Patient Consent for Non-Rebateable Test(s)

I understand that my doctor has requested test(s) that are not covered by Medicare.

I understand that I will receive an invoice from the Pathology Service for this test, and that this may not be the laboratory service where my blood/tissue was collected.

I agree to accept responsibility for the full payment of the fees for the test(s) that are not rebateable by Medicare.

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Patient Name Signature Date

Amount: ______________________________________

OR

The requesting department will cover the cost of this test:

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Department Name Cost Centre

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Head of Department Name Signature Date

Amount: ______________________________________

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Non-Rebateable Test (Indicative Costs):

Code	Test Name	Cost
CHRA	Chromogranin A	$38.50
AMH	Anti-Müllerian Hormone	$60.25
NMDA	n-methyl-d aspartate receptor Ab	$100.00
VGKC	Voltage Gated Potassium Channels	$100.00
MuSK Ab	Muscle Specific Kinase Antibody	$70.00
INHB.	Inhibin B	$82.00
METP	Plasma Metabolic/ Amino Acid Screen	$130.00
METU	Urine Metabolic Screen	$160.25
GUTH	Acyl carnitine	$110.25
	HMG-CoA Reductase (3-hydroxy-3-methylglutaryl-coenzyme A Reductase) Antibodies	$80.00
ADAMTS	Routine ADAMTS-13 Activity	$140.00
ZnT8 Ab	Zinc Transporter 8 Antibodies	$40.00
	Pyruvate (LiHep Plasma)	
	Hereditary Amyloidosis – All genes (TTR/FGA/APOA1/LYZ)	$800.00
	Hereditary Amyloidosis – Single gene: TTR	$400.00
	Hereditary Amyloidosis – Single gene: FGA	$250.00
	Hereditary Amyloidosis – Single gene: APOA1	$300.00
	Hereditary Amyloidosis – Single gene: LYZ	$300.00
	Myeloid NGS Panel (Austin Pathology)	$500.00
	Telomere Length (The Children's Hospital at Westmead) (Must complete requisition and service agreement form from service provider)	$500.00
Other:		$

Every effort has been made toward the accuracy of this list, however referral labs can change their prices without notice, and this list should be considered indicative only. Some referral labs also charge a processing fee, usually less than $10.00.