

PATIENT DETAILS				
LAST NAME	GIVEN NAMES	SEX	DATE OF BIRTH	LABORATORY REF / UR / MRN
ADDRESS		POST CODE	PHONE (home)	MOBILE
MEDICARE NUMBER:				

TESTS REQUESTED	TEST REQUIREMENTS
<p>SELECT ONE ONLY:</p> <p><input type="checkbox"/> Alport syndrome (Medicare item 73298)</p> <p><input type="checkbox"/> Cystic kidney disease (Medicare item 73401)</p> <p><input type="checkbox"/> Kidney disease; non-cystic, non-Alport (Medicare item 73402)</p> <p>Details regarding gene panels and eligibility criteria available at: https://www.vcgs.org.au/tests/kidney-disease/</p> <p>Your doctor has recommended you use Victorian Clinical Genetics Services (VCGS). 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 performed the service. You should discuss this with your doctor.</p>	<p><input type="checkbox"/> Patient meets pre-test probability required for the requested Medicare item number: <i>patient with renal abnormality/chronic kidney disease who is strongly suspected of having a monogenic condition.</i></p> <p><input type="checkbox"/> The requesting doctor is a consultant clinical geneticist or specialist nephrologist</p>

CLINICAL NOTES	SAMPLE TYPE:
	<p><input type="checkbox"/> 4 mL EDTA blood <input type="checkbox"/> ORACollect saliva kit</p>

REQUESTING DOCTOR (provider #, initials, address):	COPY REPORTS TO:
<div style="border: 1px solid black; padding: 5px;"> <p>DOCTOR'S SIGNATURE AND REQUEST DATE</p> <p>SIGNATURE: _____ DATE: _____</p> </div>	

MEDICARE ASSIGNMENT	HOSPITAL STATUS OF PATIENT AT SPECIMEN COLLECTION OR DATE OF SERVICES
<p>Medical Assignment: (Section 20A of the Health Insurance Act 1973). I offer to assign my right 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.</p> <p>I consent to Medicare testing.</p> <p>SIGNATURE: _____ DATE: _____</p>	<p><input type="checkbox"/> Private patient in a private hospital or approved day hospital facility</p> <p><input type="checkbox"/> Private patient in a recognised hospital</p> <p><input type="checkbox"/> Hospital patient in a recognised hospital</p> <p><input type="checkbox"/> Outpatient of a recognised hospital</p>

SPECIMEN COLLECTION SIGNATURE	SEND SAMPLES TO:
<p>I certify that the pathology accompanying the request was collected from the patient stated above as established by direct inquiry.</p> <p>SIGNATURE: _____ Time of collection: _____</p> <p>SIGNATURE: _____ Date of collection: _____</p>	<p>Victorian Clinical Genetics Services 4th Floor, Murdoch Children's Research Institute The Royal Children's Hospital 50 Flemington Road, Parkville VIC 3052 P 1300 118 247 W vcgs.org.au E vcgs@vcgs.org.au</p>

TESTING CONSENT - mandatory field	RESEARCH CONSENT
<p><input type="checkbox"/> The requesting clinician acknowledges that the patient/parent/guardian has provided consent for genomic testing as summarised in the genomic consent form and patient information available here: VCGS – genomic consent form [vcgs.link/genomics-consent] VCGS – genomic testing patient information [vcgs.link/genomics-patient]</p> <p><input type="checkbox"/> The patient/parent/guardian has:</p> <ul style="list-style-type: none"> • Had enough time to consider the information in this consent form • Had the opportunity to discuss genomic testing and its implications with a health professional • Had the opportunity to ask questions until they were satisfied with the answers • Been offered a copy of this consent form 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient/parent/guardian consent to share the sample, genomic data and related health information for ethically approved research into the same or related conditions, where it remains possible to re-identify the patient.</p> <p>This allows relevant information to be returned to the patient/parent/guardian where appropriate. There may not be a direct benefit to the patient and their family.</p>