Reset Form

RPAH Neuropathology
MOLECULAR REQUEST FORM

RCPA The Royal College of Pathologists of Australasia
Accredited for compliance with NPAAC Standards and ISO 15189
RCPA/NATA Accredited Laboratory Number 2146
NATA ACCREDITED FOR TECHNICAL COMPETENCE

PATIENT DETAILS

Surname: _____

Given name: _____

Date of birth: _____ **Gender:** ☐ F / ☐ M

Address: _____

_____

Referring lab ID: _____

Medicare card number:

										-	

Relevant clinical notes:

PLEASE APPEND HISTOPATHOLOGY REPORT SD ☐

REQUESTING DOCTOR DETAILS

Name: _____

Address: _____

_____

Phone: _____ **Fax:** _____

Email: _____

Provider number:

I confirm that the patient has been informed of the process, scope and limitations of this test, and that the patient is aware they may receive a bill if they do not fulfil the Medicare rebate criteria.

Signature: _____ **Date:** _____

Copy to:

DIAGNOSIS

Eligible Criteria for MBS Rebate *(See page 2 for further information)*

A ☐ Negative *IDH1* (R132H) immunohistochemistry; and glial neoplasm

B ☐ Glial neoplasm with probable oligodendroglial component

C ☐ Glioblastoma

TEST REQUESTED

☐ ***IDH1/2* pyrosequencing**

☐ **1p19q co-deletion detection**

☐ ***MGMT* promoter methylation**

☐ **NGS Glioma Panel** *(See page 2 for the NATA-accredited panel targets)*

☐ ***+ "Research Use Only" results*** *(Please tick "Consent for Research use" below)*

☐ ***H3.3* (K27M & G34R/V) pyrosequencing**

☐ ***TERT* (C228T, C250T) pyrosequencing**

☐ **Immunohistochemistry:** *(Contact us for the list of antibodies available)*

_____

_____

PAYMENT

MBS Eligible Patients

Completed patient Medicare assignment required. Patients that do not fulfil the Medicare criteria will require financial consent to bill the patient according to the non-MBS conditions below.

☐ **Bulk Bill**

Non-MBS Eligible Patients

NGS Glioma Panel	$540
1p19q co-deletion detection	$340
MGMT promoter methylation	$300
IDH1/2 pyrosequencing	$260
H3.3 pyrosequencing	$260
TERT pyrosequencing	$260
Immunohistochemistry (each)	$40

BILL GAP PAYMENT TO:

☐ Patient (financial consent required)

☐ Referring laboratory / department

☐ Other:

Please refer to page 2 for Specimen Requirements

The department forwarding the request will be billed by RPAH unless the 'Patient Financial Consent' is completed and signed below, or otherwise indicated

PATIENT FINANCIAL CONSENT

Your doctor has recommended that you use RPAH Neuropathology. You are free to choose your own pathology provider. 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.

PLEASE TICK THE APPROPRIATE BOX / BOXES:

☐ **FOR PAYMENT OF NON-REBATABLE TEST(S) –** I understand that my treating practitioner has requested test(s) that may not be covered by Medicare. I understand that I will receive an invoice from the Pathology Service performing this test which may be a different laboratory from where my specimen was collected. I agree to accept responsibility for the full payment of the fees for the test(s) that are not rebatable from Medicare.

☐ **MEDICARE ASSIGNMENT (Section 20A of Health Insurance Act 1973) –** to be completed by the patient offering to assign benefits for services on this form. 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's signature: _____ **Date:** _____

PATIENT STATUS at the time of the service or specimen collection:
☐ A private patient in a private hospital or approved day hospital facility
☐ A private patient in a recognised hospital ☐ A public patient in a recognised hospital
☐ An outpatient of a recognised hospital

PRACTITIONER'S USE ONLY:
(Reason patient cannot sign) _____

☐ **Verbal consent was provided by patient to submit unpaid account to Medicare**

☐ **Consent for Research Use:**
I also consent for my additional results from the NGS Glioma Panel to be released as "Research Use Only" results to my treating practitioner

(Laboratory Use Only)

SPECIMEN RECEIVED:

☐ x tube(s) of FFPE shavings Label: _____

☐ x FFPE block(s) _____

☐ x H&E ☐ x IPX ☐ x USS Other: _____

SERVICE REQUESTED:

SERVICE CHARGED:	$	MBS item: ☐ 73371 ☐ 73372 ☐ 73373 Date claimed:	Bill to: ☐ Intrahealth ☐ Patient ☐ External	Invoice requested:

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SPECIMEN REQUIREMENTS

Please select a representative paraffin block with at least 50% tumour cellularity
All specimens must be labelled with at least TWO patient identifiers and be accompanied by a COPY of the original histopathology report

