



Date: _____

Department of Pathology

Name of Hospital: _____ Pathology Case Number: _____

Dear Doctor,

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

Name of Patient: _____

ID Number: _____

The above named patient is a known patient of _____ (diagnosis) 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,

Signature of Doctor with Hospital/Company Stamp

Name of Doctor

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