AIA International Limited
(Incorporated in Bermuda with limited liability)

MEDICAL CLAIM FORM 醫療賠償申請書

PART I (TO BE COMPLETED BY INSURED / CLAIMANT) 第一部份（由受保人或申請人填寫）

Policy Number 保單號碼: B6124083 20	Name of Insured 受保人姓名: Cheung Kan Hing	ID Card Number / Passport Number 身份證號碼 / 護照號碼: G322 XXXX
Area Code 區域編號: 85	Agency / Broker Name 營業員組別 / 經紀名稱: C-A-LL	Agent / Broker Code 營業員號碼 / 經紀號碼: H1690
Agency Code 營業員組別編號: 8489	Agent / TR's Name 營業員 / 業務代表姓名: Ho Kar Lee	Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話: 63837307
TR Membership Number 業務代表會員號碼	☒ IA [G5491]	☐ ANG

O1002166

Benefits to Claim 索償類別

- ☐ Accident Medical Reimbursement 意外醫療費用賠償
- ☐ Accident / Weekly Indemnity 意外 / 每週賠償
- ☐ Maternity Benefit 分娩惠益
- ☒ Medical Reimbursement 醫療費用賠償
- ☐ Hospital Income / Benefit 住院入息 / 惠益
- ☐ Voluntary Group Assurance 自選團體保障

Remarks: Please take the appropriate box; otherwise we will apply this claim to all of your eligible benefits.
註: 請選擇適用者，否則我們將會把是次索償申請應用於您的所有同類保障。

EXPRESS CLAIMS SERVICE 特快理賠服務

Please mark a "X" in the box if you request to have your claim be processed by "Express Claims Service" which provides payment for medical claim which requires investigation. You hereby acknowledge that certain terms and conditions (as amended from time to time) shall apply in choosing the "Express Claims Service" and agree to be bound by all the undertakings imposed on you by accepting the payment; ☐ you also understand that AIA has not waived any of its rights in the Policy by making the claim payment to you. For details of the Terms and Conditions, please visit AIA Customer Corner at www.aia.com.hk.

如欲就此索償申請「特快理賠服務」，請於空格內劃上「X」號。此服務為需進行調查的醫療申請先作出賠償安排。您於此表示清楚明白某些條款及細則（如不時修訂的）將適用於此「特快理賠服務」，並同意由接受賠償金起接受有關約束；亦明白友邦保險並沒有因為是次賠償放棄於保單內的任何權利。有關條款及細則，請登入www.aia.com.hk之友邦客戶專頁。

Are you making any other insurance or compensation claim as a result of this treatment? ☒ No 沒有 ☐ Yes 有
有關是次治療，您有否向其他保險公司 / 機構申請賠償?

If yes, please provide the below information. 如有，請提供下列資料。

Name of insurance company / organization: 保險公司 / 機構名稱：	Policy No. / Membership No.: 保單 / 會員編號：

For proper follow up on your claims progress, your AIA financial planner / broker / IFA of your latest inforce policy can view this claim's information if no specific agent / broker / IFA / TR information is provided at above. 為了妥善地跟進您的賠償進度，若於以上沒有提供指定營業員 / 保險或理財顧問 / 業務代表資料，您最新生效保單的友邦財務策劃顧問 / 保險或理財顧問將能夠查閱是次申請資料。

☐ If you do not agree on the above arrangement, please mark "✓" in the box. 如果您不同意上述安排，請於空格內劃上「✓」號。

PLEASE COMPLETE QUESTIONS 1 TO 5 AND 8 TO 10 IF HOSPITALIZATION WAS DUE TO ACCIDENT
因意外受傷入院請填寫問題1至5及8至10

1. Date and time of accident 意外日期及時間 ☐☐ MM月 ☐☐ DD日 ☐☐☐☐ YYYY年 ☐☐ HR時 ☐☐ MIN分 ☐ A.M. 上午 ☐ P.M. 下午
2. Where and how did it happen 意外地點及經過
3. Part of body injured and type of injury 受傷部位及傷勢
4. Present occupation (if more than one, state all) and exact nature of occupational duties 現職（若有兼職請列明）職位及職責
5. Name and address of business or employer 公司或僱主名稱及地址

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PLEASE COMPLETE QUESTIONS 6 TO 10 IF HOSPITALIZATION WAS DUE TO ILLNESS 因病入院請填寫問題6至10

6. Give a brief description of symptoms 描述病徵及病狀

chest pain, Abdominal pain

7. How long have these symptoms existed prior to the first consultation? 該等病徵在首次求診前已存在多久？

17.08.2023

8. Give details of consultations 診治詳情

(a) The doctor first consulted for this illness 首次就診的醫生資料

Date 求診日期 10 (MM月) 17 (DD日) 2023 (YYYY年)

Name and address of doctor / hospital 醫生 / 醫院名稱及地址

Dr. Ng Ka Kin
九龍尖沙咀海港城海洋中心15樓1526-27室

(b) The doctor who referred the insured to hospital / other doctors seen for this or similar past condition 建議入院的醫生資料 / 其他曾診治此病或過往同類病況的醫生資料

Date 求診日期 MM月 DD日 YYYY年

Name and address of doctor / hospital 醫生 / 醫院名稱及地址

9. (a) Please give the date of admission and the date of discharge. 請提供入院及出院日期。

Date of Admission 入院日期 10 (MM月) 25 (DD日) 2023 (YYYY年)

Date of Discharge 出院日期 10 (MM月) 26 (DD日) 2023 (YYYY年)

(b) Please give the admission period in Intensive Care Unit, if any: 請提供入住深切治療部日期，如適用：

From 由 MM月 DD日 YYYY年 To 至 MM月 DD日 YYYY年

(c) Have you taken any home leave during the hospital confinement? 您有否於住院期間請假外出？ ☒ No 沒有 ☐ Yes 有

If Yes, please state the date and time of your home leave.
如有，請列明外出之日期及時間。

10. Any relationship between the Registered Medical Practitioner / Medical Services Provider and Insured / Claimant / AIA Financial Planner / Broker? If so, please state the relationship.
若就診之註冊醫生 / 醫療服務提供者與受保人 / 索償人 / 友邦財務策劃顧問 / 保險經紀有任何關係，請列明之：

CLAIMS PAYMENT OPTION 支付賠償方法：

IMPORTANT NOTE 重要事項：
For customers who have registered FPS / e-BankIn, the payment will be remitted to the designated bank account.
如客戶已登記使用「轉數快」或「電子入賬服務」，賠償款項將會自動入賬至指定銀行戶口
To receive claims payment easily and conveniently, please register FPS / e-BankIn by completing the following:
為更方便快捷收到賠償款項，請填妥以下資料以即時登記「轉數快」或「電子入賬服務」：

Remarks 註：
To allow successful claims payment through FPS / e-BankIn, all policies belonged to same owner must be registered for FPS / e-BankIn. We will notify you by SMS upon completion of the registration. 保單持有人的所有保單須登記「轉數快」或「電子入賬服務」以允許我們以「轉數快」或「電子入賬服務」支付賠償款項。我們將於完成登記當日發送短訊通知您。

