

**Patient Information**

Surname \_\_\_\_\_  
Given Name(s) \_\_\_\_\_  
MRN \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_  
Patient Address \_\_\_\_\_  
\_\_\_\_\_  
Post code \_\_\_\_\_  
Telephone \_\_\_\_\_  
Medicare No. \_\_\_\_\_  
Private Health Fund \_\_\_\_\_  
☐ Do Not Send Report to My Health Record

**Hospital status of patient at specimen collection or date of service**

Private patient in a private hospital or approved day hospital facility ☐ Yes ☐ No  
Private patient in a recognised hospital ☐ Yes ☐ No  
Public patient in a recognised hospital ☐ Yes ☐ No  
Outpatients of a recognised hospital ☐ Yes ☐ No

**Clinic status**

☐ Public ☐ MBS

**Tests Requested**

**Select Anatomical Pathology/Other test(s) if appropriate**

☐ Histology ☐ Cytology ☐ Other

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.

**NGS Panels**

☐ Gastrointestinal Stromal Tumour\*\* ☐ Ovarian Granulosa Cell Tumour\* (73377)  
☐ Melanoma\* (73336) ☐ Endometrial Carcinoma\*\*  
☐ Colorectal\* (73338)

NSCLC (☐ tick to include TP53,)\*

☐ New Diagnosis (EGFR, KRAS, BRAF, PK3CA, ERBB2, MET, ALK, ROS1) (73438)  
☐ EGFR T790M status (73337)  
☐ Stage IIIB or IV (73351)  
☐ Locally advanced/Metastatic -METexon 14 skipping (73436)

☐ Tumour not otherwise specified above - Full NGS panel\*\*  
☐ Single Gene or other specific genes on NGS panel\*\* (\_\_\_\_\_)

**Disclaimer:** NGS based mutation testing cannot differentiate between germline and somatic variants & may detect germline variants with significant implications for both the patient and their family. Please ensure that requesting doctors and patients have understood this possibility and discussed.

**Other**

☐ NSCLC Idylla GeneFusion Test-ALK/ROS1/RET/METex14 skipping/NTRK1/NTRK2/NTRK3\* (73439)  
☐ NSCLC Idylla EGFR Test\* (73337)  
☐ MLH1 Promoter Methylation Analysis\*\* ☐ BRAF Idylla Test\* (73336)

\*Medicare rebates available, subject to criteria being met. \*\*Non-MBS Rebutable  
Refer to the Austin Pathology website for more information and gene lists: [www.austinpathology.org.au/molecular-genetics](http://www.austinpathology.org.au/molecular-genetics)

**Request Submission**

**Provide the following:**

- Completed form
- Appropriate sample\*
- Copy of the histology or cytology test report

\*Please check sample requirements in Austin Pathology's Test Directory.  
<https://www.austinpathology.org.au/test-directory>

**Clinical Notes**

☐ SD

**Sample Details**

Lab Number of Sample \_\_\_\_\_ Urgent ☐ Yes ☐ No  
☐ Resection ☐ Biopsy ☐ Cell Block  
☐ Other \_\_\_\_\_  
Specify clinical reason for urgency \_\_\_\_\_

**Referring Doctor**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Provider No. \_\_\_\_\_

DOCTOR'S SIGNATURE AND REQUEST DATE

X \_\_\_\_\_

**Copy Report To**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Provider No. \_\_\_\_\_

**Patient and Financial Consent**

**Medicare Assignment (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.

**Financial Acknowledgment:**

The pathology request that you have been given by your medical practitioner may include 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.

PATIENT SIGNATURE AND DATE

X \_\_\_\_\_

**PRACTITIONER'S USE ONLY** (Reason for patient being unable to sign)

For further information on pricing, please contact Austin Pathology's Molecular department on 03 9496 5657.

**Please forward request form and specimen to:**

Austin Pathology - Anatomical Pathology  
Fax (AP): 03 9496 3437 or Email: [molecular@austin.org.au](mailto:molecular@austin.org.au)  
Address: Austin Health; HSB Level 6, 145 Studley Road, Heidelberg VIC 3084