

COUNCIL ON HUMAN REPRODUCTIVE TECHNOLOGY
人類生殖科技管理局

APPLICATION FOR PGD WITH TISSUE TYPING
植入前基因診斷與組織分型結合使用申請書

Reference Number: _____ (For official use only)
參考編號： _____ (只供管理局職員填寫)

This application specifies the information required from a licensed RT centre intending to perform Pre-implantation Genetic Diagnosis (PGD) and Histo compatibility Leukocyte Antigen (HLA) Tissue Typing in accordance with the licence conditions stated in the Licensing Manual for Reproductive Technology Centres and the Ethical Guidelines on PGD in Appendix III of the Code of Practice on RT & Embryo Research (the Code). A reference number will be provided by the Council on Human Reproductive Technology upon receipt of the application. This number should be cited in all future correspondence and enquiry about the application.

本申請書列明擬按《供生殖科技中心參考的發牌手冊》所載明的牌照條件和《生殖科技及胚胎研究實務守則》(《實務守則》)附錄 III 的「植入前基因診斷倫理指引」進行植入前基因診斷和人類白血球抗原組織分型的持牌生殖科技中心所需提供的資料。在收到申請書後，申請機構會獲人類生殖科技管理局提供一個參考編號；日後書信往來及查詢申請事宜時，也應註明該參考編號。

I. Details of Licensed Centre and Doctors 持牌生殖科技中心及醫生的詳細資料

Name of Centre/ Institution : _____
中心/機構名稱

Licence No. : _____
牌照號碼

Contact Phone No. : _____
聯絡電話號碼

Name of Attending Doctor : _____
主診醫生姓名

Name of Doctor with Training in Genetics : _____
曾接受遺傳學訓練的醫生的姓名

II. Description of Condition 病理情況的說明

Please provide a clinical report, **in lay terms**, from a clinical team consisting 2 doctors, one of whom should have proper training in genetics. The report should include the following:
請以淺白文字提供一份由臨牀隊伍擬備的臨牀報告；該隊伍應包括兩名醫生，其中一位須曾接受遺傳學的適當訓練。報告應包括以下各項：

- (a) an outline of the genetic condition / abnormality and its likely effect;
有關遺傳病症/異常和可能影響的概要；
- (b) the current prognosis for the affected child who has the condition;
目前對有此病理情況的患病孩子所作的預診；

- (c) the nature of the procedure proposed in relation to the child who is to be born (cord blood or bone marrow transplantation) and the likely effect on the future prognosis of the affected child;
 關乎擬誕孩子的建議程序的性質(臍血或骨髓移植)和對患病孩子日後預診所造成的可能影響；
- (d) whether all other possibilities of treatment and existing sources of tissue for the affected child have been explored; and
 是否已為患病孩子探討過所有其他治療方法和現有組織來源但發現無一適用；及
- (e) confirming that the primary tissue recipient is a sibling and embryos are not to be modified to provide tissue match.
 確定第一預定受贈人為捐贈人的兄弟，而且沒有為組織配對而對胚胎進行基因改造。

III. Clinical and Counselling Services Provided To Date 至今所曾提供的臨牀及輔導服務

- (a) Have the patients (the couple receiving the treatment) been assessed by two doctors, one of whom has proper training in genetics?
 病人(接受治療的夫婦)是否已由兩名醫生(其中一位曾接受遺傳學的適當訓練)進行評估？

Yes 是 _____ * No 否 _____

- * If the doctors are different from the ones signing this form, please provide their names:
 如該兩名醫生並非於本申請書上簽署的醫生，請提供其姓名：

- (b) Has the motivation of the patients in having an additional child been assessed according to the ethical principles laid down in the Ethical Guidelines on PGD issued by the HRT Council?
 是否已根據管理局所發出的「植入前基因診斷倫理指引」中載明的倫理原則，就病人希望多誕一名孩子的動機進行評估？

Yes 是 _____ No 否 _____

- (c) Have the patients (in particular the woman undertaking the IVF treatment) been counselled on the implications of the treatment?
 是否已向病人(尤其是接受體外受精治療的婦女)提供有關治療影響的輔導？

Yes 是 _____ * No 否 _____

- * If the persons providing the counselling are different from the doctors signing this form, please provide their names and relevant qualification in counselling.
 如提供輔導者並非在本申請書上簽署的醫生，請提供其姓名及輔導方面的相關資格。

IV. Implications Counselling and Advice to Patient
向病人提供有關治療影響的輔導及意見

Please confirm that the following aspects have been addressed during the implications counselling provided to the patients:

