

Molecular Oncology Request Form





ACCREDITED LABORATORY NUMBER: 2531

MELBOURNE Form: ANAT-MOL-F-201 V10

PATIENT DETAILS	TESTS REQUESTED
Family Name:	LUNG CANCER (NSCLC)
Given Name:	☐ NGS lung panel (DNA)*
Address:	22 genes including EGFR, KRAS, BRAF Medicare item number 73337 \$398.00*
Postcode:	Medicare item number 73337 \$398.00* ALK immunohistochemistry
DOB: Age: Sex:	☐ ALK HIMMONISCOCHEMISTLY
Contact Phone No.:	Performed if IHC is positive
Contact Filone No	Medicare item number 73341 \$325.00*
DECLIFOTING DD A CTITIONED	ROS1 immunohistochemistry
REQUESTING PRACTITIONER Name:	☐ ROS1 FISH Performed if IHC positive \$325.00
	☐ PD-L1 immunohistochemistry
	RNA fusion panel
Postcode:	Simultaneous investigation of rearrangements involving ALK, ROS1, RET and NTRK1 by NGS \$356.00
Provider No.:	COLORECTAL CANCER
Phone:	□ NGS colorectal panel*
Fax:	22 genes including KRAS, NRAS, BRAF
Email:	Medicare item number 73338 \$363.00*
	MELANOMA
CLINICAL HISTORY	NGS melanoma panel*
	50 genes including BRAF, NRAS, KIT, GNAQ, GNA11 Medicare item number 73336 \$231.00*
	·
HOSPITAL STATUS OF PATIENT AT SPECIMEN COLLECTION OR	NEURO-ONCOLOGY ☐ IDH1/IDH2 mutation testing by NGS \$288.00
DATE OF SERVICE	☐ 1p/19q FISH \$325.00
Private patient in private hospital or approved day hospital facility	☐ EGFR amplification by FISH \$325.00
Private patient in a recognised hospital	THYROID
Public patient in a recognised hospital	NGS thyroid panel – DNA \$328.00
Outpatient of a recognised hospital	☐ NGS thyroid panel – RNA (fusions) \$356.00
	GIST NGS GIST panel including KIT (exons 9 and 11), PDGFRA
INVOICING PROCEDURE (FOR PRIVATE PATIENTS ONLY)	☐ NGS GIST panel including KIT (exons 9 and 11), PDGFRA \$328.00
Bill Patient (complete "Patient Authorisation Section")	BREAST and GASTRIC
Bill Referring Department	☐ Her2 FISH* \$325.00*
☐ Bill Laboratory ☐ Bulk Bill - (☐ Inpatient ☐ Outpatient)	22 GENE NGS PANEL
Please Note: Bulk Billing applies only for first 3 panels on the list	☐ Gene list available on request \$328.00
	50 GENE NGS PANEL
11 DIGIT MEDICARE NUMBER	Gene list available on request \$398.00
	*Bulk-billed for eligible patients. Please contact laboratory or refer to
MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) PRACTITIONERS USE ONLY	Medicare Benefits Schedule for eligibility criteria
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	I understand that if the cost of this testing is not covered under Medicare, payment for tests performed is the responsibility of the requesting Doctor or
pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.	department, unless a signed patient consent to pay is provided.
Patient Signature: Date:	Requesting Doctor Signature:
Practitioner's use only (reason patient cannot sign):	PLEASE SEND:
	 For NGS: 10x unstained 5 µm sections on uncoated slides For RNA fusion NGS: Paraffin block is required
PATIENT AUTHORISATION	For IHC: 2x unstained 4 μm Sections on coated slides
I understand that my medical practitioner has requested a test that that is not covered	For FISH: 5x unstained 5 μm sections on coated slides
by Medicare or not covered/partly covered by my private health fund.	AND ■ This form completed in full
I agree to accept responsibility for the full payment of the fees for this test:	A copy of the original pathology report, in a padded bag to:
Signature: Date:	THE DEPARTMENT OF ANATOMICAL PATHOLOGY
Credit Card Number:	LEVEL 2 MAIN BUILDING A,
	ST VINCENTS HOSPITAL
	41 VICTORIA PDE, FITZROY VIC 3065 Ph.: 03 9231 1049 Fax: 03 9231 4580
Expiry Date: / CCV:	Original Pathology Laboratory:
	Block Identification Number:
Card Type: MasterCard: VISA: Amount: \$	