

Date: _____

Department of Pathology

Name of Hospital: _____

Dear Doctor,

**Letter of Authorisation
Retrieval of Tissue Specimen for Genetic Testing**

Name of Patient: _____

ID Number:

Pathology Case Number:

The above named patient is a known patient of _____ and has undergone operation at your hospital. The patient has accepted our recommendations for having the _____ test done on his/her resected specimen.

I would be grateful if you could arrange for this patient's tissue specimen be sent to Dr. Chris WONG at the Hong Kong Molecular Pathology Diagnostic Centre (HKMPDC) for analysis.

Attached please find a copy of the ***Informed Consent*** signed by the patient authorising HKMPDC to retrieve the tissue specimen for the said molecular analysis.

Your assistance in this matter is much appreciated.

Yours sincerely,

Doctor's Signature and Hospital/Company Stamp

Doctor's Name