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| PATIENT INFORMATION (please type all fields) | | |
| Surname: | DOB: | Clinical Notes:  Lab Number of sample to be tested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Given: | Sex**:** Choose an item. |
| Address: | |
| Medicare No: | |
| Private Health Fund:  Membership Number: | |
| Public Inpatient  Private Inpatient  Public Outpatient  Private Outpatient | | SAMPLE:  Resection  Biopsy  Cell Block  Other:\_\_\_\_\_\_ |

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| REQUESTING CLINICIAN / PATHOLOGIST (please type all fields) | | | |
| Name : | |  | |
| Address: | | Signature: Date:\_\_\_/\_\_\_/\_\_\_ | |
| Email: | | **REPORT COPIES** (please type all fields) | |
| Provider Number: | | Full name: | Provider Number: |
| Tel: | Fax: | Address:  Tel: Fax: | |
| Consultant (Private rooms)  Private Hospital  Private (MBS) Clinic  Public Hospital  Public Clinic  GP *(Explanatory notes – Refer to “Billing Guide” on pg.2)* | | | |

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| SELECT TEST(S) | | | |
| Urgent Results:  1-2 business days (Idylla ONLY)  7-14 business days (NGS / *MLH1* Methylation)  Specify clinical reason for urgency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Select Anatomical Pathology/Other test(s) if appropriate.**  *NOTE: if ordering at the time of biopsy/resection (prior to a confirmed histological/cytology diagnosis) please also select from the following options. If a relevant cancer is detected at >10% tumour purity the laboratory will proceed with the molecular testing requested.*  **Histology  Cytology  Other:** **\_\_\_\_\_\_\_\_\_ (specify, Eg. flow cytometry, microbiology)** | | |
| *Refer to Austin Pathology (Molecular Diagnostics) web page (*[*https://www.austinpathology.org.au/*](https://www.austinpathology.org.au/)*) for detailed information and costings of each test.*  *Note: In accordance with Medicare guidelines, Pathology services provided to Public patients cannot be claimed via Medicare. These services will be billed to the requesting organisation/hospital (Please refer to “Billing Guide*” on pg.2) | | | **Medicare Item No /Cost** |
| Colorectal Carcinoma NGS Panel (*KRAS, NRAS, BRAF, PIK3CA, ERBB2, POLE*) | | | 73338 |
| Melanoma NGS Panel (*NRAS, BRAF, KIT, GNA11, GNAQ, TERT* promoter) – (\*Please note both NGS & Idylla cannot be claimed under one MBS Item number)  NGS Melanoma – MBS 73336  NGS Melanoma – Full Price ($450.00) | | | **73336\*** |
| Melanoma Idylla automated real-time PCR (BRAF) - (\*Please note both NGS & Idylla cannot be claimed under one MBS Item number)  Idylla (BRAF) – MBS 73336  Idylla (BRAF) – Full Price ($320.00) | | | **73336\*** |
| Non-small cell lung carcinoma (NSCLC) NGS Panel (*EGFR, KRAS, BRAF, PIK3CA, ERBB2, MET, ALK, ROS1*)  ( tick to include *TP53*)  NSCLC NGS Panel - New Diagnosis (EGFR, BRAF, KRAS and MET exon 14)  NSCLC NGS Panel - EGFR gene status for access to an EGFR TKI or Pembrolizumab  NSCLC NGS Panel – (Stage IIIB or IV), new sample following progression after treatment with an EGFR tyrosine kinase  inhibitor. To determine EGFR T790M status for access to Osimertinib.  NSCLC NGS Panel - Locally advanced, to determine requirements relating to MET exon 14 skipping status for access to  Tepotinib | | | 73438  73337  73351  73436 |
| NSCLC EGFR Idylla Test - EGFR gene status for access to an EGFR TKI or Pembrolizumab  NSCLC EGFR Idylla Test - Full Price ($320.00) | | | 73337 |
| Ovarian granulosa cell tumour NGS Panel (*FOXL2*) | | | 73377 |
| Endometrial carcinoma NGS Panel (*POLE, PIK3CA and TP53*) – *(Non-MBS Rebatable)* | | | $450 |
| Gastrointestinal stromal tumour (GIST) NGS Panel (*KIT, PDGFRA, BRAF*) – *(Non-MBS Rebatable)* | | | $450 |
| Tumour not otherwise specified above - Full NGS panel - *(Non-MBS Rebatable)* | | | $450 |
| Single Gene or other specific genes on NGS panel – Please list the genes:  (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) *(Non-MBS Rebatable)* | | | $450 |
| *MLH1* Promoter Methylation Analysis (Non-MBS Rebatable) | | | $200 |
| SAMPLE REQUIREMENTS | | | |
| NGS & Idylla Tests   * At least 10% tumour nuclei * 1 x H&E stained & 6 x unstained slides (5μm) (Idylla – 3 x unstained slides) * A Copy of the histology or cytology report of the same tissue | | ***MLH1* Methylation Assay**   * At least 10% tumour nuclei * Tumour Sample: 1 x H&E stained & 6 x unstained slides (5μm) * Normal Sample: 1 x H&E stained & Normal Tissue: 6 x unstained slides (5μm) * A Copy of the histology or cytology report of the same tissue | |
| REQUEST SUBMISSION | | | | |
| PROVIDE FOLLOWING:   * This completed form * Appropriate sample (Tissue/cytology specimen - Please check sample requirements above) * A Copy of the histology or cytology report | | | **SEND TO:**  Austin Pathology – Anatomical Pathology  Austin Health; Level 6 HSB, 145 Studley Road, Heidelberg, VIC 3084  Fax (AP): (03) 9496 3437 or Email: Labmed01@austin.org.au & molecular@austin.org.au  **Enquires:**  Tel (Molecular): (03) 9496 5657 or Email: molecular@austin.org.au | |
| NGS Panel (26 Genes): AKT1 (Exons 3,6), ALK (Exons 21, 22, 23, 24, 25), BRAF (Exons 8, 11, 12, 13, 14, 15), EGFR (Exons 2, 3, 6, 7, 8, 9, 15, 18, 19, 20, 21), ERBB2 (Exons 10, 19, 20, 21, 24), FOXL2 (Exon 1), GNA11 (Exon 5), GNAQ (Exons 4, 5), GNAS (Exons 6, 7, 8, 9), H3F3A (Exon 2), HRAS (Exons 2, 3), IDH1 (Exons 3, 4), IDH2 (Exon 4), KIT (Exons 2, 8, 9, 10, 11, 13, 14, 15, 17, 18), KRAS (Exons 2, 3, 4, 6), MAP2K1 (Exons 2, 3, 5, 6, 7), MET (Exons 2, 11, 14, 16, 19, 21), NRAS (Exons 2, 3, 4, 5), PDGFRA (Exons 12, 14, 15, 18, 23), PIK3CA (Exons 2, 5, 7, 8, 10, 12, 14, 19, 20, 21), POLD1 (Exons 8, 9, 10, 11, 12), POLE (Exons 9, 10, 11, 12, 13, 14), RET (Exons 10, 11, 13, 14, 15, 16), ROS1 (Exons 36, 37, 38, 39, 40, 41, 42), TERT (promoter), TP53 (Exons 2, 3, 4, 5, 6, 7, 8, 9, 10, 11).  PLEASE NOTE: Some patient samples referred for NGS (next generation sequencing) may fail tumour purity, DNA quality or adequacy criteria. In these circumstances relevant single gene testing with PCR (eg. Idylla) may be attempted at the discretion of the molecular laboratory however; the laboratory may also recommend that repeat biopsy be considered in some circumstances. Additional mutations/variants detected in the Archer 26 gene NGS panel, apart from those selected above may be reported at the pathologist‘s discretion or if specifically requested by the treating team. This NGS panel cannot distinguish between somatic and germline mutations. In some rare instances germline testing may need to be considered in order to clarify the significance of some detected variants/mutations. This would require referral to a familial cancer clinic. Note also that only ALK and ROS1 non-structural variants are detected by the Austin NGS assay. Screening for ALK and ROS1 rearrangements is typically performed with immunohistochemistry and enquires related to this and potential follow-up with FISH should be referred to the pathologist listed on the histopathology report. | | | |
| PAYMENT OPTIONS (Please refer to below “Billing Guide”) | | | |
| Bill Referring Hospital/ Pathology Provider Direct  Bill Medicare (Patient must sign. Non-rebatable components will be billed to the pathology provider unless otherwise specified). | | | |
| Bill Health Fund (Patient must sign. Please provide private health fund name/number on the patient information section).  Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  (Doctor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_) (If signed on patient’s behalf with verbal consent)    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. Your doctor recommended that you use Austin 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.*  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. | | | |
| Bill Patient – Full Price *(Patient must sign)*  *The pathology request that you have been given by your medical practitioner includes tests that could be either partially or not covered by Medicare. If required, the full cost of testing must be covered by the patient or, in the case of children, their family. Austin Pathology requires your consent to proceed with this testing with the full understanding that you will accept responsibility for payment. For further information, please call Austin Molecular Pathology on (03) 9496 5657.*  Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Test Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Cost of Testing $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(AUD)  I hereby agree to accept responsibility for full payment or part payment of non-Medicare rebatable tests performed by Austin Pathology.  Patient/ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Bill Other (Please Specify) ……………………………… | | | |

