

Breast Centres Certification® - ITALCERT Scheme in partnership with **BCCERT** in compliance with the standard Eusoma Guidelines The requirements of a specialist Breast Centre

Pagina 1 di 5

Please complete the form and return it to BCCERT Office (Viale Belfiore 10, 50144 Firenze, Italy) phone 0039/055/0988380; fax: 0039/055/3241122

e-mail:teresa.natali@breastcentrescertification.com - www.breastcentrescertification.com

All fields are mandatory in order to be able to properly formalize and send the Certification agreement

| The state of the s | |
|--|----------------------------------|
| Hospital (Please note that the details indicated below | will be reported in the invoice) |
| Hospital Corporate Name | |
| | |
| Address(of the registered office) | |
| | |
| Town | |
| Zip Code | |
| • | |
| Country | |
| • | |
| VAT number | |
| | |
| C.I.G (applicable only for Italian Public | |
| Hospitals) | |
| 1 / | |
| Legal Representative | |
| | |
| Title | |
| Titlo | |
| Surname and Name | |
| | |
| Phone | |
| THORE | |
| Fax | |
| Tax | |
| E-mail | |
| Lindii | |
| Referring Person for administrative matter | rs |
| | |
| Surname and Name | |
| | |
| Phone | |
| THORE | |
| Fax | |
| | |
| E-mail | |
| | |
| Name and address where to send the | |
| invoice (if different from what indicated | |
| above) | |



Breast Centres Certification® – *ITALCERT Scheme* in partnership with *BCCERT* in compliance with the standard Eusoma Guidelines *The requirements of a specialist Breast Centre*

Pagina 2 di 5

| Breast Centre (please note that the data indicated below are those of the Main Referring Site, entitled of the agreement and will be reported on the Certificate) | | | | |
|---|--|--|--|--|
| Name of the Breast Centre | | | | |
| Address(of the registered office) | | | | |
| Town | | | | |
| Zip Code | | | | |
| Country | | | | |
| Breast Centre Clinical Director | | | | |
| Title | | | | |
| Surname and Name | | | | |
| Phone | | | | |
| Fax | | | | |
| E-mail | | | | |
| Contact Person (referring person for the organizational matters du | uring the whole procedure, if different from Clinical Director) | | | |
| Title | | | | |
| Surname and Name | | | | |
| Phone | | | | |
| Fax | | | | |
| E-mail | | | | |
| | | | | |
| | | | | |
| Critical Mass Please indicate the number of newly diagnos your Breast Centre in the calendar year prior | sed cases of primary breast cancer (at all ages and stages) treated in r the application | | | |
| YEAR: | N° of cases: | | | |



Breast Centres Certification® – ITALCERT Scheme in partnership with BCCERT in compliance with the standard Eusoma Guidelines The requirements of a specialist Breast Centre

Pagina 3 di 5

| Discipline | Eusoma requirement | Please indicate the number of specialists present at your Centre |
|------------------------------|---|--|
| Breast surgery | Each surgeon of the Breast Centre operating on breast pathology must be dedicated and specially trained in breast surgery ,spend at least 50% of their working time in breast disease and carry out the primary surgery on at least 50 newly diagnosed cancers per annum | |
| Breast radiologist | Each radiologist of the Breast Centre, to be considered breast specialist, must spend at least 30% of his/her working time in breast imaging and read at least a minimum of 1000 mammography cases per year (5000 cases for those participating in a screening programme) | |
| Breast pathology | Each specialist pathologist reporting breast cancer must report on at least 50 primary breast cancer resections per year | |
| Breast Care Nursing | To be considered a breast specialist, the nurse must be dedicated full time to breast disease | |
| Breast Medical Oncology | To be considered a breast specialist, the medical oncologist must spend 50% of his/her working time in breast cancer | |
| Breast Radiation Oncology | To be considered a breast specialist, the radiation oncologist must spend at least 40% of his/her working time in breast disease | |

For the services indicated in the table below, Eusoma document accepts the outsourcing. If your breast Centre has given in outsourcing one or more of the following services, the multisite is not applicable

Please indicate if, for such services, your centre has an outsourcing agreement

| Breast Centre services/processes | OUTSOU | IRCING |
|----------------------------------|--|--|
| | YES (outsourcing agreement in place) | NO (the service is available at the Breast Centre) |
| Magnetic resonance | | |
| Core biopsy | | |
| Breast medical oncology | | |
| Breast radiation oncology | | |
| Clinical genetic | | |
| Nuclear Medicine | | |
| Palliative care | | |



Breast Centres Certification® – ITALCERT Scheme in partnership with BCCERT in compliance with the standard Eusoma Guidelines The requirements of a specialist Breast Centre

Pagina 4 di 5

In case of multisite Breast Centre

If applicable, for any service/process listed in the table below please indicate the information requested

| | requested | |
|---|---|---|
| Breast Centre services/processes | Name and address of the site where the service/process is provided (if possible please indicate approx distance from the main referring Centre) | Name of the Head of each LOCAL SITE and n° of specialists present |
| Breast surgery | Site 1 Site 2 Site 3 | |
| Breast radiology | Site 1 Site 2 Site 3 | |
| Breast pathology | Site 1 Site 2 Site 3 | |
| Breast care nursing | Site 1 Site 2 Site 3 | |
| Breast Medical Oncology (please fill in this section only if the service in not in | Site 1 Site 2 Site 3 | |
| outsourcing) Breast Radiation Oncology | Site 1 Site 2 | |
| (please fill in this section only if the service in not in outsourcing) Other services | Site 3 | |
| - outpatient clinic | Site 1 Site 2 Site 3 | |
| - genetic service | Site 1 Site 2 Site 3 | |
| - clinical genetics clinic | Site 1 Site 2 Site 3 | |
| -physiotherapy | Site 1 Site 2 Site 3 | |
| -psychological support | Site 1 Site 2 Site 3 | |
| - palliative care | Site 1 Site 2 Site 3 | |
| - nuclear medicine | Site 1 Site 2 Site 3 | |

Together with the application form filled in please, return a copy of the agreement in place with the different external sites of your Breast Centre, signed by the Local Director of each site (for more information please refer to paragraph 10 of Certification Rules and Regulation available at www.breastcentrescertification.com)



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Pagina 5 di 5

| Plea | ase indicate any additional information about the org | ganization of your centre you may consider useful |
|------|--|---|
| | | |
| | Mandatory entry requirements prior the application 1. the Breast Centre has a database validated by E 2. the Breast Centre has a critical mass of 150 new ages and stages) coming under its care each year 3. the Breast Centre has a Clinical Director | usoma (validation not older than 2 years) ly diagnosed cases of primary breast cancer (at all |
| | For any additional information about the procedu Regulations" on Breast Centres Certification website | ure, please download the "Certification Rules and www.breastcentrescertification.com. |
| | ☐ Preliminary Audit (if required) | € 1.000,00 + VAT (*) |
| | ☐ Preliminary Audit for multisite (if required) | € 2.000,00 + VAT (*) |
| | (*)The costs for the Preliminary Audit are just def for Breast Centre operating in other continents I | fined for the Breast Centre of European countries; TALCERT must make a specific offer. |
| | reimbursed by the Breast Centre after the visit. Breathe documents and sending the original of tickets | om and board expenses), incurred by auditors will be ast Centres Certification will take care of collecting all s/receipts to the Centre (if applicable a lump sum by car, if applicable the costs reimbursed will be € |
| | 27 April 2016 on the protection of natural persons with regard to data, and repealing Directive 95/46/EC (General Data Protectic collected from ITALCERT Srl for the sole purpose of carrying essential for the management of the practice of certification. In the certification process. In case of obtaining the certification, the | 9 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of the processing of personal data and on the free movement of such on Regulation), we inform you that the data provided by you is out the practices of administrative. The data that we require are he absence of your consent it will not be possible to complete the data associated with the certification (name, address, certificate as the exercise of your rights. The holder of the data processing is |
| | For the Hospital/Legal Entity (Legal Representative) | For the Breast Centre (Breast Centre Clinical Director) |
| | Surname and Name (in capital letters) | Surname and Name (in capital letters) |
| | Signature | Signature |
| | | |
| | | |
| | Date: | |