

PATHOLOGY TEST REQUEST FORM FOR RENAL GENETICS



Pathology Outpatients Collections
 Ground Floor, RMH
 Ph: (03) 9342 8000



Patient:
URN:
Address:
Date of Birth: _____ **Sex:** _____
Phone No: _____
Medicare No:

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Requesting Doctor:
Address:
Provider No:
Phone No:
Department/Suite:
Clinical Unit/ Name:

Collection Requirements:
 9 ml blood EDTA tube | Send to Molecular Pathology Laboratory, Level 2, RMH Grattan Street, Parkville, 3050.
 Ph: (03) 9342 7991

Copy To Dr:
Copy To Genetic Counsellor:

Tests Requested (Select one):

Alport syndrome (Medicare item no: 73298)

Cystic kidney disease (Medicare item no: 73401)

Other heritable kidney disease (Medicare item no: 73402)

Note: for cystic kidney and other heritable kidney disease a tiered analysis will be conducted using gene target panels available at <https://panelapp.agma.umccr.org/>: 1) phenotype driven gene list, 2) Kidneyome Superpanel if first tier uninformative.

- The patient meets the required pre-test probability required for the requested Medicare funded testing: a patient with renal abnormality/chronic kidney disease who is strongly suspected of having a monogenic condition.*
- The requesting clinician acknowledges that the patient/parent/guardian has provided consent for genetic testing as summarised in the genetic consent form, and a copy of the consent form will be provided with this request.*
- The requesting doctor meets/exceeds the requirements for eligibility criteria for requesting Medicare funded testing: consultant clinical geneticist or specialist nephrologist*
If a patient does not fulfil any of the Medicare eligibility criteria, a clinical exome screen test can still be ordered. Contact RMH Molecular Pathology laboratory for details of fees. (03) 9342 7991

Clinical Notes:

The patient has not undergone previous clinical exome testing for the condition. If the patient has had previous testing they may be eligible for re-analysis (applicable twice per lifetime at least 18 months after original testing (Medicare item no: 73403)

Your doctor has recommended that you use **Melbourne Health Pathology at the RMH**. You are free to choose your own pathology provide, however, if your doctor has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs this service. You should discuss this with your doctor.

MEDICAL ASSIGNMENT (Section 20A of the 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.
 I **CONSENT** to Medicare-funded testing.

Patient Signature: _____ **Date:** _____

If a test is being requested through Medicare the patient's hospital status at the time of the service or when the specimen was collected is required:

- private patient in a private hospital, or approved day hospital facility
- private patient in a recognised hospital
- public patient in a recognised hospital
- outpatient of a recognised hospital

PERSON COLLECTING SPECIMEN(S) MUST COMPLETE:
 I certify that the accompanying specimen was collected from the patient stated above as ascertained by inquiry and/or examination of name band and was labelled immediately following collection.

Collector's Signature: _____
Collection Date & Time: _____

REQUESTING CLINICIAN SIGNATURE:

Sign: _____
Request Date: _____