PRE-ASSIGNMENT MOLECULAR HAEMATOLOGY REQUEST FORM

Austin Pathology Molecular Genetics
Phone: 03 9496 5657
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Website: www.austinpathology.org.au/molecular-genetics

PATHOLOGY REQUEST
RCPA The Royal College of Pathologists of Australasia
Accredited for compliance with NPAAC standards and ISO 15189
Accreditation Number 2741
NATA

Patient Information

Surname _____

Given Name(s) _____

MRN _____ D.O.B. ___/___/___ Sex _____

Patient Address _____

_____ Post code _____

Telephone _____

Medicare No. _____

Private Health Fund _____

☐ Do Not Send Report to My Health Record

Hospital status of patient at specimen collection or date of service

Private patient in a private hospital or approved day hospital facility	☐ Yes	☐ No
Private patient in a recognised hospital	☐ Yes	☐ No
Public patient in a recognised hospital	☐ Yes	☐ No
Outpatient of a recognised hospital	☐ Yes	☐ No

Clinic status ☐ Public ☐ MBS

Tests Requested

Disclaimer: NGS based mutation testing cannot differentiate between germline and somatic variants & may detect germline variants with significant implications for both the patient and their family. Please ensure that requesting doctors and patients have understood this possibility and consented before ordering these tests.

☐ MPN NGS Panel (PV/ET) (23 genes)* (73398)

Haematolymphoid Disorders NGS Panels
(Suspected myeloid/lymphoid malignancy)

Myeloid: ☐ DNA* (73447) ☐ DNA & ^RNA* (73445)
Lymphoid: ☐ DNA* (73448) ☐ DNA & ^RNA* (73446)

^Start with DNA panel, store RNA and progress to RNA panel if required

☐ RNA (Only) Gene Fusion NGS Panel: **Non-MBS Rebatable****

☐ NGS Panel - Primary Myelofibrosis/transplant eligible* (73399)

IGH Gene Rearrangement for Clonality Assessment NGS (73310)
☐ ALL* ☐ Other

IGH Minimal Residual Disease (MRD) Monitoring NGS (73310)
☐ ALL* ☐ Other

TCRG Gene Rearrangement for Clonality Assessment NGS (73310)
☐ ALL* ☐ Other

☐ CLL Somatic Hypermutation Analysis (Non-MBS Rebatable)

☐ Xpert *BCR*::ABL1 (Quantitative) Translocation (t9;22)* (73314)

☐ Xpert NPM1 MRD (Type A, B or D)* (73314)

☐ *FLT3* (ITD & TKD) and NPM1 Test* (73314)

☐ *JAK2* (V617F)* by ddPCR* (73325)

☐ *MYD88* (L265P) by ddPCR (Non-MBS Rebatable)

☐ Factor II (G20210A) & Factor V Leiden (G1691A) Analysis* (73308)

Clinical Notes

☐ SD

Sample Details

Lab Number of Sample _____ Urgent ☐ Yes ☐ No

☐ Blood ☐ Bone Marrow ☐ Resection ☐ Biopsy ☐ Cell Block

☐ Other _____

Specify clinical reason for urgency _____

Referring Doctor

Name _____

Address _____

Phone _____ Fax _____

Email _____

Provider No. _____

DOCTOR'S SIGNATURE AND REQUEST DATE

x _____ ___/___/___

Copy Report To

Name _____

Address _____

Provider No. _____

Patient and Financial Consent

Medicare Assignment (Section 20A of the HIA 1973):

Is the patient the assignor: ☐ Yes ☐ No

I offer to assign my right to benefits to the approved practitioner who will render the requested pathology service(s) and any eligible pathological determinable service(s) established necessary by the practitioner.

Financial Acknowledgment:

The pathology request that you have been given by your medical practitioner may include tests that could be either partially or not covered by Medicare. If required, the full cost of testing must be covered by the patient or, in the case of children, their family. Austin Pathology requires your consent to proceed with this testing with the full understanding that you will accept responsibility for payment.

PATIENT SIGNATURE AND DATE

x _____ ___/___/___

PRACTITIONER'S USE ONLY (Reason for patient being unable to sign)

For further information on pricing, please contact Austin Pathology's Molecular department on 03 9496 5657.

*Medicare rebates available, subject to criteria being met.

For full gene lists of NGS panels and the Medicare rebate criteria to be met, please refer to the Austin Pathology Molecular Genetics page for more information: www.austinpathology.org.au/molecular-genetics

Request Submission

Provide the following:

- Completed form
- Appropriate sample*
- Copy of the histology or cytology test report

*Please check sample requirements in Austin Pathology's Test Directory: https://www.austinpathology.org.au/test-directory

Please forward request form and specimen to:

Austin Pathology

Central Specimen Reception (Blood & Bone Marrow Samples)
Fax (CSR) 03 9496 5332

Anatomical Pathology (Tissue Samples)
Fax (AP): 03 9496 3437 or Email: molecular@austin.org.au

Address: Austin Health; HSB Level 6, 145 Studley Road, Heidelberg VIC 3084

Date of Collection:

Your doctor has recommended that you use Austin Pathology. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor

Privacy Note: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of the government health programs, and may be used to update enrollment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorized/required by law.