

PATIENT INFORMATION		REQUESTING CLINICIAN / PATHOLOGIST	
Surname:	Sex: M / F	Name:	
First Name:	DOB:	Hospital/Lab:	
Address:		Provider No:	
		Tel:	Fax:
Medicare Number:		Referrer Signature: _____ Date: _____	
Private Health Fund:	Health Fund Number:	Note that you are also accepting full responsibility for this pathology request.	

CLINICAL AND SAMPLE DETAILS	
<b>Clinical Notes / Reason for Test:</b> _____ <i>(Attach a copy of relevant Pathology Reports)</i>	<b>Sample Details</b> Collection Date/Time: _____ <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Blood <input type="checkbox"/> Other (specify) _____ <b>Container Type (circle)</b> EDTA / DNA / RNA / Trizol

**SELECT TEST(S)**

**Diagnosis/Relapse Screening Tests**

**FLT3-ITD, FLT3-TKD, and NPM1** (Fragment analysis)       **IDH1 and IDH2 mutation** (HRM)

**JAK2 V617F** (ddPCR)       **FIP1L1-PDGFR** (RT-qPCR)

**Myeloid NGS Panel (51 genes – list of targets on page 2, if FLT3-ITD testing required tick above)**

**Non-MBS Eligible**

**PMF, Transplant eligible** (MBS item 73399)

**ET/PV** (MBS item 73398)

**Quantitative MRD Monitoring Tests**

**NPM1** (RT-qPCR)       **IDH1** (ddPCR)       **IDH2** (ddPCR)

**FLT3-ITD** (NGS)       **KMT2A(MLL)-X** (RT-ddPCR)

**SELECT PAYMENT OPTION**

**Bill Medicare** *(Patient must sign. Non-rebatable components will be billed to the pathology provider unless otherwise specified)*

If a test is being requested through Medicare the patient's hospital status at the time of the service or when the specimen was collected is required:

Private Patient in a private hospital or approved day hospital

Private Patient in a recognised hospital

Public Patient in a recognised hospital      Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Outpatient in a recognised hospital

**Medicare Assignment Form (Section 20A of the Health Insurance Act 1973)**  
I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s).