Owner's Mobile Number
持有人流動電話號碼： 91005152

We will update the telephone number to the above policy(ies) accordingly if it is different from the Company record. We will notify you by SMS upon completion of the registration. 如此號碼跟公司紀錄不同，我們會更新有關號碼至以上保單。我們將於完成登記當日發送短訊通知您。
Identity proof must be provided for registration of FPS / e-BankIn if you have not submitted a **valid Identity Card / Passport** before.如未曾提供**有效的身份證 / 護照**，需遞交身份證明文件作登記「轉數快」或「電子入賬服務」之用。

Policy Number 保單號碼 B6112408320

Complete this section if application for Hong Kong Policy(ies) 請填妥以下部分如申請涉及香港保單：

☐ Apply to all your Hong Kong policies held with our Company. 是次申請應用於您於公司所持有之所有香港保單。

☐ Apply to the following Hong Kong policy / policies. 是次申請只應用於下列之香港保單：

Please take the appropriate box; otherwise we will apply to all of your Hong Kong policies held with our Company. 請選擇適用者，否則我們將會把是次申請應用於您於公司所持有之所有香港保單。

Use "FPS / e-BankIn" to transfer policy benefits paid under the above policy to the below designated bank account. The transferred amount will not exceed the maximum limit set by the Company. 使用「轉數快」或「電子入賬服務」將以上保單號碼所支付的保單利益轉入下列指定之銀行戶口，轉入之金額將不超過公司所定的上限。

Please select transferring policy benefits paid to **either FPS OR e-BankIn**. 請選擇**「轉數快」或「電子入賬服務」其中一項**以轉入以上保單號碼所支付之保單利益。

☐ **a. FPS* 轉數快***

Please select **either ONE** of the "Proxy ID"* below by putting a tick on appropriate box and provide relevant information. **More than one selection** will be treated as **invalid** application. Your FPS account must also be registered under the policy owner. 請以剔號選擇下列**其中一種**「識別代號」*及提供以下相關資料。若**多過一個選項**將被視為申請**無效**。「轉數快」的用戶註冊名稱必須同樣為保單持有人。

☐ Email 電郵地址：

☐ FPS Identifier 「轉數快」識別號碼：

☐ Mobile Number 手機號碼：

( ) —

Country Code 國際電話區號 | Telephone No 手機號碼

* **"FPS Service"** means the services provided by us to you from time to time to facilitate payments and funds transfer using the Faster Payment System and related systems and services from time to time provided by Hong Kong Interbank Clearing Limited, together with its successors and assigns.
「快速支付系統服務（轉數快）」指我們不時向您提供的服務，以讓我們使用由香港銀行同業結算有限公司及其繼承人及受讓人不時提供的快速支付系統及相關系統及服務。

* **"Proxy ID"** means an identifier which may be accepted by HKICL for the registration of an account in the HKICL Addressing Service, including your mobile phone number, email address or FPS Identifier.
「識別代號」指結算公司接納用作結算公司賬戶綁定服務賬戶登記的識別資料，包括您的手機號碼，電郵地址或「轉數快」識別號碼。

☒ **b. e-BankIn 電子入賬服務**

Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件：

1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單（包括電子結單）/ 有效銀行卡副本。
2) Joint account is not allowed. 不接受聯名戶口。
3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。

Bank Name and Branch in Hong Kong 香港銀行及分行之名稱: Bank of China

Bank No. 銀行編號	Branch No. 分行編號	My Account No. 本人之賬戶號碼
012	887	10220407

Name as recorded on Bank Passbook / Correspondence / Statement / Bank card (must be same as the Owner of the above Policy)
銀行存摺 / 信件 / 月結單 / 銀行卡上所記錄之戶口持有人姓名（必須與上述保單持有人相同）

Li Wai Ling

Complete this section if application for Macau Policy(ies) 請填妥以下部分如申請涉及澳門保單：

☐ Apply to all your Macau policies held with our Company. 是次申請應用於您於公司所持有之所有澳門保單。

☐ Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門保單：

Please take the appropriate box; otherwise we will apply to all of your Macau policies held with our Company. 請選擇適用者，否則我們將會把是次申請應用於您於公司所持有之所有澳門保單。

☐ **e-BankIn 電子入賬服務**

Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件：

1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單（包括電子結單）/ 有效銀行卡副本。
2) Joint account is not allowed. 不接受聯名戶口。
3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。

Bank Name in Macau 澳門銀行之名稱 _____

My Account No. 本人之賬戶號碼 | Account Currency 賬戶貨幣 ☐ HKD 港幣 ☐ MOP 澳門幣

Name as recorded on Bank Passbook / Statement (must be same as the Owner of the above Policy)
銀行存摺 / 月結單上所紀錄之戶口持有人姓名（必須與上述保單持有人相同）

Declaration & Authorization 聲明及授權

By using the FPS / e-BankIn, I / we confirm I / we have read and agreed to be bound by the terms and conditions as set out on AIA Corporate Website (www.aia.com.hk). 藉使用「轉數快」或「電子入賬服務」，本人 / 我們確認本人 / 我們已經閱讀AIA公司網頁內(www.aia.com.hk)列明之條款及條件，並同意受此約束。

Only if FPS / e-BankIn has not been registered or requested, we will follow payment option selected at below by marking a "X" in one of the boxes.
唯有未登記使用「轉數快」或「電子入賬服務」，我們將根據以下於空格內劃上「**X**」號的支付賠償方法。

☐ Deposited the claims payment (in the same Policy Currency) in the ancillary Future Premium Deposit Account(s) ("FPDA"). Terms of Use of the FPDA shall govern and apply. (Applicable to Mainland Chinese Visitors policy only) 以相應的保單貨幣將賠償款項存入該保單附屬的「現金儲備金戶口」。
「現金儲備金戶口」的使用受其使用條款規範。（僅適用於抵港抵澳內地人士業務保單）

☐ Paid by Cheque in policy currency (not applicable for FPS / e-BankIn customers) 以保單貨幣支票支付 (不適用於「轉數快」或「電子入賬服務」之客戶)

☐ Paid by Cheque in Hong Kong Dollar (not applicable for FPS / e-BankIn customers) 以港幣支票支付(不適用於「轉數快」或「電子入賬服務」之客戶)

(a) I / We understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy Information Page of the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in a currency other than the latest policy currency (the "Opted Currency") is solely a service offered by AIA at its discretion. 本人 / 我們明白所有保單利益之款項將根據保單資料頁或隨後所發出之批註（如適用）所載之最近期保單貨幣為準。因此，提供選擇以最近期的保單貨幣以外的貨幣（「選擇貨幣」）作為收取任何此等利益的貨幣只屬友邦保險酌情所提供之服務。

(b) I / We understand and agree that should I / we opt for payment of any benefits payable under the Policy in the Opted Currency, I / we will bear the necessary exchange difference, such difference being determined by AIA on the basis of AIA's internal exchange rates as at the time of the relevant currency conversion. 本人 / 我們明白及同意如本人 / 我們選擇任何保單下所作出的利益款項以「選擇貨幣」支付，本人 / 我們同意承擔所需的兌換差額，而該差額是有關貨幣兌換時依據友邦保險內部貨幣兌換率而釐定。

