

Please complete the form and return it to ITALCERT

For telephone communications at BCCERT phone 0039/055/5048096; fax: 0039/055/5529020
 e-mail: secretariat@breastimagingcertification.com or morlacchi@breastimagingcertification.com

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

<u>Legal Entity that owns the Breast Diagnostic Unit</u>	
<i>(Please note that the details indicated below will be reported in the invoice)</i>	
Corporate Name	
Address(of the registered office)	
Town	
Zip Code	
Country	
VAT number	
<u>Legal Representative</u>	
Title	
Surname and Name	
Phone	
Fax	
E-mail	
<u>Referring Person for administrative matters</u>	
Surname and Name	
Phone	
Fax	
E-mail	
Name and address where to send the invoice <i>(if different from what indicated above)</i>	

Breast Diagnostic Unit <i>(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)</i>	
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Name of the Breast Diagnostic Unit	
Address(of the registered office)	
Town	
Zip Code	
Country	

Breast Diagnostic Director	
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Title	
Surname and Name	
Phone	
Fax	
E-mail	

Contact Person <i>(referring person for the organizational matters during the whole procedure, if different from Clinical Director)</i>	
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Title	
Surname and Name	
Phone	
Fax	
E-mail	

Critical Mass Please indicate the number of Mammograms performed in your Breast Diagnostic Unit in the calendar year prior the application	
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YEAR: _____	N° of Mammograms: _____ N° positive cases: _____
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Specialists	Please indicate the number of specialists present at your Unit
Breast Radiologist	
Radiographer	

For the services indicated in the table below, EUREF document accepts the outsourcing. If your Breast Diagnostic Unit 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 Diagnostic Unit services/processes	OUTSOURCING	
	YES (outsourcing agreement in place)	NO (the service is available at the Diagnostic Unit)
Magnetic resonance		
Core biopsy / mammography guided CB	(if yes, audit in site)	
Breast Pathology		
Collaboration with a Breast centre (treatment)		

In case of multisite Breast Diagnostic Unit

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

Breast Diagnostic Unit 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 <u>LOCAL SITE</u> and n° of specialists <u>present</u>
Breast radiology	Site 1	
	Site 2	
	Site 3	
	Site 4	
	Site 5	

Together with the application form filled in please, return a copy of the agreement in place with the different external sites of your Breast Diagnostic Unit, signed by the Local Director of each site.

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 Diagnostic Unit has a critical mass of 2000 Mammograms/annual
2. the Breast Diagnostic Unit has a Clinical Director
3. the Breast Diagnostic Unit has a formal data recording system (including image results, assessment processes and outcome)

Costs incurred by auditors

Travel and accommodation expenses (including room and board expenses), incurred by auditors will be reimbursed by the Breast Screening Centre after the visit.

Breast Screening and Diagnostic 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.

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 Legal Entity
(Legal Representative)**

Surname and Name (in capital letters)

Signature

**For the Breast Diagnostic Unit
(Breast Diagnostic Director)**

Surname and Name (in capital letters)

Signature

Date: _____