

PATHOLOGY TEST REQUEST FORM FOR RENAL GENETICS



The Royal Melbourne Hospital

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



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

insert Bradma here

Requesting Doctor: *John Snow*
Address: *Monash Health*
Provider No: *45678934*
Phone No: _____
Department/Suite: _____
Clinical Unit/ Name: *Nephrology*

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: _____

insert name of Monash genetic champion counsellor here

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.gha.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:

34M is sensorineural hearing loss, haematuria + CKD. Brother with similar features ? Alport syndrome

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: *X* Date: *X*

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

tick this if private outpatient

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: *[Signature]*
Request Date: *2/6/23*

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The Royal Melbourne Hospital

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 Ground Floor, RMH
 Ph: (03) 9342 8000



Patient: ~~John Doe~~
 URN:
 Address: *Insert Bandma Here*
 Date of Birth: _____ Sex: _____
 Phone No: _____
 Medicare No: [] [] [] [] [] [] [] [] [] []

Requesting Doctor: *John Doe*
 Address: *Melbourne Health*
 Provider No: *4759734*
 Phone No:
 Department/Suite: *Nephrology*
 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: *insert name of genetic counselor*
 Copy To Genetic Counsellor: *Champion at site here*

- 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)

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Clinical Notes: *26 F with multiple bilateral kidney cysts. also has liver cysts. fraternal? similar? ADPKD.*

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 I **CONSENT** to Medicare-funded testing.

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- private patient in a private hospital, or approved day hospital facility
- private patient in a recognised hospital *(this applies to MBS clinics)*
- public patient in a recognised hospital
- outpatient of a recognised hospital

Patient Signature: *X* Date: _____

PERSON COLLECTING SPECIMEN(S) MUST COMPLETE:
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 Collector's Signature: _____
 Collection Date & Time: _____

REQUESTING CLINICIAN SIGNATURE:
 Sign: *John Doe*
 Request Date: *2/6/23*

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 <p>The Royal Melbourne Hospital</p>	<p>Pathology Outpatients Collections Ground Floor, RMH Ph: (03) 9342 8000</p>	 <p>RCPA The Royal College of Pathologists of Australasia</p>	 <p>NATA</p>									
<p>Patient: John Deer URN: 358789 Address: 1 Mary Place, Parkville Date of Birth: 11/11/1995 Sex: M Phone No: Medicare No: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table></p>		1	2	3	4	5	6	7	8	9	<p>Requesting Doctor: John Snow Address: Monash Health Provider No: 4567893H Phone No: Department/Suite: Clinical Unit/ Name: Nephrology</p>	
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<p>Clinical Notes:</p> <p>28M with haematuria + proteinuria, AN screen negative. Mum also has unexplained haematuria. ? Alport</p> <p><input checked="" type="checkbox"/> 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))</p>												
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