VirtusGenetics
A MEMBER OF VIRTUS HEALTH

Reproductive Carrier Screen
Request Form

BARCODE

PATIENT INFORMATION:

Patient First Name:

Surname:

Date of Birth: _____ / _____ / _____ Sex:

Address:

Tel (Mobile):

Medicare No. ☐☐☐☐ ☐☐☐☐☐ ☐

STATE THE PATIENT'S STATUS AT THE TIME OF THE SERVICE OR WHEN THE SPECIMEN WAS COLLECTED:

A private patient in a private hospital or approved day hospital facility	☐ Yes	☐ No
A private patient in a recognised hospital	☐ Yes	☐ No
A public patient in a recognised hospital	☐ Yes	☐ No
An outpatient of a recognised hospital	☐ Yes	☐ No

PARTNER INFORMATION: *(if applicable)*

First Name:

Surname:

Date of Birth: _____ / _____ / _____ Sex:

Address: ☐ (tick if same as patient)

Tel (Mobile):

Gamete source: Own ☐ Donor ☐ Donor code:

Clinical information (including test(s) performed and known carrier states)

I consent for my information to be included on my partner's report:

Partner signature:

Date:

CLINICAL INFORMATION:

Patient is pregnant	☐ Yes	☐ No
Patient is a gamete donor	☐ Yes	☐ No
Family history of genetic conditions	☐ Yes	☐ No

Please provide any other relevant clinical information below:

☐ SD

TESTS REQUESTED:

BASIC CARRIER SCREEN - $400 ☐

(Cystic fibrosis, Spinal muscular atrophy, Fragile X syndrome)

Medicare rebates may apply to part of the test fee if relevant clinical criteria are met.

EXPANDED CARRIER SCREEN - $650 ☐

(289 genes in females, 268 genes in males)

No Medicare rebate applies

REQUESTING DOCTOR:

Name:

Address:

Phone: Provider No:

I confirm that this patient been counselled about the purpose, scope, and limitations of the test and has provided informed consent for the test.

Doctor Signature:

Date:

COPY REPORTS TO:

Name:

Address:

FOR THE PATIENT:

I confirm that I have been informed about the purpose, scope, and limitations of the test. If I do not fulfil the Medicare criteria, or an out-of-pocket fee applies, I understand and consent to payment of fees. I understand that I will receive an SMS, email and/or invoice with my reference code for confirmation of test fees.

Medicare Agreement (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 signature:

Date:

Reason for patient being unable to sign *(practitioner use only)*:

FOR THE COLLECTOR:

I certify that I established the identity of the patient named on this request form and collected and immediately labelled the accompanying specimen(s) with the patient's name, DOB, and date/time of collection.

Please collect 1 x 4mL dedicated whole blood EDTA tube. Store sample at room temperature.

Collector initials: Location code:

1 x 4mL EDTA ☐ Collection time: Date:

Collector signature:

Date:

RCPA The Royal College of Pathologists of Australasia

NATA

Your doctor has recommended that you use Virtus Health Specialist Diagnostics, an Approved Pathology Authority. 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.

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.

Example Medicare rebate eligibility criteria for Cystic fibrosis and Fragile X syndrome:

There is currently no Medicare rebate for spinal muscular atrophy genetic testing.

73348

Testing of a patient with a laboratory-established family history of pathogenic cystic fibrosis transmembrane conductance regulator variants, for the purpose of determining whether the patient is an asymptomatic genetic carrier of the pathogenic cystic fibrosis transmembrane conductance regulator variants that have been laboratory established in the family history, not being a service associated with a service to which item 73345, 73347, or 73349 applies.

The patient must have a positive family history, confirmed by laboratory findings of pathogenic cystic fibrosis transmembrane conductance regulator variants, with a personal risk of being a heterozygous genetic carrier of at least 6%. (This includes family relatedness of: parents, children, full-siblings, half-siblings, grand-parents, grandchildren, aunts, uncles, first cousins, and first cousins once-removed, but excludes relatedness of second cousins or more distant relationships).

73349

Testing of a patient for pathogenic cystic fibrosis transmembrane conductance regulator variants for the purpose of determining the reproductive risk of the patient with their reproductive partner because their reproductive partner is already known to have pathogenic cystic fibrosis transmembrane conductance regulator variants requested by a specialist or consultant physician who manages the treatment of the patient, not being a service associated with a service to which item 73345, 73347, or 73348 applies.

73300

Detection of mutation of the FMR1 gene where:

(a) the patient exhibits intellectual disability, ataxia, neurodegeneration, or premature ovarian failure consistent with an FMRI mutation; or

(b) the patient has a relative with a FMR1 mutation

Enquiries 1800 161 128
Email: info@virtusgenetics.com.au

Please send specimens to:
Molecular Genetics Laboratory
Virtus Health Specialist Diagnostics
Level 1, 20-30 Blamey St, Revesby NSW 2122

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