|  |  |
| --- | --- |
| Gynaecological Cancer Centre (GZ) |  |
| Clinic |  |
| Address (street, city, postal code) |  |

|  |  |  |
| --- | --- | --- |
|  | Centre director | Centre coordinator |
| Title, first name, last name |  |  |
| Phone |  |  |
| Fax |  |  |
| E-mail address |  |  |

**1 Primary cases / Total case number**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of cases 1) | Cervical carcinoma | Ovarian carcinoma | Borderline Ovaries (BOT) | Endometrial carcinoma | Vulva carcinoma | Vaginal carcinoma | Other | Total |
|  | **Primary cases** | **Total case number** | **Primary cases** | **Total case number** | **Primary cases** | **Total case number** | **Primary cases** | **Total case number** | **Primary cases** | **Total case number** | **Primary cases** | **Total case number** | **Primary cases** | **Total case number** | **Primary cases** | **Total case number** |
| **Target value** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **≥50** | **≥75** |
| Current calendar year 2) | from |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| to |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| last calendar year 3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1) The definition of primary cases and total cases can be found in the Catalogue of Requirements and the Data Sheet. The detailing of the statement is based on the “Basic data” (sheet 1 of the Data Sheet).

2) The up-to-datedness of the given data is 6 weeks at maximum. An update of the data may be requested at the initial certification audit or by the Certificate Awarding Committee; this in particular, if the fulfilment of the primary cases is marginal.

3) For the approval of the certification it is necessary, that the cases are shown in the “Basic data” (data sheet). This statement has to be made in its entirety at the time of the initial certification audit, for the full last calendar year. E. g. if the certification is intended for the current calendar year, the basic data of the complete last calendar year, has to be submitted (only sheet 1 of the Data Sheet) with this request. The complete data sheet and the Catalogue of Requirements have to be submitted only after the verification of the formal application.

**2 QM-Certification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | ISO 9001 |  |  | Certificate available |
|  |  |  |  |  |  |
|  |  | KTQ |  |  | QM-Audit simultaneously with OnkoZert |

|  |  |
| --- | --- |
| Name of QM-Certification Authority |  |
| (if known) |  |

**3 Cooperation partners** (master data sheet)

The registered treatment network with its cooperation partners is shown in the master data sheet. The template of the master data sheet will be prepared by OnkoZert individually after receipt of the request. It is a formal enclosure to this document. Afterwards, it will be adjusted and clarified in cooperation with the centre. The finalizing of the request can only be made after receipt of the master data sheet.

**4 Schedule planning of certification**

|  |  |
| --- | --- |
| Intended date of the Gynaecological Cancer Center certification: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certification combined with the Oncology Center |  | yes |  | no |

This request should be submitted to OnkoZert, approximately 4-6 months before the intended date of the initial certification audit.

The feasibility of the intended certification depends on the submitted documents, the clarification of uncertainties, of the availability of the auditors, and the results of the assessment of the submitted catalogue of requirements.

**5 Further information**

Further information to the certification procedure and applicable provisions can be found at the home page of OnkoZert (<http://www.onkozert.de/en/>) as well as by telephone +49 (0)7 31 / 70 51 16 0 or e-mail info@onkozert.de.