



Informed Consent for Specimen Retrieval for Genetic Testing

Patient's Consent

To: _____ Pathology Case Number: _____
(Name of Hospital) (Please attach pathology report)

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.

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: _____

Requesting Doctor's Information

Name of Doctor: _____

Tel: _____

Fax: _____

Signature of Patient

Signature of Witness (Doctor)
with Company Stamp

Name of Patient

Name of Doctor

Date

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

Hong Kong Molecular Pathology Diagnostic Centre
35/F, Enterprise Square Two, 3 Sheung Yuet Road, Kowloon Bay, Kowloon
Tel: 2986-1213 Fax: 2527-7028