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| **BILLING GUIDE** | | | | | |
| **Requested from** | **Patient Class** | **IP, OP ED** | **Medicare** | **Health Fund** | **Billing** |
| Austin Health Public Clinic | Public | OP | No | No | No Charge |
| Austin Health Private (MBS) Clinic | Private | OP | Yes (85%) | No | Bill Medicare |
| Austin Health Emergency Dept. | Public | ED | No | No | No Charge |
| Austin Health IP Ward | Public | IP | No | No | No Charge |
| Austin Health IP Ward | Private | IP | Yes (75%) | Yes (25%) | Bill Health Fund/Medicare |
| Other Public Hospital | Public | IP & OP | No | No | Bill Requesting Hospital |
| Other Public Hospital Inpatient | Private | IP | Yes (75%) | Yes (25%) | Bill Health Fund/Medicare or Self-Funded |
| Other Public Hospital Outpatient | Private | OP | Yes (85%) | No | Bill Medicare |
| Other Public Hospital - Emergency Dept. | Public | ED | No | No | Bill Requesting Hospital |
| Private Hospital Inpatient | Private | IP | Yes (75%) | Yes (25%) | Bill Health Fund/Medicare or Self-Funded |
| Private Hospital Outpatient | Private | OP | Yes (85%) | No | Bill Medicare |
| General Practioner (GP) | Private | OP | Yes (85%) | No | Bill Medicare |
| Consultant (Private Rooms) | Private | OP | Yes (85%) | No | Bill Medicare |