For NGS (surgical specimens)	1 x H&E stained slide ***and*** 5 x paraffin sections (10µm) in a 1.5 mL tube
For NGS (biopsies)	1 x H&E stained slide ***and*** 10 x paraffin sections (10µm) in a 1.5 mL tube
For DNA analyses / pyrosequencing	1 x H&E stained slide ***and*** 5 x paraffin sections (10µm) in a 1.5 mL tube
For immunohistochemistry	1 x H&E stained slide ***and*** 2 x unstained sections of tumour tissue on IPX slides

PLEASE SEND SPECIMEN(S) AT AMBIENT TEMPERATURE TO:

Molecular Neuropathology
Room 727, Level 7
Brain & Mind Centre - Building F (M02F)
94 Mallett Street
Camperdown NSW 2050

Tel: (02) 9351 0741 Fax: (02) 9114 4020

Email: neuropathology.lab@sydney.edu.au or SLHD-RPA-Neuropathology@health.nsw.gov.au

MEDICARE ELIGIBILITY CRITERIA (as of 1 May 2020)

1p19q co-deletion (Item 73371)	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the detection of chromosome 1p/19q co-deletion; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of glial neoplasm with probable oligodendroglial component Applicable only once per lifetime
***IDH1/2* pathological variant status** (Item 73372)	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the identification of IDH1/2 pathological variant status; and (b) is for a patient with: (i) negative IDH1 (R132H) immunohistochemistry; and (ii) clinical or laboratory evidence, including morphological features, of glial neoplasm Applicable only once per lifetime
***MGMT* promoter methylation status** (Item 73373)	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of MGMT promoter methylation status; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of glioblastoma Applicable only once per lifetime

Eligible Criteria for MBS Rebatable Tests

***IDH1/2* pyrosequencing**

- If Box **A** is ticked, cost of test will be fully covered under MBS.

1p19q co-deletion detection

- If Box **B** is ticked, cost of test will be fully covered under MBS.

NGS Glioma Panel (including *IDH1/2* & 1p19q)

- If Box **A** *or* Box **B** is ticked, cost of test will be partially covered under MBS. There will be a gap payment of **$200** billed to the department forwarding the request unless indicated in the 'Patient Financial Consent'.
- If Box **A** *and* Box **B** is ticked, cost of test will be fully covered under MBS.

***MGMT* promoter methylation**

- If Box **C** is ticked, cost of test will be fully covered under MBS.

TEST INFORMATION

Next Generation Sequencing (NGS) Glioma Panel

A NATA accredited service for the assessment of relevant glioma-associated molecular alterations.

NATA accredited panel targets	Research panel targets
Single Nucleotide Variation (SNV) for: *IDH1 (codon 132), IDH2 (codon 172), TERT* promoter *(C228T, C250T), H3F3A (codons 27, 34), BRAF (codon 600)*	*ATRX, CDKN2C, CIC, EGFR, FUBP1, HIST1H3B, HIST1H3C, KIAA1549,* ***MYC****,* ***MYCN****, NF1, NF2, NRAS,* ***PDGFRA****, PIK3CA , PIK3R1,* ***PTEN****, RB1, TP53,* chr7 gain, chr10 loss, *KIAA1549-BRAF* fusion ***(*for SNV & CNV)***
Copy Number Variation (CNV) for: *CDKN2A, CDKN2B,* 1p, 19q, *EGFR*	

Additional genes are in the process of validation for accreditation. Once accredited they will be added to this request form with no additional costs involved. At present, the results of the unaccredited component can only be released on request as 'research use only' results, and can not be used for clinical decision making.

***MGMT* promoter methylation**	The methylation status of four CpG Sites within the first exon of the *MGMT* gene is assessed by bisulfite modification of tumour DNA and quantitative pyrosequencing.
***IDH1/2* pyrosequencing**	We perform pyrosequencing to assess *IDH1* codon 132 and *IDH2* codon 172 mutations on fresh or formalin fixed tumour samples.
***TERT* promoter mutation analysis by pyrosequencing**	Two high frequency variants, chr5: g1295228 G>A and chr5:g1295250 G>A in *TERT* promoter positioned respectively 124 and 146 base pairs upstream of the ATG translational start site of *TERT*, examined by pyrosequencing.

For further information, please contact: **Department of Neuropathology**

Tel: (02) 9351 0741 Fax: (02) 9114 4020

Enquiries and requests can also be sent to: **neuropathology.lab@sydney.edu.au or**

SLHD-RPA-Neuropathology@health.nsw.gov.au

Privacy Note: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by the provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law." The placement of the note is only necessary on the patient's copy and could be incorporated into the clinical notes area. Alternatively, the back of the patient copy could be used if that is more practicable.