ or other claims submitted previously and in the future.

A photocopy of this authorisation shall be considered as effective and valid as the original.

本人/ 本公司茲授權保誠財險有限公司向任何人/ 公司/ 機構索取有關本人/ 公司的任何資料以作貴公司參考及/ 或辦理此索償及/ 或以前及將來的索償。此授權書的影印本與正本具有同等效力。

#### Personal Information Collection Statement ("PICS") 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "Company", "our", "we", or "us") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary or helpful for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements (including the purposes mentioned below), or even for security purpose. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/ medical records, credit information, product history, claims history, biometric data including but not limited to your voice pattern, fingerprint and facial images, your location information based on your device, financial and medical information ("Personal Information") to provide you with the insurance or financial products or services. "Personal information" shall also include, but not be limited to, the personal information relating to your beneficiaries (or any other person designated or entitled to receive any benefits under an insurance policy), dependents, authorised representatives, company staff, and other individuals in relation to which you have provided personal information. If you provide personal information about another person to us, you confirm that you are either their parent or guardian or you have obtained that person's consent to provide such personal information for use and transfer by the Company for the purposes set out in this PICS. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/ reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

保誠財險有限公司（簡稱「本公司」或「我們」）認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要或有幫助的個人資料。為向閣下提供保險或金融產品或服務，遵守法定或合同要求（以下概述的其他目的），及保安目的，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康/ 醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、生物辨識資料，包括但不限於閣下的聲音模式、指紋及面部圖像、基於閣下的流動或其他電子裝置收集閣下的位置資料、財務及醫療資料（「個人資料」）。「個人資料」將包括但不限於與有關以下人士的個人資料：閣下的受益人（或任何其他根據保單被指定或有權獲得任何利益的人）、收養人、授權代表、公司職員和閣下曾提供其個人資料的其他人士。如閣下向我們提供其他人士的個人資料，即表示閣下確認閣下是該人的父母或監護人或閣下已取得該人士的同意以提供個人資料供本公司按此收集個人資料聲明的目的使用和轉移。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務/ 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

## Declaration and Authorisation 聲明及授權

The statements and particulars given in this application are, to the best of my/ our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential General Insurance Hong Kong Limited.

就本人/ 吾等知悉範圍內，此申請表填報的一切資料，均屬確實完整，本人/ 吾等並同意以此申請表作本人/ 吾等與保誠財險有限公司之間所訂合約的根據。

I/ We hereby authorize Prudential General Insurance Hong Kong Limited to access, obtain and utilize all of my/ our information from any person, company, authority, enterprise and/ or legal entity for the Company's reference, and/ or processing of this claim and/ or other claims submitted previously and in the future.

A photocopy of this authorisation shall be considered as effective and valid as the original.

本人/ 本公司茲授權保誠財險有限公司向任何人/ 公司/ 機構索取有關本人/ 公司的任何資料以作貴公司參考及/ 或辦理此索償及/ 或以前及將來的索償。此授權書的影印本與正本具有同等效力。

## Personal Information Collection Statement ("PICS") 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "Company", "our", "we", or "us") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary or helpful for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements (including the purposes mentioned below), or even for security purpose. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/ medical records, credit information, product history, claims history, biometric data including but not limited to your voice pattern, fingerprint and facial images, your location information based on your device, financial and medical information ("Personal Information") to provide you with the insurance or financial products or services. "Personal information" shall also include, but not be limited to, the personal information relating to your beneficiaries (or any other person designated or entitled to receive any benefits under an insurance policy), dependents, authorised representatives, company staff, and other individuals in relation to which you have provided personal information. If you provide personal information about another person to us, you confirm that you are either their parent or guardian or you have obtained that person's consent to provide such personal information for use and transfer by the Company for the purposes set out in this PICS. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/ reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

保誠財險有限公司（簡稱「本公司」或「我們」）認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們向閣下收集必要或有幫助的個人資料。為向閣下提供保險或金融產品或服務，遵守法定或合同要求（以下概述的其他目的），及保安目的，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康/ 醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、生物辨識資料，包括但不限於閣下的聲音模式、指紋及面部圖像、基於閣下的流動或其他電子裝置收集閣下的位置資料、財務及醫療資料（「個人資料」）。「個人資料」將包括但不限於與有關以下人士的個人資料：閣下的受益人（或任何其他根據保單被指定或有權獲得任何利益的人）、收養人、授權代表、公司職員和閣下曾提供其個人資料的其他人士。如閣下向我們提供其他人士的個人資料，即表示閣下確認閣下是該人的父母或監護人或閣下已取得該人士的同意以提供個人資料供本公司按此收集個人資料聲明的目的使用和轉移。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務/ 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

