## **Molecular Oncology Test Request**

 T: (03) 7503 7794
 E: genomics@lifestrandsgx.com.au
 Building A (G.01), 18-24 Ricketts Road

 F: (03) 9959 8155
 W: www.lifestrandsgx.com.au
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PATIENT INFORMATION						REQUESTING PRACTITIONER		
Family Name:						Full Name:		
Given Name:						Provider No:		
Date of Birth:						Email:		
Sex at Birth: Male Female			ale	ale Unknown		Hospital/Lab:		
				onatorni		Signature:		
Medicare No: Phone / Mobile:						Date:		
		/ Mobile.						
Email:					Report Copy to:			
	ddres					Email:	0.7	
C	LIN	ICAL HISTORY			SD	PATIENT STATUS AT THE TIME OF SERVI	CE	
						A private patient in private hospital A private patient in a recognised hospital		
						A public patient in a recognised hospital		
						An outpatient in a recognised hospital		
P	AY	MENT INSTRUCTION	IS					
				MEDICARE	ASSIGNMENT (S	ection 20a of the Health Insurance Act 1973).		
Option 1: Bill Medicare (If criteria are met)				I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology s and any eligible pathologist determinable service(s) established as necessary by the practitioner.			y service(s	;)
			, , , ,		, ,			
				Practitioner Use Only		Date:		
				ent cannot sign)				
Option 2: Bill DVA			DVA File			Vhite		
		Pption 3: Bill Patient		I ha	ve discussed	the out-of-pocket cost for requested test with patient		
	0	Option 4: Bill Institute or C	Other	Name:				
5	SAM	PLE REQUIREMENTS						
				<ul> <li>1xH&amp;E slide for each tissue block</li> <li>Copy of histopathology report</li> </ul>				
		tial Items for All Tests annot be completed without these item:	s)	<ul> <li>Name of laboratory holding the tissue:</li> </ul>				
				Tissue block ID:		ock ID:		
E	ssenti	al Combined, Essential DNA, I	Essential		Tissue block (	preferred) <b>OR</b>		
F	usion,	DNA 68, Endometrial, Extend	led, Thyr	oStrands		our tissue sections ( $\geq$ 20% tumour cell percentage)		
С	ompre	ehensive, Comprehensive HRD,	Compreh	ensive	Tissue block (	preferred) <b>OR</b>		
		Benchmark 659	•		15× 5µm tumour tissue sections (≥20% tumour cell percentage)			
Neuro-()pcology M(-MI Methylation					Tissue block (preferred) <b>OR</b> 15× 5µm tumour tissue sections (≥30% tumour cell percentage)			
м	I LI 1 N	Acthulation				AND normal tissue blocks (preferred) OR		
I*I		lethylation			10× 5µm tum	our <u>AND</u> normal tissue sections each (≥30% tumour cell perce	ntage)	
1		INFORMATION (Full test de					+ 7 5 0	
		Essential Combined	· ·			A variants in 45 genes, CNVs in 14 genes, fusions in 18 genes	\$750	
		Essential DNA	· ·			A variants in 45 genes, CNVs in 14 genes	\$400	-
		Essential Fusion				\$400	$\vdash$	
		DNA 68				\$450	$\vdash$	
		Endometrial				\$420	$\vdash$	
nds							\$700	$\vdash$
Stra	T07	ThyroStrands	, , ,			ncer: DNA variants in 81 genes, fusions in 20 genes	\$800	$\vdash$
OncoStrands		Neuro-Oncology	· ·	· ·	-	nd relevant whole chromosome arms	\$750	$\vdash$
Õ		Comprehensive	Illumina TSO500 CGP assay: 523 gene Illumina TSO500 CGP assay plus HRD			genes for mutations, CNVs, fusions, MSI, TMB	\$2300	$\vdash$
		•					\$2800	$\vdash$
	T11	Comprehensive Fusion	-			ection of fusions in 501 genes nes for mutations, CNVs, fusions, MSI, TMB,	\$620	$\vdash$
	T12	Benchmark 659	1 °	nal signatur			\$1300	
	T13	MGMT Promoter Methylation	MGMT p	romoter me	ethylation testin	g for therapy with alkylating agents	\$300	
	T14 MLH1 Promoter Methylation MLH1 promoter methylation testing for IHC MLH1 loss				a for THC MI H1 loss	\$300	í l	

Your doctor has recommended that you use LifeStrands Genomics. 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 the service. You should discuss this with your doctor.



