

**Please complete the Application Form  
 and return it to Breast Centres Certification Office:**  
[teresa.natali@breastcentrescertification.com](mailto:teresa.natali@breastcentrescertification.com) – [italcert@breastcentrescertification.com](mailto:italcert@breastcentrescertification.com)  
 (phone 0039/055/0988380 - [www.breastcentrescertification.com](http://www.breastcentrescertification.com))

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

<b>Hospital</b>	
<i>(Please note that the details indicated below will be reported in the invoice)</i>	
Hospital Corporate Name	
Address(of the registered office)	
Town	
Zip Code	
Country	
VAT number	
C.I.G (applicable only for Italian Public Hospitals)	
<b>Legal Representative</b>	
Title	
Surname and Name	
Phone	
Fax	
E-mail	
<b>Referring Person for administrative matters</b>	
Surname and Name	
Phone	
Fax	
E-mail	
Name and address where to send the invoice <i>(if different from what indicated above)</i>	

**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 during the whole procedure, if different from Clinical Director)*

Title	
Surname and Name	
Phone	
Fax	
E-mail	

**Critical Mass**

Please indicate the number of **newly diagnosed cases of primary breast cancer** (all ages, based on surgery) in your Breast Centre in the calendar year prior the application

**YEAR:** \_\_\_\_\_

**N° of cases:** \_\_\_\_\_

Please indicate the number of **metastatic breast cancer cases treated** (independently from the line of treatment) in your Breast Centre in the calendar year prior the application

**YEAR:** \_\_\_\_\_

**N° of cases:** \_\_\_\_\_

**Specialists present in your Breast Centre**

Discipline	Eusoma requirement (*)	Please indicate the number of specialists present at your Centre
<b>Breast surgery</b>	Each surgeon of the Breast Centre must spend at least 50% of their working time in breast disease and carry out as first operator the primary surgery on at least 50 newly diagnosed cancers per year	
<b>Breast radiology</b>	Each radiologist of the Breast Centre, must spend at least 50% 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 program), conduct and read a minimum of 200 breast ultrasound studies per year, a minimum of 50 breast MRI studies and 50 breast guided interventions per year. Breast radiographers (at least 2) must perform at least 1000 mammograms per year.	
<b>Breast pathology</b>	Each pathologist of the Breast Centre reporting breast cancer must report on at least 50 pre-operative samples and 50 early breast cancer resections per year.	
<b>Breast Medical Oncology</b>	Each medical oncologist of the Breast Centre must spend 50% of his/her working time in breast cancer, treating at least 50 early and 25 metastatic breast cancer patients a year.	
<b>Breast Radiation Oncology</b>	Each radiation oncologist of the Breast Centre must spend at least 50% of his/her working time in breast disease and treat at least 50 early breast cancer patients a year.	
<b>Breast Care Nursing</b>	Each breast care nurse of the Breast Centre must be dedicated full time to breast disease seeing at least 50 early breast cancer patients and 25 metastatic breast cancer patients a year.	
<b>Data Manager</b>	He/she is responsible for data collection and analysis and for the organization of audit meeting.	

(\*) For full requirements on each discipline and specialist please refer to Eusoma paper “The requirements of a specialist breast centre \_ (The Breast 51 (2020) 65-84”.

**For the services indicated in the table below, it is accepted the outsourcing.  
 Please indicate if, for such services, your Centre has an outsourcing or collaboration agreement**

Breast Centre services/processes	OUTSOURCING	
	YES (outsourcing/collaborati on agreement in place)	NO (the service is available at the Breast Centre)
<b>MRI guided lesion localisation or bracketing</b>		
<b>MRI-guided vacuum – assisted biopsy</b>		
<b>Vacuum – assisted biopsy under mammographic guidance</b>		
<b>Breast Radiation Oncology</b>		
<b>Clinical genetics</b>		
<b>Nuclear Medicine</b>		
<b>Geriatric Oncology</b>		
<b>Palliative care (home care, end of life)</b>		
<b>Interventional radiology</b>		

**In case of multisite Breast Centre**

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

Breast Centre services/processes	Name and address of the site where the service/process is provided (if possible, please indicate approximate distance from the main referring Centre)	Name of the Head of each <u>LOCAL SITE</u> and n° of specialists <u>present</u>
<b>Breast surgery</b>	Site 1	
	Site 2	
	Site 3	
<b>Breast radiology</b>	Site 1	
	Site 2	
	Site 3	
<b>Breast pathology</b>	Site 1	
	Site 2	
	Site 3	
<b>Breast care nursing</b>	Site 1	
	Site 2	
	Site 3	
<b>Breast Medical Oncology</b>	Site 1	
	Site 2	
	Site 3	
<b>Breast Radiation Oncology</b> <i>(please fill in this section only if the service is not in outsourcing)</i>	Site 1	
	Site 2	
	Site 3	
<b>Other services</b>		
- Genetic service <i>(please fill in this section only if the service is not in outsourcing)</i>	Site 1	
	Site 2	
	Site 3	
- Physiotherapy	Site 1	
	Site 2	
	Site 3	
- Plastic Surgery	Site 1	
- Psychological support	Site 1	
	Site 2	
	Site 3	
- Palliative care <i>(specialized palliative care team in the hospital)</i>	Site 1	
	Site 2	
	Site 3	
- Nuclear medicine <i>(please fill in this section only if the service is not in outsourcing)</i>	Site 1	
	Site 2	
	Site 3	
- Geriatric oncologist <i>(please fill in only if within your hospital)</i>	Site 1	
	Site 2	
	Site 3	
-Oncology pharmacy	Site 1	
	Site 2	
	Site 3	
-Interventional radiology <i>(please fill in only if within your hospital)</i>	Site 1	
	Site 2	
	Site 3	

Please indicate any additional information about the organization of your centre you may consider useful

**Mandatory entry requirements prior the application (not applicable for preliminary audit):**

1. the Breast Centre has a database validated by Eusoma (validation not older than 2 years);
2. the Breast Centre has at least **150 newly diagnosed cases of primary breast cancer (all ages based on surgery)** and **50 metastatic breast cancer cases treated (independently from the line of treatment)** coming under its care each year;
3. the Breast Centre has a Clinical Director.

For any additional information about the procedure, please download the "Certification Rules and Regulations" on Breast Centres Certification website, [www.breastcentrescertification.com](http://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 defined for the Breast Centre of European countries; for Breast Centre operating in other continents ITALCERT must make a specific offer.**

**Costs incurred by auditors**

Travel and accommodation expenses (including room and board expenses), incurred by auditors will be reimbursed by the Breast Centre after the visit. Breast Centres Certification will take care of collecting all the documents and sending the original of tickets/receipts to the Centre (if applicable a lump sum reimbursement can be foreseen). In case of travel by car, if applicable the costs reimbursed will be € 0.50/km.

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*Pursuant to the Italian right and the REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), we inform you that the data provided by you is collected from ITALCERT Srl for the sole purpose of carrying out the practices of administrative. The data that we require are essential for the management of the practice of certification. In the absence of your consent it will not be possible to complete the certification process. In case of obtaining the certification, the data associated with the certification (name, address, certificate number and validity) will be made public. ITALCERT S.r.l. ensures the exercise of your rights. The holder of the data processing is ITALCERT Srl, Viale Sarca 336, 20126 Milan*

**For the Hospital/Legal Entity**  
(Legal Representative)

**For the Breast Centre**  
(Breast Centre Coordinator)

Surname and Name (in capital letters)

Surname and Name (in capital letters)

Signature

Signature

Date: \_\_\_\_\_