Prince of Wales Hospital
Department of Chemical Pathology
Consent for Genetic Testing

HKID / Passport No | | | | | | | | | Genetic Test: _____

Surname _____ Purpose of Testing

Other Name _____ ☐ Diagnostic (診斷)

Sex / Age _____ ☐ Predictive (預測)

Date of Birth _____ ☐ Carrier Status (攜帶狀態)

Provisional Diagnosis _____ ☐ Prenatal Diagnosis (產前診斷)

我明白這個基因測試的目的。 I have been informed about the purpose of this genetic test.	Yes 是☐
我明白基因測試的好處和風險。基因測試的結果可能涉及我和家人的健康、心理或保險問題。 I understand the benefits and risks of this genetic test. Results of this genetic test can involve possible medical, psychological or insurance issues for me and my family.	Yes 是☐
我明白這個基因測試只測試以上提及的特定基因。 I understand that only the above-mentioned gene/mutation/locus will be tested.	Yes 是☐
我明白我/我的孩子可能需要提供第二個樣本，以確認第一個樣本的初步測試結果。 I understand that I / my child may need to give a second sample to confirm initial finding in the first sample.	Yes 是☐
（如適用）我明白基因測試結果的解釋將在某種程度上取決於我提供的家庭資料。如資料不正確，錯誤的診斷可能會出現。基因測試可能揭示非父子/父女關係。 (If applicable) I understand that interpretation of the genetic test results will depend in part on the family information that I have given. Errors in diagnosis may occur when the family information given is incorrect. Non-paternity may be revealed by genetic test.	Yes 是☐
由於基因知識不斷更新，這個基因測試結果的解釋亦可能會隨時間而改變。 Genetic testing is ongoing and the interpretation of the test results may change over time.	Yes 是☐
我明白醫療人員可透過醫院管理局的 Clinical Management System 取得我/我的孩子的基因測試報告。 I understand that my / my child's genetic testing report can be accessed through the Hospital Authority Clinical Management System.	Yes 是☐
我提出的問題已經被回答。 Any questions that I have asked have been answered.	Yes 是☐

Referring Doctor: I have given an appropriate explanation of the genetic test to this patient, addressed the limitations and answered the patient's questions. Additional issues that have been discussed regarding the condition being tested:

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_____ (病人/監護人姓名 Name of Patient / Guardian)

_____ (病人/監護人簽名 Signature of Patient / Guardian)

_____ (香港身份證 /護照號碼 HKID / Passport No)

_____ (日期 Date)

_____ (醫生姓名 Name of Doctor)

_____ (醫生簽名 Signature of Doctor)

_____ (部門 /醫院 Department / Hospital)

_____ (日期 Date)

Please keep a photocopy of this form in the Patient's record and send the original copy to the laboratory.

(Doc last modified 28 Mar 2014)