SVHM Molecular Oncology Test Request Form

ABN: 22 052 110 755 | FORM: ANAT-MOL-F-201 v19 | ACCREDITATION LAB NUMBER: 2531

Patient Details

Family Name					
Given Name					
Address					
			Postcode		
D.O.B		Gender	☐ F ☐ M ☐ Unknown		
UR No.					
Phone/Mobile No.					

Requesting Practitioner

Family Name			
Given Name			
Address			
		Postcode	
Provider No.		Phone No.	
Send Report	Email		
	Fax		
Copy Report	Name		
	Email		
	Fax		

Clinical History	

Hospital Status of Patient at Specimen Collection or Date of Service

- ☐ Private patient in private hospital or approved day hospital facility
- ☐ Private patient in a recognised hospital
- ☐ Public patient in a recognised hospital
- ☐ Outpatient in a recognised hospital

Invoicing Procedure

Medicare Criteria Met: ☐ Yes ☐ No

- ☐ Bulk Bill – Provide Medicare Number Below (Required #)
- ☐ Bill Referring Department (Specify:)
- ☐ Bill Laboratory (Specify:)
- ☐ Bill Patient - Complete Patient Authorisation Section Below (Required #)

Medicare Number + Reference Number

										←	Ref #

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) PRACTITIONERS USE ONLY
TO BE COMPLETED BY PERSON ASSIGNMENT BENEFITS FOR THE SERVICES ON THE FORM
I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

Patient Signature (Electronic signature accepted)		Date	
Reason for not signing (Practitioner's Use Only)			

Patient Authorisation

I understand that my medical practitioner has requested a test that that is not covered by Medicare or not covered/partly covered by my private health fund. I agree to accept responsibility for the full payment of the fees for this test:

Patient Signature (Electronic signature accepted)		Date	

Credit Card Number

Expiry Date:		CCV:	
Card Type:	☐ Visa ☐ Mastercard		
Amount:	A$		

Molecular Oncology Test Requested (* Medicare item)

Molecular Oncology Test	Medicare Item	Non-Medicare Item
Lung Cancer		
Next Generation Sequencing (NGS)		
☐ NGS Lung Cancer Panel (no fusions)	73337*	
☐ NGS EGFR T790M Test	73351*	
☐ NGS Lung RNA Fusion Panel (select this for MET exon 14 skipping or gene fusions)	73436*	
Immunohistochemistry (IHC)		
☐ IHC ALK ☐ reflex FISH if positive	72846*	
☐ IHC ROS1 ☐ reflex FISH if positive	72846*	
☐ IHC PD-L1	72814*	
Fluorescence In Situ Hybridisation (FISH)		
☐ FISH ALK	73341*	
☐ FISH ROS1	73344*	
☐ FISH RET	N/A	$ 400
Colorectal Cancer		
☐ NGS Colorectal Cancer Panel	73338*	
☐ MLH1 Promoter Methylation	N/A	$ 220
Melanoma		
☐ NGS Melanoma Panel	73336*	
Neuro-Oncology		
☐ NGS IDH1/IDH2 Panel	73372*	
☐ FISH 1p/19q Deletion	73371*	
☐ FISH EGFR Amplification	N/A	$ 300
☐ MGMT Promoter Methylation	73373*	$ 300
Thyroid Cancer		
☐ NGS Thyroid DNA Panel	N/A	$ 400
☐ NGS Thyroid RNA Fusion Panel	N/A	$ 465
NTRK fusion by NGS		
☐ For mammary analogue secretory carcinoma of salivary gland, secretory breast carcinoma or pediatric tumours	73433*	
☐ For other indications	N/A	$ 465
Breast and Gastric Cancer		
☐ FISH HER2 Amplification	73332*	
Other NGS Panel Available		
☐ NGS OPA DNA Panel	N/A	$ 400
☐ NGS OPA RNA Fusion Panel	N/A	$ 465

Requesting Doctor Declaration

I understand that if the cost of requested testing is not covered under Medicare, payment for tests performed is the responsibility of the requesting doctor or department, unless a signed patient consent to pay by credit card is provided.

Signature (Electronic signature accepted)		Date	

Shipping Address

Attention: Molecular Laboratory
Anatomical Pathology Department, Level 2, Main Building A,
St Vincent's Hospital, 41 Victoria Parade, Fitzroy VIC 3065

Sample Requirements (Send the following items in a padded bag):

- **NGS DNA panel**: 1 H&E + 10x 5 µm tumour tissue sections
- **NGS RNA fusion panel**: 1 H&E + **Paraffin block**
- **IHC**: 2x 4 µm tumour tissue sections on **coated slides**
- **FISH**: 5x 5 µm tumour tissue sections on **coated slides**
- **MGMT Methylation**: 1 H&E + 10x 5 µm tumour tissue sections
- **MLH1 Methylation**: 1 H&E + 10x 5 µm tumour **AND** normal tissue sections
- **Completed Molecular Oncology Test Request Form (Required)**
- **A Copy of the Original Pathology Report (Required)**

Original Pathology Lab	
Block ID Number	

Anatomical Pathology, St. Vincent's Hospital Melbourne | Phone (03) 9231 1049 | Fax (03) 9231 4580 | Email: Molecular@svha.org.au