

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

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

BRCA Tumour*

HG Serous (73301) MCR 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

Microsatellite Instability (MSI) Test**
 NSCLC Idylla GeneFusion* (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

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>

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.

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