



Please complete this form to request Bupa funding for a patient to receive a stem cell transplant.

Some of our customers' healthcare schemes may cover the cost of a stem cell transplant. 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 complete each section of this form, unless advised otherwise, as it captures all the information we need to see whether the proposed treatment is covered by the patient's health insurance. We're unable to agree funding based on incomplete forms or evidence, which is likely to delay our funding decision and the patient's treatment.

Please return this form to us by secure email^ to specialistnursesupport@bupa.com

If you've any questions, please call us on **0345 850 0465**. We're here between 8am to 6pm Monday to Friday (we may record or monitor our calls).

Please submit this form at least three working days before the treatment is due to take place. We'll let you know our funding decision by phone or email within three working days of receiving the form.

^Please be aware that information you send to this email address may not be secure unless you send us your email through Egress. For more information and to sign up for a free Egress 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.

1. Patient's details

Title (please tick) Miss Mrs Ms Mr Dr Other (please specify)

Patient's name

Date of birth

Bupa membership number

2. Clinician's details

Name

Bupa provider number

Hospital name

Hospital's Bupa provider number

Phone number

Is the hospital JACIE accredited? Yes No

3. Diagnosis and previous treatments

Please give details of the patient's diagnosis and stage of disease

Please give details of the patient's previous treatments or therapies and current treatment along with their response (complete/partial) if appropriate

4. About the proposed treatment

Please provide a link to, or attach, evidence to support the use of stem cell treatment in this case

Name of conditioning treatment to be used

Planned admission date for stem cell harvest

Planned admission date for stem cell transplant

Type of bone marrow or stem cell transplant Autologous Allogenic - if so, please specify the donor type

Has a matched donor been found? Yes No

5. Consultant's declaration

I understand that the clinical information I've supplied may be considered to be a medical report for insurance purposes. I confirm that my patient (or their legal representative) has given their permission for me to share this information and, where they've asked to review this information, they've been given an opportunity to do so before I submitted this form.

Consultant's name Date

General Medical Council number