Hereditary Cancer Risk 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 Mount Waverley VIC 3149

LifeStrands
Empowering lives with Genomics

PATIENT INFORMATION

Family Name:
Given Name:
Date of Birth:
Sex at Birth: ☐ Male ☐ Female ☐ Unknown
Medicare No:
Phone / Mobile:
Email:
Address:

REQUESTING PRACTITIONER

Full Name:
Provider No:
Email:
Hospital/Lab:
Signature:
Date:
Report Copy to:
Email:

CLINICAL HISTORY

SD ☐

History of cancer in: ☐ Patient ☐ Family
Cancer Type(s):

PATIENT STATUS AT THE TIME OF SERVICE

☐ A private patient in a private hospital
☐ A private patient in a recognised hospital
☐ A public patient in a recognised hospital
☐ An outpatient in a recognised hospital

GENETIC COUNSELLING (PART A)

Pre-Test Counselling

☐ Pre-test counselling has been performed by me or a registered genetic counsellor **OR**
☐ Request LifeStrands to organise pre-test counselling (cost included in test fee)

Post-Test Counselling

☐ Request LifeStrands to arrange post-test counselling (if a causative variant is found); cost **not included** in test fee

(PART B)

To be filled by person performing Genetic Counselling

Genetic counselling and informed consent are **required** before this test can be performed.

☐ Patient has been provided with a Patient Information Sheet and has had the opportunity to ask questions

☐ Informed consent has been obtained (attach to this request form)

PAYMENT INSTRUCTIONS

☐ **Option 1: Bill Medicare (If criteria are met)**	MEDICARE 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. Patient's Signature: Date: Practitioner Use Only (Reason patient cannot sign)
☐ **Option 2: Bill DVA**	DVA File Number: Card Type: ☐ Gold ☐ White
☐ **Option 3: Bill Patient**	☐ **I have discussed the out-of-pocket cost for requested test with patient**
☐ **Option 4: Bill Institute or Other**	Name:

SAMPLE REQUIREMENTS

2 x 5 mL blood in EDTA tubes.

A blood collection visit will be arranged upon receipt of this test request using the **patient's nominated phone number** at the top of this form.

BLOOD COLLECTION

I certify that the identity of the patient named on this test request form was established and confirmed; that blood was collected immediately following identity confirmation; that the samples are labeled with the patient's name, date of birth, and time of collection; and, that blood was drawn as part of two independent sample collection events that occurred at least 5 minutes apart.

Collector Name:	Collector Signature:
Sample 1 Collection Date, Time: DD/MM/YYYY HH:MM	Patient Signature

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.

Hereditary Cancer Risk Info Sheet

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MEDICARE REBATABLE TESTS (No fee if criteria are met)

