

PART A: PATIENT DETAILS

Patient Identifier (MRN) Date of Birth/...../.....
 Surname..... First name.....
 Address No. and Street
 Suburb/Town..... Post Code..... Sex M / F

CLINICAL DETAILS:

PART B: REQUESTING PRACTITIONER DETAILS

Surname..... Initials..... Email.....
 Address Ph..... Fax.....
 Provider Number..... Signature..... Date.....

PART C: FISH TEST(S) REQUESTED

SOFT TISSUE & BONE

- CIC \$285
- COL1A1..... \$285
- DDIT3 (CHOP) \$285
- EWSR1 \$285
- EWSR1-FLI1..... \$285
- FUS \$285
- MDM2 \$285
- NCOA2..... \$285
- NR4A3 \$285
- PDGFB \$285
- RB1 \$285
- SS18 (SYT) \$285
- USP6 \$285

LYMPHOMA

- ALK \$285
- BCL2 \$285
- BCL6 \$285
- CCND1 \$285
- MYC \$285

NEUROLOGICAL

- 1P/19Q \$300
- EGFR copy number \$200

KIDNEY

- TFE3 \$285

HEAD & NECK

- ETV6 \$285
- MYB \$285
- MAML2 \$285
- PLAG1 \$285

MOLAR PREGNANCIES

- AneuVysion ... \$570

BREAST / GASTRIC & OTHERS

- HER2 \$285
- Other _____ \$_____

LUNG

- ALK... \$285
- ROS1 \$285
- RET \$285
- MET \$285

Medicare rebatable FISH tests:

- ALK FISH for NSCLC (if ALK IHC+ and EGFR-)
- ROS1 FISH for NSCLC (if ROS1 IHC 2+ or 3+, and EGFR-, ALK IHC-)
- HER2 ISH for Breast

● HER2 ISH for Gastric Cancer with 2+/3+ HER2 IHC

*Please obtain patient signature or document verbal consent for medicare rebate to apply.

◆ 1. **PATIENT CONSENT FOR PAYMENT OF NON-REBATABLE TEST:** I understand that my medical practitioner has requested test(s) that are not covered by Medicare. I understand that I will receive an invoice from the Pathology Service performing this test which may be a different laboratory from that where my specimen was collected. I agree to accept responsibility for the full payment of the fees for the test(s) that are not rebateable from Medicare.

PATIENT'S SIGNATURE: DATE:.....

◆ OR 2. **BILL REQUESTING LABORATORY:** The department forwarding the request for testing will be billed by RPAH unless the patient consent is signed or otherwise indicated.

◆ OR 3. **BILL REFERRING PUBLIC HOSPITAL:** The public hospital forwarding the request for testing will be billed by RPAH.

PART D: TISSUE SAMPLES TO BE SENT TO ROYAL PRINCE ALFRED HOSPITAL FOR TESTING

Pathology Provider: Pathologist:
 Lab Accession: Block No:

- FISH Testing Paraffin block(s)(preferred) + 1x H&E slide OR 5x 4µm unstained sections on coated glass slides + 1x H&E slide

* Avoid sending decalcified samples.

PLEASE SEND SAMPLE AND A COPY OF THE PATIENT'S PATHOLOGY REPORT TO:

A/Prof Wendy Cooper, Tissue Pathology and Diagnostic Oncology,
 Building 94, via John Hopkins Drive, Royal Prince Alfred Hospital, Camperdown NSW 2050, Ph (02) 9515 7458 Fax: (02) 9515 8405