Sonic Genetics

Service available through Sonic Healthcare practices:

Douglass Hanly Moir Pathology
Sullivan Nicolaides Pathology
Melbourne Pathology
Barratt & Smith Pathology
Capital Pathology
Clinipath Pathology
Bunbury Pathology
Clinpath Pathology
Hobart Pathology
Launceston Pathology
North West Pathology
Southern.IML Pathology

Hereditary cancer testing | Request form

FOR THE MEDICAL SPECIALIST OR CONSULTANT PHYSICIAN

Patient details

First name _____

Surname _____

Date of birth ____/____/____ Sex _____

Address _____

_____

_____

Phone (mobile) _____

Medicare No. ☐☐☐☐☐☐☐☐☐☐

PATIENT STATUS AT TIME OF SERVICE OR SPECIMEN COLLECTION
(Required by law for all patients) Was the patient a:

Private patient in a private hospital or approved day hospital?	☐ Yes	☐ No
Private patient in a recognised hospital?	☐ Yes	☐ No
Public patient in a recognised hospital?	☐ Yes	☐ No
Outpatient of a recognised hospital?	☐ Yes	☐ No

Test requested

For full gene list, please refer to website sonicgenetics.com.au/gene-list

No known familial variant(s)	MBS criteria met*	Private fee
Standard hereditary breast & ovarian cancer panel	☐ 73296	#
Expanded hereditary breast & ovarian cancer panel	☐ 73296	#
BRCA1 and BRCA2 only	☐ 73295/73304^	☐
Lynch syndrome panel	☐ 73354	☐
Familial adenomatous polyposis panel	☐ 73355	☐
Familial non-adenomatous polyposis panel	☐ 73356	☐

Known familial variant(s) (A copy of the relevant relative's report must be provided)
Gene: _____ ☐ 73297/ 73357 ☐

Variant: _____ Relationship to patient: _____

*Please refer to the Medicare Benefits Schedule for full details.
#Please contact the laboratory.
^Only available for determining eligibility for PARP inhibitor therapy.

Clinical information

Testing cannot proceed without this information:

Personal history of cancer: ☐ Yes ☐ No

If Yes, tumour type: _____

_____

_____ ☐ SD

Genetic counselling REQUIRED sonicgenetics.com.au/consent

Informed consent is mandatory for testing to be performed

Written informed consent attested by the requesting specialist (see overleaf) ***OR***

Informed consent: (please select one)
☐ Sonic Genetics to complete
☐ Completed by an appropriately qualified specialist or certified genetic counsellor

Requesting doctor

Name _____

Address _____

_____

_____

Phone _____ Provider No. _____

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

DOCTOR SIGNATURE

X _____ Date

Copy reports to

Name _____

Address _____

_____

_____

FOR THE PATIENT – Patient and Financial Consent

I confirm that I have been informed about the purpose, scope and limitations of the test.

If I do not fulfil the Medicare criteria

ACCOUNT STATEMENT
I understand that as the test requested is not eligible for a Medicare rebate, I will pay in full prior to the sample being tested.

If I do fulfil the Medicare criteria

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 SIGNATURE

X _____ Date

Practitioner's Use Only (Reason for patient being unable to sign)

For pricing, please refer to our website – sonicgenetics.com.au
For any enquiries, please contact Sonic Genetics on 1800 010 447.

FOR THE COLLECTOR

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

Collector initials	☐ 1 x 4 mL EDTA	Patient initials
Location code	Date collected / /	PAY CAT
Collection type	Time collected :	

Your doctor has recommended that you use one of the subsidiaries affiliated with Sonic Healthcare Limited, 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.

Sonic Genetics is a brand/trademark of Sonic Pathology Australia Pty Ltd ABN 80 000 853 896,
a wholly owned subsidiary of Sonic Healthcare Limited ABN 24 004 196 909 APA 906

SONIC HEALTHCARE

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Sonic Genetics

Hereditary cancer testing

Information for patients

Purpose

This test may identify genetic variants in any of a number of genes that place an individual at increased risk of certain cancers. These results can be used to inform treatment and management options for current cancers and/or manage risk for future cancers. They can also be used to identify other family members who are similarly at increased risk of developing cancer. While the presence of a variant can indicate a person is more likely to develop cancer over their lifetime, not all people with a variant will develop cancer. Similarly, if a variant isn't found it does not mean that the individual will not develop the associated cancers. Clinical management guidelines have been established for the tested hereditary cancer syndromes, and individuals with a variant in one of these genes can be managed through a familial cancer clinic.

