## RCPA logo 4col small half.gifHome | Austin Pathology

**MOLECULAR HAEMATOLOGY**

**TEST REQUEST FORM**

LABORATORY NUMBER 2741

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

|  |  |  |  |
| --- | --- | --- | --- |
| REQUESTING DOCTOR (please type all fields) | | | |
| Name: | | Signature: Date:\_\_\_/\_\_\_/\_\_\_ | |
| Address: | |
| Email: | | **REPORT COPIES** (please type all fields) | |
| Provider Number: | | Full name: | Provider Number: |
| Tel: | Fax: | Address:  Tel: Fax: | |
| Consultant (Private rooms)  Private (MBS) Clinic  Private Hospital  GP  Public Hospital  Public Clinic | | | |

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| --- | --- | --- | --- |
| **SELECT TEST(S)** | | | |
| Refer to Austin Pathology (Molecular Diagnostics) web page (<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 Austin Pathology web page) | | **Medicare Item No /Cost** | |
| **NGS ASSAYS**  **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 before ordering these tests. | | | |
| **Myeloid NGS Panel - Suspected Myeloid Malignancy** | | 73447 | |
| **Lymphoid NGS Panel - Suspected Lymphoid Malignancy** | | 73448 | |
| **MPN NGS Panel ET/PV** | | 73398 | |
| **MF NGS Panel - Primary Myelofibrosis, transplant eligible** | | 73399 | |
| ***IGH* Gene Rearrangement for Clonality Assessment - Acute Lymphoblastic Leukaemia (ALL)**  ***IGH* Gene Rearrangement for Clonality Assessment – Other** *(Non-ALL or Not covered by Medicare)* | | 73310 | |
| ***IGH* Minimal Residual Disease (MRD) Monitoring - Acute Lymphoblastic Leukaemia (ALL)**  ***IGH* Minimal Residual Disease (MRD) Monitoring – Other** *(Non-ALL or Not covered by Medicare)* | | 73310 | |
| **T-cell Receptor Gamma (*TCRG*) Gene Rearrangement for Clonality Assessment – ALL**  **T-cell Receptor Gamma (*TCRG*) Gene Rearrangement for Clonality Assessment – Other** *(Non- ALL or Not*  *covered by Medicare)* | | 73310 | |
| **CLL Somatic Hypermutation Analysis** *(Non-MBS Rebatable)* | | $500 | |
| **OTHER ASSAYS** | | | |
| **GeneXpert t(9;22) *BCR::ABL1* qPCR** | | 73314 | |
| **GeneXpert NPM1 MRD (Type A, B or D)** | | 73314 | |
| ***FLT3* (ITD & TKD) and *NPM1* testing by Fragment Analysis** | | 73314 | |
| ***JAK2* (V617F) by Droplet Digital PCR** | | 73325 | |
| ***MYD88* (L265P) by Droplet Digital PCR** *(Non-MBS Rebatable)* | | $250 | |
| **Factor II (G20210A) & Factor V Leiden (G1691A) Analysis** | | 73308/73311 | |
| **SAMPLE REQUIREMENTS** | | |
| FLT3/NPM1 assay, JAK2 (V617F) & MYD88 (L265P Assay), Myeloid & MPN NGS Panel, Lymphoid NGS Panel, IgH/TCR gene rearrangement, CLL Somatic Hypermutation Analysis | * 9mL Peripheral Blood (EDTA) * 2-4mL Bone Marrow Aspirate (EDTA) * DNA (minimum 20µL at 50ng/µL) * FFPE: 1 x H&E stained & 6 x unstained slides (5µM) (at least 10% tumour nuclei) * A Copy of the histology or cytology report | |
| IGH Gene Rearrangement for MRD Monitoring | * 2-4mL Bone Marrow Aspirate (EDTA) * DNA (minimum 50µL at 100ng/µL) * A diagnostic sample must be previously tested or provided | |
| NPM1 MRD, BCR-ABL p190 & p210  (RNA based assays - Samples must receive within 48 hours of collection) | * 9mL Peripheral blood (EDTA) * 2-4mL Bone Marrow Aspirate (EDTA) | |
| Factor II (G20210A) & Factor V Leiden (G1691A) | * 2-4mL Peripheral blood (EDTA) | |
| **REQUEST SUBMISSION** | | | |
| **PROVIDE FOLLOWING:**   * This completed form * Appropriate sample (Please check sample requirements above) * Copy of the Pathology Test Report | **SEND TO:** Austin Pathology  **Central Specimen Reception (Blood & Bone Marrow Samples)**  Fax (CSR): (03) 9496 5332  **Anatomical Pathology (Tissue Samples)**  Fax (AP): (03) 9496 3437 or Email: [Labmed01@austin.org.au](mailto:Labmed01@austin.org.au)  Address: Austin Health; Level 6 HSB, 145 Studley Road, Heidelberg, VIC 3084  **Enquires:**  Tel (Molecular): (03) 9496 5657 or Email: [molecular@austin.org.au](mailto:molecular@austin.org.au) | | |
| **PAYMENT OPTIONS**  Refer to Austin Pathology (Molecular Diagnostics) web page (<https://www.austinpathology.org.au/>) for the “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) ………………………….. | | | | |
| **NGS PANELS – GENES LISTS**  **Myeloid NGS Panel (39 Genes)**: *ASXL1, BRAF, CALR, CBL, CEBPA, CSF3R, CXCR4, DNMT3A, DDX41#, ETNK1, EZH2, FBXW7, FLT3, GATA1, GATA2, IDH1, IDH2, JAK2, KIT, KRAS, MPL, MYD88, NOTCH1, NPM1, NRAS, PPM1D, PTEN, RHOA, RUNX1, SETBP1, SF3B1, SRSF2, STAT3, STAT5B, STAT6, TET2, TP53, U2AF1, WT1*  **MPN NGS Panel (8 Genes):** ASXL1, CALR, CSF3R, JAK2, KIT, MPL, IDH1, IDH2  **Lymphoid NGS Panel (37 Genes):** *BCL2, BCL2L1, BIRC3, BRAF, BTK, CARD11, CD274, CD79B, CXCR4, DNMT3A, EZH2, FYN, ID3, IDH1, IDH2, IRF8, JAK3, KRAS, MAP2K1, MCL1, MYD88, NOTCH1, NOTCH2, NRAS, PDCD1LG2, PHF6, PLCG1, PLCG2, RHOA, RUNX1, SF3B1, STAT3, STAT5B, STAT6, TCF3, TP53, XPO1* | | | |