

Form 1
表格 1

[s.3(1) & (5)]
[第 3(1)及(5)條]

HUMAN ORGAN TRANSPLANT ORDINANCE (CHAPTER 465)
《人體器官移植條例》(第 465 章)
HUMAN ORGAN TRANSPLANT REGULATION
《人體器官移植規例》

INFORMATION ON REMOVAL OF ORGAN(S) FOR TRANSPLANT INTO ANOTHER PERSON
關於為移植於另一人體內而切除器官的資料

I. Particulars of the Donor 器官捐贈人的個人詳情	Serial Number 編號： (for internal use 供內部使用)
Full name 全名： _____	
(in BLOCK letters, Surname first 請用正楷，先寫姓氏)	
*HK Identity Card No. (Note 5) 香港身分證號碼(註5) / HK Birth Certificate No. 香港出生證明書號碼 / 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) (Note 6) 其他身分證明文件號碼(請指明文件類別及發出地點)(註6)：	
Age 年齡： _____	
Sex 性別： *M 男 / F 女	

(a) <input type="checkbox"/> The donor was LIVING at the time of the removal of the organ(s) - 在器官切除時，器官捐贈人是 在生 的 —	
(i) <input type="checkbox"/> The donor and the recipient are genetically related. They are _____ (please state the genetic relationship) and a copy of proof is enclosed. I am satisfied that - *all the requirements in section 5D of the Human Organ Transplant Ordinance have been complied with. [OR] *all the requirements in section 5D of the Human Organ Transplant Ordinance have been complied with except that the requirement in section 5D(1)(d) has been waived in accordance with section 5E of that Ordinance. 器官捐贈人與器官受贈人有血親關係。他們是 _____ (請述明該血親關係)，現附上一份證明。本人信納 - *《人體器 官移植條例》第 5D 條的所有規定已獲遵從。[或] *除《人體器官移植條例》第 5D(1)(d) 條的規定已按照該條例第 5E 條獲免除外，該條例第 5D 條的所有規定已獲遵從。	
(ii) <input type="checkbox"/> The donor and the recipient are a married couple. Their marriage has subsisted for not less than 3 years and a copy of proof is enclosed. I am satisfied that - *all the requirements in section 5D of the Human Organ Transplant Ordinance have been complied with. [OR] *all the requirements in section 5D of the Human Organ Transplant Ordinance have been complied with except that the requirement in section 5D(1)(d) has been waived in accordance with section 5E of that Ordinance. 器官捐贈人與器官受贈人是一對已婚夫婦。他們的婚姻已持續不少於 3 年，現附上一份證明。本人信納 - *《人體器官移植條例》第 5D 條的 所有規定已獲遵從。[或] *除《人體器官移植條例》第 5D(1)(d) 條的規定已按照該條例第 5E 條獲免除外，該條例第 5D 條的所有規定已獲遵 從。	
(iii) <input type="checkbox"/> The donor and the recipient are neither genetically related nor a married couple whose marriage has subsisted for not less than 3 years. Approval has been given by the Human Organ Transplant Board for the removal and/or transplant through File Reference _____ dated _____. 器官捐贈人與器官受贈人既非有血親關係，亦非一對婚姻已持續不少於 3 年的已婚夫婦。人體器官移植委員會已透過文件檔案編號 _____ (日期為 _____) 批准該項切除及/或移植。	

(b) <input type="checkbox"/> The donor was DEAD at the time of the removal of the organ(s) - 在器官切除時，器官捐贈人已 去世 —	
Date and time of death 死亡的日期及時間： _____ / _____ / _____ ; _____ *am 上午 / pm 下午 Day 日 / Month 月 / Year 年	
Cause of death 死因 (please state "pending coroner's inquest" for such cases and supply the cause of death to the Human Organ Transplant Board as soon as it is available) (如個案屬“有待死因裁判官的研訊”，請述明，並請於得悉死因後，盡快向人體器官移植委員會提供死因)：	

