



请表示你的身份 Please indicate your identity:

☐ 医生或科研人员 Clinicians or Researchers

☐ 病人组织 Patient Groups

请仅填写以下相应的栏目 Please ONLY fill in one of the corresponding columns below :

## 1. 医生或科研人员 Clinicians or Researchers

如果您同意我们的工作方向，并且有兴趣加入我们的团队，请填写PDF并通过电子邮件/传真/邮寄发送给我们。我们会尽快与您联系。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)

☐ 医生 Clinician ☐ 科研人员 Researcher

研究范围/单位 Research Area(s)/ Affiliation : \_\_\_\_\_

你感到有兴趣投身的研究范围 Interested Area(s):

☐ 罕见神经退化性疾病和神经肌肉疾病的致病机理研究 Pathogenic mechanism studies of rare neurodegenerative and neuromuscular diseases

☐ 鉴定引起罕见神经退行性疾病和神经肌肉疾病的新基因突变 Identification of novel gene mutations that cause rare neurodegenerative and neuromuscular diseases

☐ 罕见神经退化性疾病和神经肌肉疾病的药物开发 Drug development for rare neurodegenerative and neuromuscular diseases

☐ 其他 (请说明) Others (please specify): \_\_\_\_\_

联络方式 Contact:

电话 Phone: \_\_\_\_\_ 电邮 Email: \_\_\_\_\_

首选联络方式 Preferred method of contact: ☐ 致电 Phone call ☐ 短讯 Text ☐ 电邮 Email

## 2. 病人组织 Patient Groups

倘若阁下是任何一个香港罕见疾病病人组织的负责人，希望了解更多关于病人名册登记计划的资讯，请填写这份PDF表格，并通过电子邮件/传真/邮寄发送给我们。我们会尽快与您联系。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.

机构名称 Name of Organization : \_\_\_\_\_

联络人姓名 Name of Contact Person: \_\_\_\_\_(中) \_\_\_\_\_(Eng)

职位 Position : \_\_\_\_\_

电话 Phone: \_\_\_\_\_ 电邮 Email: \_\_\_\_\_

首选联络方式 Preferred method of contact: ☐ 致电 Phone call ☐ 短讯 Text ☐ 电邮 Email

填写申请表格后，请传真/电邮/邮寄给我们。After completing the application form, please email /fax /mail back to us.

电邮 Email: <a href="mailto:lifesciences@cuhk.edu.hk">lifesciences@cuhk.edu.hk</a>	电话 Phone No.: (852) 3943 6122	传真 Fax: (852) 2603 5646
地址 Address:		
香港 新界 沙田 香港中文大学 生命科学学院		
School of Life Sciences,		
The Chinese University of Hong Kong,		
Shatin, NT, Hong Kong SAR,		
The People's Republic of China		

收集及使用个人资料政策

收集及使用个人资料

阁下在捐款表格所提供的个人资料(包括姓名、联络资料及其他纪录)将用作与义工申请有关的各种目的，包括纪录及呈报 香港中文大学有关部门。倘若得到阁下同意，中大生命科学学院亦可以向 阁下进行筹募推广或宣传本校的活动。

查阅及更改个人资料

阁下有权要求查阅及更改提供予本中大生命科学学院的个人资料。如 阁下欲行使这项权利，请透过邮寄或电邮 [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.