## China Personal Information Protection Law (PIPL) 《中華人民共和國個人信息保護法》

The PIPL Addendum supplements the Personal Information Collection Statement and applies to you if you are located in Mainland China. The PIPL Addendum is available on our website at <https://www.prudential.com.hk/en/china-personal-information-protection-law/>

中國內地補充內容是對本個人信息收集聲明的補充，如果您在中國內地則適用此補充內容。您可在本網站 <https://www.prudential.com.hk/tc/china-personal-information-protection-law/> 查閱中國內地補充內容。

### 1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) the administration of our products and services, including to provide any relevant services as discussed with you prior to any purchase of a product or service; (b) to process your application; (c) to administer and process insurance policies, insurance claims, medical, security and underwriting checks; (d) to process payment instructions; (e) to verify your eligibility for insurance, financial or wealth management products and services; (f) to design and provide you with insurance, financial and related products and services; (g) to communicate with you; (h) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in Section 2 below), including but not limited to anti-money laundering and Know-Your-Client obligations; (i) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application) and/ or other illegal activity, or security or technical issues; (j) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (k) to provide customer services; (l) to perform automated decision-making or profiling; (m) to perform a policy review or needs analysis; (n) to conduct research and statistical analysis (including use of new technologies); (o) to administer lucky draws and other contests; (p) to enable us to perform our obligations to you; (q) to keep your information on record and carry out other internal business administration; (r) with your specific consent where required for direct marketing as explained in Section 3 below, personalise and tailor, customised promotions, messages and suggestions to you; and (s) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described in Section 3 below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

我們可能會使用閣下的個人資料作下列目的：(a) 管理我們的產品和服務，包括在購買產品或服務之前提供已與閣下討論的任何相關服務；(b) 處理閣下的申請；(c) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(d) 處理付款指示；(e) 核實閣下申請保險、金融或財富管理產品及服務的資格；(f) 設計及為閣下提供保險、金融及相關的產品和服務；(g) 與閣下進行通訊；(h) 遵守任何監管或其他法律規定或其他內部業務規定（不論是向我們或下述第2部分所列的任何第三方實施），包括但不限於打擊洗錢和認識你的客戶（KYC）義務；(i) 就索償進行調查及和解，以及偵查及防止欺詐（不論是否有關就本申請簽發的保單）及/ 或其他非法行為或安全/ 技術問題；(j) 使用代理機構（包括信貸資料服務機構）、追蹤公司或公開可得資料以執行核實；(k) 提供客戶服務；(l) 執行自動決策或資料剖析；(m) 進行保單審查或需求分析；(n) 進行研究和統計分析（包括使用新科技）；(o) 進行管理幸運抽獎和其他比賽；(p) 使我們能夠履行對閣下的義務；(q) 保持閣下的資料記錄並執行其他內部業務管理；(r) 為直接市場推廣需要並在有需要時經閣下的特定同意下，如以下第3部分所述，為閣下量身訂製個性化的促銷、消息和建議；及(s) 與上述任何目的直接相關的任何其他目的。經閣下同意，我們亦可能會按照以下第3部分所列使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至我們能夠遵守適用法律及法規，上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下（或閣下的聯名保單持有人）仍為我們的客戶，我們將一直保存閣下的個人資料，或如法律有所規定或因其他原因而為必要，我們則將其保存更長時間。

### 2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc including but not limited to Prudential General Insurance Hong Kong Limited ("companies within the Prudential Group") and their respective insurance agents, and to our financial/ medical/ wellness/ health business partners. We may also disclose your Personal Information to the following third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation other insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees, auditors, IT service and platform providers, insurance intermediaries, investment managers, agents, pension trustees (and other stakeholders),

scheme advisors, introducers, and selected third party financial and insurance product providers); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) financial crime prevention agencies, any legal, regulatory, law enforcement or government bodies and the courts. We may also disclose your Personal Information to an actual or proposed assignee or participant in connection with a transaction with another company which affects the control, governance, structure and/ or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