OTHER INFORMATION 其他資料

Policy Number 保單號碼 B 6 7 2 4 0 8 3 2 0

IMPORTANT NOTE 注意事項

(a) In order to speed up your claim application, please attach the required claims documents together with this application form. You may check the required documents on our website (http://www.aia.com.hk > Help & Support > Health Care & Claims> File a Claim). If you want to get back the original medical receipt(s) / sick leave certificate(s) submitted, please also complete the "Request for Return of Original Document(s)" Form. We will notify you or our AIA financial planner / your broker / IFA if we need to obtain extra information from you or from outside parties to assess your claim. As the time required for obtaining the information is variable, the processing time of your claim will likely be longer. 為使能儘速辦理您的索償申請，請將此表格連同有關索償文件一併遞交。有關申請索償所需遞交之文件，請參閱友邦的網頁（http://www.aia.com.hk > 客戶支援> 健康及索償> 索償）。如欲退回任何呈交之正本醫療收據 / 病假證明書，請一併遞交「退回正本文件」申請表格。若我們有需要就審核閣下之賠償申請向您或其他人士索取額外資料，我們會通知您或友邦財務策劃顧問 / 您的保險顧問 / 投資顧問。因索取有關資料需時，賠償申請的審核時間會較長。

(b) In case you want to claim for other benefits, you have to complete an appropriate claim form of that respective claim type and file it in together with the necessary supporting evidence. 如您還需申請其他賠償類別，您須另行填寫及遞交相關的索償申請表格和所需證明。

(c) Please submit your claim application to our AIA financial planner / your broker / IFA or send it to us at the following address: 請將您的索償申請交予友邦財務策劃顧問 / 您的保險顧問 / 投資顧問，或郵寄至以下地址:

- HK : AIA Wealth Select Centre, 12/F AIA Tower, 183 Electric Road, North Point, Hong Kong
  香港：友邦財駿中心，香港北角電氣道183 號友邦廣場12樓
- Macau : AIA Customer Service Centre, Unit 1903, 19/F AIA Tower, Nos. 251A-301 Avenida Comercial de Macau, Macau
  澳門：友邦客戶服務中心，澳門商業大馬路251A - 301號友邦廣場19樓1903室

AIA e-Advice 「友邦電子通知書」

☐ **(Please mark a "X" in the box to apply for this service. 閣下如欲申請此服務請於空格內劃上「X」號。)**

Apply for Internet Service "AIA e-Advice" to suppress physical copies of the selected correspondences and view / download the softcopies via AIA Customer Corner for the above policy and any other policy numbers if specified as below, subject to the #Terms and Conditions of "AIA e-Advice". 申請「友邦電子通知書」網上服務，提交以上保單及其他下列保單號碼（如有）之停止收取個別通知書並透過友邦客戶專頁閱覽或下載個別通知書，並根據「友邦電子通知書」的 #條款及條件使用。

* Email address 電郵地址: _____

Signature of Owner 持有人簽署: _____

Other policy number(s) 其他保單號碼: _____

(Not applicable to Personal Lines policies with policy prefix C.
不適用於保單號碼字首為C之個人財物保險保單。)

For details of the Terms and Conditions of the "AIA e-Advice", please visit AIA Customer Corner www.aia.com.hk. 有關條款及條件之詳情，請登入www.aia.com.hk之友邦客戶專頁參閱。

* Email notification for this claim will only be sent to the email address provided in this form. 是次賠償之個別通知書只會電郵至此表格內所列出之電郵地址。

No Claim Discount (NCD) (Only Applicable to product with NCD)
無索償折扣（只適用於享有無索償折扣的產品）

Important Note 重要通知

If a claim that arose in any previous Policy Year is eventually payable or paid by the company after the policy owner has earned the NCD and thereby paid a discounted premium, the company will use the actual number of Claims Free Years and its corresponding NCD to recalculate the actual eligible discounted premium.
若保單持有人獲得無索償折扣並已支付折扣後的保費，及後本公司若須就以往任何保單年度所出現的索償而作出應付或已付賠償，本公司將會按照實際的無索償年度及其相應的無索償折扣重新計算實際之合資格的折扣後保費。

Declaration and Authorization 聲明及授權

☐ I / We represent that I am / We are the Owner / Assignee / Trustee / Beneficiary (as the case may be) under the policy(ies) as given on this form.

Unless putting a tick ✓ in the above box, I / We hereby give my / our irrevocable consent to the company to deduct any balance in excess of the actual eligible discounted premium recalculated in accordance with the eligible NCD and related levy (if any) from any insurance proceeds.
本人 / 我們聲明，本人 / 我們為此索償申請書中列明的保單之持有人 / 受讓人 / 信託人 / 受益人（視情況而定）。除非於上列空格劃上✓號，否則本人 / 我們完全同意，公司會從保險賠償金中扣除超出根據實際合資格無索償折扣所重新計算的保費金額及有關保費徵費（如適用）。

Policy Number 保單號碼 B 6 1 2 4 0 8 3 2 0

DECLARATION AND AUTHORIZATION 聲明及授權

I / We DECLARE that the answers given above are true and complete and I / we have already paid in full to the attending physicians for the medical expenses specified on the receipts which I / We am / are now submitting to AIA International Limited (hereinafter called "Company"). 本人 / 我們現聲明以上每一項答案為完全和真確及確認是次向友邦保險(國際)有限公司（以下簡稱「公司」）遞交之單據乃由本人 / 我們之醫生發出，單據所載之醫療費用經已全數繳付。

I / We hereby irrevocably authorize 本人 / 我們茲授權：

(a) any organization, institution, or individual that has any record or knowledge of my / our / the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of the Company may disclose any such information. This authorization shall bind my / our / the Insured's successors and assigns and remain valid notwithstanding my / our / the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original. 任何知悉或擁有本人 / 我們 / 被保人之工作、病假紀錄、意外或損失（任何類別）之詳情、健康狀況、病歷或任何治療或諮詢紀錄及曾為或將為本人 / 我們 / 被保人診治之機構、組織或人士、向貴公司透露有關資料，不得撤回，即使本人 / 我們 / 被保人死亡或喪失能力，此授權書仍然存有法律效力，而本人 / 我們 / 被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

(b) The company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my / our / the Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites. 貴公司或任何其認可之驗身醫生或化驗所，替本人 / 我們 / 被保人進行所需之醫療評估及測試，並對本人 / 我們 / 被保人之健康狀況進行審核及評估，作為處理本申請及其後與之有關的賠償事宜，不得撤回。此等化驗會包括，但並不限於，膽固醇及有關之血脂肪、糖尿病、腎或肝功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產品之含量等化驗。

(c) All personal information obtained herein is collected for the purpose of, (i) assessing, processing, evaluating and determining your requests of application for medical claims or services referral and (ii) analysing, investigating, approving and / or determining your claims submitted and will be transferred to AIA's authorized medical panels or its relevant associates / nominees / subsidiaries ("third party administrators"). You authorize us to transfer your personal information to the third party administrators and further give your consent to all third party administrators who / which are in receipt of your personal information that they may process your personal information and transfer all your processed personal information to us for the administration of your insurance policy and provide insurance services to you. Without your voluntary consent, personal information collected will not be transferred to the third party administrators. You can choose not to provide the personal information required, but that will result in not qualifying for receiving any of the services above. 所收集的個人資料會被用作 (i) 評估、處理、審核及釐定您的索償申請或服務轉介及 (ii) 分析、調查、批核及 / 或釐定您的索償申請之用及轉移至友邦保險授權之醫療網絡或其相關之附屬成員 / 代名人 / 附屬公司（「第三方管理人」）。您授權我們轉移您的個人資料給予第三方管理人，並進一步授權所有第三方管理人在收到您的個人資料後，他們可以處理您的個人資料並將您的個人資料轉移至友邦保險作處理保單行政事宜，並為您提供保險服務。然而所收集的個人資料未經您授權將不會轉移至該第三方管理人。您可選擇不向我們提供所需的個人資料，惟這樣可能導致未能獲得任何上述的服務。

