Genetic testing

Funding request form

Please complete this form to check whether your Bupa patient's healthcare scheme covers a tissue or blood sample based genetic test in the UK.

- Our customers' health insurance schemes may cover the cost of some genetic tests
- The scheme needs to cover the condition that's under investigation
- The tests cannot be for screening.

When reviewing funding requests, we look at the evidence for clinical effectiveness and the anticipated measurable outcomes. These may include improvements in overall survival, progression-free survival, clinical response, and adverse effects.

Completing the form

- Complete all sections of this form
- Include a summary of the patient's anticipated benefit(s) and published evidence. Without all the information, our response to your funding request may be delayed.
- Email the completed form to: **OncologyTeam@bupa.com** at least four working days before the test is due to take place. If you need to send us sensitive information you can email us securely using Egress^.

We'll let you know by email or call within three working days of receiving the completed form whether cover is available.

If you've any questions, please call us on **0345 850 0465** between 8am and 8pm Monday to Friday and 8am to 4pm on Saturdays and we'll be happy to help.

1. Patient's information

Title (please tick)	☐ Miss ☐ Mrs ☐ Ms ☐ Mx ☐ Mr ☐ Dr ☐ Prof ☐ Other (please state)
Patient's name	
Date of birth	D D M M Y Y Y Y
Patient's phone number	
Bupa membership number	☐☐☐☐☐☐☐☐☐☐

2. Clinician's information

Consultant's name	
Bupa provider number	☐☐☐☐☐☐☐☐☐☐
Phone number	
Hospital name	

* We may record or monitor our calls.

^ For more information and to sign up for a free Egress account, go to https://switch.egress.com. You won't be charged for sending secure emails to a Bupa email address using the Egress service.

3. Hospital information

Which hospital or clinic will bill for this test?

All hospitals and clinics need to be Bupa recognised with a contract for delivering the proposed test. We're unable to reimburse those that aren't Bupa recognised.

4. Genetic test information

Name of genetic/molecular test planned

Procedure code (if available)

Please indicate the type of disease being treated:

☐ Cancer - please give the full diagnosis and stage of disease*

*If breast, ovarian or prostate cancer, please explain whether the patient has a probability of 10% or more of being a BRCA carrier via an established risk score system or has a strong family history of cancer. If so, please provide details.

☐ Rare disease* (including rare cancer) - please give full details

*Rare diseases have a prevalence of less than 5 in 10,000 of the general population. To check whether a disease is rare, please visit: **www.orpha.net**

☐ Other, please explain

What's the reason for the genetic test?

☐ Diagnostic - to assess the patient's response to treatment or likelihood of disease progression

☐ The patient has relapsed and there are no standard treatment pathways available

☐ There isn't a clear treatment pathway for the disease or disease stage

☐ Other, please explain

Please give full details of how the proposed test will benefit the patient. For example, if the test will help guide the management of treatment, please specify how.

5. Treatment history

If the patient is being treated for cancer, how many chemotherapy treatment lines have they received?

☐ None ☐ 1 to 3 treatment courses ☐ > 3 treatment courses

Please give details of the treatment including any other drug or treatment intervention the patient has received or is currently receiving:

When was the patient's last tumour biopsy? D D M M Y Y Y Y

Has the patient had any other genetic or molecular testing?

☐ No ☐ Yes, please give details:

If yes, please provide details.

6. Consultant's declaration

I understand that the clinical information I've supplied may be considered to be a medical report for insurance purposes. I confirm that my patient (or their legal representative) has given their permission for me to share this information and, where they've asked to review this information, they've been given an opportunity to do so before I submitted this form.

Consultant's name Date D D M M Y Y Y Y

General Medical Council number

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