

Laboratory use only

Please note incomplete forms will not be processed

Identify

PATIENT DETAILS UR

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SURNAME

GIVEN NAMES

DOB / / WARD GENDER

ADDRESS

REQUESTING PRACTITIONER

Provider number:

SURNAME & FIRST NAME:

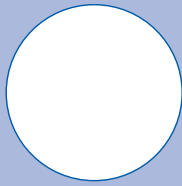
ADDRESS:

COPY TO Provider number:

SURNAME & FIRST NAME:

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

	Yes	No
a) private patient in a private hospital or approved day hospital facility.	<input type="checkbox"/>	<input type="checkbox"/>
b) a private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
c) a public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
d) an outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>



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 / /

Practitioner's Use Only
..... (reason patient cannot sign)

Payment Options

Hospital/Pathology Provider

Bill Patient

Consent to out-of-pocket charge

Other:

Background Assessment

CLINICAL DETAILS

Self Determined

Patient consented for genomic testing

Specimen reception - send to Monash GMP lab

SAMPLE FOR TESTING

Laboratory Number:

Sample type: Peripheral blood Tissue (RNA fusion only)

Bone marrow aspirate DNA/RNA (please contact lab)

Collection Date:

Request

SELECT	NGS GENE PANELS	SPECIMEN REQUIRED	INCLUDED GENES	COST
<input type="checkbox"/>	DNA Myeloid malignancy gene panel Suspected myeloid malignancy (item 73447)	<ul style="list-style-type: none"> 1-2 ml bone marrow aspirate (EDTA) 4ml peripheral blood (EDTA) Extracted DNA (please contact lab) 	Genes (39): ABL, BRAF, CBL, CSF3R, DNMT3A, FLT3, GATA2, HRAS, IDH1, IDH2, JAK2, KIT, KRAS, MPL, MYD88, NPM1, NRAS, PTPN11, SETBP1, SF3B1, SRSF2, U2AF1, WT1, ASXL1, BCOR, CALR, CEBPA, ETV6, EZH2, IKZF1, NF1, PHF6, PRPF8, RUNX1, SH2B3, STAG2, TET2, TP53, ZRSR2	\$700*
<input type="checkbox"/>	DNA Myeloproliferative neoplasm (MPN) panel: ET and PRV (item 73398)	<ul style="list-style-type: none"> 1-2 ml bone marrow aspirate (EDTA) 4ml peripheral blood (EDTA) Extracted DNA (please contact lab) 	Genes (9): ASXL1, CALR, CSF3R, JAK2, KIT, MPL, SETBP1, SF3B1, SH2B3	\$420*
<input type="checkbox"/>	RNA Gene Fusion panel: Suspected myeloid or lymphoid malignancy (Ordered with DNA panel - item 73445 or 73446)	<ul style="list-style-type: none"> 1-2 ml bone marrow aspirate (EDTA) 4ml peripheral blood (EDTA) Extracted RNA (please contact lab) FFPE tumour block 1 x H&E slide 	Genes (507 genes): assay to detect gene fusions in multiple cancer types including myeloid and lymphoid neoplasms, including novel fusion gene partners. List of genes available upon request	\$600*
<input type="checkbox"/>	OTHER (please specify)			
<input type="checkbox"/>	Single gene testing Please specify :	<ul style="list-style-type: none"> 1-2ml bone marrow aspirate (EDTA) 4ml Peripheral blood (EDTA) 		\$420*

PLEASE FORWARD SPECIMEN AND A COPY OF FBE, MARROW OR TISSUE REPORT TO:

Genetics and Molecular Pathology Laboratory
c/o - Specimen Reception Level 4
Monash Medical Centre
246 Clayton Road
Clayton Victoria 3168

*Cost if not MBS reimbursable

Doctor's Name (print)..... Sign..... Date.....

Email: Phone..... Fax.....

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 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.

