Oncotype Dx test application form 2024



Contact details

Tel: 0800 12 CARE (2273) • PO Box 653418, Benmore, 2010 • www.libcare.co.za

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Contact us

- Please email the completed and signed form to oncology@libcare.co.za.
- Should you have any queries, please contact the Libcare Contact Centre during office hours on 0800 12 CARE (2273) for assistance.

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 test:

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

- The beneficiary 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) or
- Node positive N1 (1-3 positive axillary nodes) for members age 50> or postmenopausal

How to complete this form:

- Please print clearly using CAPITAL letters and one character per block
- 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. Details of Patient (to	o be com	pleted	by Princi	pal Mei	mber)				
Membership number									
Title			Initials						
Surname									
First name(s) (as per identity document)									
SA ID/Passport number									
Telephone (H)						Telephone (W)			
Cellphone									
E-mail address									

2. Referring oncologist details	
Name and surname	
BHF practice number	Contact number
Date completed	
Signature	
Please only sign if information is true, complete a	and correct.
3. Clinical Information (to be completed by treating doctor)	
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 ex-	ample chemotherapy
If yes, please indicate: Code Average cost per cycle	Number of cycles
Average cost per cycle	Number of Cycles
4. Agreement to the terms and conditions of participation in the p	pilot project
I hereby agree to take part in the Oncotype Dx test and understand that the follo	
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 the patient's original treatment plants.	an and histology that confirms diagnosis. The treating oncologis
(cancer specialist) will provide an indication of the treatment that would have	
The clinical information may be reviewed in a format that is totally anonymous 4. The cost of the Oncotype Dx test will be covered from the Cancer/Oncology M	s by an external panel.
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Libcare is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows:
Email: information@medicalschemes.co.za | Customer Care Centre: 0861 123 267 | Website: www.medicalschemes.co.za | Physical address: Block A, Eco Glades 2 Office Park, 420 Witch – Hazel Avenue, Eco Park, Centurion, 0157