EXOME / GENOME TEST REQUEST FORM

Send form to:
☐ Department of Molecular Genetics, Children's Hospital Westmead
Cnr Hawkesbury Rd and Hainsworth Street Westmead NSW 2145
Ph 02 98453244 Fax 02 98453204 (lab)
Email SCHN-CHW-MolecularGeneticsLaboratory@health.nsw.gov.au

OR:
☐ NSWHP Genomics Laboratory Randwick 4th floor, Campus Centre
Prince of Wales Hospital Barker Street Randwick NSW 2031
Ph 02 93829114 Fax 02 93829157 (lab)
Email NSWPATH-RandwickGenomics@health.nsw.gov.au

Health
Pathology

PATIENT DETAILS

Surname (Print or place sticker here) First name

DOB ☐ Male ☐ Female ☐ Other

Address Phone

Facility MRN

Pregnant ☐ N ☐ Y gestation weeks

REQUEST

TEST: ☐ Singleton - Exome ☐ Trio - Exome ☐ Data re-analysis ☐ Bioinformatic Gene Panel ☐ Known variant

REASON: ☐ Diagnosis / management ☐ Reproductive management

PRIORITY: ☐ Routine ☐ Urgent (contact lab prior to referral - urgent turnaround time requests will incur an extra cost)

CLINICAL SUMMARY

Clinical Diagnosis
☐ Certain ☐ Uncertain

Clinical Features:

Is this person affected ☐ Yes ☐ No ☐ Uncertain

☐ Index case or ☐ Relative*

*refer to NPAAC requirements for predictive/pre-symptomatic testing.

PREVIOUS TESTS

Gene test result ____________________
Please include copy of previous report

Microarray result ____________________
Please include copy of previous report

WES/WGS result ____________________
Please include copy of previous report

Family-specific mutation was first found in (index patient)

Surname ____________ First name ____________

DOB ____________ Test lab or city ____________

If the following criteria is met tests can be funded by MBS. Other referrals may be accepted if appropriately funded

Tick at least one box (or combined box) for MBS eligibility

☐ Patient is 10yo or younger, assessed likely to have a monogenic condition, and not yet had a whole exome or genome test

AND

☐ Dysmorphic facial appearance **and one or more** major structural congenital anomalies

OR

☐ Intellectual disability or global developmental delay of at least moderate severity, as determined by a specialist paediatrician

AND

☐ Microarray reported as non-informative

AND

☐ Clinical Geneticist Referral ____________________

OR

☐ Paediatrician referral in consulation with a clinical geneticist

☐ For data re-analysis previously tested patient (15 years or younger) with a suspected monogenic condidtion.

☐ For trio genomic tests Singleton testing inappropriate, both biological parents available.

Family History Summary (please provide pedigree)
If patient not index case indicate relationship within family tree

☐ = Male ○ = Female ■ Affected Male ⊙ = Carrier Female
◇ = Gender unspecifed

Both parents available for testing ☐ Yes ☐ No

Consanguinity ☐ Yes ☐ No

Ancestry Maternal Paternal

REQUESTING DETAILS

Requesting Doctor's name Signature

Address

Phone Email

Date Provider No.

Copy of reports to Name

Address

Phone Email

MEDICARE DETAILS

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 service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner:

Patient's signature Date

Practitioner use only Date
(Reason patient cannot sign)

MEDICARE NO ☐☐☐☐☐☐☐☐☐☐/☐ EXP

At time of collection the patient

- is 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

☐ **Do NOT send my pathology report to My Health Record**

COLLECTION DETAILS

Collector's Name ____________________

Collector ID ____________________

The specimen accompanying this request was collected from the person named on this form and labelled immediately after collection

Signature ____________________

Collector ward/site ____________________

Collection Date

Receipt Date

☐ DNA ☐ Blood (EDTA 2 x 2mls recommended) ☐ Buccal Swab (by prior arrangement with lab) ☐ Other ____________

Your doctor recommended NSW Health Pathology but you can choose your own pathology provider. 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. Accredited for compliance with NPAAC Standards and ISO 15189. Patients with a current public hospital medical record number may have their results displayed in the Local Health District electronic medical record for safe, appropriate clinical care.

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 provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised /required by law. In addition, the results of the tests requested may be disclosed to other health services, hospitals or medical specialists involved in your health care, or as authorised/required by law.

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