SYDPATH
ST VINCENT'S PATHOLOGY

SydPath Cancer Genetics
Molecular Haemato-Oncology Request

RCPA The Royal College of Pathologists of Australasia

NATA ACCREDITED FOR TECHNICAL COMPETENCE

PATIENT DETAILS

Family name ______________________

Given name ______________________

Address ______________________

DOB ____________ Age ________ Sex ________

REQUESTING SPECIALIST/CONSULTANT PHYSICIAN

Name ______________________

Address ______________________

____________ Postcode ____________

Provider no. ______________________

Phone ______________________

Fax ______________________

Email ______________________

Signature ____________ Date ____________

REFERRING PATHOLOGIST

Name ______________________

Address ______________________

____________ Postcode ____________

Provider no. ______________________

Phone ______________________

Fax ______________________

Email ______________________

Signature ____________ Date ____________

HOSPITAL STATUS OF PATIENT AT SPECIMEN COLLECTION OR DATE OF SERVICE

- 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 ☐

INVOICING PROCEDURE

- ☐ Bulk bill: copy of signed form attached
- ☐ Bulk bill: send DB3 (not appropriate for public inpatients)
- ☐ Bill laboratory
- ☐ Bill patient (complete authorisation on reverse)
- ☐ Bill private health fund: ______________________

  Membership no. ______________________

11 DIGIT MEDICARE NO.

☐☐☐☐☐☐☐☐☐☐ ☐

MEDICARE ASSIGNMENT *(Section 20A of the Health Insurance Act 1973) PRACTITIONERS USE ONLY*

TO BE COMPLETED BY THE PERSON ASSIGNMENT BENIFITS FOR THE SERVICES ON THIS FORM

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

Patient signature ____________ Date ____________

(Reason patient cannot sign) ______________________

CLINICAL HISTORY

Original Pathology Laboratory ______________________

Block Identification Number ______________________

TESTS REQUESTED

☐ **URGENT**

HAEMATOLOGY

CML RT-PCR
- ☐ BCR-ABL1

CLL
- ☐ CLL FISH panel

Multiple Myeloma
- ☐ MM FISH panel

XY/XX transplant
- ☐ XY FISH

AML FISH
- ☐ BCR-ABL1
- ☐ PML-RARA/RARA
- ☐ CBFB/CBFB-MYH11
- ☐ RUNX1-RUNX1T1
- ☐ MECOM (EVI1)
- ☐ MLL

HES/CEL/Mast cell disease
- ☐ FIP1L1, CHIC2, PDGFRA
- ☐ PDGFRB

HAEMATOLOGY

ALL FISH
- ☐ BCR-ABL1
- ☐ MYC/MYC-IGH@
- ☐ ETV6-RUNX1
- ☐ CDKN2A
- ☐ MLL

LYMPHOMA

Burkitt lymphoma
- ☐ MYC-ICH@/MYC

Follicular lymphoma
- ☐ IGH@-BCL2/BCL2

Double/triple-hit lymphoma
- ☐ MYC/BCL2/BCL6

ALK positive ALCL
- ☐ ALK

Mantle cell lymphoma
- ☐ IGH@-CCND1

MALT lymphoma
- ☐ MALT1

PLEASE SEND:

CML quantitative RT-PCR 2 x 10 ml EDTA peripheral blood. Specimen must be received within 24hrs of collection.

CLL FISH Panel 1 x 6 ml sodium-heparinised peripheral blood.

MM FISH 1 x 1 ml sodium-heparinised bone marrow aspirate.

Direct cell preparations for FISH Touch imprints (lymph nodes/solid tumours)(2 slides per probe requested); or

Bone marrow slides (2 slides per probe requested); or

Cytogenetics fixed cell suspension (2ml 3:1 methanol: glacial acetic acid fixative).

Formalin-fixed paraffin embedded (FFPE) tissue for SISH/FISH Paraffin block with involved tissue (returned upon completion of testing); or four (4) x 3µm sections on coated (positively charged) slides for first probe, plus two further sections for each additional probe.

AND

- This request form completed in full AND
- A copy of the original surgical request form AND
- A copy of the original pathology report in a padded bag to:

SYDPATH CANCER GENETICS
LEVEL 6 XAVIER BUILDING
ST VINCENTS HOSPITAL, VICTORIA STREET
DARLINGHURST NSW 2010
Ph: 02 8382 9153 | Fax: 02 8382 2888
email: sydpathcancer@stvincents.com.au
www.sydpath.com.au

SYDPATH
ST VINCENT'S PATHOLOGY

SydPath Cancer Genetics
Molecular Haemato-Oncology Charges

MOLECULAR ASSAYS

Sydpath pricing information for Molecular Assays for referring doctors and patients

Assay	Funding Currently Available	Cost if Unfunded
BCR-ABL1	RT-PCR Medicare item 73314 (diagnosis & follow-up)	$232.50
CLL FISH panel	Not currently funded by Medicare	$425.00 (3-probe panel)
MM FISH panel	Not currently funded by Medicare	$475.00 (4-probe panel)
AML FISH	Medicare item 73314 (diagnosis & follow-up)	$325.00 for 1st hybridisation; 50.00 for each additional hybridisation
ALL FISH	Medicare item 73314 (diagnosis & follow-up)	$325.00 for 1st hybridisation; 50.00 for each additional hybridisation
HES/CEL/Mast cell disease FISH	Medicare item 73314 (diagnosis & follow-up)	$325.00 for 1st hybridisation; 50.00 for each additional hybridisation
Lymphoma FISH	Medicare item 73314 (diagnosis & follow-up)	$325.00 for 1st hybridisation; 50.00 for each additional hybridisation

Please note the special requirements and clinical information needed on request form in order for us to correctly bill your patient. Costs of testing requested by a pathologist cannot be claimed under Medicare. All requests for Medicare rebated testing must include the provider number of the referring Clinician/Oncologist/Surgeon.

PATIENT AUTHORISATION

I understand that my medical practitioner has requested test(s) that are not covered by Medicare or not covered/partly covered by my private health fund.

I agree to accept responsibility for the full payment of the fees for this test(s):

Name of test(s): ____________________

Patient's name: ____________________ Patient's DOB: ____________________

Patient's address: ____________________

Postcode: ____________________ Patient's phone no: ____________________

C/Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date: ☐☐/☐☐

Name on card: ____________________ CCV: ☐☐☐ Card Type: ☐ Mastercard ☐ VISA

Amount to be debited: $ __________ Cardholder's signature: ____________________ Date: __________

For any further information required on SydPath's billing policy for Cancer Genetics Molecular Assays please phone 02 8382 9153.

Dear Patient,
Your doctor has recommended that you use SydPath. 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 benifit payable for the service(s) rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information maybe 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.

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