

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.

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MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) PRACTITIONERS USE ONLY
 TO BE COMPLETED BY THE PERSON ASSIGNMENT BENEFITS FOR THE SERVICES ON THIS FORM
 I offer to assign my right to benefits 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

Results of HER2 IHC: (Please circle) N/A 3+ 2+ 1+ 0

TESTS REQUESTED

URGENT

BREAST CANCER ISH

HER2 SISH HER2 FISH
 Medicare item (73332) will fund one HER2 ISH test on breast cancer specimens per patient episode for determining access to trastuzumab under the PBS (not applicable to public inpatients).

GASTRIC / GASTROESOPHAGEAL CANCER ISH

HER2 SISH HER2 FISH
 Roche will fund HER2 ISH testing on advanced gastric cancer in patients under consideration for trastuzumab therapy until 29 Nov 2013.

LUNG CANCER ISH*

ALK FISH (plus ALK IHC) MET SISH ROS1 FISH

NEURO-ONCOLOGY FISH*

Glioma: 1p/19q and EGFR
 Neuroblastoma panel: MYCN, ploidy, 1p36,11q,17q
 Medulloblastoma panel: MYCN, MYC, MYB, i(17q).

SOFT TISSUE TUMOUR FISH*

Synovial sarcoma: SS18 (SYT)
 Clear cell sarcoma/myoepithelioma: EWSR1
 Ewing sarcoma/PNET: EWSR1, EWSR1-FL11
 Myxoid liposarcoma: DDIT3 DDIT3, FUS, EWSR1
 Well differentiated liposarcoma: MDM2/12cen MDM2, GLI, CDK4
 Alveolar rhabdomyosarcoma: FOXO1, FOXO1-PAX3
 DFSP: COL1A-PDGFRB

PLACENTAL NEOPLASIA FISH*

Xcen, Yq12 & ploidy

OTHER*: Please see www.sydpath.com.au for full range of FISH probes available

* I understand that the cost of this testing is not covered under Medicare funding. Furthermore that payment for this testing is the responsibility of the requesting Doctor or department, unless a signed patient consent to pay is provided (see other side of this form).

Requesting Dr signature _____

PLEASE SEND:

4 unstained 3µm sections on coated slides (8 if panel) or a paraffin block 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 9156 | Fax: 02 8382 2888
email: sydpathcancer@stvincents.com.au www.sydpath.com.au

Original Pathology Laboratory

Block Identification Number