我們可能會向該公司集團，包括本公司以及其他母公司為保誠集團成員的實體包括但不限於保誠財險有限公司（「保誠集團內的公司」）及他們各自的保險代理，及我們的金融/ 醫療/ 保健/ 健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能會向下列第三方（在香港境內或境外）透露閣下的個人資料：(a) 保險代理；(b) 保險經紀；(c) 再保險公司；(d) 索償調查公司；(e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司（不論直接或透過防欺詐組織或本段指名的其他人士），及保險業用作分析及核實現有資料與及後提供的資料而使用的數據庫或登記冊（及其營運商）；(f) 提供行政、電訊、電腦、信息技術、數據處理及儲存、客戶滿意度分析、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商（包括但不限於其他保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人、審計師、IT服務及平台供應商、保險中介、投資經理、代理、退休金受託人(及其他持份者)、計劃顧問、介紹人及選定的第三方金融和保險產品供應商）；(g) 行業協會及聯會；(h) 醫療賬單審查公司；(i) 閣下的聯名保單或投資持有人；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構及合作夥伴；及(n) 預防金融罪案機構、任何法律、監管和執法機構或政府機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及/ 或管理的與另一公司的交易時，或在必須符合適用的法律或監管要求下，我們亦可能會透露閣下的個人資料予該等的實在或擬議受讓人或參與人。經閣下同意，我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊（如下文所述）。

### 3. Use and Transfer of Personal Data for Direct Marketing Purposes 使用及轉移個人資料作直接促銷用途

With your consent, we intend to use your name and contact details for promotional and marketing purpose including sending marketing communications and conducting direct marketing to you by electronic and non-electronic means including by post, in relation to the following products, services and subjects, and we require your consent in order to do so: insurance; annuities; retirement schemes; pensions; wealth and financial management; estate management; investment; financial; medical/ wellness/ health related products, reward/loyalty programme services and subjects ("Classes of Marketing Subjects").

We also intend to transfer your name and contact details to our insurance agents, other companies within the Prudential Group and their respective insurance agents, our Business Partners, and our Marketing Partners, to enable them to market any of the Classes of Marketing Subjects to you, and your written consent is required in order for us to do so. We may provide your personal data to such transferees for gain.

If you change your mind, and/ or you would like to opt-out of receiving direct marketing, you can advise our Data Protection Officer at service@prudential.com.hk. 經閣下的同意，我們擬使用閣下的姓名和聯絡資料，用於宣傳和市場推廣用途，包括通過電子和非電子方式（包括郵寄）向閣下發送市場推廣通訊和進行直接促銷，就以下產品、服務和目的，我們需要閣下的同意才可以這樣做：保險；年金；退休計劃；退休金；財富和財務管理；遺產管理；投資；金融；醫療/ 保健/ 健康相關產品；獎賞/ 優惠計劃服務及目的（「促銷標的類別」）。

我們亦擬將閣下的姓名和聯絡資料轉移給我們的保險代理人、保誠集團內的其他公司及其保險代理人、我們的業務合作夥伴和營銷合作夥伴，以使他們能夠向閣下推銷任何促銷標的類別，並且需要閣下的書面同意才能這樣做。我們可能因向此類受讓人提供閣下的個人資料而獲得利益。

如閣下改變主意，及/ 或閣下想選擇不接受直接市場推廣，可以與我們的資料保護主任聯絡（service@prudential.com.hk）。

### 4. Consequence of failing to provide Personal Information 未能提供個人資料的影響

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

除非我們另有規定，否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料，我們可能無法為閣下提供所要求的產品或服務。

Signature of Insured  
受保人簽署

Name  
姓名

Date (DD/MM/YYYY)  
日期（日/月/年）

**Part III Medical Certificate (to be completed by the Attending Physician, at claimant's own expense) in relation to:  
第三部份 醫療報告 (由索償人自費聘請主診註冊西醫填寫) 有關於:**

**Breast Cancer (Definition under PRUChoice PinkShield)**

Mean a malignant tumour which developed from breast tissue and characterised by the uncontrolled growth of malignant cells and the invasion of tissue but excludes any of the following:

- any tumour which is histologically classified as pre-malignant, non-invasive, or carcinoma-in-situ, or as having either borderline malignancy or low malignant potential;
- any tumour in the presence of any Human Immunodeficiency Virus (HIV);
- any skin cancer or lymphoma; and
- any cancer metastasis from other body parts.

