



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

RESULTS &
ENQUIRIES
13 PATH
7284

Molecular Anatomical Pathology
GENOMIC TEST REQUEST FORM
LUNG 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

MBS Single Gene Detection:	Medicare Item Number
<i>PLEASE TICK</i>	
<input type="checkbox"/> New diagnosis of non-squamous non-small cell lung cancer (NSCLC); EGFR exon 18, 19, 20, 21 mutation	73337
<input type="checkbox"/> Locally advanced (Stage IIIb) or metastatic (Stage IV) non-small cell lung cancer (NSCLC); EGFR T790M mutation	73351
<input type="checkbox"/> New diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC); MET hotspot variants, including MET-exon 14 Skipping mutation	73436
<input type="checkbox"/> New diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC); ALK Fluorescence in situ hybridisation (FISH)	73341
<input type="checkbox"/> New diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC); ROS1 Fluorescence in situ hybridisation (FISH)	73344
MBS Multi Gene Detection:	Medicare Item Number
<input type="checkbox"/> <i>Multigene DNA and RNA:</i> New diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) EGFR, KRAS, BRAF, MET-exon 14, RET, NTRK 1/2/3 fusion status	73437
<input type="checkbox"/> <i>Multigene DNA only:</i> New diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) EGFR, BRAF, KRAS and MET-exon 14	73438
<input type="checkbox"/> <i>Multigene RNA only:</i> New diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) ALK, ROS1, RET, NTRK 1/2/3 fusions, in absence of BRAF, KRAS, MET abnormalities	73439

CLINICAL NOTES

SPECIMEN DETAILS <input type="checkbox"/> Histopathology <input type="checkbox"/> Cytopathology Specimen Number Laboratory	CURRENT STAGE <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	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:

Medicare Assignment <small>(Section 20A Health Insurance Act 1973)</small> 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: X..... / / Provider Number: 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