

PATIENT INFORMATION		REQUESTING PRACTITIONER	
Family Name:		Full Name:	
Given Name:		Provider No:	
Date of Birth:		Email:	
Sex at Birth: Male Female Unknown		Hospital/Lab:	
Medicare No:		Signature:	
Phone / Mobile:		Date:	
Email:		Report Copy to:	
Address:		Email:	

CLINICAL HISTORYSD	PATIENT STATUS AT THE TIME OF SERVICE
	<div>A private patient in private hospital</div> <div>A private patient in a recognised hospital</div> <div>A public patient in a recognised hospital</div> <div>An outpatient in a recognised hospital</div>

PAYMENT INSTRUCTIONS	
<div>Option 1: Bill Medicare (If criteria are met)</div>	<div>MEDICARE ASSIGNMENT (Section 20a of the Health Insurance Act 1973).</div> <div>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.</div> <div>Patient's Signature: _____</div> <div>Practitioner Use Only (Reason patient cannot sign) _____</div> <div>Date: _____</div>
<div>Option 2: Bill DVA</div>	<div>DVA File Number: _____</div> <div>Card Type: Gold White</div>
<div>Option 3: Bill Patient</div>	<div>I have discussed the out-of-pocket cost for requested test with patient</div>
<div>Option 4: Bill Institute or Other</div>	<div>Name: _____</div>

SAMPLE REQUIREMENTS	
<div>Essential Items for All Tests (Test cannot be completed without these items)</div>	<div><div>▪ 1xH&amp;E slide for each tissue block</div><div>▪ Copy of histopathology report</div><div>▪ Name of laboratory holding the tissue:</div><div>▪ Tissue block ID:</div></div>
<div>Essential Combined, Essential DNA, Essential Fusion, DNA 68, Endometrial, Extended, ThyroStrands</div>	<div>Tissue block (preferred) <b>OR</b></div> <div>10× 5µm tumour tissue sections (≥20% tumour cell percentage)</div>
<div>Comprehensive, Comprehensive HRD, Comprehensive Fusion, Benchmark 659</div>	<div>Tissue block (preferred) <b>OR</b></div> <div>15× 5µm tumour tissue sections (≥20% tumour cell percentage)</div>
<div>Neuro-Oncology, MGMT Methylation</div>	<div>Tissue block (preferred) <b>OR</b></div> <div>15× 5µm tumour tissue sections (≥30% tumour cell percentage)</div>
<div>MLH1 Methylation</div>	<div>Tumour <b>AND</b> normal tissue blocks (preferred) <b>OR</b></div> <div>10× 5µm tumour <b>AND</b> normal tissue sections each (≥30% tumour cell percentage)</div>

TEST INFORMATION (Full test details are available at <a href="http://www.lifestrandsqx.com.au">www.lifestrandsqx.com.au</a> )				
OncoStrands	T01	Essential Combined	Amplicon hotspot panel: small DNA variants in 45 genes, CNVs in 14 genes, fusions in 18 genes	\$750
	T02	Essential DNA	Amplicon hotspot panel: small DNA variants in 45 genes, CNVs in 14 genes	\$400
	T03	Essential Fusion	Amplicon hotspot panel: fusions in 18 genes incl. AR-V7, EGFR vIII, MET exon 14 skipping	\$400
	T04	DNA 68	Hybrid capture panel: 68 genes	\$450
	T05	Endometrial	Hybrid capture panel for endometrial cancer: 18 essential genes, and MSI status	\$420
	T06	Extended	Hybrid capture panel: 110 genes, CNVs in 36 genes, and MSI status	\$700
	T07	ThyroStrands	Hybrid capture panel for thyroid cancer: DNA variants in 81 genes, fusions in 20 genes	\$800
	T08	Neuro-Oncology	Hybrid capture panel: 100 genes and relevant whole chromosome arms	\$750
	T09	Comprehensive	Illumina TSO500 CGP assay: 523 genes for mutations, CNVs, fusions, MSI, TMB	\$2300
	T10	Comprehensive HRD	Illumina TSO500 CGP assay plus HRD assay	\$2800
	T11	Comprehensive Fusion	TruSight RNA Fusion assay for detection of fusions in 507 genes	\$620
	T12	Benchmark 659	Hybrid capture CGP panel: 650 genes for mutations, CNVs, fusions, MSI, TMB, mutational signatures	\$1300
	T13	MGMT Promoter Methylation	MGMT promoter methylation testing for therapy with alkylating agents	\$300
	T14	MLH1 Promoter Methylation	MLH1 promoter methylation testing for IHC MLH1 loss	\$300

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.

# Molecular Oncology Test Request

T: (03) 7503 7794 E: [genomics@lifestrandsgx.com.au](mailto:genomics@lifestrandsgx.com.au) Building A (G.01), 18-24 Ricketts Road  
F: (03) 9959 8155 W: [www.lifestrandsgx.com.au](http://www.lifestrandsgx.com.au) Mount Waverley VIC 3149



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	

\* 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	