PERSONAL DATA COLLECTION AND USE 個人資料收集及使用

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").
I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

本人 / 我們確認本人 / 我們已閱讀及明白 **AIA** 個人資料收集聲明（「**AIA** 個人資料收集聲明」）。本人 / 我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據 **AIA** 個人資料收集聲明收集及使用。本人 / 我們知悉及同意就 **AIA** 個人資料收集聲明所述目的視乎情況轉讓本人 / 我們的個人資料至香港（如保單在香港繕發）或澳門（如保單在澳門繕發）境外予AIA個人資料收集聲明所載的資料承讓人。**AIA** 個人資料收集聲明的最新版本可於以下網址下載：**www.aia.com.hk**，及可向貴公司索取。

李惠玲 Signature of Owner / Trustee 持有人 / 信託人簽署 (Please do not sign on blank form and use the signature on our file. 請勿在空白表格上簽署，並確保簽名與保單申請書一致)	Signature of Insured, if other than Owner / Trustee 受保人簽署，倘非持有人 / 信託人 (Please do not sign on blank form and use the signature on our file. 請勿在空白表格上簽署，並確保簽名與保單申請書一致) (Whose age is 18 or above 年齡十八歲或以上必須簽署)
Name 姓名: Li Wai Ling	Name 姓名:
ID Card/Passport Number 身份證/護照號碼: G500800(5) Date 日期: 26/10/2023	ID Card / Passport Number 身份證 / 護照號碼: Date 日期:
Relationship with the Insured 與受保人關係: 夫婦	Signature of Witness 見證人簽署: Ma Name 姓名: MA Hoi Yee Date 日期: 26/10/2023

Download our mobile app AIA Connect to manage your policy anytime, anywhere!
下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單！

Policy Number 保單號碼 B6124083 20

PART II TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES
第二部份申請人自費由主診醫生 / 手術醫生填寫

1. (a) Name of patient 病人姓名: Cheung Kan Hing

(b) ID Card / Passport Number 身份證 / 護照號碼: G322560(6) (c) Age 年齡: 63 (d) Sex 性別: M

2. Hospitalization 住院 Name of hospital 醫院名稱: Baptist Hospital

Date of Admission 入院日期: 10 (MM月) 25 (DD日) 2023 (YYYY年) Date of Discharge 出院日期: 10 (MM月) 26 (DD日) 2023 (YYYY年)

Period in Intensive Care Unit 入住深切治療部日期 From 由: (MM月) (DD日) (YYYY年) To 至: (MM月) (DD日) (YYYY年)

3. Chief complaints of the patient relating to this hospitalization / surgery 此次住院 / 手術的主要原因
Chest pain. Abdominal pain

4. Date of the accident occurred or symptoms first appeared 首次出現病徵日期或意外發生日期: 08 (MM月) 17 (DD日) 2023 (YYYY年)

5. Date of first consultation for this condition or related illness 病人首次求診日期: 10 (MM月) 17 (DD日) 2023 (YYYY年)

6. Final diagnosis / Pathological diagnosis 最終診斷 / 病理診斷
1. Acute gastritis 2. Colonic polyps
3. aortic stenosis

ICD-10 code 國際疾病分類代碼(ICD-10):

7. Medical / Surgical Procedure 醫療 / 手術程序 Date of Operation 手術日期: 10 (MM月) 26 (DD日) 2023 (YYYY年)

Nature of Procedure 手術名稱:
1. gastroscopy 2. colonoscopy + major polypectomy with forceps and snare

CPT code 目前使用醫療服務術語代碼:

8. Present Prognosis 現時進展
Fair

9. (a) Were the treatment(s), the medical test(s) and the length of stay in hospital (if any) directly related to the current diagnosis, and were medically necessary and recommended by you? 是次檢查、治療及住院日數（如有）是否和上述診斷有直接關係而且是醫療所需及由醫生建議? ☑ Yes 是 ☐ No 否
If No, please give details. 若不是，請詳述之。

Please answer the following questions if the insured requires hospitalization 若受保人需要住院，請回答以下問題：
(b) Were the medical test(s) and equipment for the procedure available only in hospital? 該檢查及手術所需的設備是否僅在醫院可有? ☑ Yes 是 ☐ No 否
(c) Can the medical test(s) and the procedure be done on an outpatient basis / at day surgery centre? 該檢查及手術可否在門診 / 日間手術中心進行? ☐ Can 可以 ☑ Cannot 不可以
(d) The surgery could only be performed under general anaesthesia? 手術是否必須在全身麻醉下進行? ☐ Yes 是 ☑ No 否
For surgery under Monitored Anaesthesia Care, please specify the reason for hospital stay. 如手術在監察麻醉下進行, 請註明住院原因。
Hypertension. Aortic stenosis.

(e) Please indicate the clinical risk(s) and medical reason(s) for hospitalization 請註明臨床風險及須留院的醫療原因：
☐ Current Health Status (Co-morbidity) 現時健康狀況（合併症）：
Please specify 請明確說明：

☑ Expected higher risk at operation 預期較高手術風險:
Please specify 請明確說明：
High risk of acute coronary syndrome

☐ Expected higher post-operative risk 預期較高手術後風險:
Please specify 請明確說明：

☐ Others, please specify the reason for admission and hospitalization: 其他，請註明必須入院及留院的原因：

(f) Is it a case of emergency? 這是否緊急個案？ ☐ Yes 是 ☑ No 否
If Yes, please specify. 如是，請明確說明。

Policy Number 保單號碼 B612408320

10. Brief discharge summary (including treatments, investigation procedures, results and / or any complications and follow up plan)
出院摘要：（治療及以後治療計劃，包括診查辦法、結果，併發症及跟進計劃）

CT coronary angiogram and echocardiography by Dr Lau Chun Leung.
Ultrasound abdomen for abdominal pain.

