

Critical Illness Benefit Claim - Carcinoma-In-Situ

Part II - Attending Physician's Statement

(to be completed by attending physician at the claimant's own expenses)

危疾保障賠償 - 原位癌

乙部 - 主診醫生報告 (由申請人自費, 由主診醫生填寫)

Policy no. 保單編號

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Patient's name 病人姓名	HKID Card/Passport no. 香港身份證/護照號碼	Date of birth 出生日期 DD日 MM月 YYYY年 / /	Sex 性別	Age 年齡
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Carcinoma-In-Situ

A focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. Invasion means an infiltration and/or active destruction of tissue or surrounding tissue beyond the basement membrane. The disease of Carcinoma-In-Situ covered by this Rider is limited only to carcinoma-in-situ of the breast, cervix uteri (which must be at a grading of not less than Carcinoma-In-Situ (CIN III)), prostate gland and testicles. The diagnosis of Carcinoma-In-Situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissue additionally supported by biopsy, and in the case of cervix uteri, by a cone biopsy or colposcopy with cervical biopsy.

原位癌

癌細胞定點的自地新生長，而並未因此侵入正常細胞組織。「侵入」指滲入及/或活躍地破壞細胞組織或周圍的細胞組織並穿過基層膜。本附加保障所保的原位癌只限於乳房、子宮頸（必須不少於CIN III級別）、前列腺及睪丸之原位癌疾病保障。原位癌必須以顯微鏡定位細胞檢驗為基準作正面的診斷，並且提供以下的檢查報告，子宮頸個案須附加視錐細胞活組織檢查或陰道鏡子宮頸活組織檢查報告。

A. General Information 一般資料

1. Are you the patient's usual doctor? 閣下是否病人之慣常醫生? Yes 是 No 否
Since when 自從 (/ /) DD日 MM月 YYYY年

2. When were you first consulted for this illness? 病人就是次疾病首次向閣下求診之日期?
(/ /) DD日 MM月 YYYY年

3. What were the presenting symptoms? 請描述病人之病徵?

4. According to the patient, how long had the symptoms been present? 根據病人之描述，該病徵於何時出現?
Since 自從 (/ /) DD日 MM月 YYYY年 **OR或** for 已存在: years年 months月 days日

5. What were the significant physical findings? 請提供體檢結果或發現。

6. What was the exact diagnosis? 請提供診斷。

7. Date of diagnosis made? 診斷日期?
(/ /) DD日 MM月 YYYY年

8. When was the patient informed of the diagnosis? (Please give exact date) 病人於何時得悉上述診斷? (請提供日期)
(/ /) DD日 MM月 YYYY年

9. If you are not the first who diagnosed for this illness, please give name and address of the doctor who informed the patient of the diagnosis. 若閣下不是首次確診病人上述診斷之醫生，請提供該醫生之姓名及地址。

10. Other physicians or medical facilities the patient has consulted for this condition. 病人就有關情況向其他醫生或醫療機構求診。

Name of physician(s) &/or hospital(s) 醫生/醫院名稱	Address(es) 地址	Date of consultation(s) &/or period of confinement 求診日期及/或住院期 DD日 MM月 YYYY年
		(/ /) To 至 (/ /)
		(/ /) To 至 (/ /)
		(/ /) To 至 (/ /)

B. Extent of Illness 疾病程度

1. What was the position of the Carcinoma-in-situ? 原位癌之位置是什麼？

- Breast 乳房 Yes 是 No 否
Cervix uteri 子宮頸 Yes 是 No 否 (If yes, please answer Q4. 如果是，請回答Q4。)
Prostate Gland 前列腺 Yes 是 No 否 (If yes, please answer Q5. 如果是，請回答Q5。)
Testicles 睪丸 Yes 是 No 否
Uterus 子宮 Yes 是 No 否
Fallopian tube 輸卵管 Yes 是 No 否
Vagina or Vulva 陰道或外陰 Yes 是 No 否
Ovary 卵巢 Yes 是 No 否
Others 其他 Position 位置：_____ (If yes, please answer Q6. 如果是，請回答Q6。)

2. What was the histology of tumour? 請提供腫瘤之病理組織結構？

3. Was there infiltration and/or active destruction of tissue or surrounding tissue beyond the basement membrane? Please describe the details.

