

Patient Consent for Non-Rebateable Test

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

I understand that I will receive an invoice from the Pathology Service performing this test which may be a different Laboratory from that where my blood was collected.

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

Patient Name Signature Date

Lab Ref number (if known) _____

Non-Rebateable Test (Please Circle Test Requested)

01330	Liquid Based Cytology (Thin Prep)	\$35.00
02085	ADH (Vasopressin)	\$30.70
02085	Adiponectin	\$30.70
05235	Allergy Array	\$340.00
02051	Apolipoprotein A1	\$19.90
02050	Apolipoprotein E Genotype	\$40.00
02010	Bile Acids (If not pregnant or limit 3 reached)	\$20.00
02010	Bile Acids - Miscellaneous Fluid	\$20.00
02111	Transferrin Receptor (Soluble)	\$25.00
09012	Carbohydrate Deficient Transferrin	\$120.00
02150	Cholinesterase Genotyping Screen	\$100.00
02160	Cholinesterase Genotyping Sequence	\$100.00
02085	Chromogranin A	\$30.70
05220	Eosinophilic Cationic Protein (>12)	\$75.00
02096	Seminal Plasma Fructose	\$30.00
02085	Ghrelin	\$30.70
96398	Inhibin-B	\$80.00
05230	Interleukin 6 (IL6)	\$40.00
02085	Leptin	\$30.70
02040	Lipoprotein (a)	\$30.20
02170	Retinol Binding Protein	\$20.00
02085	Vasopressin (ADH)	\$30.70
02060	VLDL Cholesterol (Ultracentrifuged)	\$30.20
02060	VLDL Triglycerides (Ultracentrifuged)	\$30.20

→ no longer assayed

List as at 01 Apr 2015. (Prices are subject to change).