

## Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

## Contact us

Tel (members): **0860 99 88 77**, Tel (health partners): **0860 44 55 66**, [www.discovery.co.za](http://www.discovery.co.za), PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

## Purpose of this form

This is an application form to participate in Mamma Print testing for the breast cancer pilot programme 2025. This pilot is available to members on all Discovery Health Medical Scheme health plans. Participation is subject to meeting the following clinical entry criteria:

- The member 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 +.

## What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally. You can view the list of approved digital signature providers on [www.discovery.co.za](http://www.discovery.co.za), under Medical Aid > Find documents and certificates > Application forms.
- All relevant sections must be signed by the patient. The patient must sign and date any changes.
- Send the completed and signed form, with a copy of the histology report by email to [Mammaprint\\_Pilot@discovery.co.za](mailto:Mammaprint_Pilot@discovery.co.za), or get help on [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Get Help > Submit a document and follow the guided steps through our Virtual Agent.

### 1. Patient's details

Title	<input type="text"/>	Initials	<input type="text"/>
First names	<input type="text"/>		
Surname	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		<input type="text"/>
Email	<input type="text"/>		
Relationship to main member	<input type="text"/>		

### 2. Details of healthcare professionals you currently visit

Name	<input type="text"/>	Surname	<input type="text"/>
BHF practice number	<input type="text"/>	Telephone (H)	<input type="text"/>
Telephone (W)	<input type="text"/>	Cellphone	<input type="text"/>
E-mail address	<input type="text"/>		
Doctor's signature	<input type="text"/>	Date	<input type="text"/>



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 pilot programme

I hereby agree to take part in the Mamma Print pilot, and understand that the pilot has the following terms and conditions:

1. The Mamma Print pilot 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. Discovery Health Medical Scheme and Discovery Health (Pty) Ltd require a copy of my proposed treatment plan and histology report that confirms my diagnosis. The treating doctor will provide an indication of the treatment that would have been given to me without using the Mamma Print test.
3. The cost of the Mamma Print 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 pilot programme

1. I acknowledge that my participation in the Mamma Print pilot 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 chosen benefit plan.
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 doctor pursuant to such results.
3. I understand that the decision to undergo chemotherapy is entirely my own subject to the guidance of my treating doctor, and the Scheme in no way influences or takes accountability for such a decision.

Signature of applicant

Date



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