Mamma Print application form for breast cancer programme 2026

Contact us
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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 this form

This is an application form to participate in Mamma Print testing for the breast cancer programme 2026. This project is available to beneficiary on Libcare Medical Scheme. Participation is subject to meeting the following clinical entry criteria:

- The beneficiary has undergone final/definitive resection of the breast cancer tumour
- The tumour is HER2 negative
- The tumour size is smaller than 5cm
- Lymph node – node negative or with limited micrometastasis either ER+ and/or PR +.

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.

1. Details of Patient (to be completed by Principal Member)

Title | Initials

Surname

First name(s) (as per identity document)

Membership number

SA ID/Passport number | Gender M F

Telephone (H) | Telephone (W)

Cellphone

E-mail address

2. Details of healthcare professionals you currently visit

Surname

First name(s)

BHF practice number

Telephone | Cellphone

E-mail address

Doctor's signature | Date D D M M Y Y Y Y

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

3. Clinical information (to be completed by treating doctor)

Is this the first diagnosis of breast cancer? Yes ☐ No ☐

Has the patient undergone final or definitive resection of the tumour? Yes ☐ No ☐

Tumour size Less than 1cm ☐ Between 1cm and 5cm ☐ Greater than 5cm ☐ Grade 1 ☐ 2 ☐ 3 ☐ 4 ☐

Staging T ☐ M ☐ N ☐ Lymph node status Positive ☐ Negative ☐ ER status Positive ☐ Negative ☐

PR status Positive ☐ Negative ☐

Histology sub-type Ductal Carcinoma ☐ Lobular Carcinoma ☐ Mammary Carcinoma ☐ Other ☐

Ki-67 index ☐ HER 2 / FISH / SISH status Positive ☐ Negative ☐

Is chemotherapy considered based on clinical and pathological features? Yes ☐ No ☐

If yes, please indicate: X/P code ☐ Average cost per cycle ☐ Number of cycles ☐

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

I hereby agree to take part in the MammaPrint project, and understand that the project has the following terms and conditions:

1. The MammaPrint project is for testing in early stage breast cancer only and subject to meeting the clinical entry criteria referred to in the “Purpose of the Form” section.
2. Libcare Medical Scheme require a copy of the patient's proposed treatment plan and histology report that confirms diagnosis. The treating Healthcare Professional will provide an indication of the treatment that would have been given to the patient without using the MammaPrint test.
3. The cost of the MammaPrint test will be covered from the Oncology Benefit and will add up to the relevant benefit threshold where applicable.
4. I will if necessary provide a blood or saliva sample using an ethics approved protocol.

Consent to enter the project programme

1. I acknowledge that my participation in the MammaPrint test is entirely voluntary and that my decision to participate or not to participate herein will not compromise the benefits that I would ordinarily be entitled to in terms of my available Scheme benefits.
2. I understand that the Scheme in no way warrants the accuracy of the given tests and cannot be held responsible for the results thereof or the advice given to me by my treating Healthcare Professional pursuant to such results.
3. I understand that the decision to undergo chemotherapy is entirely my own subject to the guidance of my treating Healthcare Professional, and the Scheme in no way influences or takes accountability for such a decision.

Patient’s name and surname ☐

Patient's signature ☐ Date D D M M Y Y Y Y

Signature of Principal Member ☐ Date D D M M Y Y Y Y

⚠ **Please only sign if information is true, complete and correct**