Reset Form

RPAH Neuropathology
HISTOPATHOLOGY 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:

										-	

REQUESTING DOCTOR

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:

TEST REQUESTED

MBS REBATABLE

Please complete the 'Medicare Assignment' and 'Referring Clinician Declaration' sections below.

☐ **Histology Review / Second Opinion ($370)**

- Please supply the imaging report and relevant radiology images on a disc / USB.
- For additional molecular test(s), please complete the Molecular Request Form and send with the required specimen(s).

NON-MBS REBATABLE

The following items are non-rebatable and are not covered by Medicare. The department forwarding the request will be billed by RPAH unless the 'Patient Financial Consent' is signed below or otherwise indicated.

☐ **Immunohistochemistry ($40 each)**

☐ ***IDH1* (R132H)** ☐ ***ATRX*** ☐ ***H3.3* K27M**
☐ ***LICAM*** ☐ ***Lin28A*** ☐ **Other:**

Contact us for the full list of antibodies available.

☐ **Autopsy Brain and / or Spinal Cord Examination ($2000)**

Contact us for further information.

☐ **? CJD Review / Screening ($1000)**

Requires pre-approval from our neuropathologist – please contact us prior to sending the specimen(s).

PLEASE SEND SPECIMEN(S) AT AMBIENT TEMPERATURE TO:

Department of 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

All specimens must be labelled with at least TWO patient identifiers and be accompanied by a COPY of the original pathology report

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**

REFERRING CLINICIAN DECLARATION

FOR SECOND OPINION – A Medicare rebate is available for a second opinion, provided in a written report on a patient specimen, requested by a treating practitioner, where further information is needed for accurate diagnosis and appropriate patient management (MBS item 72859).

Does the patient fulfil the above requirements? YES / NO

If *YES*, please complete the Medicare Assignment and sign the declaration.
If *NO*, a fee may apply for the histology review / second opinion (please contact us for further information).

DECLARATION: As a treating practitioner for this patient, I confirm that a second opinion is reasonably necessary for diagnostic purposes.

Signature: ..... **Date:** .....

☐ **Request by pathologist:** Verbal consent was provided by the treating practitioner to submit the test request on their behalf.

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.

(Laboratory Use Only)

SPECIMEN RECEIVED:	**SERVICE REQUESTED:**
☐ x tube(s) of FFPE shavings / FFPE block(s) Label:	
☐ x H&E ☐ x IPX ☐ x USS Other specimens:	

SERVICE CHARGED: Total service charge:	$	Bill to: ☐ Intrahealth ☐ Patient ☐ External	Invoice requested: