

# Funding request form: Genetic testing



**Please complete this form to request Bupa funding for a patient to have a genetic panel or next generation sequencing test in the UK. This form should be used for both tumour biopsy and liquid biopsy based tests.**

Our customers' health insurance schemes may cover the cost of some genetic tests that we don't routinely fund in the UK. However they don't cover genetic tests that are solely carried out for screening purposes.

When assessing funding requests, we look at the strength and quality of the evidence of clinical effectiveness and the anticipated measurable outcomes. These outcomes may include improvements in overall survival, progression-free survival, clinical response, and adverse effects. Please include a summary of the patient's anticipated benefit/s, and published evidence to support this.

**Please complete this form and return it by secure email to: [OncologyTeam@bupa.com](mailto:OncologyTeam@bupa.com) at least four working days before the test is due to take place.**

If you've any questions, please call us on **0345 850 0465**. We're here between 8am and 8pm Monday to Friday and 8am to 4pm on Saturday (we may record or monitor our calls).

We'll email or call to let you know our funding decision within three working days of receiving your completed form.

**Please tick here if you need an urgent response within 48 hours**

Please be aware that information you send to this email address may not be secure unless you send us your email through Egress Switch. For more information and to sign up for a free Egress Switch account, go to <https://switch.egress.com/ui/learn>. You won't be charged for sending secure emails to a Bupa email address using the Switch service.

## PATIENT AND CONSULTANT INFORMATION

Patient's name:

Date of birth:

Bupa Membership Number:

Consultant's name:

Bupa Provider Number:

Phone number:

Hospital name:

## GENETIC TEST INFORMATION

Name of genetic/molecular test planned:

Procedure code (if available):

Please indicate the type of disease you are treating:

Cancer - please give the diagnosis and stage of diagnosis:

Rare disease\* (including rare cancer) - please give 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](http://www.orpha.net).

Other - please explain:

## FUNDING REQUEST FORM: GENETIC TESTING

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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:

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How will this requested test benefit the patient?

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

- None
- 1 to 3 treatment courses
- > 3 treatment courses

Please give details of the treatment received:

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When was the patient's last tumour biopsy?

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Has the patient undergone any another genetic/molecular testing?

- No
- Yes, please give details:

### HOSPITAL INFORMATION

Which hospital/provider will bill for this test?

Please note that we can only reimburse Bupa recognised providers with an agreed contract for delivering this test.

### CONSULTANT'S DECLARATION

Please sign below to confirm that the information on this form is accurate to the best of your knowledge. In order to confirm eligibility for funding, we may verify the information submitted in this form with a copy of the patient's full medical notes, which may be requested from you and the patient's GP.

Signed:

Date:

Please print name: