

Oncotype Dx test application form

Application to participate in the Oncotype Dx testing for breast cancer 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. Alternatively, complete the form digitally.
2. The treating Healthcare Professional needs to complete sections 2 and 3.
3. Please include the original treatment plan and histology with this application form.
4. You, the patient need to complete sections 1 and 4 and must sign section 4.
5. Please read and understand the terms and conditions for participation in the 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 e-mail to oncology@bankmed.co.za.

1. Patient details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
ID or passport 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"/>
Date completed	<input type="text"/>		
Signature	<input type="text"/>		

3. Clinical information

Is this the first diagnosis of breast cancer	Y <input type="checkbox"/>	N <input type="checkbox"/>
Has the patient undergone final or definitive resection of the tumour?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Tumor size	<input type="text"/>	Staging T <input type="checkbox"/>
ER status	<input type="text"/>	N <input type="checkbox"/>
Grade	<input type="text"/>	M <input type="checkbox"/>
Lymph node status	<input type="text"/>	PR status <input type="text"/>
Ki-67 index	<input type="text"/>	Histology sub-type <input type="text"/>
HER 2 / FISH / SIS status	<input type="text"/>	

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 project

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

1. The Oncotype Dx test is for testing in early stage breast cancer only.
2. Approval is subject to clinical entry criteria.
3. Bankmed 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.

Your name and surname

Your signature

Date

D	D	M	M	Y	Y	Y	Y
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