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MEDICARE REBATABLE TESTS (No fee if criteria are met)							
Code	Tumour Type	Medicare Item*	Test Available	Request			
M01	Non-Small Cell Lung Cancer	Combined DNA & Fusion Testing (#73437)	OncoStrands Essential Combined				
M02	Non-Small Cell Lung Cancer	DNA Variants Testing (EGFR, KRAS, BRAF & MET) (#73438)	OncoStrands Essential DNA				
M03	Non-Small Cell Lung Cancer	Fusion Testing (ALK, ROS, RET & NTRK1/2/3) (#73439)	OncoStrands Essential Fusion				
M04	Colorectal Cancer	KRAS, NRAS & BRAF Variants Testing (#73338)	OncoStrands Essential DNA				
M05	Melanoma	BRAF V600 Variant Testing (#73336)	OncoStrands Essential DNA				
M06	Prostate Cancer	BRCA Variant Testing (#73303)	OncoStrands Extended				
M07	Ovarian Cancer, Fallopian Tube, or Peritoneal Cancer	BRCA Variant Testing (#73301)	OncoStrands Extended				
M08	Ovarian Cancer, Fallopian Tube, or Peritoneal Cancer	Homologous Recombination Deficiency (HRD), including BRCA1/2 Status Testing (#73307)	OncoStrands Comprehensive + HRD				
M09	Sarcoma	Gene Fusion Testing (#73376)	OncoStrands Comprehensive Fusion				
M10	Glioma, Glioneuronal & GBM	SNVs & CNVs in Genes/Chromosomes (#73429)	OncoStrands Neuro-Oncology				
M11	Glioblastoma	MGMT Methylation Testing (#73373)	MGMT Methylation Test				
M12	Secretory Breast Cancer	NTRK1/2/3 Fusion Testing (#73433)	OncoStrands Essential Fusion				
M13	Diagnosis at <18 Years Old	NTRK1/2/3 Fusion Testing (#73433)	OncoStrands Essential Fusion				
M14	Secretory CA of Salivary Gland	NTRK1/2/3 Fusion Testing (#73433)	OncoStrands Essential Fusion				
M15	Cholangiocarcinoma	IDH1 Testing (#73319)	OncoStrands Essential DNA				

 $\boldsymbol{*}$  All genes tested in each panel are reported including those genes covered by Medicare

MEDICARE NON-REBATABLE TESTS (Fee applies)							
Code	Tumour Type	Recommended Test	Fee	Request			
P01	All Tumours – Comprehensive Genomic Analysis (CGP)	OncoStrands Benchmark 659	\$1300				
P02	CGP Plus HRD Status	OncoStrands Comprehensive + HRD	\$2800				
P03	Soft Tissue Lesion (Not Sarcoma) with Unclear Diagnosis	OncoStrands DNA 68	\$450				
P04	Cholangiocarcinoma – Needing IDH1, FGFR & Other Relevant Genes	OncoStrands Essential Combined	\$750				
P05	Breast Cancer	OncoStrands DNA 68	\$450				
P06	Endometrial Cancer	OncoStrands Endometrial	\$420				
P07	Pancreatic Cancer	OncoStrands Extended	\$700				
P08	GIST	OncoStrands DNA 68	\$450				
P09	Gastro-oesophageal & Gastric	OncoStrands Extended	\$700				
P10	Thyroid Cancer	OncoStrands ThyroStrands	\$800				
P11	Bladder Cancer	OncoStrands Essential Combined	\$750				
P12	Meningioma Grading	OncoStrands Neuro-Oncology	\$750				
P13	MLH1 Promoter Methylation (CRC, Endometrial, etc.)	MLH1 Methylation Test	\$300				
P14	Brain Cancer (If Not Medicare- Covered)	OncoStrands Neuro-Oncology	\$750				