是否存在滲入及/或活躍地破壞細胞組織或周圍之細胞組織並穿過基層膜？請描述細節。

Yes 是 No 否 Details 請詳述：_____

4. a. Was that a Carcinoma-in-situ of grading not less than Cervical Intraepithelial Neoplasia III (CIN III)? Please state the staging.

原位癌之分級是否不低於子宮頸原位癌級別 III (CIN III)？請註明該原位癌達到什麼階段。

Yes 是 No 否 Staging 階段：_____

b. Was a cone biopsy or colposcopy with cervical biopsy done? Please describe the details.

是否已進行視錐細胞活組織檢查或陰道鏡子宮頸活組織檢查？請描述細節。

Yes 是 No 否 Details 請詳述：_____

5. a. Was that a Carcinoma-in-situ or an early stage prostate cancer of grading not less than High Grade Prostatic Intraepithelial Neoplasia III (High Grade PIN III)? Please state the staging.

原位癌或早期前列腺癌之分級是否不低於高級別前列腺癌前病變 III (高級別PIN III)？請註明該原位癌達到什麼階段。

Yes 是 No 否 Staging 階段：_____

b. Was that a Carcinoma-in-situ or an early prostate cancer which is histologically described as TNM Classification T1aNOMO, T1bNOMO or T1cNOMO? Please state the classification.

原位癌或早期前列腺癌之分期是否在組織學上被TNM病理分期中定為T1aNOMO、T1bNOMO或T1cNOMO期之前期侵襲性前列腺癌？請註明該原位癌達到什麼分期。

Yes 是 No 否 Classification 分期：_____

6. What is the grading of such diagnosis of Carcinoma-in-situ? Please state the staging.

該原位癌之分級是什麼？請註明該原位癌達到什麼階段。

Yes 是 No 否 Staging 階段：_____

7. a. Was the Carcinoma-in-situ diagnosed upon basis of a microscopic examination of fixed tissue additionally supported by biopsy?

原位癌是否以顯微鏡定位細胞檢驗為基準作診斷?

Yes 是 No 否

b. Please enclose copies of all reports including biopsy records, cytology reports, x-rays, CT scans, other imaging studies, laboratory evidence, surgical report etc, and any relevant hospital reports that are available.

請附上活檢記錄、細胞學報告、X光檢查、電腦斷層掃描、其他影像學檢查、實驗室證據、手術報告等以及任何相關之醫院報告。

8. Is there anything in the Insured's personal health history which would have increased the risk of suffering Carcinoma-in-situ? Please give the details.

病人之健康史中是否有任何增加患上原位癌之風險? 請詳細說明。

9. What is the nature of treatment? 請提供治療之性質。

a. Surgical 外科手術 Radiotherapy 電療 Chemotherapy 化療 Palliative 紓緩治療 Others 其他

b. Please provide details of procedure(s). 請提供程序之詳情。

10. What is the prognosis of the disease? 請提供該疾病預期之康復進度。

C. Other Information 其他資料

1. Does the patient smoke cigarette or drink alcohol? If yes, please give details including the daily consumption and the duration of the habit.

病人是否有吸煙或飲酒習慣? 若有, 請提供詳情包括每天飲用或吸食之用量及該習慣之持續時間。

Yes 是 No 否

Quantity 數量 Type 類別 Duration 持續時間

2. Please state if the patient has suffered / been treated for any other illness(es) / complaints other than this critical illness.

請說明病人是否曾經患有除此危疾以外之其他疾病或接受治療。

3. Is there any further information, which in your opinion will assist us in assessing this claim?

請提供任何資料閣下認為可以幫助本公司審核此索償申請。

I hereby certify that I have personally examined and treated the patient for the above illness and that the facts as given above present my opinion of his/her conditions.
本人在此聲明, 已向病人進行身體檢查, 並對上述疾病進行治療及上述事實表明本人對上述病人之情況表述。

<hr/> Name of physician (with stamp) 醫生姓名 (連印章)	<hr/> Qualification 醫學資格	<hr/> Signature 簽署	<hr/> Date 日期
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Address 地址: _____

Tel no. 電話號碼: _____

Chubb. Insured.SM