



Prior Approval Request Form – Molecular Profiling (Next Generation Sequencing)

This form is for completion by the Consultant, for Molecular Profiling (Next Generation Sequencing) that is subject to pre-certification by Vhi Insurance, prior to the submission of the request for the test. Please return completed template to medical.approval@vhi.ie

1. Consultant Details	
Consultant Name	
Consultant Code	
Consultant Speciality	

2. Patient Details	
Patient Name	
Date of Birth	
Policy Number	
Plan Name	

3. Planned Treatment Details for Prior Approval Request	
Procedure Code	
Private Hospital for Treatment	

4. Medical History	
Date of first Consultation	
Date of Diagnosis	
Confirmed Diagnosis	
Stage of Cancer	
Results of relevant investigations confirming staging	

5. Rationale for Prior Approval Request (Please attach supporting documentation with request if required)



6. Consultant Consent and Clinical Criteria

Service is subject to pre-certification and satisfaction of all the following:

The patient has given informed consent for the test	
The patient is a potential candidate for systemic therapy	
The patient has a diagnosis of one of the following (please tick as appropriate):	
• Stage IV Non- Small Cell Lung Cancer	
• Stage IV Breast Cancer	
• Stage IV Colorectal Cancer	
• Stage IV Cholangiocarcinoma	
• Stage IV Cancer of Unknown Origin	
The patient has either (please tick as appropriate):	
• Advanced refractory cancer and is not a candidate for curable intent	
• Cancer with no established treatment with reasonable chance of cure	
The recommendation for the next generation sequencing (NGS) test has arisen because of discussion at an MDT that comprises, a consultant medical oncologist and at least one consultant from a minimum of two of the following specialties- Radiation Oncology, Surgical Oncology, Diagnostic Radiology and Pathology	
The results of the tests will be reviewed by a genomic tumour board (GTB) who will categorise the results as to whether an actionable alteration has been identified and will make recommendations on the appropriate approach to treatment	
The genomic tumour board (GTB) reviewing the test should include a panel of experts experienced in cancer genetic profiling and may include clinical geneticist, genetic counsellor, oncologist, pathologist and other sub-specialties as required.	
The recommendation of the GTB will be further discussed at and agreed by an MDT	
The member has/will receive counselling on all possible outcomes of testing	
The member has been informed that benefit for any recommended drug treatment will only be provided in circumstances where the Vhi drug policy is satisfied	

I certify that the patient has given informed consent to the performance of this test and is a suitable candidate for it, based on the criteria as outlined above.

Consultant Signature: _____

Date: _____



**7. Member Authorisation
Patient or Parent/Legal Guardian (if patient is under 18 years of age at time of admission)
Authorisation**

Data Protection Statement:

In order to adjudicate on your claim, Vhi will process the personal data that you have provided on this form, together with any personal data that you have authorised third parties to provide to us. Certain processing of your personal data is required in order for us to adjudicate on your claim and for us to be able to operate the business of providing health insurance policies.

Vhi Insurance DAC of Vhi House, Lower Abbey Street, Dublin 1 is the company that controls and is responsible for processing the personal data in relation to your claim. It will process your personal data in accordance with the Vhi Data Protection Statement which has previously been provided to you. If you would like another copy of the Vhi Data Protection Statement it is available at Vhi.ie, or you can request a copy by calling us on (056) 444 4444.

Obtaining Copies of Your Medical Information:

In order to process and to establish the eligibility and appropriateness of your claim we will contact the facility and your treating practitioners (including, where relevant your GP) on your behalf to request a copy of all necessary information including, if requested, copies of the facility/medical records relating to the treatment and/or services received by you as part of this claim.

Authorisation – YOU MUST SIGN HERE

I declare that the information completed above at the time of signing this declaration is true in every respect. I authorise Vhi to pay the appropriate benefits, for services provided, to the treatment facility and medical practitioners concerned. I understand that the details of these amounts will be included in my Vhi statement of payment and I will contact Vhi directly with any queries. Charges which are not eligible for benefit will remain my responsibility to settle directly with the treatment facility/medical practitioner concerned.

Date: _____

Signature of Patient of Parent / Legal Guardian

(On behalf of a dependant under 18 years at the time of admission)

Vhi Insurance DAC trading as Vhi Insurance is regulated by the Central Bank of Ireland.