



請表示你的身份 Please indicate your identity:

醫生或科研人員 Clinicians or Researchers

病人組織 Patient Groups

請僅填寫以下相應的欄目 Please ONLY fill in one of the corresponding columns below :

### 1. 醫生或科研人員 Clinicians or Researchers

如果您同意我們的工作方向，並且有興趣加入我們的團隊，請填寫PDF並通過電子郵件/傳真/郵寄發送給我們。我們會盡快與您聯繫。If you agree to our working direction and are interested in becoming part of our team, please feel free to fill in the PDF form and email/ fax/ mail us at your convenience. We will contact you as soon as possible.

姓名 Name: \_\_\_\_\_(中) \_\_\_\_\_(Eng)

醫生 Clinician  科研人員 Researcher

研究範圍/單位 Research Area(s)/ Affiliation : \_\_\_\_\_

你感到有興趣投身的研究範圍 Interested Area(s):

罕見神經退化性疾病和神經肌肉疾病的致病機理研究 Pathogenic mechanism studies of rare neurodegenerative and neuromuscular diseases

鑑定引起罕見神經退行性疾病和神經肌肉疾病的新基因突變 Identification of novel gene mutations that cause rare neurodegenerative and neuromuscular diseases

罕見神經退化性疾病和神經肌肉疾病的藥物開發 Drug development for rare neurodegenerative and neuromuscular diseases

其他 (請說明) Others (please specify): \_\_\_\_\_

聯絡方式 Contact:

電話 Phone: \_\_\_\_\_ 電郵 Email: \_\_\_\_\_

首選聯絡方式 Preferred method of contact:  致電 Phone call  短訊 Text  電郵 Email

### 2. 病人組織 Patient Groups

倘若閣下是任何一個香港罕見疾病病人組織的負責人，希望了解更多關於病人名冊登記計劃的資訊，請填寫這份PDF表格，並通過電子郵件/傳真/郵寄發送給我們。我們會盡快與您聯繫。If you are the person in charge of any Hong Kong patient organization for rare diseases and would like to know more about the patient registry, please fill in the PDF form and email/ fax/ mail us at your convenience. We will contact you as soon as possible.

機構名稱 Name of Organization : \_\_\_\_\_

聯絡人姓名 Name of Contact Person: \_\_\_\_\_(中) \_\_\_\_\_(Eng)

職位 Position : \_\_\_\_\_

電話 Phone: \_\_\_\_\_ 電郵 Email: \_\_\_\_\_

首選聯繫方式 Preferred method of contact:  致電 Phone call  短訊 Text  電郵 Email

填寫申請表格後，請傳真/電郵/郵寄給我們。After completing the application form, please email /fax /mail back to us.

電郵 Email: [lifesciences@cuhk.edu.hk](mailto:lifesciences@cuhk.edu.hk)

電話 Phone No.: (852) 3943 6122

傳真 Fax: (852) 2603 5646

地址 Address:

香港 新界 沙田 香港中文大學 生命科學學院

School of Life Sciences,

The Chinese University of Hong Kong,

Shatin, NT, Hong Kong SAR,

The People's Republic of China

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收集及使用個人資料政策

收集及使用個人資料

閣下在捐款表格所提供的個人資料(包括姓名、聯絡資料及其他紀錄)將用作與義工申請有關的各種目的，包括紀錄及呈報 香港中文大學有關部門。倘若得到閣下同意，中大生命科學學院亦可以向閣下進行籌募推廣或宣傳本校的活動。

查閱及更改個人資料

閣下有權要求查閱及更改提供予本中大生命科學學院的個人資料。如閣下欲行使這項權利，請透過郵寄或電郵 [lifesciences@cuhk.edu.hk](mailto:lifesciences@cuhk.edu.hk) 提出。

#### **Collection and Use of Personal Data Policy**

##### **Collection and Use of Personal Data**

Your personal data including your name, contact information and other information provided in this form will be used for the purpose of record keeping and reporting to the concerned units of The Chinese University of Hong Kong. With your consent, your personal data may also be used by School of Life Sciences, CUHK for direct marketing purposes relating to solicitation of donations and/or promotion of activities of the University.

##### **Personal Information Access and Correction**

You have the right to request access to and (if appropriate) correction of personal data held by the department. If you wish to exercise this right, please email to [lifesciences@cuhk.edu.hk](mailto:lifesciences@cuhk.edu.hk) or write to us.