MonashPathology
MonashHealth (APA)

Molecular Oncology Request Form

Telephone 03 9594 3902 Facsimile 03 9594 6619

RCPA The Royal College of Pathologists of Australasia Accredited for compliance with NPAAC standards and ISO 15189

NATA

Laboratory use only

Identify

PATIENT DETAILS UR

SURNAME .....

GIVEN NAMES .....

DOB ..... / ..... / ..... WARD ..... GENDER .....

ADDRESS.....

.....

.....

Patient status at the time of the service when the specimen was collected.

	Yes	No or
a) private patient in a private hospital or approved day hospital facility	☐	☐
b) a private patient in a recognised hospital	☐	☐
c) a public patient in a recognised hospital	☐	☐
d) an outpatient of a recognised hospital	☐	☐

Medicare number

Expiry date ..... /.....

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. I understand my medical practitioner may have requested testing that is not reimbursed by Medicare and also not covered by my private health insurance. If there is a cost involved, this has been explained to me, and I agree to accept responsibility for the payment of test fees

..... Patient's signature Date ..... /..... /.....

REQUESTING PRACTITIONER

Provider number: .....

SURNAME & FIRST NAME: .....

ADDRESS: .....

.....

COPY TO Provider number: .....

SURNAME & FIRST NAME: .....

ADDRESS: .....

Situation Background Assessment

CLINICAL DETAILS

TISSUE FOR TESTING

Laboratory Number:.....

Block Selected:.....

Tumour percentage:.....

Collection Date:.....

Request

TESTS REQUESTED:

LUNG CANCER	☐ EGFR		
	☐ EGFR, KRAS		
COLORECTAL CANCER	☐ KRAS, NRAS, BRAF		
MELANOMA	☐ BRAF		
THYROID CANCER	☐ BRAF, NRAS		
PANCREATIC CANCER	☐ KRAS		
NEURO-ONCOLOGY			
GBM	☐ MGMT	☐ IDH1/IDH2	☐ ***1p19q deletion
Pilocytic Astrocytoma, LGG	☐ BRAF V600E	☐ BRAF-KIAA1549	
DIPG, HGG	☐ Histone H3K27M + G34R		
PAEDIATRIC CANCER			
***Ewing Sarcoma**	☐ EWS-FLI1, EWS-ERG		
***Rhabdomyosarcoma**	☐ PAX3/7-FKHR		
***Desmoplastic Small Round Cell Tumour**	☐ EWS-WT1		
****Rhabdoid Tumour/ATRT**	☐ SMARCB1		
****Wilms Tumour**	☐ 11p15	☐ ***1p16q deletion	

*Will also require cytogenetic/FISH investigation
**For complete testing, fresh tissue is required
***A paired blood specimen is also required for this test

OTHER *(please specify)*

Doctor's Name (print).....Sign.....Date.....Pager.....Phone.....Fax.....

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MOLECULAR TESTS GENETICS AND MOLECULAR PATHOLOGY

Test name/Gene Name	Condition/Tumour	Fee	Medicare Rebate
EGFR mutations (exon 18-21)	Lung Cancer	$397.35	Item 73337
KRAS and NRAS	Colorectal Cancer	$362.60	Item 73338
NRAS	Other than colorectal cancer	$230.95	N/A
BRAF 600/601 mutations	Melanoma	$230.95	Item 73336
BRAF 600/601 mutations	Other than melanoma	$230.95	N/A
1p19q co-deletion	Oligodendroglioma	$404.00	N/A
BRAF-KIAA1549 fusion	Juvenile Pilocytic Astrocytoma	$480-$578.00	N/A
SMARCB1 gene	Atypical Theratoid Rhabdoid Tumour	$482.00 (Sanger) $330.00 (MLPA)	N/A
Histone H3 K27M and G34R Mutations	Diffuse Intrinsic Pontine Glioma and Glioblastoma (paediatric)	$282.00	N/A
MGMT methylation	Glioblastoma	$305.50	N/A
IDH1 (R132) and IDH2 (R172) mutations	Glioma	IDH1 only $282.00 IDH2 only $282.00 IDH1 & IDH2 $432.00	N/A
EWS-FLI1, EWS-ERG1	Ewing's Sarcoma	$480-$578.00	N/A
EWS-WT1	Desmoplastic Small Round Cell Tumour	$480-$578.00	N/A
PAX3/7-FKHR	Alveolar Rhabdomyosarcoma	$480-$578.00	N/A
1p16q co-deletion	Wilms Tumour	$440.00	N/A
11p15 (methylation)	Wilms Tumour	$612.00	N/A

Privacy note: The information provided will be used to assess any Medicare benefits payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update environment records. Its collection is authorised by the provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law.