

# Oncotype Dx test application form 2022



## Contact details

Tel: 0800 12 CARE (2273) • PO 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.

Discovery Administration Services (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 the Libcare 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"/>				

