



## Hereditary Breast & Ovarian 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  
 Hospital patient in a recognised hospital?  Yes  No  
 Private patient in a recognised hospital?  Yes  No  
 Outpatient of a recognised hospital?  Yes  No

Hospital \_\_\_\_\_ Ward \_\_\_\_\_

#### Test requested

**Diagnostic genetic test**

Standard panel (BRCA1, BRCA2, PALB2)  
 Expanded panel (BRCA1, BRCA2, PALB2, ATM, CHEK2, PTEN, STK11, TP53)

**Predictive genetic test**

(Please provide copy of report, if applicable)

**PARP inhibitor therapy suitability**

(BRCA1 & BRCA2 only)

#### Medicare criteria (MBS Items detailed overleaf)

Patient fulfills Medicare criteria. Please provide relevant clinical information below

Patient does not fulfill Medicare Criteria and will pay out-of-pocket expense. Please provide relevant information below

#### Clinical information

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  SD

#### 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**

#### 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 | If I do 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.

**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**

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

\_\_\_\_\_  
 \_\_\_\_\_

For pricing, please refer to our website - [www.sonicgenetics.com.au](http://www.sonicgenetics.com.au)  
 For any enquiries, please contact Sonic Genetics on 1800 010 447.

#### FOR THE COLLECTOR

I certify 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's name: \_\_\_\_\_

Collector initials	<input type="checkbox"/> 1 x 4 mL EDTA	<b>PAY CAT</b>
Location code	Date collected / /	
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.



# Hereditary Breast & Ovarian Cancer Testing

Testing of the genes responsible for familial breast or ovarian cancer is now rebated by Medicare. However, Medicare stipulates that requests for such testing can only be made by medical specialists or consultant physicians and this testing will only be rebated if specific clinical requirements are met.

Please note that this information may change as new decisions are made regarding testing and therapies. Please contact the laboratory for updated information or refer to the Medicare Benefits Schedule (MBS).

## Testing an individual with advanced ovarian cancer

### MBS Item 73295

Detection of germline BRCA1 or BRCA2 gene mutations, in a patient with platinum-sensitive relapsed ovarian, fallopian tube or primary peritoneal cancer with high grade serous features or a high grade serous component, and who has responded to subsequent platinum-based chemotherapy, requested by a specialist or consultant physician, to determine whether the eligibility criteria for olaparib under the Pharmaceutical Benefits Scheme (PBS) are fulfilled.

## Testing an individual with breast or ovarian cancer and relevant family history

### MBS Item 73296

Characterisation of germline gene mutations, requested by a specialist or consultant physician, including copy number variation in BRCA1 and BRCA2 genes and one or more of the following genes STK11, PTEN, CDH1, PALB2, or TP53 in a patient with breast or ovarian cancer for whom clinical and family history criteria, as assessed by the specialist or consultant physician who requests the service using a quantitative algorithm, place the patient at >10% risk of having a pathogenic mutation identified in one or more of the genes specified above. Please refer to the Sonic Genetics website, [www.sonicgenetics.com.au/tests/brca-gene-test](http://www.sonicgenetics.com.au/tests/brca-gene-test), for a quantitative algorithm for assessing the chance of a BRCA mutation.

## Testing an individual who does not have cancer but has family history

### MBS Item 73297

Characterisation of germline gene mutations, requested by a specialist or consultant physician, including copy number variation in BRCA1 and BRCA2 genes and one or more of the following genes STK11, PTEN, CDH1, PALB2, or TP53 in a patient who is a biological relative of a patient who has had a pathogenic mutation identified in one or more of the genes specified above, and has not previously received a service under item 73296.

## Non-rebated testing of breast cancer genes

The requirements listed under MBS items 73295, 73296 and 73297 are stipulated by Medicare for rebated testing. Non-rebated testing is available for patients who are willing to cover the full cost of the test themselves. It is important that such patients seek advice from an experienced clinician to ensure that the test will be worthwhile.

Sonic Genetics will only accept requests for non-rebated testing of breast cancer genes from a medical specialist or consultant physician, and requires signed confirmation that pre-test genetic counselling and written informed consent have been completed. The restriction on who can request the test applies even if the patient is willing to pay privately. This is because it is a complex test, with complex results and significant ramifications that require specialist follow up.