



Hospital Avenue, Nedlands
Western Australia 6009
ABN 83 469 340 804

RESULTS &
ENQUIRIES
13 PATH
7284

Molecular Anatomical Pathology
GENOMIC TEST REQUEST FORM
GLIAL NEOPLASMS

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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

MBS Single Gene Detection:		Medicare Item Number
<i>PLEASE TICK</i>		
<input type="checkbox"/> Glioma IDH1 and IDH2 (somatic variant detection)		73372
<input type="checkbox"/> Glioma MGMT Promoter Methylation		73373
MBS Multi Gene Detection:		Medicare Item Number
<input type="checkbox"/> Glioma, glioneuronal tumour or glioblastoma Detection of the following variants (somatic variant detection)		73429
<input type="checkbox"/> IDH1, IDH2		
<input type="checkbox"/> TERTp		
<input type="checkbox"/> BRAF		

CLINICAL NOTES

SPECIMEN DETAILS <input type="checkbox"/> Histopathology <input type="checkbox"/> Cytopathology Specimen Number _____ Laboratory _____	SEND THIS REQUEST FORM TO QEmolecularap.Pathwest@health.wa.gov.au
	BILLING <input type="checkbox"/> MBS: MEDICARE DETAILS PROVIDED <input type="checkbox"/> BILL TO PATIENT: COSTS DISCUSSED <input type="checkbox"/> 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 determinable service(s) established as necessary by the practitioner.	PATIENT Signature and Date X /...../.....	MEDICARE NUMBER ----- Ref _ Exp ___ / ____
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REQUESTING CONSULTANT Name: Provider Number: X /...../..... Requesting Doctor Signature <i>I declare that this patient has been made aware of costs associated with the requested test.</i> <i>Send results to HDWA Clinical Information System (iCM) – See CIS Informed Consent Information Sheet</i> Patient: I consent for my results to be stored in the iCM Signature: X	COPY DOCTOR: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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LABORATORY USE