



# CHILDREN'S KIDNEY FUND 兒童腎病基金

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## 「腎臟移植誘導藥物治療資助計劃」 Induction Drug Treatment Subsidy for Kidney Transplantation

### 資助申請表格 Application Form

請將填妥表格及主診醫生推薦信一併電郵至 [info@childrenkidneyfund.org.hk](mailto:info@childrenkidneyfund.org.hk)。正本請郵寄至以上地址。

Please email the completed form together with recommendation letter from the case doctor to [info@childrenkidneyfund.org.hk](mailto:info@childrenkidneyfund.org.hk). For hard copy applications, please send the documents to the captioned address by post.

#### 1. 申請人（病童）資料

##### Information on Applicant (Patient)

姓名：（中） \_\_\_\_\_ 性別： \_\_\_\_\_  
Name Chinese \_\_\_\_\_ Sex \_\_\_\_\_  
（英） \_\_\_\_\_ 出生日期： \_\_\_\_\_  
English \_\_\_\_\_ Date of Birth \_\_\_\_\_

出生證明書 / 身份證號碼\* (請刪去不適用者): \_\_\_\_\_  
Birth Certificate / Identity Card No. \* (Delete as Inappropriate) \_\_\_\_\_

居住地址： \_\_\_\_\_  
Residential Address \_\_\_\_\_

電話： \_\_\_\_\_  
Tel. No. \_\_\_\_\_

#### 2. 申請人父母／監護人資料

##### Information on Parent / Guardian

姓名：（中） \_\_\_\_\_ 性別： \_\_\_\_\_  
Name Chinese \_\_\_\_\_ Sex \_\_\_\_\_  
（英） \_\_\_\_\_ 身份證號碼： \_\_\_\_\_  
English \_\_\_\_\_ Identity Card No. \_\_\_\_\_

與申請人關係： \_\_\_\_\_  
Relationship with Applicant \_\_\_\_\_

聯絡地址： \_\_\_\_\_  
Contact Address \_\_\_\_\_

聯絡電話：(日) \_\_\_\_\_ (夜) \_\_\_\_\_  
Tel. No. Daytime \_\_\_\_\_ Evening \_\_\_\_\_

### 3. 轉介醫生聲明

#### Declaration of Referring Doctor

申請人罹患腎病年數:

Years of Applicant suffering from Kidney Diseases \_\_\_\_\_

以前有否接受兒童腎病基金資助?

Whether the Applicant has received subsidy from Children's Kidney Fund before?

有 Yes

沒有 No

如「有」，請詳述資助種類與受助時間:

If yes, please specify the type(s) and period(s) of subsidy \_\_\_\_\_

腎臟移植手術日期:

Date of Kidney Transplantation \_\_\_\_\_

進行手術的醫院:

Hospital of Transplantation \_\_\_\_\_

茲證明上述申請人將 / 已經\* (刪去不適用者) 於其腎臟移植手術中接受誘導藥物治療，推薦接受有關藥物費用資助。

This is to certify that the Applicant will receive / has received\* (Delete as inappropriate) Induction Drug Treatment during his/her kidney transplantation. Subsidy on the treatment cost is recommended.

轉介醫生姓名: (中)

Name of Referring Doctor

Chinese

(英)

English

簽署:

Signature

轉介日期:

Date of Referral

所屬醫院:

Name of Hospital

聯絡地址:

Address

電話:

Tel. No.

### 4. 付款辦法

申請人先向醫院繳付費用，再提交醫院藥費收據正本，領取基金資助  
Reimbursement on production of official receipts from the hospital

由基金向醫院直接繳付有關費用  
CKF to settle the cost directly with the hospital

## 5. 申請人聲明

### Applicant's Declaration

茲証實上述資料無誤。

I declare that the above information is rightful and correct.

申請人(年齡十二歲以上者) 簽署：

Signature of Applicant (For age 12 or above) \_\_\_\_\_

父母 / 監護人簽署：

Signature of Parent / Guardian \_\_\_\_\_

收款人(基金發放支票抬頭人) 姓名：

Name of Cheque Recipient \_\_\_\_\_

簽署式樣：

Specimen Signature \_\_\_\_\_

申請日期：

Date of Application \_\_\_\_\_

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### 以下由基金工作人員填寫 (For Office Use Only) :

收件日期：

Received Date \_\_\_\_\_

收件人簽署：

Signature of Receiving  
Officer \_\_\_\_\_

核准人簽署：

Approved by \_\_\_\_\_

日期：

Date \_\_\_\_\_

日期：

Date \_\_\_\_\_

日期：

Date \_\_\_\_\_

檔案編號：

Reference No. \_\_\_\_\_

備註：

Remarks \_\_\_\_\_

**附註：**  
**NOTES**

1. 『腎臟移植誘導藥物治療資助計劃』為所需費用的全數，申請人可向醫院藥房先行繳付費用，再將收據交予本基金。基金將儘快以支票發還資助款項。本基金亦可直接向醫院藥房支付所需費用。  
The Induction Drug Treatment Subsidy for Kidney Transplantation is the full cost of the treatment. An applicant may pay to the hospital pharmacy first and claim for reimbursement from Children's Kidney Fund (CKF) on production of the receipt. Alternatively, CKF may also settle the fees directly with the hospital pharmacy.
2. 申請人年齡必須為二十一歲或以下。  
The Applicant must be aged 21 or below.
3. 腎臟移植手術必須在香港的醫院，由本港註冊西醫進行。  
The kidney transplantation operation must be carried out in a Hong Kong hospital by a registered medical doctor in Hong Kong.