

Test Request Form

Patient Details or Bradma label

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

Do not send report to My Health Record

Requesting Practitioner

Name			
Address			
		Postcode	
Provider No.		Phone No.	
Send Report	Hard copy to the above address		
	Fax		
Copy Report	Name		
	Fax		

Clinical Notes:

Is the patient on a CLINICAL TRIAL? Yes / No

Name of clinical trial:

Trial mandated investigations:

Hospital Status of Patient at Specimen Collection

- 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

- Public Hospital Patient
- Bulk Bill – (#Medicare Number and Assignment must be provided#)
- Bill Referring Hospital/Pathology Provider
- Other (e.g. Clinical Trial – please provide trial details)

Cytogenetics Tests Requested:

- Conventional Cytogenetics / Karyotyping
- DNA Microarray
- FISH:

Reflex FISH testing is performed as required based on the underlying condition, results of conventional cytogenetics and/or prior FISH results. If a specific FISH probe assessment is required, please list above. Visit <https://tinyurl.com/VCCSFISH> for the full list of FISH probes available.

Specimen Requirements: (<https://tinyurl.com/VCCSsamples>)

Bone Marrow	1-2ml of bone marrow aspirate (BMA) should be placed into a sterile heparinised tube without gel or beads (green top). If BMA cannot be obtained, a trephine core may be sent in saline suspension in a heparinised tube.
Peripheral Blood	5-10ml of peripheral blood should be placed into a heparinised tube without gel or beads (green top). Please do NOT use tubes with EDTA or ACD.
Lymphoid Tissue	Fresh unfixed specimens should be placed in sterile RPMI and transported to the laboratory ASAP. If the specimens sit overnight, they should be cut into small pieces to enhance their access to nutrients and stored at room temperature.
FFPE Tissue	Visit https://tinyurl.com/VCCS-FFPEFISH to download requirements, or contact laboratory.

Ideally all specimens should be sent on the day of collection and need to arrive to our laboratory by 17.00 hours (5pm) Monday to Friday. All specimens should be kept at room temperature in an insulated container to protect from hot or cold conditions.

For DNA Microarray 1-2ml of bone marrow aspirate collected in an EDTA (purple top) tube is preferred. Testing however can also occur if sample is sent in a heparinised tube. Please note that conventional cytogenetics/FISH testing cannot be processed if only EDTA tubes samples are received.

Please send specimen and completed form to:

Victorian Cancer CytoGenetics Service,
Level 2, Main Building A (Destination A26),
St Vincent's Hospital Melbourne
41 Victoria Parade, Fitzroy VIC 3065

Medicare Number + Reference Number

<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											← Ref #

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)

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		Date	
Reason for not signing (Practitioner's Use Only)			

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 organisation.

Signature		Date	
-----------	--	------	--