

## **RESULTS &** 1 3PATH 7284

## Molecular Anatomical Pathology **GENOMIC TEST REQUEST FORM**

## **PROSTATE CANCER PANEL**

PathWest Lab I.D.

				0	
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	
☐ Metastatic castration-resistant pro	ostate cancer (mCRPC)			73303	
Detection of BRCA1 and BR	RCA2 variants (somatic variant detection)				
CLINICAL NOTES					
SPECIMEN DETAILS  ☐ Histopathology ☐ Cytopathology			SEND THIS REQUEST FORM TO  QEmolecularap.Pathwest@health.wa.gov.au		
Specimen Number			BILLING  □ MBS: MEDICARE DETALS PROVIDED		
			□ BILL TO PATIENT:		
Laboratory			☐ BILL TO INSURANCE PROVIDER:  Insurer:		
Medicare Assignment	DATIFNIT Constitute and Date				
(Section 20A Health Insurance A offer to assign my right to benefits to the approx	ved pathology			DICARE NUMBER	
practitioner who will render the requeste service(s) and any eligible pathologist determin established as necessary by the practitioner.				/	
REQUESTING CONSULTANT					
	ovider Number:		COPY DO	OCTOR:	
V					
X					
Requesting Doctor Signature	//				
	aware of costs associated with the requested		not		
I declare that this patient has been made Send results to HDWA Clinical Informatio	aware of costs associated with the requested n System (iCM) – See CIS Informed Consent Inf	ormation Sh			
I declare that this patient has been made	aware of costs associated with the requested n System (iCM) – See CIS Informed Consent Inf	ormation Sh			