Declaration Concerning Transplants Involving Organs Removed for Donors' Therapy 移植因治療捐贈人而切除的器官的聲明書

(To be completed and submitted within 30 days after the transplant by the registered medical practitioner who transplants an organ which was removed for the therapy of the donor)

(由移植因治療捐贈人而切除的器官的註冊醫生填寫,並須於器官移植後的<u>30天內</u>遞交)

| I. | Particulars of the Recipient 器官受贈人的個人詳情 Full name 全名: | |
|---|--|---|
| | • | Io. 香港出生證明書號碼/Passport No. (please specify the place of . (please specify the type of document and place of issue) 其他身分證明 |
| | Age 年齡: | |
| | Sex 性別:*M 男/F 女 | |
| II. | Particulars of the Organ(s) 器官的詳細資料 | |
| | full name of the Donor 器官捐贈人的全名: | |
| | • | No.香港出生證明書號碼/Passport No. (please specify the place of lo. (please specify the type of document and place of issue) 其他身 |
| | Description of the organ(s) transplanted 移植的器官的說明: | |
| | Date of the transplant 移植的日期:/ | |
| | | |
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| III. Declaration 聲明 | | |
| | I am the registered medical practitioner who transplanted the organ(s) into the recipient. The organ(s) was/were removed for the therapy of the donor and not for transplant into any specific recipient at the time of removal. I hereby declare that — 本人是把器官移植於器官受贈人的註冊醫生。該器官是為了治療捐贈人而並非為了移植於任何特定的受贈人體內而被切除的。本人現聲明 — (1) I have checked the following documents before carrying out the transplant 本人在進行這項移植前已查核以下文件 - (a) a certificate issued by the registered medical practitioner who removed the organ(s) from the donor, certifying that the organ(s) was/were removed for the therapy of the donor and not for transplant into any specific recipient; and 將有關器官自其捐贈人身上切除的註冊醫生發出的一份證明書,證明該器官是為了治療該捐贈人而並非為了移植於任何特定的受贈人體內而被切除的;及 (b) a declaration made by that practitioner in writing to the effect that to the best of his knowledge and belief, no payment prohibited by the Human Organ Transplant Ordinance has been made or is intended to be made. 該醫生作出的一份書面聲明,表示盡他所知所信,無人曾作出或擬作出本《條例》禁止的付款。 (2) I am satisfied that at the time of removal, the organ(s) was/were removed for the therapy of the donor and not for transplant into any specific recipient; and 本人信納有關器官於自其捐贈人身上切除時,是為了治療該捐贈人而並非為了移植於任何特定的受贈人體內而被切除的;及 (3) to the best of my knowledge and belief, no payment prohibited by the Human Organ Transplant Ordinance has been made or is intended to be made. 盡本人所知所信,無人曾作出或擬作出本《條例》禁止的付款。 | |
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| Dr. 醫生 | E | *HK Identity Card No. 香港身分證號碼/Passport No. (please specify the place of issue) 護照號碼(請指明發出地點)/Other identity document No. (please specify the type of document and place of issue) 其他身分證明文件號碼(請指明文件類別及發出地點): |
| | (Full name in <u>BLOCK</u> letters, Surname first 請用 <u>正楷</u> 書寫全名,先寫姓氏) | |
| Tel | ephone number 電話號碼: | Fax number 傳真號碼: |
| Hospital name/Name and address of Clinic or Institution 醫院名稱/診所或機構的名稱及地址: | | /診所或機構的名稱及地址: |
| Da | te 日期: | Signature 簽署: |

□ Please tick the box which is applicable and fill in the information as required 請在適用的空格內填上 "✓" 號及填寫所需的資料

Delete whichever is inapplicable 删去不適用者

Administrative Guidelines 行政指引 (2019 Edition 版本)