Code	Tumour Type	Medicare Item*	Includes	MBS	Request
G01	Advanced (FIGO III-IV) high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in whom tumour testing is not clinically feasible	BRCA1 or BRCA2. *, +, ++++ *To determine eligibility of relevant treatment under the PBS*	ATM, BARD1, BRIP1, CDH1, CHEK2, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53	**73295**	
G02	Breast cancer	BRCA1 or BRCA2. *, +, ++++ *To determine eligibility of relevant treatment under the PBS*		**73295**	
G03	Breast, ovarian, fallopian tube or primary peritoneal cancer	BRCA1 and BRCA2 and one or more other relevant genes, including copy number variation where appropriate. **, +, ++++ *Where clinical or family history criteria places patient at >10% risk of having a pathogenic or likely pathogenic gene (Refer to Manchester criteria chart).*		**73296**	
G04	Biological relative of patient with a pathogenic or likely pathogenic BRCA1 or BRCA2 variant.	BRCA1 or BRCA2, and one of more other relevant genes , including copy number variation where appropriate. ***, +, +++ *Patient has not previously received a service under which items 73295, 73296 or 73302 apply.*		**73297**	
G05	In a patient who has had a pathogenic or likely pathogenic variant identified in BRCA1 or BRCA2 by tumour testing.	BRCA1 or BRCA2, including copy number variants. ****, + *Patient has not previously received a service under which items 73295, 73296 or 73302 apply.*		**73302**	
G06	Metastatic castrate-resistant prostate cancer in which testing of tumour tissue is not clinically feasible.	BRCA1 or BRCA2. *, +, ++++ *To determine eligibility of relevant treatment under the PBS*		**73304**	
G07	Clinical diagnosis and family history of VHL syndrome	VHL. ++++ *Patient must have either (i) a retinal or CNS haemangioblastoma, pheochromocytoma, or renal cell carcinoma, or (ii) 2 or more haemangioblastomas, or (iii) one haemangioblastoma and a tumour or cyst of the adrenal gland, kidney, pancreas, epididymis or broad ligament.*		**73333**	
G08	Patient presenting with clinical features suggestive of VHL syndrome	VHL. ++++ *Patient must have one or more of haemangioblastoma of brain, spinal cord or retina, pheochromocytoma or functional extra-adrenal paraganglioma.*		**73333**	
G09	Biological relative of a patient with a known germline mutation in the VHL gene	VHL. +++		**73334**	
G10	Suspected clinical diagnosis of Multiple endocrine neoplasia 2 (MEN2)	RET. *, +, +++		**73339**	
G11	Asymptomatic relative of patient with a documented pathogenic germline RET mutation	RET. *, +, +++		**73340**	
G12	Patient with suspected Lynch syndrome	MLH1, MSH2, MSH6, PMS2 and EPCAM, including copy number variation. + *Following immunohistochemical examination of neoplastic tissue that has demonstrated loss of expression of one or more mismatch repair proteins.*		**73354**	
G13	Endometrial cancer	MLH1, MSH2, MSH6, PMS2 and EPCAM, including copy number variation. + *On the basis of clinical and family history criteria, patient is at >10% risk of having Lynch syndrome ++*	BRCA1, BRCA2, PTEN	**73354**	
G14	Adenomatous polyposis	APC and MUTYH, including copy number variation. + *On the basis of clinical and family history criteria, patient is at >10% risk of having familial adenomatous polyposis or MUTYH-associated polyposis. ++*		**73355**	
G15	Non-adenomatous polyposis	SMAD4, BMPR1A, STK11 and GREM1, including copy number variation. + *On the basis of clinical and family history criteria, patient is at >10% risk of having juvenile polyposis syndrome, Peutz-Jeghers syndrome or hereditary mixed polyposis syndrome. ++*		**73356**	
G16	Biological relative of a patient with pathogenic or likely pathogenic variant in one or more polyposis genes	MLH1, MSH2, MSH6, PMS2, EPCAM, APC, MUTYH, SMAD4, BMPR1A, STK11 or GREM1, including copy number variation. + *Patient has not previously received a service to which any of items 73354, 73355 and 73356 apply.*		**73357**	

MEDICARE NON-REBATABLE TESTS – Customised Test (Fee Applies)

Code	Tumour Type	Genes Covered	Fees	Request
C01	Confirmatory germline test in any patient, of any age with any tumour type, in whom a pathogenic suspected germline mutation has been previously identified on tumour-only testing.	Specific mutation in one of: BRCA1, BRCA2, BRIP1, ATM, CHEK2, EGFR, EPCAM, FH, FLCN, MLH1, MSH2, MSH6, MUTYH, PALB2, PMS2, RAD51C, RAD51D, RET, SDHA, SDHAF2, BAP1, CDH1, POLD, POLE. *Requires a copy of the genomic test result from the tumour sample.*	**$320**	
C02	Confirmatory germline test in a patient <30 years of age, with any tumour type, in which a pathogenic suspected germline mutation has been previously identified on tumour-only testing.	Specific mutation in one of: APC, RB1, TP53 (except brain tumours), VHL (except RCC) *Requires a copy of the genomic test result from the tumour sample.*	**$320**	
C03	Predictive germline test to determine whether an asymptomatic person has inherited a specific mutation previously identified in a close biological relative (not eligible for G04 , G09, G11 or G16).	On request *Requires a copy of the genomic test result from the affected biological relative.*	**$320**	

*applicable once per lifetime, ** once per cancer diagnosis, *** once per variant, **** once per primary tumour diagnosis, ***** one or more tests, + requested by a specialist or consultant physician, ++ as assessed by the specialist or consultant physician, +++ pre-test counselling required, ++++ post-test counselling required.