MOLECULAR SOLID TUMOUR AND ANATOMICAL PATHOLOGY REQUEST FORM

Austin HEALTH | Pathology

Austin Pathology Molecular Genetics
Phone: 03 9496 5657
Email: molecular@austin.org.au
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

Billing

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
Outpatients of a recognised hospital	☐ Yes	☐ No

Clinic status: ☐ Public ☐ MBS

☐ Bill other (Please verify) _____

Tests Requested

Select Anatomical Pathology/Other test(s) if appropriate

☐ Histology ☐ Cytology ☐ Other

Note: If ordering at the time of biopsy/resection (prior to a confirmed histological/cytology diagnosis) please also select from the following options. If a relevant cancer is detected at >10% tumour purity the laboratory will proceed with the molecular testing requested.

NGS Panels

☐ Colorectal* (73338)
☐ Endometrial**
☐ Epilepsy NGS Panel**
☐ GIST**
☐ Glioma* (73429)
☐ Kidney and Bladder**
☐ Lung* (73438)
☐ Mismatch repair (MMR)**
☐ Ovarian SCST* (73377)
☐ Ovarian Serous* (73301)
☐ Pancreas and Liver**
☐ Prostate* (73303)
☐ Thyroid**
☐ Single gene or few genes** (..... gene/s)
☐ Solid Tumour (Full) NGS Panel**
☐ Melanoma NGS Panel* (73336)

BRCA Tumour* ☐ High grade serous (73301)
☐ Metastatic CR prostate cancer (73303)

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 discussed.

Other

☐ NSCLC Idylla GeneFusion Test* (73439, 73436 - MET EX14 Skip)
☐ NSCLC Idylla EGFR Test* (73337)
☐ *BRAF* Idylla Test* (73336)
☐ *MLH1* Methylation**
☐ *MGMT* Methylation* (73373)

*Medicare rebates available, subject to criteria being met. **Non-MBS Rebatable
Refer to the Austin Pathology website for more information and gene lists: www.austinpathology.org.au/molecular-genetics

Clinical Notes

☐ SD

Sample Details

Lab Number of Sample _____ Urgent ☐ Yes ☐ No

☐ 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):
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.

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 - Anatomical Pathology
Fax (AP): 03 9496 3437 or Email: molecular@austin.org.au
Address: Austin Health; HSB Level 6, 145 Studley Road, Heidelberg VIC 3084