

### Instruction Notes:

- (i) For new applicants (no existing admission right or clinical privilege in UH), please complete the form CHM-001 Application Form for Admission Right & Clinical Privileges and attach this form (+/- other privilege forms) as supplementary document(s).
- (ii) Please provide supporting evidence of relevant training and experience.
- (iii) Please submit completed application forms together with supporting documents by post to Human Resources Department, Union Hospital, 18 Fu Kin Street, Tai Wai, NT. Please mark “Application for Admission Right & Clinical Privileges” on the envelope.
- (iv) Application processing normally **takes about 12 weeks**. To check status of your application, please contact Human Resources Department at 2608 3158 or email to [vms@union.org](mailto:vms@union.org).
- (v) All personal data collected will be treated in strict confidence and be used for application purposes only.

**For Hospital Use Only**

Date received: \_\_\_\_\_

App. Ref. No.: \_\_\_\_\_

Doctor’s code: \_\_\_\_\_

### Explanatory Note

- 1. General Requirement for visiting doctors to use IUI service in Reproductive Medicine Centres under Union Hospital**
  - 1.1 Accredited specialist in Obstetrics & Gynaecology or Reproductive Medicine under the Specialist Register of the Medical Council of Hong Kong.
  - 1.2 The doctor should follow strictly the “Codes of Practice on Reproductive Technology & Embryo Research” distributed by the Council on Human Reproductive Technology.  
Website: <http://www.chrt.org.hk/>
  - 1.3 Every care should be made to minimize the risk of multiple pregnancies and reference should be made to the Hong Kong College of Obstetricians and Gynaecologists Guidelines Number 1.  
[http://www.hkcog.org.hk/hkcog/Download/Use\\_of\\_Gonadotrophins\\_Revised\\_2003.pdf](http://www.hkcog.org.hk/hkcog/Download/Use_of_Gonadotrophins_Revised_2003.pdf)
  - 1.4 The doctor should follow the protocol of Reproductive Medicine Centre. (Please contact in-charge Nursing Officer for protocol). Intranet: [http://uhweblb1p2v/intranet2000/html/dept/rmc\\_lic.asp](http://uhweblb1p2v/intranet2000/html/dept/rmc_lic.asp)
- 2. Prerequisites for visiting doctors to use IVF services in Reproductive Medicine Centres under Union Hospital**
  - 2.1 Accredited subspecialist in Reproductive Medicine under the Specialist Register of the Medical Council of Hong Kong or holder of Certificate of Subspecialist Accreditation in Reproductive Medicine granted by Hong Kong College of Obstetricians and Gynaecologists.
  - 2.2 The doctor’s own clinic should be a licensed IUI clinic.
  - 2.3 The doctor should follow strictly the “Codes of Practice on Reproductive Technology & Embryo Research” distributed by the Council on Human Reproductive Technology.  
Website: <http://www.chrt.org.hk/>
  - 2.4 The doctor should follow the protocol of Reproductive Medicine Centre. (Please contact in-charge Nursing Officer for protocol). Intranet: [http://uhweblb1p2v/intranet2000/html/dept/rmc\\_lic.asp](http://uhweblb1p2v/intranet2000/html/dept/rmc_lic.asp)

### I. Personal Particulars

Doctor’s Name	Doctor’s Code in Union Hospital
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### II. Training and Experience

Are you a registered Specialist in Obstetrics and Gynaecology (O&G)?

No

Yes, registration with \_\_\_\_\_

  

Are you a Fellow of the Hong Kong Academy of Medicine?

No       Yes, since: \_\_\_\_\_

Please provide other relevant qualification (use supplementary sheets if necessary):

\_\_\_\_\_

  

Have you ever been suspended or refused the privilege to use the facilities/ or services of In-Vitro Fertilization (IVF) in Hong Kong or overseas?

No       Yes, please specify: \_\_\_\_\_

CHM-043-25-3123(R5)

Please ✓ as appropriate. \* Please delete as appropriate.

**III. Previous training and experience (relevant to assisted reproduction services):**

Institution 1		Supervisor	
Year		Email	
Institution 2		Supervisor	
Year		Email	

Remarks: supervisors may be contacted via mail or email to verify information of this application.

**IV. Application for Privilege in Performing**

<b>For Hospital Use Only</b>		
Screened by:		
Date:		

	Applied	Granted	Remarks
Intra Uterine Insemination (IUI)	<input type="checkbox"/>	<input type="checkbox"/>	
In-Vitro Fertilization (IVF)	<input type="checkbox"/>	<input type="checkbox"/>	
Artificial Insemination by Husband (AIH)	<input type="checkbox"/>	<input type="checkbox"/>	
Artificial Insemination by Donor (AID) / Donor Insemination (DI)	<input type="checkbox"/>	<input type="checkbox"/>	
Oocyte Retrieval	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen-Thawed / Fresh Embryo Transfer (ET)	<input type="checkbox"/>	<input type="checkbox"/>	
Oocyte Donation	<input type="checkbox"/>	<input type="checkbox"/>	
Micro-Epididymal Sperm Aspiration (MESA)	<input type="checkbox"/>	<input type="checkbox"/>	
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	
Gamete freezing	<input type="checkbox"/>	<input type="checkbox"/>	

Note: The privilege will be reviewed every 2 years.

Please refer to the “Explanatory Note: General Requirement for visiting doctors to use IUI service and Prerequisites for visiting doctors to use IVF services in Reproductive Medicine Centres under Union Hospital”.

**V. Declaration**

<b>I declare that the information provided above is accurate and true.</b>					
Name in BLOCK Letters		HKID No.			
Signature		Initials		Date	

**VI. Internal Vetting (For Hospital Use Only)**

**Director of Reproductive Medicine Centre / Head of Department of O&G**

Comment	<input type="checkbox"/> Supported / <input type="checkbox"/> Not supported				
Signature		Date			

**Deputy Medical Director (DMD)**

Comment	<input type="checkbox"/> Supported / <input type="checkbox"/> Not supported				
Signature		Date			

**Chief Hospital Manager & Medical Director**

Comment	<input type="checkbox"/> Approved / <input type="checkbox"/> Declined				
Signature		Date			

**VII. Administration (For Hospital Use Only)**

Date of completing PMI Data Entry		Signature							
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Please ✓ as appropriate. \* Please delete as appropriate.