11. To the best of your knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto? ☑ No 沒有 ☐ Yes 有
據閣下所知，病人以前有沒有患有同類病況？
If Yes, please state dates and details. 如有，請說明何時及當時情況。

Treatment Dates 診治日期 MM月 DD日 YYYY年 Details 詳情

12. Had the patient taken any home leave during the hospital confinement? ☑ No 沒有 ☐ Yes 有
病人有沒有於住院期間請假外出？
If Yes, please state date, time and reason of the patient's home leave. 如有，請列明外出之日期、時間及原因。

13. Was the patient referred by another doctor? ☑ No 不是 ☐ Yes 是
病人是不是經其他醫生轉介？
Name and address of the referral doctor 轉介醫生的姓名和地址：

14. If the patient is suffering from cancer, please complete the below information.
病人患上癌症，請填寫以下資料：
(a) Treatment details of the patient is: 病人的治療詳情為：
- ☐ Radiotherapy 放射性治療 Name / Frequency 放射性名稱次數:
- ☐ Chemotherapy 化學治療 Name / Frequency 藥物名稱 / 次數:
- ☐ Targeted Therapy 標靶藥物治療 Name / Details 藥物名稱 / 詳情:
- ☐ Immunotherapy 免疫治療 Name / Frequency 藥物名稱 / 次數:
- ☐ Others 其他

(b) Any Cancer Genomics test done by the patient? 病人有否接受癌症基因檢測? ☐ Yes 有 ☐ No 沒有
- ☐ ACT Genomics 行動基因
- ☐ FoundationOne 全方位癌症基因檢測
- ☐ Others 其他

PLEASE COMPLETE IF HOSPITALIZATION WAS DUE TO ACCIDENT 因意外受傷入院請填寫此欄

15. (a) Present Condition of Injury 現時受傷情況：

(b) Patient's occupation and exact nature of occupational duties 病人之職業及職責：

(c) Bearing in mind the patient's occupation, in what way do you feel the injuries would / would not totally prevent the patient from working?
以病人之職業而論，閣下認為此傷勢會不會令病人完全不能工作？請列明原因。

I / We hereby declare that the information given on this form is true to the best of my / our knowledge and belief.
本人 / 我們現聲明此申請書上所填寫資料為本人 / 我們所知及所信之事實。

Dr Ng Ka Kin 吳家健醫生
Specialist in General Surgery 外科專科醫生
Honorary Clinical Assistant Professor, Dept of Surgery, HKU
香港大學外科學系名譽臨床助理教授
MBBS(HK), FCSHK, FRCSEd, FHKAM (Surgery)
Suite 1526-28, 15/F, Ocean Centre, Harbour City, 5 Canton Road, Tsim Sha Tsui
尖沙咀廣東道5號海港城海洋中心15樓1526-28室
Tel 電話: 2992 0230 Fax 傳真: 3586 3895

Name of Attending Physician 主診 / 專科醫生的姓名（資歷）

Signature (with chop) 簽名（蓋印）

Address and Telephone No. 地址及電話

10 / 26 / 2023
Date 日期

香港浸信會醫院
Hong Kong Baptist Hospital
九龍窩打老道二百二十二號
222 Waterloo Road, Kowloon, HK
Tel: 2339 8888

正本
ORIGINAL

正式收據
Official Receipt

收據號碼
Receipt No.: RCIP-02070176

醫院/入院編號
Hospital / Episode No.: 0972095 / 12164991

日期
Date: 26/10/2023 12:59

茲收到
Received from 張 根興 CHEUNG KAN HING

繳交港幣
the sum of Hong Kong Dollars 62,396.00

(DOLLARS SIXTY TWO THOUSAND THREE HUNDRED AND NINETY SIX ONLY)

支付
in payment of BILL DIIP-29352139

付款方式
Payment Method

VISA / MASTER

SID 15-0237

注意 Note:
按金將在出院結帳單中自動扣除，出院請攜同按金收據前往繳費處繳費，如有餘款，會按其繳付按金之方式退回該付款賬戶。
Deposit will be automatically deducted from the discharge invoice and please present the Receipt to the Cashier for deduction upon discharge.
Balance of deposit, if any, will be refunded via the same payment method as of the deposit was paid.

SFBIH

香港浸信會醫院
Hong Kong Baptist Hospital
九龍窩打老道二百二十二號
222 Waterloo Road, Kowloon, HK
Tel: 2339 8888

正本
ORIGINAL

正式收據
Official Receipt

收據號碼
Receipt No.: RCIP-02069754

醫院/入院編號
Hospital / Episode No.: 0972095 / 12164991

日期
Date: 25/10/2023 09:30

茲收到
Received from 張 根興 CHEUNG KAN HING

繳交港幣
the sum of Hong Kong Dollars 6,000.00

(DOLLARS SIX THOUSAND ONLY)

支付
in payment of Admission Deposit (3)

付款方式
Payment Method

VISA / MASTER

SID 15-0424

注意 Note:
按金將在出院結帳單中自動扣除，出院請攜同按金收據前往繳費處繳費．如有餘款，會按其繳付按金之方式退回該付款賬戶。
Deposit will be automatically deducted from the discharge invoice and please present the Receipt to the Cashier for deduction upon discharge.
Balance of deposit, if any, will be refunded via the same payment method as of the deposit was paid.

SFBIH

香港浸信會醫院
Hong Kong Baptist Hospital
九龍窩打老道二百二十二號
222 Waterloo Road, Kowloon, HK
Tel: 2339 8888

ORIGINAL

收費單 Invoice

單號 Bill No.: DIIP-29352139
印單日期 Date: 26/10/2023 12:37
醫院編號 Hospital No.: 0972095
入院編號 Episode No.: 12164991
入院日期/時間 Admission Date/Time: 25/10/2023 09:26
出院日期 Discharge Date: 26/10/2023

病人姓名: 張 根興
Patient Name: CHEUNG KAN HING
病房 Ward: NSB7 房間 Room: B703 床位 Bed: B703-8 性別 Sex: Male
主診醫生 Attending Doctor: NG KA KIN 吳家健 (3407)
已繳按金金額 Deposit Paid: 6,000.00 (1)
按金收據號碼 Deposit Rcpt. No.: RCIP-02069754

收費日期 DATE	代號 CODE		要項 PARTICULARS		金額(港幣) AMOUNT (HK$)
CURRENT CHARGES			本賬單費用		
25/10/2023	HC B2	Bed Charge	住院費	820.00	
	HC C6	Computed Tomography	電腦掃描	7,680.00	
	HC E1	Electrocardiogram	心電圖	610.00	
	HC E4	Echocardiogram	心臟超音波掃描	3,210.00	
	HC L1	Laboratory	化驗費	5,610.00	
	HC P1	Pharmacy	藥費	174.00	
	HC T1	Treatment/Procedures	治療/程序	280.00	
	HC U2	Ultrasound	超聲波掃描	3,850.00	
	HC X1	X Ray	X 光費	280.00	
					22,514.00
26/10/2023	HC 18	Oesophago-Gastro-Duedenoscopy	食道胃十二指腸內視鏡檢查	2,060.00	
	HC 27	COLONOSCOPY	結腸內視鏡檢查	3,010.00	
	HC 45	Endoscopic Consumable/Disposable Items	內視鏡中心消耗性/單次性項目	540.00	
	HC L1	Laboratory	化驗費	5,990.00	
	HC P1	Pharmacy	藥費	4,244.00	
	HC S3	Supplies and Materials	供應物品	188.00	
	HC T1	Treatment/Procedures	治療/程序	3,600.00	
					19,632.00
	CHAN PIK YAN (NOAH MED SPEC LTD) (7241)				
	DF P1	Doctor's Fee - Anaesthesia	醫生費 - 麻醉費	5,250.00	
					5,250.00
	LAU CHUN LEUNG (NOAH MED SPEC LTD) (6152)				
	DF P2	Doctor's Fee - Consultation	醫生費 - 診費	3,000.00	
					3,000.00

注意: N.B.
1.請儘快此賬單在本院繳費處繳費。
Please settle this bill at the Hospital Cashier's Office.
2.按金將在出院結賬時扣除。
Deposit will be deducted upon payment of the discharge invoice.
3.收費可用易辦事(每天交易上限視乎個別銀行而定)、信用卡、銀聯卡、微信支付、支付寶、轉數快繳付。
Payment can be made by EPS (The maximum daily transaction limit varies with individual banks), credit card, China Union Pay, WeChat Pay, Alipay, Faster Payment System.
4.出院賬單如有漏算，醫院保留追討權利，本院將會退回任何多收款項。
The Hospital reserves the right to bill any undercharge and will refund any excess.
5.如需要列出各項目之收費，請與繳費處聯絡。
If a breakdown of billing items is required, please contact Cashier's Office.
6.如有退款，請出示收據正本。
Patients are requested to present original copy of receipt for refund of charges, if any.
7.中國內地孕婦入院分娩，最低收費為$38,000。扣除預繳金額後如有不敷之數，必須於出院前清繳。
Minimum charge for a Mainland China maternity patient is $38,000. Excess charges after deduction of the advance payment must be settled on discharge.

