



## Informed Consent for Specimen Retrieval for Genetic Testing

Your Reference Number: \_\_\_\_\_

### Details of Genetic Test to be Conducted

\_\_\_\_\_ Test for patient with \_\_\_\_\_ Cancer.

### Patient's Information

Name (in English): \_\_\_\_\_ Name (in Chinese): \_\_\_\_\_

Gender (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Pathology (Case) Number: \_\_\_\_\_ (Please attach pathology report)

### Requesting Doctor's Information

Name of Doctor: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### Patient's Consent

To: \_\_\_\_\_

I hereby give consent to the Hong Kong Molecular Pathology Diagnostic Centre to conduct molecular pathology testing on the above tumour tissue and retrieve/collect the paraffin tissue section(s) on my behalf, with the understanding that the tissue section(s) would be consumed during testing.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Name of Witness (Doctor)

\_\_\_\_\_  
Signature of Witness (Doctor)

\_\_\_\_\_  
Date

*Please complete the form and fax together with the pathology report to 2527-7028.*