II. <input type="checkbox"/> Organ(s) removed 被切除的器官	
Description of the organ(s) removed 被切除器官的說明： _____	
Date of the removal 切除日期： _____ / _____ / _____ Day 日 / Month 月 / Year 年	
Name of the hospital/clinic/institution where the removal of the organ(s) took place 進行該/該等器官切除所在的醫院/診所/機構的名稱： (Also state the address if the removal of the organ(s) took place in a clinic or institution 如在診所或機構進行該/該等器官切除，亦請述明其地址)	

III. <input type="checkbox"/> Organ(s) not removed within 30 days after approval given by the Human Organ Transplant Board	
器官沒有在人體器官移植委員會發出批准後 30 天內切除	
Description of the organ(s) not removed 沒有切除的器官的說明： _____	
Approval was given by the Human Organ Transplant Board through File Reference _____ dated _____ but no removal subsequently took place because (please state reasons):	
人體器官移植委員會已透過文件檔案編號 _____ (日期為 _____) 予以批准，但後來沒有切除器官， 因為(請述明理由)：	

IV. Organ(s) removed but not transplanted 器官已切除但沒有進行移植

The organ(s) was/were removed but **no transplant** subsequently took place within 30 days after the removal because:

器官雖已切除，但沒有在切除後 30 天內移植，因為：

(please tick as appropriate 請於適當方格內加上 '✓' 號)

(a) The organ(s), after removal, was/were considered to be unusable -

該/該等器官在切除後，被認為不能使用 -

Description of unusable organ(s) 該/該等不能使用的器官的說明：_____

(Complete ONLY if more than one organ has been removed as stated in Part II 只在第 II 部述明多於一個器官已被切除時始須填寫)

Reason(s) why the organ(s) was/were unusable 該/該等器官不能使用的理由：_____

Manner of disposal of the organ(s) 處置該/該等器官的方式：_____

Date of disposal 處置日期： _____ / _____ / _____

Day 日 Month 月 Year 年

(b) # The organ(s) removed is/are being kept in 該/該等被切除的器官現存放於：

(i) The hospital/clinic/institution stated in Part II above 在本表格第 II 部述明的醫院/診所/機構

(ii) Other institution 其他機構 (please specify name and address 請指明名稱及地址)：_____

V. Extension of Deadline 延長期限

A request for extending the deadline for submission of the Form has been made and approval has been given by the Human Organ Transplant Board.

已提出延長呈交本表格的期限的請求，並獲人體器官移植委員會批准。

(Please state the File Reference and date of the approval for the extension 請述明批准延長期限的文件檔案編號及批准日期)：_____

VI. Submitted under section 6 of the Human Organ Transplant Ordinance by -

由以下人士根據《人體器官移植條例》第 6 條呈交 -

Dr.
醫生

(Full name in BLOCK letters, Surname first 請用正楷書寫全名，先寫姓氏)

*HK Identity Card No. (Note 5) 香港身分證號碼 (E5) / 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) (Note 6) 其他身分證明文件號碼 (請指明文件類別及發出地點) (E6) :

Telephone No. 電話號碼：_____

Fax No. 傳真號碼：_____

Name of hospital/clinic/institution 醫院/診所/機構名稱：(Also state the address in the case of a clinic or institution) (如屬診所或機構，亦請述明其地址)

Date 日期：_____

Signature 簽署：_____

* Please delete whichever is inappropriate. 請將不適用者刪去。

□ Please tick if applicable and fill in the information as required. 適用的話請加上 '✓' 號，並填寫所需資料。

In future, when the stored organ(s) is/are used for transplant, Form 2 must be submitted by the person who transplants it/them into the recipient. If the organ(s) is/are subsequently found unsuitable for transplant, the person who makes the decision to dispose of the organ(s) must submit Form 3 to the Human Organ Transplant Board within 30 days after the disposal of the organ(s).

