



## **Clinical Trial Enquiry Form 臨床試驗查詢表**

### **Patient Information 病人資料**

Full Name 姓名: \_\_\_\_\_

Date of Birth 出生日期: \_\_\_\_\_ Age 年齡: \_\_\_\_\_ Gender: [Male/Female] 性別: [男/女]

Contact Number 聯絡電話: \_\_\_\_\_ Email Address 電子郵件地址: \_\_\_\_\_

Primary Diagnosis 主要診斷: \_\_\_\_\_

### **Relevant Medical History 相關病歷:**

Please circle one if known (Neoadjuvant/Adjuvant/ 1st, 2nd, 3rd line Systemic therapy)

如已知，請圈選一項（新輔助治療/輔助治療/第一線、第二線、第三線全身治療）

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### **Reason for Referral 轉介原因**

I.e. Why are you interested in participating in a clinical trial? 例如：為何有興趣參加臨床試驗？

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Please attach any relevant copy of your medical history, including relevant diagnoses, treatments, and medications or any supporting documentation required by the trial, such as laboratory results or imaging reports.

請附上任何相關病歷副本，包括診斷、治療及藥物，或試驗所需的支持文件，如化驗結果或影像報告。

### **Consent & Privacy Agreement 同意及私隱保護聲明**

☐ I hereby give my informed consent to provide my personal and medical information for the purposes of clinical trial enrolment, eligibility assessment, and related review. I acknowledge and understand that all confidential information supplied will be collected, used, stored, and protected in strict compliance with all applicable laws of Hong Kong, including the Personal Data (Privacy) Ordinance (Cap. 486). My data will be used solely for clinical trial assessment, communication with me, and compliance with regulatory requirements. It will not be disclosed to any unauthorized parties. I further understand that acceptance into the clinical trial is subject to multiple factors, including availability of places and medical suitability. The Cancer Clinical Trial Unit will review my application promptly and notify me of the outcome.

☐ 本人在此自願並知情地同意提供個人及病歷資料，以作臨床試驗招募、資格評估及相關審核之用。本人確認並明白，所有提供的機密資料將會依照香港適用法律（包括《個人資料（私隱）條例》（第 486 章））予以收集、使用、保存及保護。本人資料僅會用於臨床試驗評估、與本人之聯絡，以及符合法規要求之用途，不會向任何未獲授權之人士披露。本人亦明白，是否獲接納參加臨床試驗，需視乎多項因素，包括名額及醫療適合性。癌症臨床試驗單位將會盡快審核本人的申請，並通知結果。

Signature 簽署 \_\_\_\_\_ Date 日期 \_\_\_\_\_