**乳癌 (保誠精選「粉紅護盾」的定義)**

意指由乳房組織演發而成惡性腫瘤，具有惡性細胞失控的生長，並對人體組織浸潤，但不包括以下任何情況:

- 任何在組織學中分類為癌前病變、非浸潤性、或原位癌，或交界性或低惡性潛力的腫瘤；
- 任何在人類免疫缺陷病毒 (HIV) 存在下出現的腫瘤；
- 任何皮膚癌或淋巴瘤；及
- 任何轉移自其他身體部位的癌症。

**Breast Carcinoma-in-situ (Definition under PRUChoice PinkShield)**

Means focal autonomous new growth of carcinomatous cells of breast tissue which has not yet resulted in the invasion of normal tissues. "Invasion" means an infiltration beyond the epithelial basement membrane.

The diagnosis of Breast Carcinoma-in-situ must always be supported by a histopathological biopsy report and confirmed by a Registered Specialist in the relevant field.

Clinical or cytological diagnosis alone does not meet this standard.

Carcinoma-in-situ of the skin (including melanoma-in-situ) is excluded.

**乳房原位癌 (保誠精選「粉紅護盾」的定義)**

指癌細胞的在乳房組織局部自行生長而沒有浸潤正常組織。「浸潤」是指浸潤透過上皮基膜。

乳房原位癌必須由病理活組織檢測結果作證，並經相關醫學範疇的註冊專科醫生確認。單憑臨床及細胞診斷將不足以符合本準則。

皮膚原位癌 (包括原位黑色素瘤) 將不為受保項目。

Name of Patient

病人姓名

ID / Passport No.

身份證 / 護照號碼

Age & Sex

年齡及性別

1. Are you the patient's usual physician? 你是否病人慣常求診的醫生?

Yes. Medical records dated back to 是，醫療紀錄可溯至 \_\_\_\_\_ (DD/MM/YY) (日/月/年)

No 不是

2. When were you first consulted for his/her illness(es)? 病人首次因相同或相關病症向閣下求診的日期? \_\_\_\_\_ (DD/MM/YY) (日/月/年)

Presenting signs & symptoms were 病徵包括:

3. According to the patient, how long had he/she been experiencing these symptoms before the first consultation?

根據病人所提供的資料，病人在首次求診前，已經歷其病狀多久?

Since \_\_\_\_\_ (DD/MM/YY) or For \_\_\_\_\_ day(s) \_\_\_\_\_ month(s) \_\_\_\_\_ year(s)

從 \_\_\_\_\_ (日/月/年) 或 已存在 \_\_\_\_\_ 日 \_\_\_\_\_ 月 \_\_\_\_\_ 年

4. (a) Clinical diagnosis 臨床診斷

(b) When was it made? 何時確診這診斷? \_\_\_\_\_ (DD/MM/YY) (日/月/年)

(c) When was the patient informed of the clinical diagnosis? 病人何時被醫生告知其所患的臨床病症及診斷?

\_\_\_\_\_ (DD/MM/YY) (日/月/年) by (name & address of physician) 由 (醫生姓名及地址):

(d) How long, in your opinion, has the patient suffered from this illness before his/ her first consultation?

根據閣下的意見，病人在接受第一次診療之前，該病症已持續了多久?

5. (a) Final diagnosis 最後診斷

(b) Date of final diagnosis 最後診斷日期 \_\_\_\_\_ (DD/MM/YY) (日/月/年)

(c) Was it evolved from other distant tissue or organ? 是否從其他的組織或器官引出?

Yes, please specify as follows: 是，請提供詳情如下

No 不是

i) The name of primary cancer 原發癌症名稱: \_\_\_\_\_

ii) When did symptoms first appear? 病徵何時首次出現? \_\_\_\_\_ (DD/MM/YY) (日/月/年)

iii) Date of diagnosis of the primary cancer: 原發癌症的診斷日期 \_\_\_\_\_ (DD/MM/YY) (日/月/年)

(d) When was the patient informed of the diagnosis? 病人何時被醫生告知其所患的病徵及診斷?