Result Enquiries 9594 4538

Clinical Consultation

Anatomical Pathology & Cytology

Prof. Beena Kumar
9594 3500

Biochemistry

Assoc. Prof. Zhong Lu
9594 4525

Genetics

Prof. Beena Kumar
9594 3500

Haematology

Assoc. Prof. Sanjeev Chuniyal
9594 4366

Infectious Diseases

Prof. Tony Korman
9594 4564

Microbiology

Prof. Tony Korman
9594 4564

COLLECTION CENTRE	ADDRESS	TELEPHONE	HOURS
CLAYTON	Monash Medical Centre Public Pathology collection rooms 246 Clayton Road, Clayton	03 9594 2383	Monday to Friday 8:30am - 5:00pm
	Jessie McPherson Private Hospital Private Consulting Suites, Suite G 246 Clayton Road, Clayton	03 9594 2469	Monday to Friday 8:00am - 6:00pm Saturday 8:00am - 2:00pm
	Monash Children's Hospital 246 Clayton Road, Clayton	03 8572 3081	Monday to Friday 8:30am - 5:00pm
	Victorian Heart Hospital 631 Blackburn Road, Clayton	03 7511 1230	Monday to Friday 8:00am - 5:00pm Saturday 8:00am - 2:00pm
BERWICK	Casey Hospital 62 – 70 Kangan Drive, Berwick	03 8768 1442	Monday to Friday 8:00am - 5:00pm
	Berwick Healthcare 76 Clyde Road, Berwick	03 9792 8021	Monday to Friday 8.30am - 5.00pm
COWES	Phillip Island Health Hub 50-54 Church Street, Cowes	03 5951 2120	Monday to Friday 8:00am - 4:00pm Saturday 8:00am - 12:00 noon
CRANBOURNE	Cranbourne Centre 140 – 154 Sladen Street, Cranbourne	03 5990 6176	Monday to Friday 8.30am – 5.00pm Saturday 9.00am – 1.00pm
DANDENONG	Dandenong Hospital 135 David Street, Dandenong	03 9554 1901 03 9554 1902	Monday to Friday 8:00am - 6:00pm Saturday & Sunday 8:00am – 12.00 noon
	Monash Health Community 122 Thomas Street, Dandenong	03 9792 7854	Monday to Friday 8.30am – 5.00pm
	Monash Women's Clinic 135 David Street, Dandenong	03 9792 8003	Monday to Friday 8.30am - 5.00pm
FOSTER	South Gippsland Hospital 87 Station Road, Foster	03 8572 2120	Monday to Friday 8.00am - 2.30pm
KORUMBURRA	Korumburra Hospital 65 Bridge Street, Korumburra	03 5654 2799	Monday to Friday 8.00am - 3.00pm
LEONGATHA	Leongatha Hospital 66 Koonwarra Road, Leongatha	03 5667 5573	Monday to Friday 8.00am – 4.00pm Saturday 9.00am – 11.00am
MOORABBIN	Moorabbin Hospital 823 – 865 Centre Road, Bentleigh East	03 9928 8178	Monday to Friday 8:00am – 5:00pm
PAKENHAM	Pakenham Health Centre Henty Way, Pakenham	03 5941 0526	Monday to Friday 8.30am - 5.00pm Saturday 8.00am – 12.00 noon
SPRINGVALE	Greater Dandenong Community Health Service 55 Buckingham Avenue, Springvale	03 8558 9012	Monday to Friday 8:00am - 4.30pm
WONTHAGGI	Wonthaggi Hospital 235 Graham Street, Wonthaggi	03 5671 3292	Monday to Friday 8:30am - 5:00pm Saturday 8.30am – 10.30am Sunday 8.00am – 12.00 noon
YARRAM	Yarram & District Health Service 85-91 Commercial Road, Yarram	03 5182 0360	Monday to Friday 8:00am - 2:30pm

PLEASE NOTE:

- **OPENING TIMES ARE SUBJECT TO CHANGE. CONTACT THE CENTRE OR GO TO monashpathology.org FOR UP TO DATE DETAILS.**
- **SERVICE REDUCTIONS MAY APPLY ON PUBLIC HOLIDAYS.**

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 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.

MONASH PATHOLOGY REQUEST MINIMUM REQUIREMENTS

1. Patient Identification

Request forms and specimens must be labelled with at least 3 patient identifiers:

- Surname and first name in full with correct spelling
- Date of birth
- At least one of the following - Monash Health UR number, Address, Gender

2. Date and time of Collection

3. Specimen and request form must be signed by the specimen collector

**REQUESTS WILL NOT BE ACCEPTED UNLESS ALL OF THE ABOVE ARE PRESENT.
THIS INFORMATION IS NECESSARY FOR THE SAFETY OF THE PATIENT.**