



Molecular Oncology Request Form

PATIENT DETAILS

Family Name:
Given Name:
Address:
Postcode:
DOB:
Age:
Sex:
Contact Phone No.:

REQUESTING PRACTITIONER

Name:
Address:
Postcode:
Provider No.:
Phone:
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 of a recognised hospital

INVOICING PROCEDURE (FOR PRIVATE PATIENTS ONLY)

- Bill Patient (complete "Patient Authorisation Section")
Bill Referring Department
Bill Laboratory
Bulk Bill - (Inpatient Outpatient)
Please Note: Bulk Billing applies only for first 3 panels on the list

11 DIGIT MEDICARE NUMBER

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
Patient Signature:
Date:
Practitioner's use only (reason patient cannot sign):

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.
Signature:
Date:
Credit Card Number:
Expiry Date:
CCV:
Card Type: MasterCard VISA Amount: \$

TESTS REQUESTED

Table with 2 columns: Test Name and Price. Includes categories like LUNG CANCER (NSCLC), COLORECTAL CANCER, MELANOMA, NEURO-ONCOLOGY, THYROID, GIST, BREAST and GASTRIC, 22 GENE NGS PANEL, and 50 GENE NGS PANEL.

*Bulk-billed for eligible patients. Please contact laboratory or refer to Medicare Benefits Schedule for eligibility criteria

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 department, unless a signed patient consent to pay is provided.

Requesting Doctor Signature:

PLEASE SEND:

- For NGS: 10x unstained 5 µm sections on uncoated slides
For RNA fusion NGS: 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 form completed in full
A copy of the original pathology report, in a padded bag to:

THE DEPARTMENT OF ANATOMICAL PATHOLOGY

LEVEL 2 MAIN BUILDING A, ST VINCENTS HOSPITAL, 41 VICTORIA PDE, FITZROY VIC 3065 Ph.: 03 9231 1049 Fax: 03 9231 4580

Original Pathology Laboratory:

Block Identification Number: