

SAKK CPTC NETWORK MEMBERSHIP

The CPTC Network defines membership at 2 levels:

- Regular member
- Regular member offering genetic counselling and testing

For the SAKK Section “CPTC Network” a member is a natural person and not an institution.

- **Regular members:** professionals in the field of the Network’s activities; they have voting rights, can participate at all CPTC Network meetings and can be member of the core team of the Network.
- **Regular members offering genetic counselling and ordering testing:** are defined as regular members (see above) who are allowed to charge services for counselling related to genetic (germline) testing to the mandatory health care insurance in Switzerland (OKP)¹¹.

They are:

- Specialists FMH (or equivalent) for Medical Genetics (Facharzt medizinische Genetik/ médecin spécialisé en génétique médicale) or
- Members of the CPTC Network who meet requirements as listed in application below.

Representatives of for-profit companies developing and/or marketing genetic tests are not allowed as regular members. However, representatives of private hospitals are allowed.

To keep their status, all regular members have to participate at least to 2 SAKK Network meetings **or to other educational activities of the SAKK CPTC Network (refer to the list on the SAKK portal)**, within 2 years. If they fail to do so, they lose their membership, until the attendance to the SAKK Network meetings has been resumed.

¹¹ SR. 832.112.31 Krankenpflege-Leistungsverordnung / Ordonnance sur les prestations de l'assurance des soins of 29 September 1995, Art. 12 d para. 1 lit. f

APPLICATION

Applications for membership are made by email with the president of the CPTC Network and the Group Liaison Person to SAKK CC (refer to the SAKK portal).

The application must contain a CV with professional address, education, training and main publications.

If the applicant is not a Specialist FMH for Medical Genetics, but a physician (medical doctor) who would like to offer genetic counselling and testing, these additional requirements must be met and included with the application:

- Collaboration with a Specialist FMH for Medical Genetics (email documentation accepted)
- Attendance of an SAKK approved course in the fields of genetic testing and counselling or equivalent training
- Participation in at least 2 SAKK CPTC Network meetings **or to other educational activities of the SAKK CPTC Network (refer to the list on the SAKK portal)** in the next 2 years.

The president of the Network will forward the request via an appointed representative of the SAKK CC to the SAKK president for approval, rejection or postponement if additional information is needed.

When sending your application, please ensure to provide your full contact details:

Title*:

FMH title/ Speciality*:

First name*:

Last name*:

Company (Privat for Private persons)*:

Department*:

Street*:

City*:

ZIP*:

Phone Number*:

Email Address*:

Please check on the SAKK website <https://www.sakk.ch/en/patients/genetic-counseling>

- If the center where you offer genetic counselling is already listed, refer to it in the email.
- If not, please complete the specific form below and attach to the application.

CONTACT DETAILS

ON WEBSITE FOR SAKK CPTC NETWORK CENTERS OFFERING GENETIC COUNSELLING

Canton

- | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AG | <input type="checkbox"/> BS | <input type="checkbox"/> GL | <input type="checkbox"/> NE | <input type="checkbox"/> SH | <input type="checkbox"/> TG | <input type="checkbox"/> ZH |
| <input type="checkbox"/> AR | <input type="checkbox"/> BE | <input type="checkbox"/> GR | <input type="checkbox"/> NW | <input type="checkbox"/> SZ | <input type="checkbox"/> UR | <input type="checkbox"/> ZG |
| <input type="checkbox"/> AI | <input type="checkbox"/> FR | <input type="checkbox"/> JU | <input type="checkbox"/> OW | <input type="checkbox"/> SO | <input type="checkbox"/> VD | |
| <input type="checkbox"/> BL | <input type="checkbox"/> GE | <input type="checkbox"/> LU | <input type="checkbox"/> SG | <input type="checkbox"/> TI | <input type="checkbox"/> VS | |

Address of the center where you will offer genetic counselling.

Please check first on the website if it is not already existing:

<https://www.sakk.ch/en/patients/genetic-counseling>

Hospital/Clinic/Private Praxis _____

Department _____

Street _____

PLZ/City _____

Disposition/Secretariat (where a patient can get an appointment)

Phone _____

E-Mail _____

URL _____

(if possible URL of the site of genetic counselling at that center, if nonexistent, then URL of center web)

Please return this form together with the application (president of the group)