PRE-ASSIGNMENT MOLECULAR SOLID TUMOUR AND ANATOMICAL PATHOLOGY REQUEST FORM

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* (DNA:73438, ^RNA:73439)
^Start with DNA panel then progress to RNA panel, if no targetable driver variant
☐ Mismatch repair (MMR)**
☐ Ovarian SCST* (73377)
☐ Ovarian Serous* (73301)
☐ Pancreas and Liver**
☐ Prostate* (73303)
☐ Solid Tumour (Full) NGS Panel**
☐ Thyroid**
☐ Single gene or few genes** (..... gene/s)
☐ Melanoma* (73336)

☐ HG Serous-BRCA (73301) ☐ MCR prostate Ca-BRCA (73303)

☐ **Solid Tumour RNA Fusion Panel* (73433 & 73376)**

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

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):

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.

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
Email: labmed01@austin.org.au & 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.