CP/PATIENT

SFBIH

香港浸信會醫院
Hong Kong Baptist Hospital
九龍窩打老道二百二十二號
222 Waterloo Road, Kowloon, HK
Tel: 2339 8888

ORIGINAL

收費單
Invoice

單號 Bill No.: DIIP-29352139
印單日期 Date: 26/10/2023 12:37
醫院編號 Hospital No.: 0972095
人院編號 Episode No.: 12164991
入院日期/時間 Admission Date/Time: 25/10/2023 09:26
出院日期 Discharge Date: 26/10/2023

病人姓名: 張 根興
Patient Name: CHEUNG KAN HING
病房 Ward: NSB7 房間 Room: B703 床位 Bed: B703-8 性別 Sex: Male
主診醫生 Attending Doctor: NG KA KIN 吳家健 (3407)
已繳按金金額 Deposit Paid: 6,000.00 (1)
按金收據號碼 Deposit Rcpt. No.: RCIP-02069754

收費日期 DATE	代號 CODE	要項 PARTICULARS		金額(港幣) AMOUNT (HK$)
	NG KA KIN 吳家健 (3407)			
	DF P3 Doctor's Fee - Attendance	醫生費 - 巡房診治	2,000.00	
	DF P4 Doctor's Fee - Surgery	醫生費 - 手術	16,000.00	
				18,000.00
	Invoice Sub-total	帳單小計		68,396.00
Grand Total		總額		68,396.00
Deducted from Deposit		由按金扣除	25/10/2023	-6,000.00
Balance Due		應繳金額		62,396.00

HONG KONG DOLLARS SIXTY TWO THOUSAND THREE HUNDRED AND NINETY SIX ONLY

多謝你使用本院服務，祝閣下身體健康。 Thank you for using our service and wish you good health.

SUMMARY 摘要:

From 由 25/10/2023 To 到 26/10/2023

Total Hospital Charges (Net of Discount): 住院費用(折扣已扣除)	HK$42,146.00
Total Doctor Fee: 醫生費用	HK$26,250.00
Total Payments (Deposit included): 已繳金額 (包括按金)	HK$6,000.00
Total Balance Due: (應繳/(退)金額總數)	HK$62,396.00

應繳/(退)金額總數 TOTAL BALANCE DUE: 62,396.00

注意: N.B.
1.請偕同此賬單在本院繳費處繳費。
Please settle this bill at the Hospital Cashier's Office.
2.按金將在出院結賬時扣除。
Deposit will be deducted upon payment of the discharge invoice.
3.收費可用易辦事(每天交易上限視乎個別銀行而定)、信用卡、銀聯卡、微信支付、支付寶、轉數快繳付。
Payment can be made by EPS (The maximum daily transaction limit varies with individual banks), credit card, China Union Pay, WeChat Pay, Alipay, Faster Payment System.
4.出院賬單如有漏算，醫院保留追討權利，本院將會退回任何多收款項。
The Hospital reserves the right to bill any undercharge and will refund any excess.
5.如需要列出各項目之收費，請與繳費處聯絡。
If a breakdown of billing items is required, please contact Cashier's Office.
6.如有退款，請出示收據正本。
Patients are requested to present original copy of receipt for refund of charges, if any.
7.中國內地孕婦入院分娩，最低收費為$38,000。扣除預繳金額後如有不敷之數，必須於出院前清繳。
Minimum charge for a Mainland China maternity patient is $38,000. Excess charges after deduction of the advance payment must be settled on discharge.

CP/PATIENT

SFBIH

香港浸信會醫院
Hong Kong Baptist Hospital

P06

Microbiology Laboratory
222 Waterloo Road, Kowloon (Tel.: 23398931 Fax: 23398935)

Lab Req No: 23MR298023
Name: CHEUNG KAN HING 張根興

Patient No.: 0972095
Episode: 12164991
Location: BTH/MEDI/NSB7 Bed: B703-8
Sex/Age: M/64Y DOB: 22/10/1959
Req. Loc.: BTH/MEDI/NSB7
Doctor: NG KA KIN (3407)

Date/time Registered: 25/10/2023 14:21
Specimen 標本 : Urine

M

Routine Urinalysis 小便常規檢查 : **(Reference Interval)**

Urine Chemistry

Colour :	Light Yellow		
Turbidity :	Clear		
Specific Gravity :	1.004		(1.002 - 1.035)
pH :	6.0		(4.5 - 8.0)
Protein :	Negative		(Negative)
Sugar :	Negative		(Negative)
Haemolyzed Blood :	Negative		(Negative)
Nitrite :	Negative		(Negative)

Urine Particle Analysis

R.B.C. :	1	/uL	(Normal: <23; Increased: 23-100; Numerous: >100)
Leucocytes :	0	/uL	(Normal: <25; Increased: 25-100; Numerous: >100)
Epithelial Cells :	1	/uL	(Usual: <31)
Granular Cast :	0	/uL	
Hyaline Cast :	0	/uL	
Bacteria:	3	/uL	(< 1200)
Others:	Nil		

Haematuria may be caused by non-infective pathological conditions of the urinary tract, or by renal mycobacterial disease, or present during menstruation.

Interpretation for the presence of bacteria by microscopy or urinalysis need to take into account the specimen collection methods, sample quality, other urinalysis results as well as urine culture results, if urinary tract infection is being suspected.Please correlate with clinical information. Send urine for culture if clinically indicated.

Authorized by: Au Yeung Wing Man

********** End of report **********

Report Date & Time: 25/10/2023 15:46
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23MR298023

MICROBIOLOGY REPORT

MICROBIOLOGY REPORT

香港浸信會醫院
Hong Kong Baptist Hospital

P02

Haematology Laboratory
222 Waterloo Road, Kowloon (Tel.: 23398928 Fax: 23398935)

Lab Req No: 23HE298083
Name: CHEUNG KAN HING 張根興

Patient No.: 0972095
Episode: 12164991
Location: BTH/MEDI/NSB7 Bed: B703-8
Sex/Age: M/64Y DOB: 22/10/1959
Req. Loc.: BTH/MEDI/NSB7
Doctor: NG KA KIN (3407)

Specimen 標本 : Blood

Collect Date : 25/10/23
Collect Time : 10:11
Regist Date : 25/10/23
Regist Time : 10:31
Request No. : HE298083

