

Diabetes Hongkong (DHK)
Application Form for membership and
SMBG Test Strip Subsidized Project
(Effective Date: 1 March 2024)



Aims:

- To promulgate the importance of SMBG in diabetes care management
- To encourage diabetic patients' acceptance and usage of SMBG in their daily diabetes care
- To support and enhance SMBG usage amongst diabetic patients by financial subsidy

Application Criteria

- Patient with diabetes
- Member of DHK (free membership subscription)
- Holder of HK Permanent ID card
- Not receiving any other subsidy on test strip

Important Notes

- Only one application from each applicant will be considered on a yearly basis. Approved application is valid for one year.
- Eligible applicant is entitled to buy only one product brand with quota every year. Please refer to page 3 for product details and prices.
- Project recipient must be provide relevant supporting documents for verification.
- DHK has the right to change any term and condition of the scheme, goods and price without any notification.
- DHK reserves the right to make the final decision for approval, declination and cancellation on application.
- Suppliers take full responsibility on safety and quality assurance of products as well as after-sales support and maintenance service. Please contact related supplier for any enquiry and problem on the products.
- DHK will not be responsible for giving training / demonstration / instructions on use and application of products. Please check with DHK's staff for the details of demo class.

Patient's Information (Please filled in ALL items.)

Name: _____ **Sex:** Female Male **Birth:** _____

HK Permanent ID Card No: _____ **Tel. no.:(1)** _____ **(2)** _____

Email Address (if any) : _____ **Occupation:** _____

To minimize delivery issues, Hotmail and Yahoo.email accounts should be avoided.

Mailing Address: _____

Education: Primary Secondary Matriculated Tertiary Postgraduate

Medical History

Year of DM diagnosis: _____ **Type of diabetes:** Type 1 Type 2 gestational

Treatment: Oral Medication Insulin Injection Oral Medication + Insulin Injection Not on Medication

Name of Hospital / Clinic having follow-up: _____

HA DM center HA Specialty HA GOPC Private clinic / Hospital Others

**If there is any change in information provided, please inform DHK when you reorder the product.*

Personal Information Collection Statement

The information provided by you will be used for communication, survey, application and marketing purposes. Apart from personnel duly authorized by the organization, no one will be given access to your personal information. in accordance with the Personal Data (Privacy) Ordinance , you have a right to request access to and correction of your personal data provided. Request for personal data access and correction should be addressed to DHK in writing.

Declaration of Applicant

(1) For applicant aged 18 or above

I, the undersigned, declare that I fully understand the terms and conditions of the scheme, and confirm that I meet the application criteria. All information given in this application is correct and complete to the best of my knowledge and belief. I agree to provide relevant documents for verification by requirement of DHK. I have also read, fully understand and accept the above "Personal Information Collection Statement".

Approval and

Signature of applicant: _____ **Date of application:** _____

(2) For parent / legal guardian of applicant aged under 18

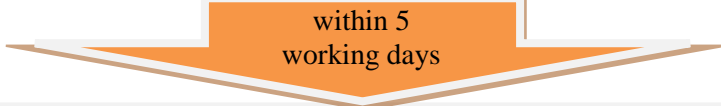
I, the undersigned, declare that the applicant in this application meets the application criteria, and all information given in this application is correct and complete to the best of my knowledge and belief. I agree to provide relevant documents for verification by requirement of DHK. I have also read, fully understand and accept the above "Personal Information Collection Statement".

Name of applicant's parent / guardian: _____

Signature of applicant's parent / legal guardian: _____ **Date of application:** _____

Application Procedure

Applicant to send completed application and diabetes supporting documents form by fax / email / post to DHK



Approval of application by DHK via telephone call







Applicant to bring along original copy of application form, HKID Card and cash to buy upon receipt of collection notice. *(If an authorized person is appointed to collect the order, PHOTOCOPY of the applicant's HKID and cash must be presented.)*

Please note that we will not provide bags. Please bring your own bag.

Name: _____ Tel. no.:(1) _____ (2) _____

Product Details and Price {Maximum number of boxes per order is **15** (50pcs/box)}

Product Brand	Free Gift (●This offer is limited to ONE per patient.)	Quota (boxes)		Unit Price (per box)	Brand To be buy
		Insulin Treatment	Non-Insulin Treatment		
1.1 ABBOTT FreeStyle Freedom Lite Test Strip	● Buy 2 boxes of test strips get 1 free glucometer and lancet device. 	30	12	HK\$164 (50 pcs/box)	
1.2 ABBOTT FreeStyle Freedom Lite Lancet		15	6	HK\$50 (100pcs/box)	
2.1 ASCENSIA Contour Plus Test Strip	● Buy 2 boxes of test strips get 1 free glucometer and lancet device. 	30	12	HK\$200 (50 pcs/box)	
2.2 ASCENSIA Contour Plus Lancet		15	6	HK\$70 (100pcs/box)	
3.1 i-SENS CareSens N Premier Test Strip	● Buy 2 boxes of test strips get 1 free glucometer and lancet device. ^ Buy 2 boxes of test strips get 100 free lancets 	30	12	HK\$170 (50 pcs/box)	
3.2 i-SENS CareSens 30G Lancet		15	6	HK\$48 (100pcs/box)	
4.1 MediCons VivaChek BGMS Test Strip (Individual Packing)	● Buy 2 boxes of test strips get 1 free glucometer and lancet device. ^ Buy 2 boxes of test strips get 100 free lancets 	30	12	HK\$175 (50 pcs/box) (Individual Packing)	
4.2 MediCons VivaChek BGMS Lancet		15	6	HK\$50 (100pcs/box)	
5.1 OneTouch Ultra Plus Test Strip	● Buy 2 boxes of test strips plus 1 box of lancets get 1 free Glucometer and lancet device. 	30	12	HK\$210 (50 pcs/box)	
5.2 OneTouch Delica Lancet		15	6	HK\$70 (100pcs/box)	
6.1 ROCHE Accu-Chek Guide Test Strip	● Buy 2 boxes of test strips plus 1 box of lancets get 1 free Glucometer and lancet device. 	30	12	HK\$195 (50 pcs/box)	
6.2 ROCHE Accu-Chek Fastclix Lancet		15	6	HK\$120 (100pcs/box)	

Diabetes Hongkong Contact Information

Tel No. : 2778 2126 Fax No. : 2723 2207 E-mail : smbg@diabetes-hk.org Website : www.diabetes-hk.org

Address: Rooms 2001-02, 20/F, Times Tower, 928-930 Cheung Sha Wan Road, Kowloon

Service Hours: Mon–Fri (9:30am – 12:30pm & 1:30pm- 5:30pm)

Closed on Saturday, Sundays and Public Holidays

In case of tropical cyclone warning signal No.8 or above is hoisted, our centre will be closed. We will resume our service if the typhoon signal is lowered to No.3 or below on or before 3pm.

In accordance with the Personal Data (Privacy) Ordinance, data collected will be used for purposes mentioned in page 2.

Applicants requesting access to or correction of personal data should write to DHK.