SYDPATH
ST VINCENTS PATHOLOGY

KRAS Biomarker 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 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

Disease Stage: .....

TESTS REQUESTED

☐ **URGENT**

☐ **KRAS Mutation Testing – Medicare criteria (Item 73330)**
Metastatic colorectal cancer may be referred for KRAS mutation testing for access to cetuximab therapy under the PBS (not applicable to public inpatients)

☐ **KRAS Mutation Testing – OTHER ***

* I understand that the cost of this testing is not covered under Medicare. Furthermore that, unless a patient consent to pay is provided, payment for this testing is the responsibility of the requesting Doctor or department.

Requesting Dr Signature .....

PLEASE SEND:

9 unstained 3µm sections on **uncoated** slides or a paraffin block AND

- This request form completed in full AND
- A copy of the original pathology report AND
- A copy, if available, of the original surgical request form

in a padded bag to:

TISSUE AND MOLECULAR PATHOLOGY
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 .....

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Molecular Biomarker Request

MOLECULAR ASSAYS

Sydpath Pricing Information for Molecular Assays for Referring Doctors and Patients

Assay	Funding Currently Available	Cost if Unfunded
EGFR Mutation Testing	i) Roche Access program will fund one test on previously untreated NSCLC regardless of stage. ii) Medicare item 73328 will fund one test on locally advanced or metastatic NSCLC to determine access to 2nd line gefitinib under the PBS.	$400.00
BRAF Mutation Testing	Roche Access program will fund one test on unresectable Stage III or IV melanoma.	$285.00
KRAS Mutation Testing	Medicare item 73330 will fund one test on metastic colorectal carcinoma to determine access to cetuximab under the PBS.	$232.50
SISH Testing	Medicare item 73332 will fund one HER2 ISH test on breast cancer (other than in the neoadjuvant setting) for determining access to trastuzumab under the PBS. Other SISH testing is unfunded.	$270.00
FISH Testing	Medicare item 73332 will fund one HER2 ISH test on breast cancer (other than in the neoadjuvant setting) for determining access to trastuzumab under the PBS (usually employed in cases non-diagnostic by SISH). Other FISH testing (eg ALK, glioma FISH, sarcoma FISH, lymphoma FISH) is unfunded.	$325.00 plus $50 for each additional test

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/C Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ *Expiry Date:* ☐☐/☐☐

CCV: ☐☐☐ *Card Type:* ☐ *Mastercard* ☐ *VISA* *Amount to be debited: $* .....

Patient's Signature: ..... *Date:* .....

For any further information required on SydPath's Billing policy for Molecular Biomarker Testing please phone 02 8382 9156

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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