

# Oncotype Dx test application form 2021



## Contact details

Tel: 0800 12 CARE (2273) • P.O. Box 653418, Benmore, 2010 • [www.libcare.co.za](http://www.libcare.co.za)

## Who we are

The Libcare Medical Aid Scheme (referred to as 'the Scheme'), registration number 1197, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Liberty Health Administration (Pty) Limited (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 2004/006809/07). We take care of the administration of your membership for the Scheme.

## Contact us

If you have any queries, please call Libcare Medical Scheme Contact Centre on 0800 12 CARE (2273) or send an email to [oncology@libcare.co.za](mailto:oncology@libcare.co.za). The Contact Centre is operational Monday to Friday from 08:00 to 17:00, excluding public holidays.

## Purpose of the form

This is an application form to participate in the Oncotype Dx testing for breast cancer. Participation is subject to clinical entry criteria provided by an external, independent panel of specialists.

Criteria for Oncotype Dx:

Newly diagnosed breast cancer patients (not for recurrent or second cancers) where;

- The member has undergone final/definitive resection of their breast cancer tumour
- The tumour is strongly oestrogen positive (ER positive)
- The tumour is HER2/ FISH negative
- Tumours greater than 0.5cm but smaller than 5cm
- Node negative (1 micro-metastasis <2 mm).

## What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally.
- The treating doctor needs to complete sections 2 and 3.
- Please include the original treatment plan and histology with this application form.
- You, the patient needs to complete sections 1 and 4 and must sign section 4.
- Please read and understand the terms and conditions for participation in the project (section 4) and give your consent to these terms and conditions.

### 1. Patient details (member to complete)

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) (as per identity document)	<input type="text"/>				
ID Number	<input type="text"/>				
Telephone (H)	<input type="text"/>	<input type="text"/>	Telephone (W)	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>			
Email address	<input type="text"/>				

### 2. Referring oncologist details

Name and surname	<input type="text"/>				
BHF practice number	<input type="text"/>	<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"/>

LIBODT001

Signature



Please only sign if information is true, complete and correct.

### 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. Libcare 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 Cancer/Oncology Management Programme and will add up to the relevant benefit limit where applicable.
5. A registry will be kept for the purpose of outcomes measurement.

Your name and surname

Signature

Date



Please only sign if information is true, complete and correct.