MOLECULAR REQUEST FORM

ABN 42 100 504 883

Your doctor recommended that you use Peter MacCallum Pathology. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

NATA & RCPA ACCREDITED LABORATORY Number 2465

PATIENT DETAILS

Surname: _____ M / F

First Name: _____ DOB: ___/___/_____

Address: _____

_____

Medicare N°: _____

Patient's Health Fund:_____

Fund N°: _____

LABORATORY INFORMATION

Originating pathology lab:

Block identification number:

PLEASE SEND completed form with:

1. A copy of the pathology report
2. 10 x 5µm unstained tumour sections (and 4 x 3µm on POS CHARGED slides for IHC if required) **OR** paraffin block to:

MOLECULAR PATHOLOGY (Level 1)
Peter MacCallum Cancer Centre (APA)
7 St Andrews Place
East Melbourne, VIC 3002

FAX: +61 3 9656 1460 Telephone: +61 3 9656 3578
Email: somatic_testing@petermac.org

REQUESTING CLINICIAN / PATHOLOGIST

(Illegible / insufficient details will delay results)

Name: _____

Address: _____

_____

Provider N°: _____

Tel: _____ Mobile:_____

Fax: _____

Email:_____

Authorised signature_____

Please note that you are also accepting full responsibility for this pathology request.

Date of request: ___/___/_____

Analysis by other Pathology Service permitted ❒

COPY TO DOCTOR *(Illegible / insufficient details will delay results)*

Name: _____

Address: _____

_____

Fax: _____

Select NGS Panel and Payment Option

❑ Lung *EGFR*
(Includes: *BRAF* & *KRAS* plus *ALK* IHC)

❑ **Medicare:** *NSCLC (non squamous histology or histology not otherwise specified) for access to erlotinib or gefitinib under the PBS.*

❑ **Bill Patient** ❑ **Hospital** ❑ **Ref Dr**

❑ **Other** _____

FISH confirmation of POSITIVE ***ALK*** IHC results is recommended and will incur an additional cost.

Please contact the laboratory on 9656 3578 to discuss.

❑ Melanoma *BRAF*
(Includes: *NRAS* & *KIT*)

❑ **Medicare:** *Unresectable stage III or stage IV metastatic cutaneous melanoma for access to dabrafenib under the PBS.*

❑ **Bill Patient** ❑ **Hospital** ❑ **Ref Dr** ❑ **Other** _____

❑ Colorectal *KRAS*
(Includes: *NRAS* & *BRAF)*

❑ **Medicare:** *WT KRAS mCRC for access to cetuximab or panitumumab under the PBS.*

❑ **NRAS:** *Supported by Amgen to determine if patient likely to benefit from panitumumab*

❑ **Bill Patient** ❑ **Hospital** ❑ **Ref Dr** ❑ **Other** _____

❑ GIST *KIT & PDGFRA*

❑ **Bill patient** *(Must discuss with patient first. Provide billing details).*

❑ **Other:**_____

❑ Other Genes
Please contact the Molecular Pathology Laboratory on +61 3 9656 1467 to discuss.

Gene(s): *AKT1, ALK, BRAF, CDKN2A, EGFR, FGFR1, FGFR2, FGFR3, HER2, KIT, KRAS, NRAS, PDGFRA, PIK3CA, PTEN, TP53,* *(circle your choice)*

❑ **Bill Patient** ❑ **Hospital** ❑ **Ref Dr** ❑ **Other** _____

If a test is being requested through Medicare the patient's hospital status at the time of the service or when the specimen was collected is required:

- ❒ private patient in a private hospital, or approved day hospital facility
- ❒ private patient in a recognised hospital
- ❒ public patient in a recognised hospital
- ❒ outpatient of a recognised hospital

Medicare Assignment Form (Section 20A of the HIA 1973)

I offer to assign my right to benefits to the approved practitioner who will render the requested pathology service(s) and any eligible pathological determinable service(s) established necessary by the practitioner.

Patient's Signature: _____ Date: ___/___/_____

Authority for Peter Mac to submit claim on behalf of claimant:

❒ I authorise the approved pathology practitioner who will render the requested pathology services, and any further pathology services which the practitioner determines to be necessary, to submit my unpaid account to Medicare, so that Medicare can assess my claim and issue me a cheque made payable to the practitioner, for the Medicare benefit. Verbal consent was provided by patient to submit unpaid account to Medicare (no signature available).

Privacy Note: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provision of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.