PathWest LABORATORY MEDICINE WA
Hospital Avenue, Nedlands
Western Australia 6009
ABN 83 469 340 804
RESULTS & ENQUIRIES 13 PATH 7284

Molecular Anatomical Pathology
GENOMIC TEST REQUEST FORM
GASTROINTESTINAL CANCER PANEL

PathWest Lab I.D.

PATIENT Surname | Given Name (Including Middle Initial) | SEX M / F | DOB: DD / MM / YYYY | UMRN

PATIENT Address | Telephone (Home) | Telephone (Business)

Is Patient of Aboriginal Descent? □ Yes □ No

NON-MBS Single Gene Detection:

PLEASE TICK

Gastrointestinal Stromal Tumours (GIST) somatic variant detection:

☐ Detection of KIT exon 9, 11, 13, 17 and 18 activating mutations in gastrointestinal stromal tumours (GIST)

☐ Detection of PDGFR alpha exon 12, 14 and 18 activating mutations in gastrointestinal stromal tumours (GIST)

CLINICAL NOTES

SPECIMEN DETAILS

☐ Histopathology ☐ Cytopathology

Specimen Number

_____

Laboratory

_____

SEND THIS REQUEST FORM TO

QEmolecularap.Pathwest@health.wa.gov.au

BILLING

□ MBS: MEDICARE DETALS PROVIDED
□ BILL TO PATIENT: COSTS DISCUSSED
□ BILL TO INSURANCE PROVIDER:
Insurer: .....
Policy Number: .....

Medicare Assignment
(Section 20A Health Insurance Act 1973)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 determinableservice(s) established as necessary by the practitioner.

PATIENT Signature and Date

X ..../...../.....

MEDICARE NUMBER

_ _ _ _ _ _ _ _ _ _ _ Ref _

Exp /

REQUESTING CONSULTANT

Name: **Provider Number:**

X..... ...../...../.....

Requesting Doctor Signature

I declare that this patient has been made aware of costs associated with the requested test.
Send results to HDWA Clinical Information System (iCM) – See CIS Informed Consent Information Sheet

Patient: I consent for my results to be stored in the iCM Signature: X.....

COPY DOCTOR:

LABORATORY USE