

Oncotype Dx test application form

Application to participate in the Oncotype Dx testing for breast cancer pilot project

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. The treating doctor needs to complete sections 2 and 3.
3. Please include the original treatment plan and histology with this application form.
4. You, the patient needs to complete sections 1 and 4 and must sign section 4.
5. Please read and understand the terms and conditions for participation in the pilot project (section 4) and give your consent to these terms and conditions.
6. Send the completed and signed form, with a copy of the treatment plan and histology by fax on 011 539 5417 or by email at **Oncotype_pilot@discovery.co.za**

1. Patient details

Surname	<input type="text"/>																									
Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>																					
ID number	<input type="text"/>								Membership number	<input type="text"/>																

2. Referring oncologist details

Name and Surname	<input type="text"/>																									
BHF practice number	<input type="text"/>								Contact number	<input type="text"/>				<input type="text"/>												
Date completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Signature	<input type="text"/>															

3. Clinical information

Is this the first diagnosis of breast cancer? Y N

Has the patient undergone final or definitive resection of the tumour? Y N

Tumour size

Staging T N M

ER status

PR status

Grade

Histology sub-type

Lymph node status

Ki-67 index

HER 2 / FISH / SIS status

Would you have proposed treatment for this patient? If so, please specify, for example chemotherapy

If yes, please indicate: Code Average cost per cycle Number of cycles

4. Agreement to the terms and conditions of participation in the pilot project

I hereby agree to take part in the Oncotype Dx test and understand that the pilot has the following terms and conditions:

1. The Oncotype Dx pilot is for testing in early stage breast cancer only.
2. Approval is subject to clinical entry criteria.
3. Bankmed Medical Scheme requires a copy of my original treatment plan and histology that confirms my diagnosis. The treating oncologist (cancer specialist) will provide an indication of the treatment that would have been given to me without using the Oncotype Dx test. The clinical information may be reviewed in a format that is totally anonymous by an external panel.
4. The cost of the Oncotype Dx test will be covered from the Oncology Benefit and will add up to the relevant benefit threshold where applicable.
5. A registry will be kept for the purpose of outcomes measurement.

Processing my personal information

1. I give Bankmed Medical Scheme consent to have access to and process all medical and clinical information that is relevant to my application.
2. I understand that this information will be used for the purposes of measuring clinical outcomes of the test and developing a registry which may be published in a format that is totally anonymous.
3. I give permission to Bankmed Medical Scheme to share my medical information with the external panel, should the need arise. I understand that this will be presented in an anonymous format.

Your name and surname _____

Your signature

Date

Y	Y	Y	Y	M	M	D	D
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