Limitations

It is important to note that hereditary cancer syndrome testing may not provide you with a yes or no answer. Variants are common in our genes; most are not associated with disease, and these will be classified as benign, or likely benign, and not included in your report. If a variant is identified that has evidence it will increase an individual's risk of cancer, it will be classified as pathogenic or likely pathogenic and reported. Occasionally, we will identify and report variants that can neither be classified as pathogenic nor benign (variants of uncertain significance, or VUS). Due to our increasing understanding of gene variants over time, the classification of these may change.

Family history

If you have a blood relative who has previously had hereditary cancer testing and been found to have a variant, there is a greater chance that you will harbour the same variant and a targeted test based upon the familial variant may be more appropriate. Please advise your doctor if you have a family history of inherited conditions before testing is arranged. If there is a relevant family history, please give your doctor as much information as possible, including results from any previous testing that may have been performed for other family members.

Genetic counselling

Your doctor will be able to provide you with information and advice regarding this test. Your doctor may also recommend that you seek genetic counselling before or after the test, from a health professional, such as a clinical geneticist or a genetic counsellor. Sonic Genetics has pre-test and post-test genetic counselling available on request from your referring clinician. For further details about this service, please refer to sonicgenetics.com.au/pgc. We can also provide contact details for genetic counselling services nationally.

Results

Your results will be sent to your doctor when available. This typically occurs within 6 weeks of sample collection. Your doctor can contact our genetic pathologists and senior medical scientists to discuss technical aspects of your result.

Issues for the patient to consider before consenting to this test:

- You have had an opportunity to discuss the test with an appropriately qualified healthcare professional and clarify any questions you have regarding what could be expected.
- You understand the medical significance of the likely test outcomes. An abnormal variation (or 'mutation') can cause a genetic condition. A benign variation has no medical consequences. The significance of an equivocal variation is unknown. The presence of a benign variation, an equivocal variation or a normal gene sequence is an uninformative result. An uninformative result does not exclude an underlying genetic cause.
- You are aware the laboratory's report reflects the knowledge available at the time the test is reported and that the laboratory does not undertake to provide updated interpretations unless requested by your doctor.
- You understand the test may provide genetic information that does not relate to its primary purpose ('incidental' or 'secondary' findings).
- You understand that genetic tests of members of a family may confirm or exclude stated relationships, e.g. paternity, in that family.
- You have been informed that the test result may have implications for other family members. You are aware that family members should be advised of these implications.
- You are aware that the test result will be provided to the recipients specified on the request form and, if requested, to a genetic counsellor.
- You understand that under Australian law (Section 95AA of the Privacy Act 1988 (Cth)), there is potential legal provision for a patient's doctor (not Sonic Genetics) to release confidential genetic information to relatives under strict conditions and without the consent of the patient to help reduce the risk of harm to relatives. The doctor is not obliged to do so, and must comply with strict national guidelines.
- You have been informed that the laboratory will only release genetic information if required by law or with written consent from you (or delegate) e.g. in response to a legitimate subpoena, or as a requirement under Government health regulations.
- You have been informed that this test result may have implications for any new or revised applications for some types of insurance. This does not apply to private health insurance.
- You are aware your genetic sample and data will be stored for at least the mandatory period specified by national regulatory agencies.
- You understand that your de-identified genetic sample and data may be retained and used for research, quality activities and education purposes. We will not use or release your sample or data for other purposes without your consent.
- You are aware of the cost of this investigation and agree to pay this amount, if not covered by Medicare.
- You understand you may choose to withdraw from this test process before the test has been reported. We reserve the right to charge you for costs incurred in handling your sample, even if the test is cancelled.

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.