



Hong Kong Cytogenetics and Medical Genetics Centre Limited (“Company”) 香港染色體及遺傳基因診斷評估中心 (“中心”)  
Biological Sample(s) collected for <Cytogenetics/DNA Diagnostic Tests and DNA Assessment Tests> (“Tests”)  
樣本收集以進行染色體分析/基因測試 (“測試”)

### Consent to Participate 知情同意書

By signing this document, you are confirming the followings:

通過簽署此文件，我了解並接受下列條文：

- I understand that blood sampling may cause fainting and some pain and/or bruising at the site where the blood was taken. Although rare, an infection is possible at the venipuncture site.  
我明白抽血或會引致頭暈或暈厥，抽血位置可能會瘀傷或疼痛。而在罕見的情況下，抽血部位有機會受感染。
- I understand that an additional EDTA tube (3ml of blood) will be drawn, if I order a test that requires other blood tubes than EDTA. I understand that this specimen will be used for the purpose of further testing and/ or confirmation of the primary results should it be necessary, as authorized by my consent.  
我了解在測試所用不是 EDTA 採血管的情況下，中心會抽取一支額外 3ml 血液並置於 EDTA 採血管。如有需要，在我的知情同意下，這將會用於進一步的檢測或是確認初次測試的結果。
- Upon completion of testing, Company may store my sample indefinitely except as prohibited by Law. Samples will be de-identified prior to any usage, including but not limited to laboratory quality assurance purposes and new test development. I may request destruction of my DNA sample at any time.  
當測試完成後，中心在法律允許的情況下會留存我的樣本。我同意中心在隱去個人身份信息相關資訊後，數據和樣本可能會被用於研究和品質改善等用途。我可於任何時間要求銷毀我的測試樣本。
- I understand that any health information collected from me will be kept confidential unless with my consent or required by law, or the data must be de-identified prior to any usage as specified in (3).  
我明白我提供的資訊，除非經我同意或法律要求，資訊均將保密及不會公開。否則在任何用途，包括(3)所提及之情況之前，中心必須先隱去個人身份信息相關的資訊。
- I have received a copy of this Consent Form for record.  
我持有此知情同意書之副本作為記錄。
- I have had the opportunity to discuss and ask questions about the sampling procedure, risks and limitations prior to my informed consent. However, I understand that Company is not acting as my doctor.  
我已有充分機會討論及提問關於測試的樣本採集程序、風險及限制。然而，我明白中心並不代表我的醫生。
- I understand that the results of the Tests may contain falsely elevated, lowered, positive or negative laboratory values. I agree that I will not hold the Company liable for the results of the Tests.  
我明白測試有可能產生假陽性或假陰性結果。我同意中心並不需要為此承擔任何責任。
- I understand that the Test result is not used for treatment or diagnostic purposes. I shall consult my physician to make any informed decisions.  
我明白測試結果僅供參考，不代表治療或診斷目的。我將諮詢臨床醫生作綜合判斷。
- I certify that the information I provided is true, complete and accurate, and that I agree to the Company's Privacy Policy.  
我保證我提供的資料真實、準確、完整，並且同意中心的隱私政策聲明。
- I agree to take part in the Tests being conducted by the Company. I consent to and authorize the Company to collect my blood/biological samples for the Tests.  
我同意並授權中心對所收集到的樣本進行測試。
- I hereby authorize you, namely Cytogenetics and Medical Genetics Centre, to provide a copy of my test report to \_\_\_\_\_.  
我授權中心提供測試報告予 (請填寫以上劃線空白處)。

I have read and understand the above consent and desire to have such tests pursuant to the terms contained herein. This consent form remains in place unless revoked by me. 我已閱讀並瞭解上述知情同意書，並願意依照包含中之條款進行檢測。除非本人撤銷，否則本同意書持續有效。			
<b>CLIENT 受檢者</b> (Or Legal Representative if client is under 18 十八歲以下由合法監護人代填). Relationship to client 與受檢者的關係: _____	Signature 簽字	Name 姓名	Date (dd mmm yyyy) 日期
<b>WITNESS 見證人</b> Job Title 職位: _____	Signature 簽字	Name 姓名	Date (dd mmm yyyy) 日期

\*Chinese translation for reference only 中文譯本只供參考