當貯存的器官日後用於移植時，將該/該等器官移植於器官受贈人體內的人須呈交表格 2。如該/該等器官後來被發現不適合移植，決定處置該/該等器官的人須於處置該/該等器官後 30 天內，向人體器官移植委員會呈交表格 3。

Notes 註：

1. This form must be completed for organ(s) removed in Hong Kong for transplant into another person -

(a) by the medical practitioner who removed the organ(s);

(b) if a technician appointed by an organ bank removed the organ(s) from a dead donor, by a medical practitioner authorized by the organ bank; or

(c) if the Human Organ Transplant Board (referred to in these Notes as **the Board**) gave approval under section 5C of the Human Organ Transplant Ordinance (Cap.465) for the organ(s) to be removed and the organ(s) is/are subsequently not removed, by the person who referred the proposed operation to the Board for its approval or, if that person is no longer involved, by the person who made the decision not to remove the organ(s).

If more than one medical practitioner was involved in removing the organ(s), any one of them can complete this form. However, the medical practitioner who was in charge of the operation or the medical practitioner who is in charge of the organ bank is responsible for ensuring that this form is submitted.

凡有關器官是在香港切除以移植於另一人體內，本表格須由以下人士填寫 -

(a) 切除該/該等器官的醫生；

(b) (如該/該等器官是由器官貯存庫委任的技術員從去世的器官捐贈人身上切除的) 獲器官貯存庫授權的醫生；或

(c) (如人體器官移植委員會(下稱委員會)已根據《人體器官移植條例》(第 465 章)第 5C 條批准切除器官，但後來並沒有切除) 將建議的手術提交委員會以取得其批准的人，但如該人已不再牽涉其中，則由決定不切除該/該等器官的人填寫。

如該/該等器官的切除涉及多於一名醫生，則其中任何一名醫生均可填寫本表格。然而，當時負責有關手術的醫生或現時掌管該器官貯存庫的醫生有責任確保本表格獲呈交。

2. One form may only contain information relating to one donor.

一份表格只可載有關於一名器官捐贈人的資料。

3. (a) If an organ and its associated appendage tissues are removed together as a functional unit (for example, liver and its blood vessels and connective tissues) -

(i) if the appendage tissues are, at the time of removal, intended to be used for transplant separately from the organ, information on both the organ and the appendage tissues is required for the purpose of this form;

(ii) in any other case, it is sufficient for the purpose of this form to provide information on the organ, even without providing information on the appendage tissues.

(b) However, if appendage tissues associated with an organ are removed without the organ itself being removed, this form must be completed for the appendage tissues.

(a) 如器官連同與其相連的附着組織作為一個功能單位(例如肝臟及其血管和連着的組織)而一併切除 -

(i) 如在切除時，該附着組織擬與該器官分開移植，則須在本表格填寫該器官以及該附着組織的資料；

(ii) 在任何其他情況下，即使在本表格中沒有提供該附着組織的資料而只提供該器官的資料，已屬足夠。

(b) 然而，如與器官相連的附着組織被切除，而該器官並沒有切除，則須就該附着組織填寫本表格。

4. Unless the Board has given approval for extension of the submission deadline, this form must be submitted - (a) within 30 days after the removal; or (b) (if the Board gave approval for the organ(s) to be removed and the organ(s) is/are subsequently not removed) within 30 days after the date on which the Board gave the approval for the removal.

除非委員會已批准延長呈交表格的期限，否則本表格須於 - (a) 器官切除後 30 天內呈交；或 (b) (如委員會已批准切除該/該等器官，但後來並沒有切除) 委員會發出切除批准的日期後 30 天內呈交。

5. If the person concerned is the holder of a Hong Kong Identity Card, his or her Hong Kong Identity Card number must be provided in this form.

如涉及的人是香港身分證的持有人，則須在本表格提供其香港身分證號碼。

6. If the person concerned is not the holder of any of the identity documents listed in this form, please specify the identity document that has enabled the person to be granted permission to enter Hong Kong.

如涉及的人並非本表格所列的任何一種身分證明文件的持有人，請指明該人賴以獲准進入香港的身分證明文件。