\_\_\_\_\_ (DD/MM/YY) (日/月/年) By (name & address of physician) 由 (醫生姓名及地址): \_\_\_\_\_

6. Please provide full details of the diagnosis and its clinical basis. 請提供所有診斷及臨床診斷的詳情

7. Was the patient referred to you from other physician(s)? 病人是否由其他醫生轉介?

Yes, 是 \_\_\_\_\_ (DD/MM/YY) (日/月/年)

No 不是

By (name & address of physician) 由 (醫生姓名及地址): \_\_\_\_\_

8. Has the patient ever been treated for the **same/related conditions**? 病人有否曾經接受**相同/相關的病徵治療**?

Yes, please provide details: 有，請詳述: \_\_\_\_\_

No 沒有

9. Is there any patient's family history which would increase the risk of this illness? 病人是否因其任何的家族病史而增加患上此疾病的機會?

Yes, please provide details: 有，請詳述: \_\_\_\_\_

No 沒有

10. Does the patient smoke cigarette? 病人是否有吸煙習慣?

Yes, has been smoking since 有，由 \_\_\_\_\_ (DD/MM/YY) (日/月/年) 開始吸煙

No 沒有

Ex-smoker, started on 前吸煙者，開始於 \_\_\_\_\_ (DD/MM/YY) (日/月/年)，

ceased on 於 \_\_\_\_\_ (DD/MM/YY) (日/月/年) 停止

11. All consultants, specialists and hospitals to which your patient has been referred to or attended for this illness

病人因此病徵而曾接受過診治的，或曾被轉介過的所有醫生 (普通科及專科) 和醫院名稱

Consultation Date (DD/MM/YY)

就診日期 (日/月/年) \_\_\_\_\_

Physician/ Hospital

醫生/ 醫院全名 \_\_\_\_\_

Diagnosis

診斷 \_\_\_\_\_

Treatment and Investigation Results/ Hospitalization

任何醫療診治及檢查結果/ 住院詳情 \_\_\_\_\_

12. (a) What is the staging of the Tumour? 腫瘤被界別為第幾級別? \_\_\_\_\_

(b) Was the tumour a carcinoma-in-situ tumour? 腫瘤是否原位癌?

Yes, please provide details: 是，請詳述: \_\_\_\_\_

No 不是

(c) Was there invasion of adjacent tissues? 腫瘤有否擴散並浸潤到其他鄰近的細胞?

Yes, the invaded adjacent tissue is: 有，組織包括: \_\_\_\_\_

No 沒有

(d) Was there distant metastasis to other organ(s)? 腫瘤有否轉移到其他身體器官?

Yes, please provide details: 有，請詳述: \_\_\_\_\_

No 沒有

(e) What tests were performed to confirm the diagnosis? (Please enclose copies of all laboratory reports and relevant medical reports that are available)

有什麼檢驗結果讓閣下能確定此診斷? (請提供有關檢驗報告及醫療報告副本)

Test Date (DD/MM/YY)

檢驗日期 (日/月/年) \_\_\_\_\_

Test Item

檢驗項目 \_\_\_\_\_

Result/ Histopathological Diagnosis

結果 / 病理最後診斷 \_\_\_\_\_

13. Is the tumour which is histologically classified as pre-malignant, non-invasive, or carcinoma-in-situ, or as having either borderline malignancy or low malignant potential?  
腫瘤是否任何在組織學中分類為癌前病變、非浸潤性、或原位癌，或交界性 或低惡性潛力的腫瘤?

Yes, please provide details: 是，請詳述： \_\_\_\_\_  No 不是

14. If the diagnosis is leukaemia, please advise what type of leukaemia the patient has?  
如診斷為白血病，請提供確實的白血病之類別？

\_\_\_\_\_

15. Details of current treatment  
現時接受的治療及詳情

\_\_\_\_\_

16. Current Prognosis  
現時進展及其狀況

\_\_\_\_\_

17. Other additional information for the current diagnosis  
其他有關此診斷結果之額外資料

\_\_\_\_\_

Name of Attending Physician  
主診醫生姓名

\_\_\_\_\_

Qualification  
專業資格

\_\_\_\_\_

Hospital Name (if applicable)  
醫院名稱 (如適用)

\_\_\_\_\_

Telephone No.  
電話號碼

\_\_\_\_\_

Address  
地址

\_\_\_\_\_

Signature & Hospital/ Physician's Chop  
醫院/ 醫生簽署及蓋印

\_\_\_\_\_

Date (DD/MM/YY)  
日期 (日/月/年)

\_\_\_\_\_