在向病人提供有關治療影響的輔導時，請確定已闡明下列事項：

<p>(a) the woman undertaking the IVF has been informed of the risks associated with the treatment and the likely success rates of achieving pregnancy 接受體外受精的婦女已獲悉治療的相關風險和促成妊娠的成功比率</p>	<p>Yes 是 _____</p>	<p>No 否 _____</p>
<p>(b) the chance of producing an embryo which is unaffected by the genetic condition and with matched tissue type 製造不受遺傳病症影響並在組織類型上相配的胚胎的機會</p>	<p>Yes 是 _____</p>	<p>No 否 _____</p>
<p>(c) the condition of and prognosis for the affected child in relation to all treatment options available 患病孩子的病理情況及就一切可用治療方法對其作出的預診</p>	<p>Yes 是 _____</p>	<p>No 否 _____</p>
<p>(d) the possible consequences of the treatment to the child to be born (such as the risk associated with embryo biopsy, the likely long term emotional and psychological implication) and the surgery required 擬誕孩子可能面對的治療後果(例如進行胚胎活組織檢查所構成的風險、可能引起的長遠情緒和心理影響等)及所需進行的手術</p>	<p>Yes 是 _____</p>	<p>No 否 _____</p>
<p>(e) the family has been informed of the possible consequences of an unsuccessful outcome, the issue which might arise if the birth of a child does not resolve the genetic condition of the existing child 有關家庭已獲悉治療一旦失敗所帶來的後果，以及新生孩子不能解決患病孩子的遺傳病症時可能引起的問題</p>	<p>Yes 是 _____</p>	<p>No 否 _____</p>
<p>(f) the source of further follow up counselling if required 在有需要時尋求進一步輔導的途徑</p>	<p>Yes 是 _____</p>	<p>No 否 _____</p>

V. Declarations 聲明

We hereby declare that the licence conditions stated in the Licensing Manual for Reproductive Technology Centres and the ethical principles as laid down in the Ethical Guidelines on PGD in the Code were observed and followed.

謹此聲明，我們已遵照及遵從《供生殖科技中心參考的發牌手冊》的牌照條件和《實務守則》內「植入前基因診斷倫理指引」所載明的倫理原則。

Attending Doctor:
主診醫生：

Doctor with Training in Genetics:
曾接受遺傳學訓練的醫生：

Signature 簽署

Signature 簽署

(_____)
Name in block letters
姓名(以正楷書寫)

(_____)
Name in block letters
姓名(以正楷書寫)

Witness:
見證人：

Signature 簽署

(_____)
Name in block letters
姓名(以正楷書寫)

Date: _____
(date/month/year)
(日/月/年)

- END 完 -

COUNCIL ON HUMAN REPRODUCTIVE TECHNOLOGY
人類生殖科技管理局

COLLECTION OF PERSONAL DATA FOR LICENCE APPLICATION
收集個人資料以處理牌照申請

Statement of Purposes 目的聲明

1. Purposes of Collection 收集資料的目的

Personal data are provided by applicants to the Council on Human Reproductive Technology for a licence to carry on a relevant activity, as the term is defined under section 2(1) of the Human Reproductive Technology Ordinance (Cap. 561). The personal data provided will be used for the following purposes:

申請人向人類生殖科技管理局申請牌照以進行有關活動(按照《人類生殖科技條例》(第 561 章)第 2(1)條的定義)時會提供個人資料，此資料將作下述用途 -

- (a) to facilitate the Council on Human Reproductive Technology in carrying out activities relating to the processing of your application via this form;
為利便人類生殖科技管理局為處理你透過本申請書提出的申請所進行的活動；
- (b) to facilitate communication or follow up action in relation to the purposes stated in (a) above;
為上述(a)段所指的目的利便相互溝通和所需的跟進行動；
- (c) for statistical and other legitimate purposes;
統計及其他法定用途；
- (d) administration and enforcement of relevant legislation and regulations; and
有關法例及附屬法例的執行和執法；及
- (e) to handle complaints against licence applicant, licensee and person responsible under a licence.
處理對牌照申請人、持牌人或牌照負責人的申訴。

The provision of personal data asked for in the relevant application form is obligatory by virtue of section 22 of the Human Reproductive Technology Ordinance.

根據《人類生殖科技條例》第 22 條，申請人必須按照有關申請書的要求提供個人資料。

2. Classes of Transferees 獲轉授資料者的類別

The personal data which you have provided is mainly for use within the Council on Human Reproductive Technology but they may also be disclosed to government bureaux, departments and any other agencies or organizations for the purposes mentioned in paragraph 1 above. Apart from that, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance (Cap. 486).

申請人所提供的個人資料，主要供人類生殖科技管理局內部使用，但亦可能向政府政策局、部門及任何其他機構或組織披露以作上文第 1 段所提及的用途。此外，有關資料只會披露給申請人已同意向其披露的相關各方，或用作《個人資料(私隱)條例》(第 486 章)所核准的資料披露。

3. Access to Personal Data 查閱個人資料

You have a right to access and make correction with respect to the personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

根據《個人資料(私隱)條例》第 18 和 22 條及附表 1 的第 6 原則，申請人有權查閱和更正個人資料。申請人的查閱權力包括索取其在上文第 1 段所述情況下提供的個人資料的副本。查閱資料或須收費。

4. Enquiries 查詢

Enquiries concerning the personal data provided, including requests for access and the making of corrections, should be addressed to:

如對所提供的個人資料有任何查詢(包括要求查閱和更改資料)，請按下列聯絡方法提出-

Council on Human Reproductive Technology
Room 58, 17/F, Wu Chung House
213 Queen's Road East
Wanchai
Hong Kong
Tel. No. : 2961 8955
Fax No. : 2527 9849
香港灣仔
皇后大道東 213 號
胡忠大廈 17 樓 58 室
人類生殖科技管理局
電話號碼：2961 8955
傳真號碼：2527 9849