**Bill Hospital/Pathology Provider Direct**

**Bill Patient Direct** *(Must sign declaration overleaf)*       **Other:** \_\_\_\_\_

<b>PROVIDE THE FOLLOWING:</b> <ul style="list-style-type: none"> <li>This completed form</li> <li>Appropriate sample (Please see page 2 of this form)</li> <li>Copy of the Pathology Test Report</li> </ul>	<b>SEND TO:</b> <b>Alfred Pathology – Central Specimen Reception</b> <b>Alfred Hospital, Commercial Road, Melbourne, VIC 3004</b> Fax: (03) 9076 3424      Tel: (03) 9076 2383
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Test	Genes/targets covered	Price
Myeloid NGS panel (51 genes)  All exons in the genes listed are covered unless otherwise specified	<b>ASXL1, BCOR, BCORL1, CALR</b> (exon 9), <b>CBL</b> (exon 2-3, 6-10, 13, 15), <b>CEBPA, CISH, CSF3R</b> (exon 14, 17), <b>DNMT3A, EPOR, ETV6, EZH2, FLT3</b> (exon 14-17, 20, 21), <b>FOXO3, GATA2, GNAS, IDH1</b> (exon 4, 7-9), <b>IDH2</b> (exon 4, 7), <b>JAK1</b> (exon 14), <b>JAK2</b> (exon 1-14, 16-25), <b>JAK3, KIT</b> (exon 8, 11, 13-14, 17-18), <b>KLF3, KRAS</b> (exon 2-4), <b>MPL, NF1, NFE2, NPM1</b> (exon 12), <b>NRAS</b> (exon 2-3), <b>PHF6, PTPN11</b> (exon 3, 8, 11-13), <b>PPM1D, RAD21, RUNX1, SETBP1</b> (partial exon 4), <b>SF3B1</b> (12, 14-15), <b>SH2B3, SMC1A, SMC3, SOCS1, SOCS2, SOCS3, SRSF2</b> (exon 1, 2), <b>STAG1, STAG2, STAT5B, TET2, TP53, U2AF1</b> (exon 2, 6) <b>WT1</b> (exon 6-8), <b>ZRSR2</b> .	Non-MBS \$550.00 <sup>#</sup>
NPM1 RT-qPCR	c.860_863dup (Type A), c.863_864insCATG (Type B), c.863_864insCCTG (type D)	\$196.35*
IDH1 ddPCR	c.394C>T p.R132C, c.394C>G p.R132G c.394C>A p.R132S c.395G>A p.R132H, c.395G>T p.R132L	\$196.35*
IDH2 ddPCR	c.419G>A p.R140Q, c.515G>A p.R172K	\$196.35*
KMT2A-X	t(9;11)(p23;q23)/KMT2A-MLLT3, t(6;11)(q27;q23)/KMT2A-AFDN, t(10;11)(p12;q23)/KMT2A-MLLT10 t(11;19)(q23;p13.1)/KMT2A-ELL, t(11;19)(q23;p13.3)/KMT2A-MLLT1	\$196.35*
JAK2 ddPCR	c.1849G>T p.V617F	\$63.35**
FLT3-ITD/TKD and NPM1 FA	ITDs in exons 14 and 15 of FLT3, TKD mutations at FLT3 codons encoding D835/I836, and insertions in exon 12 of NPM1.	\$196.35*
IDH1/2 HRM	IDH1 R132, IDH2 R140 and R172	\$196.35*
FLT3-ITD MRD NGS	ITDs in exons 14 and 15 of FLT3	\$196.35*
FIP1L1-PDGFR qPCR	All common FIP1L1-PDGFR fusion variants	\$196.35 <sup>^</sup>

Claimable through Medicare: Medicare Item Numbers 73314\*, 73325\*\*, 73326<sup>^</sup>

Myeloid NGS<sup>#</sup> - Non-MBS eligible (\$550), MBS eligible requests (73398, 73399) no additional charge.

#### SAMPLE REQUIREMENTS:

<ul style="list-style-type: none"> <li><b>DNA testing: Myeloid NGS, FLT3-TKD/TKD and NPM1 FA, IDH1/2 HRM, JAK2 and IDH1/2 ddPCR, FLT3-ITD MRD NGS.</b> <ul style="list-style-type: none"> <li>- 9ml peripheral blood (EDTA) OR</li> <li>- 2-4ml of bone marrow (EDTA) OR</li> <li>- DNA (minimum 10ul at 50ng/μl)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>RNA testing: NPM1 MRD, KMT2A-X MRD and FIP1L1-PDGFR</b> <u>Blood and BM must be received within 48 hours of collection.</u> <ul style="list-style-type: none"> <li>- 9ml peripheral blood (EDTA) OR</li> <li>- 2-4ml of bone marrow (EDTA) OR</li> <li>- WC pellet resuspended in Trizol</li> <li>- RNA (minimum 10ul at 200ng/μl)</li> </ul> </li> </ul>
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#### BILL PATIENT DIRECT DECLARATION: Billing of Non-Medicare Rebatable Tests

The pathology request that you have been given by your medical practitioner includes tests that could be either partially or not covered by Medicare.

If required, the full cost of testing must be covered by the patient or, in the case of children, their family. Alfred Pathology requires your consent to proceed with this testing with the full understanding that you will accept responsibility for payment.

Patient Name: \_\_\_\_\_

Test Name(s) : \_\_\_\_\_

The cost of the test requested by your doctor is estimated at A\$ \_\_\_\_\_

I hereby agree to accept responsibility for full payment or part payment of non-Medicare rebatable tests performed by Alfred Pathology.

Patient/ Parent Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For further information, please contact Alfred Pathology on 9076 3118.