|  |  |
| --- | --- |
| Visceral Oncology Centre |  |
| Clinic |  |
| Address (street, city, postal code) |  |

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

**1 Scope**

A Visceral Oncology Centre complies at least the requirement for 1 Colorectal Cancer Centre + 1 other tumour entity (liver, stomach, pancreas, esophagus). Certification for Anal Cancer is only possible in combination with certification as a Colorectal Cancer Centre. A Colorectal Cancer Centre and an Anal Cancer Centre together do not form a Visceral Oncology Centre.

|  |  |  |
| --- | --- | --- |
| Organ | Certification already awarded \*) | Initial certification / Planned extension \*) |
| Colorectal |  |  |
| Pancreas |  |  |
| Gastric |  |  |
| Liver |  |  |
| Esophagus |  |  |
| Anal |  |  |

\*) Remarks: Please mark with „X“

**2 Primary cases**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Number of primary cases 1) | | Colorectal (Colon / Rectum) | | Pancreas | | Gastric | |
|  | | **Operative primary cases rectum** | **Operative primary cases colon** | **Primary cases**  (ICD-10 C25) | **Operative expertise**  (=pancreatic resections (OPS: 5-524\* and 5-525\*, with or without ICD-10 C25)) | **Primary cases**  (ICD-10 C16.0, C16.1-16.9) | **Operative primary cases**  (OPS: 5-425\*, 5-426\*, 5-435\* to 5-438\*) |
| **Target value** | | **≥20** | **≥30** | **≥25** | **≥20** | **≥30** | **≥20** |
| Current calendar year 2) | from |  |  |  |  |  |  |
| to |  |  |  |  |  |  |
| Last calendar year 3) | |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of primary cases 1) | | Liver | | Esophagus | | Anal |
|  | | **Primary cases**  (ICD-10 C22.0) | **Operative interventions** for malignant liver diagnoses  (OPS: 5-502\*, 5-504\*) | **Primary cases**  (ICD-10 C15\*, C16.0, D00.1) | **Operative expertise**  (OPS: 5-423\*, 5-424\*, 5-425\*, 5-426\*, 5-438.0 & 1 & x, with or without ICD-10 C15\*, C16.0) | **Primary cases**  Anal Cancer: C21.1  Cancers of the perianal skin: C44.5 in conjunction with surgical procedure (5-485\* or 5-49\*\*) or radio-chemotherapy (target area code 5.1/5.2 OBDS for radiation) or radiotherapy (target area code 5.1/5.2 OBDS) |
| **Target value** | | **≥30** | **≥25** | **≥20** | **≥20** | **≥12** |
| Current calendar year 2) | from |  |  |  |  |  |
| to |  |  |  |  |  |
| Last calendar year 3) | |  |  |  |  |  |

1) The definition of the primary 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, Excel template).

2) The up-to-dateness of the given data is 6 weeks at maximum. An update of the data can be demanded 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.

**3 QM-Certification**

A quality management certified system is not mandatory for the DKG certification, but it should be available.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| QM – Certified system |  |  | yes |  |  | no |
|  |  |  |  |  |  |
|  |  | Certificate available |  |  | QM-Audit simultaneously with  OnkoZert |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| QM-Standard |  |  | ISO 9001 |  |  | Joint Commission |
|  |  |  |  |  |  |  |
|  |  |  | KTQ |  |  | proCum Cert |

|  |  |
| --- | --- |
| Name of the QM Certification Institute |  |
| (as far as known) |  |

**4 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.

**5 Schedule planning of certification**

|  |  |
| --- | --- |
| Intended date of certification: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certification schedule combined with the Oncology Centre |  | yes |  | no |

This request should be submitted to OnkoZert approximately 4-6 months prior to the scheduled 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.

**6 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](mailto:info@onkozert.de).