



HONG KONG HEREDITARY
BREAST CANCER FAMILY REGISTRY
香港遺傳性乳癌家族資料庫

Referring Hospital:

Referring Doctor:

Tel no.:

Fax no.:

To: Hong Kong Hereditary Breast Cancer Family Registry

Tel no. : 3155 6500

Fax no. : 2892 7585

Referral to Drug Financial Assistance Programme – Lynparza™

For Relapsed Ovarian/Fallopian tube/Primary Peritoneal Cancer patients under HA

Name:

Age:

Address:

Tel:

Or Gum Label

Patients should fulfill **ALL** of the following criteria:

* BRCA 1/2 +ve (Germline or/and Somatic)

Sensitive to Platinum-based Chemotherapy

Relapsed High grade serous epithelial ovarian / fallopian tube / primary peritoneal cancer (*Please circle*)

In Complete Response / Partial Response (*Please circle*) to penultimate line of chemotherapy

*If genetic testing has not been performed through TWH High Risk Clinic, please provide formal genetic report for vetting.

*If your patient needs fast-track genetic testing, please confirm their eligibility to receive sponsored BRCA testing provided by HK Hereditary Breast Cancer Family Registry via TWH High Risk Breast Clinic (For Enquiries, please contact 2589 8151).

Important: Please attach patient's pathology report and relevant consultation notes

(For Official use)

Registry

(Chop) _____

- Qualified
 Unqualified

St. James' Settlement

(Chop) _____

- Qualified
 Unqualified

*All participants have to pass financial status vetting

Referred Doctor

(Chop
Or Signature) _____

- Qualified
 Unqualified