

Solid tumour somatic mutation testing | Request form

FOR THE DOCTOR

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/s requested

Full Find It panel Full panel (≥30 genes, including genes in focused panels below)
Tumour type: _____
 Full panel required for a sample which has had a focused panel reported

Focused Find It panels

Colorectal panel (BRAF, KRAS, NRAS, PIK3CA)*
 Melanoma panel (BRAF, KIT, NRAS)*
 NSCLC panel (incl. T790M) (BRAF, EGFR, ERBB2, KRAS, MET + ALK/ROS1 by IHC/FISH)*
 Glioma panel (BRAF, IDH1, IDH2, TP53)*
 Breast panel (AKT1, ERBB2, ESR1, PIK3CA)
 Endometrial panel (CTNNB1, PIK3CA, POLE, TP53)[^]
 Gastrointestinal stromal tumour panel (BRAF, KIT PDGFRA)

Focused FISH panels

Glioma FISH (1p/19q co-deletion)*
 Glioma FISH (EGFR amplification)
 Other FISH test _____

Glioblastoma MGMT promoter methylation*

For further details, please refer to sonicgenetics.com.au/solid
Medicare criteria met Yes No (see overleaf)
* Medicare rebates available, subject to criteria being met.
[^] For a ProMisE classification report, please contact your local Anatomical Pathology Department

Clinical information

REQUIRED

A copy of the histology report is essential

ALL fields must be completed for testing to proceed

Please note: Comprehensive information regarding clinical history and diagnosis is essential in the interpretation of genomic findings and drug therapy recommendations.

REASON FOR REFERRAL

- Therapeutic target identification _____
 Acquired resistance to drug _____
 Other _____

DIAGNOSIS & CLINICAL HISTORY

Diagnosis _____

Stage _____

ADDITIONAL INFORMATION (INDICATE ALL THAT APPLY)

- Primary tumour Pre-treatment Undergoing treatment
Chemotherapy drugs _____
Previous molecular test results _____

SD

Requesting doctor

Name _____
Address _____

Phone _____ Provider No. _____
I confirm that the patient has been informed about the purpose, scope and limitations of the test, that there may be a private fee for testing if Medicare criteria are not met and that, if a Find It panel is being tested, de-identified clinical and genomic data will be shared with Canexia Health in Canada and used for quality assurance and test improvements.

DOCTOR SIGNATURE

X _____ Date _____

Copy reports to

Name _____
Address _____

Holding laboratory and sample details

Pathology laboratory holding patient sample block _____

Laboratory reference number _____
Sample block number _____
Procedure date for tissue to be analysed ____/____/____

FOR THE PATIENT - Patient and Financial Consent

I confirm that I have been informed about the purpose, scope and limitations of the test. I understand that the test requested may not be eligible for a Medicare rebate and I may receive an account which I will pay in full. I also understand that, if a Find It panel is being tested, de-identified clinical and genomic data will be shared with Canexia Health in Canada and used for quality assurance and test improvements.

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.

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.

Solid tumour somatic mutation testing

Information for patients

Purpose

Every cancer is different. We now know that there are combinations of genetic mutations that arise in certain types of cancer. These are known as the cancer's 'molecular signature' because they are specific to the individual cancer.

We now have tests to identify some of these cancer-causing genetic mutations. Genomic testing of cancer provides information that gives your doctor a better understanding of your cancer. This helps in making decisions about potential treatments.

Sonic Genetics uses a variety of tests to look for mutations and determine the cancer's 'molecular signature'. These tests are regularly updated to include more mutations and genes.

Limitations

Our tests are designed to detect some of the most common mutations that are currently known in cancer. If no mutations are found, it may be advisable to have further testing done to look for mutations elsewhere in the DNA of the cancer cells. Some types of genomic testing may not work if the DNA is of low quality – for example, DNA quality is lower in samples stored for more than two years before testing. Sometimes another biopsy is requested if you have been on other therapy since the last biopsy was done.

Financial consent

By consenting overleaf, you confirm that you have been informed about the purpose, scope and limitations of the test(s) by your doctor. You understand that this test is performed from histopathology samples collected previously, that the sample will be requested from the holding laboratory, and that the result should be reviewed by your doctor in light of other findings.

You consent to the test being performed in whole, or part, as requested by your doctor, and are aware that the laboratory could contact you for prepayment by credit card over the phone if Medicare or other reimbursement criteria are not met.

You also understand that if your original tissue sample is held by a histopathology laboratory that is not part of the Sonic Healthcare network, a sample retrieval and processing fee may be applied by that laboratory and invoiced to you directly. Sonic Genetics has no control over the time taken for the sample to be sent to us from the holding laboratory.

Results

Your results will be delivered to your doctor typically within 7–10 business days of the laboratory receiving your sample.

Medicare criteria (Please refer to MBS for full item requirements, mbsonline.gov.au)

Indication	Item #
Colorectal	73338
Melanoma	73336
NSCLC	73337
NSCLC relapse	73351
NSCLC ALK	73341
NSCLC ROS1	73344
Glioma	73372
Glioma FISH	73371

Indication	Item #
MGMT promoter methylation	73373
Sarcoma FISH	73374–73376
Secretory carcinoma (breast)	73379
Mammary analogue secretory carcinoma (salivary gland) FISH	73381
Hyalinising clear cell carcinoma (salivary gland) FISH	73382
Renal cell carcinoma FISH	73383