

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 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