

Annex A.1: Checklist of Eligibility Criteria for Diagnostic Tests and Prognostication – Breast Cancer



Republic of the Philippines
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Case No. _____

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>	

Checklist of Eligibility Criteria for Diagnostic Test and Prognostication for Breast Cancer

Place a (✓) in the status column if YES or write NA, if not applicable

Eligibility Criteria	Status
1. Positive (+) breast mass; AND/OR	
2. Palpable axillary lymph node	
3. BI-RADS results Place a (✓) in the appropriate tick box <input type="checkbox"/> Category 4 <input type="checkbox"/> Category 5	
4. Biopsy results (malignant breast cancer)	
5. Immunohistochemistry (IHC) result 2+ ^a	
6. HER2 status results is not clear or equivocal ^a	

^a Required for procedures requiring Fluorescent in situ hybridization (FISH) for Her2/Neu amplification

Certified Correct by:	Conforme by:
(Printed name and signature) Attending Physician	(Printed name and signature) Patient
PhilHealth Accreditation No. <input type="text"/>	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	

