

**Submission of Certificate for Imported Organ for Transplant Purpose to  
the Human Organ Transplant Board**

**遞交進口擬作移植用的人體器官的證明書予人體器官移植委員會**

(To be completed and submitted by the registered medical practitioner who is going to transplant an imported organ into a recipient **OR** a person who imports an organ into Hong Kong **BEFORE** transplanting the organ)  
(由將進口器官移植於受贈人體內的註冊醫生或進口器官到香港的註冊醫生填寫並在移植該器官前遞交)

To : Human Organ Transplant Board (**the Board**)  
致 : 人體器官移植委員會(**委員會**)

I am a registered medical practitioner who \*is to transplant the imported organ(s) into a recipient in Hong Kong/ imports organ(s) into Hong Kong. In accordance with section 7(1)(c) of the Human Organ Transplant Ordinance (Cap. 465) (**the Ordinance**), I submit herewith \*the original/ a copy of the certificate accompanying the imported organ(s), which is issued by \_\_\_\_\_ (name of the organization which supplies the organ(s)).

本人是一名\*將會把進口的器官移植於受贈人體內的註冊醫生/進口器官到香港的註冊醫生。根據香港法例第 465 章《人體器官移植條例》(條例)第 7(1)(c)條，本人現提交該進口器官在輸入香港時附有的證明書的\*正本/副本，該證明書是由 \_\_\_\_\_ (提供該器官的機構名稱) 所發出。

The certificate contains all the information required under section 7(2) of the Ordinance and section 4 of the Human Organ Transplant Regulation (Cap. 465A)(**the Regulation**), except that (please put a “✓” in the appropriate box)-

該證明書載有《條例》第 7(2)條及《人體器官移植規例》(第 465A 章)(**規例**)第 4 條規定的資料，除了(請在合適的方格填上“✓”)-

- The certificate is not signed by a person who is acceptable to the Board as mentioned in paragraph 56 of the Administrative Guidelines;  
證明書並非由一名在行政指引第 56 段內述明的可獲委員會接納的人士簽署；
- A statement that, in obtaining the organ, all applicable laws of the place outside Hong Kong where the organ was removed from its donor were complied with, is not available;  
未能提供陳述，以述明在取得該器官時已符合器官切除所在的香港以外的地方的一切適用法律；
- A statement that, at the time the donor of the organ was tested in the place outside Hong Kong where the organ was removed from its donor, he was not shown to be infected with any disease that was known, at the time of the testing, to be transmissible to the recipient of the organ through transplant, is not available;  
未能提供陳述，以述明當該器官的捐贈人在器官切除所在的香港以外的地方接受測試時，並無顯示他受任何在測試時已知是可透過器官移植而傳染該器官受贈人的疾病所感染；
- A statement that the organ was removed in a hospital in which the government of the place outside Hong Kong where the organ was removed from its donor has authorized organs to be removed for transplanting, is not available;  
未能提供陳述，以述明切除該器官所在的醫院是一所已獲器官切除所在的香港以外的地方的政府授權進行器官切除以作移植用途的醫院；
- A statement that no person in the place outside Hong Kong where the organ was removed from its donor made or received a payment for supplying the organ, is not available;  
未能提供陳述，以述明在該器官自其捐贈人身上切除所在的香港以外的地方，並無任何人曾為器官的提供而作出或接受付款；
- Type of organ and the quantity cannot be provided;  
未能提供器官的種類及數量；
- Name, age and sex of the donor cannot be supplied (please see note);  
未能提供器官捐贈人的姓名、年齡及性別(請參閱備註)；
- Date of removal of the organ cannot be provided;  
未能提供切除器官的日期；
- The \*time/date/cause of death of the donor cannot be provided (where the donor was deceased);  
未能提供器官捐贈人的\*死亡時間/日期/死因(如捐贈人已去世)；

Name of airline or carrier by which the organ is to be sent is not available;  
未能提供運送該器官的航空公司或承運人的名稱；

Date on which the organ is to be sent is not available.  
未能提供運送該器官的日期。

\*As some of the required information under section 7(2) of the Ordinance cannot be provided, I am writing to seek the approval of the Board for waiving such requirement(s) under section 7(4) of the Ordinance. Justifications are as follows -

\*由於未能按《條例》第 7(2)條規定提供其些所需資料，本人現根據《條例》第 7(4)條向委員會申請豁免該等規定，理由如下 -

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\*The transplant of the imported organ(s) will be conducted on \_\_\_\_\_ (date). / The imported organ will be stored up in \_\_\_\_\_ (place where the organ will be stored).

\*進口器官將於 \_\_\_\_\_ (日期)移植於受贈人體內。 / 進口器官將貯存在 \_\_\_\_\_ (貯存器官的地方)。

Name of Registered Medical Practitioner 註冊醫生姓名

\*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)

Telephone 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

Date  
日期

Signature of Registered Medical Practitioner  
註冊醫生簽署

\* Delete whichever is inapplicable 刪去不適用者

*Note 註:*

If the personal information of the donor cannot be supplied, a statement from the organization supplying the organ(s) to the effect that the fact is due to privacy restrictions should be submitted.

如器官捐贈人的個人資料因私隱規限而未能提供，請提交一份由供應器官的機構所發出的陳述以述明原因。