NATA

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
GYNAECOLOGICAL 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

MBS Single Gene Detection: ***Medicare Item Number***

PLEASE TICK

☐ Granulosa cell ovarian tumour — 73377
FOXL2 c.402C>G (somatic variant detection)

MBS Multi Gene Detection: ***Medicare Item Number***

☐ Advanced (FIGO III-IV), high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal carcinoma — 73301
Detection of BRCA1 and BRCA2 variants (somatic variant detection)

☐ Advanced (FIGO III-IV), high-grade serous or other high-grade ovarian, fallopian tube or or primary peritoneal carcinoma — 73307
Determination of homologous recombination deficiency (HRD) status, including BRCA1 or BRCA2 status (TSO500-HRD) (somatic variant detection)

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