Molecular Oncology Test Request Form

ST VINCENT'S PATHOLOGY
A SERVICE OF ST VINCENT'S HOSPITAL MELBOURNE

RCPA The Royal College of Pathologists of Australasia

NATA ACCREDITED TO ISO 15189 TECHNICAL COMPETENCE

ABN: 22 052 110 755 | FORM: ANAT-MOL-F-201 v13 | ACCREDITATION LAB NUMBER: 2531

Patient Details

Given Name					
Family Name					
Address					
		Postcode			
DOB		Gender	☐ F	☐ M	☐ Unknown
Phone/Mobile					

Requesting Practitioner

Given Name			
Family Name			
Address			
		Postcode	
Provider №		Phone No.	
Send Report	☐ Hard copy to the above address		
	☐ Fax		
	☐ Email		
Report Copy	Name		
	Fax/Email		

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

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 No.

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

(Note: Bulk billing tests for eligible patients are marked with *)

Molecular Oncology Tests	Medicare Item №	Price (A$)
Lung Cancer		
Next Generation Sequencing (NGS)		
☐ NGS Lung Cancer Panel*	73337*	$ 397.35
☐ NGS EGFR T790M Testing*	73351*	$ 397.35
☐ NGS Lung RNA Fusion Panel	N/A	$ 356.00
Immunohistochemistry (IHC)		
☐ IHC ALK*	72846*	$ 59.60
☐ IHC ROS1*	72846*	$ 59.60
☐ IHC PD-L1*	72814*	$ 74.50
☐ Perform relevant FISH if IHC is positive	N/A	N/A
Fluorescence In Situ Hybridisation (FISH)		
☐ FISH ALK*	73341*	$ 400.00
☐ FISH ROS1*	73344*	$ 400.00
☐ FISH RET	N/A	$ 400.00
Colorectal Cancer		
☐ NGS Colorectal Cancer Panel*	73338*	$ 362.60
Melanoma		
☐ NGS Melanoma Panel*	73336*	$ 230.95
Neuro-Oncology		
☐ NGS IDH1/2 Panel*	73372*	$ 340.00
☐ FISH 1p/19q Deletion*	73371*	$ 340.00
☐ FISH EGFR Amplification	N/A	$ 325.00
Thyroid Cancer		
☐ NGS Thyroid DNA Panel	N/A	$ 328.00
☐ NGS Thyroid RNA Fusion Panel	N/A	$ 356.00
Gastrointestinal Stromal Tumour (GIST)		
☐ NGS GIST Panel	N/A	$ 328.00
Breast and Gastric Cancer		
☐ FISH HER2 Amplification*	73332*	$ 315.40
Other NGS Panel Available		
☐ NGS 22 Gene DNA Panel	N/A	$ 328.00
☐ NGS 50 Gene DNA Panel	N/A	$ 398.00

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

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):

- For NGS DNA panel: 10x unstained 5 µm sections on uncoated slides
- For NGS RNA fusion panel: **Paraffin block** is required
- For IHC: 2x unstained 4 µm sections on coated slides
- For FISH: 5x unstained 5 µm sections on coated slides

AND

- This test form **completed in full**
- A copy of the **original pathology report**

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

Click Here To Send Completed Form to Molecular@svha.org.au