

Haematology Cancer Genetics Request Form

Specialist Referrals Only

Patient Information

Surname:

First Name: M ☐ F ☐

DOB: Phone:

Address:
..... Postcode:

Medicare No.: No. next to name:

PATIENT INFORMATION: Your treating practitioner has recommended that you use Genomic Diagnostics. You are free to choose your own pathology provider. However, if your treating practitioner 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 treating practitioner.

MEDICARE ASSIGNMENT: (Section 20A of the Health Insurance Act 1973) I offer to assign my right to benefits to the approved pathology practitioner ("APP") who will render the requested pathology services and any eligible pathologist determinable service(s) established as necessary by the practitioner. In the event that I am issued an account for those services, I also authorise that APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue me a cheque payable to the APP for the Medicare Benefit.

PRIVATE PAY: If I am not eligible for a Medicare rebate, I agree to pay for the costs of genetic testing which are stated below. I understand I will receive an invoice for these tests.

Patient Signature: Date:

Requesting Specialist

Name:

Address:
..... Postcode:

Phone: Fax:

Provider No.

Signature:

Report Copy

Name:

Address:
..... Postcode:

Phone: Fax:

Test Requested

- ☐ **Myeloproliferative Neoplasm 11 Gene Panel (MPD)**
- ☐ MBS Item 73398 (MPN - Myeloproliferative neoplasm)
- ☐ Private pay \$460
- ☐ **Myeloid 30 Gene Panel (MPD)**
- ☐ MBS Item 73447 (Myeloid malignancy)
- ☐ MBS Item 73399 (PMF - Primary Myelofibrosis)
- ☐ Private pay \$495.00

Clinical Details

Comments:
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Do not send reports to My Health Record ☐

Collection Information

Collect 1 x EDTA tube.

PERSON COLLECTING SPECIMEN TO COMPLETE:

I certify I established the identity of the patient named on this request, collected and immediately labelled the accompanying specimen with the patient's details.

Initials: ACC Code / Location:

Date of draw: Time: : am / pm

For more information, contact us at info@genomicdiagnostics.com.au

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