H

		Ref.interval	Units
COMPLETE BLOOD COUNT 全血計數			
WBC 白血球總數	7.40	3.70 - 9.20	x10^9/L
Neutrophil 嗜中性白血球	65.7	43.0 - 71.0	%
Lymphocyte 淋巴球	24.2	19.0 - 46.0	%
Monocyte 單核白血球	8.5	3.0 - 12.0	%
Eosinophil 嗜酸性白血球	1.2	0.0 - 7.0	%
Basophil 嗜鹼性白血球	0.4	0.0 - 1.4	%
#Neutrophil	4.86	1.70 - 5.80	x10^9/L
#Lymphocyte	1.79	1.00 - 3.10	x10^9/L
#Monocyte	0.63	0.10 - 0.80	x10^9/L
#Eosinophil	0.09	0.00 - 0.50	x10^9/L
#Basophil	0.03	0.00 - 0.10	x10^9/L
RBC 紅血球總數	5.06	4.30 - 5.90	x10^12/L
Haemoglobin 血紅蛋白	15.4	13.4 - 17.1	gm/dl
Hematocrit 紅血球壓積量	0.462	0.400 - 0.510	L/L
MCV 紅血球平均體積	91.3	82.0 - 97.0	fL
MCH 平均血紅素值	30.4	27.0 - 33.0	pg
MCHC 平均血紅素濃度	33.3	32.5 - 35.7	gm/dl
RDW 紅血球分佈寬度	13.9	11.0 - 14.0	%
Platelet 血小板總數	228	145 - 370	x10^9/L
DC Type	machine		
Film Review	N		

Footnotes:
N - Final Report.

Authorized by: Yuet Ming Chu

********** End of report **********

Report Date & Time: 25/10/2023 10:55
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23HE298083

HAEMATOLOGY REPORT

HAEMATOLOGY REPORT

香港浸信會醫院
Hong Kong Baptist Hospital

P01

Chemical Pathology Laboratory

222 Waterloo Road, Kowloon (Tel.: 23398927 Fax: 23398935)

Lab Req No: 23CB298123
Name: CHEUNG KAN HING 張根興

Patient No.: 0972095
Episode: 12164991
Location: BTH/MEDI/NSB7 Bed: B703-8
Sex/Age: M/64Y DOB: 22/10/1959
Req. Loc.: BTH/MEDI/NSB7
Doctor: NG KA KIN (3407)

Specimen 標本 : Blood

Collect Date : 25/10/23
Collect Time : 10:11
Regist Date : 25/10/23
Regist Time : 10:31
Request No. : CB298123

C

		Ref.interval	Units
Renal Function Tests (RFT) 腎功能測試			
Sodium (Na) 鈉	139	136 - 145	mmol/L
Potassium (K) 鉀	4.5	3.5 - 5.1	mmol/L
Urea (BUN) 尿素	5.2	2.8 - 8.1	mmol/L
Serum Creatinine (CREAT) 血肌酸酐	91	59 - 104	umol/L
Uric Acid (UA) 尿酸	373	202 - 417	umol/L
Chloride (Cl) 氯化物	105	98 - 107	mmol/L

Please be noted that the new analyzer Roche CobasPro and new reference intervals for all tests above were effective from 15:00 on 27/04/2022.

Authorized by: Tam Man Chun

********** End of report **********

Report Date & Time: 25/10/2023 11:47
Report Destination: BTH/MEDI/NSB7 - B7

Generated on: 25/10/2023 11:47

23CB298123

CHEMICAL PATHOLOGY REPORT

CHEMICAL PATHOLOGY REPORT

香港浸信會醫院
Hong Kong Baptist Hospital

P01

Chemical Pathology Laboratory
222 Waterloo Road, Kowloon (Tel.: 23398927 Fax: 23398935)

Lab Req No: 23CB298123
Name: CHEUNG KAN HING 張根興

Patient No.: 0972095
Episode: 12164991
Location: BTH/MEDI/NSB7 Bed: B703-8
Sex/Age: M/64Y DOB: 22/10/1959
Req. Loc.: BTH/MEDI/NSB7
Doctor: NG KA KIN (3407)

Specimen 標本 : Blood

Collect Date : 25/10/23
Collect Time : 10:11
Regist Date : 25/10/23
Regist Time : 10:31
Request No. : CB298123

C

		Ref.interval	Units
Liver Function Tests (LFT) 肝功能測試			
Alkaline Phosphatase (ALP) 鹼性磷酸酶	55	40 - 129	IU/L
Alanine Aminotransferase (GPT/ALT) 谷丙胺酸轉胺酶	28	10 - 50	IU/L
Aspartate Aminotransferase (GOT/AST) 谷草胺酸轉胺酶	28	10 - 50	IU/L
Gamma-Glutamyl Transpeptidase GGTP 丙麩胺酸轉肽酶	23	< 60	IU/L
Bilirubin, Total (TBIL) 總膽紅素	11.6	< 21.0	umol/L
Total Protein (TP) 總蛋白質	79.1	66.0 - 87.0	g/L
Albumin (ALB) 白蛋白	37.3	35.0 - 52.0	g/L
Globulin (GLOB) 球蛋白	**41.8 H**	25.0 - 35.0	g/L
Albumin/Globulin ratio (A/G) 白蛋白/球蛋白比例	**0.9 L**	1.1 - 2.0	

Please be noted that the new analyzer Roche CobasPro and new reference intervals for all tests above were effective from 15:00 on 27/04/2022.

Authorized by: Tam Man Chun

********** End of report **********

CHEMICAL PATHOLOGY REPORT

Report Date & Time: 25/10/2023 11:47
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23CB298123

CHEMICAL PATHOLOGY REPORT

香港浸信會醫院
Hong Kong Baptist Hospital

P01

Chemical Pathology Laboratory
222 Waterloo Road, Kowloon (Tel.: 23398927 Fax: 23398935)

Lab Req No: 23CB298123
Name: CHEUNG KAN HING 張根興

Patient No.: 0972095
Episode: 12164991
Location: BTH/MEDI/NSB7 Bed: B703-8
Sex/Age: M/64Y DOB: 22/10/1959
Req. Loc.: BTH/MEDI/NSB7
Doctor: NG KA KIN (3407)

Specimen 標本 : Blood

Collect Date : 25/10/23
Collect Time : 10:11
Regist Date : 25/10/23
Regist Time : 10:31
Request No. : CB298123

C

		Ref.interval	Units
Calcium (Ca) 鈣	2.40	2.20 - 2.55	mmol/L
Inorganic Phosphates (PO4) 無機磷酸鹽	0.85	0.81 - 1.45	mmol/L

Please be noted that the new analyzer Roche CobasPro and new reference intervals for all tests above were effective from 15:00 on 27/04/2022.

Authorized by: Tam Man Chun

********** End of report **********

Report Date & Time: 25/10/2023 11:47
Report Destination: BTH/MEDI/NSB7 - B7

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CHEMICAL PATHOLOGY REPORT

CHEMICAL PATHOLOGY REPORT

香港浸信會醫院
Hong Kong Baptist Hospital

P01

Chemical Pathology Laboratory
222 Waterloo Road, Kowloon (Tel.: 23398927 Fax: 23398935)

Lab Req No: 23CB298123
Name: CHEUNG KAN HING 張根興

Patient No.: 0972095
Episode: 12164991
Location: BTH/MEDI/NSB7 Bed: B703-8
Sex/Age: M/64Y DOB: 22/10/1959
Req. Loc.: BTH/MEDI/NSB7
Doctor: NG KA KIN (3407)

Specimen 標本 : Blood

Collect Date : 25/10/23
Collect Time : 10:11
Regist Date : 25/10/23
Regist Time : 10:31
Request No. : CB298123

C

		Ref.interval	Units
Prostate Specific Antigen,Total(PSA) 總前列腺特殊抗原	1.51	< 4.00	ng/mL

Authorized by: Lee Ka Wai

********** End of report **********

Report Date & Time: 25/10/2023 11:50
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CHEMICAL PATHOLOGY REPORT

CHEMICAL PATHOLOGY REPORT

香港浸信會醫院
Hong Kong Baptist Hospital

P01

Chemical Pathology Laboratory
222 Waterloo Road, Kowloon (Tel.: 23398927 Fax: 23398935)

Lab Req No: 23CB298123
Name: CHEUNG KAN HING 張根興

Patient No.: 0972095
Episode: 12164991
Location: BTH/MEDI/NSB7 Bed: B703-8
Sex/Age: M/64Y DOB: 22/10/1959
Req. Loc.: BTH/MEDI/NSB7
Doctor: NG KA KIN (3407)

Specimen 標本 : Blood

Collect Date : 25/10/23
Collect Time : 10:11
Regist Date : 25/10/23
Regist Time : 10:31
Request No. : CB298123

C

		Ref.interval	Units
Alpha-Feto Protein (AFP) 甲胎蛋白	<2.3	<= 5.8	IU/mL

Please be noted that the new analyzer Roche CobasPro and new reference intervals for all tests above were effective from 15:00 on 20/04/2022.

Authorized by: Lee Ka Wai

********** End of report **********

Report Date & Time: 25/10/2023 11:50
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23CB298123

CHEMICAL PATHOLOGY REPORT

CHEMICAL PATHOLOGY REPORT

香港浸信會醫院
Hong Kong Baptist Hospital

P02

Haematology Laboratory
222 Waterloo Road, Kowloon (Tel.: 23398928 Fax: 23398935)

Lab Req No: 23HM298014
Name: CHEUNG KAN HING 張根興

Patient No.: 0972095
Episode: 12164991
Location: BTH/MEDI/NSB7 Bed: B703-8
Sex/Age: M/64Y DOB: 22/10/1959
Req. Loc.: BTH/MEDI/NSB7
Doctor: NG KA KIN (3407)

Specimen 標本 : Blood

Collect Date : 25/10/23
Collect Time : 10:11
Regist Date : 25/10/23
Regist Time : 10:31
Request No. : HM298014

H

		Ref.interval	Units
Haemoglobin A1c (HbA1c) 糖化血色素	5.8 H	<5.7	%

Reference Interval Comment:

Suggested Diagnosis	NGSP %
Normal	<5.7
Pre-Diabetes	5.7 - 6.4
Diabetes	>=6.5

The above HbA1c ranges recommended by the America Diabetes Association (ADA) may be used as an aid in the diagnosis of Diabetes Mellitus. Please correlate with clinical diagnosis and follow-up by fasting glucose or OGTT testing is recommended.

HPLC method for measuring HbA1c is certified by the NGSP. It is traceable to the reference methods of both NGSP and IFCC standards.

Please note that the new analyzer BioRad D-10 for all tests above were effective from 09:00 on 17/07/2023.

Authorized by: Hui Man Mei

********** End of report **********

HAEMATOLOGY REPORT

Report Date & Time: 25/10/2023 12:05
Report Destination: BTH/MEDI/NSB7 - B7

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23HM298014

HAEMATOLOGY REPORT

香港浸信會醫院
Hong Kong Baptist Hospital

P01

Chemical Pathology Laboratory
222 Waterloo Road, Kowloon (Tel.: 23398927 Fax: 23398935)

Lab Req No: 23CB298123
Name: CHEUNG KAN HING 張根興

Patient No.: 0972095
Episode: 12164991
Location: BTH/MEDI/NSB7 Bed: B703-8
Sex/Age: M/64Y DOB: 22/10/1959
Req. Loc.: BTH/MEDI/NSB7
Doctor: NG KA KIN (3407)

Specimen 標本 : Blood

Collect Date : 25/10/23
Collect Time : 10:11
Regist Date : 25/10/23
Regist Time : 10:31
Request No. : CB298123

C

		Ref.interval	Units
Thyroid Stimulating Hormone (TSH) 促甲狀腺激素	2.94	0.27 - 4.20	uIU/mL
Thyroxine, Free (FREE T4) 游離甲狀腺素	12.8	11.9 - 21.6	pmol/L

Please be noted that the new analyzer Roche CobasPro and new reference intervals for all tests above were effective from 15:00 on 20/04/2022.

Reference Interval Comment:
New reference range is updated from 30/09/2022.

Authorized by: Lee Ka Wai

********** End of report **********

Report Date & Time: 25/10/2023 11:50
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23CB298123

CHEMICAL PATHOLOGY REPORT

CHEMICAL PATHOLOGY REPORT

香港浸信會醫院
Hong Kong Baptist Hospital

P02

Haematology Laboratory
222 Waterloo Road, Kowloon (Tel.: 23398928 Fax: 23398935)

Lab Req No: 23HE298083
Name: CHEUNG KAN HING 張根興

Patient No.: 0972095
Episode: 12164991
Location: BTH/MEDI/NSB7 Bed: B703-8
Sex/Age: M/64Y DOB: 22/10/1959
Req. Loc.: BTH/MEDI/NSB7
Doctor: NG KA KIN (3407)

Specimen 標本 : Blood

Collect Date : 25/10/23
Collect Time : 10:11
Regist Date : 25/10/23
Regist Time : 10:31
Request No. : HE298083

H

		Ref.interval	Units
Erythrocyte Sedimentation Rate			
ESR 血沉降率	25	0 - 35	mm/hr

Authorized by: Li Lut Sing

********** End of report **********

Report Date & Time: 25/10/2023 11:05
Report Destination: BTH/MEDI/NSB7 - B7

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23HE298083

HAEMATOLOGY REPORT

HAEMATOLOGY REPORT

香港浸信會醫院
Hong Kong Baptist Hospital

P01

Chemical Pathology Laboratory
222 Waterloo Road, Kowloon (Tel.: 23398927 Fax: 23398935)

Lab Req No: 23CB298123
Name: CHEUNG KAN HING 張根興

Patient No.: 0972095
Episode: 12164991
Location: BTH/MEDI/NSB7 Bed: B703-8
Sex/Age: M/64Y DOB: 22/10/1959
Req. Loc.: BTH/MEDI/NSB7
Doctor: NG KA KIN (3407)

Specimen 標本 : Blood

Collect Date : 25/10/23
Collect Time : 10:11
Regist Date : 25/10/23
Regist Time : 10:31
Request No. : CB298123

C

		Ref.interval	Units
Glucose, Random (RGLU) 葡萄糖,隨機樣本	5.1	3.8 - 7.8	mmol/L

Please be noted that the new analyzer Roche CobasPro for all tests above were effective from 15:00 on 27/04/2022.

Reference Interval Comment:
Glucose, Random - Diabetic: >11.1 mmol/L

Authorized by: Tam Man Chun

********** End of report **********

CHEMICAL PATHOLOGY REPORT

Report Date & Time: 25/10/2023 11:47
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CHEMICAL PATHOLOGY REPORT