

CONSENT FOR PAYMENT OF NON-MBS TESTS

Patient First Name	Surname	Current Contact Number
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I _____ understand that the pathology test identified below (*please circle relevant tests*) as requested by my Medical Practitioner, is not covered by Medicare Australia, Dept of Veteran Affairs or Private Health Fund. I therefore consent to pay for all out of pocket expenses.

Signature _____ Date: _____ Amount: _____
 (patient/guardian accepting responsibility)

ITEM NO.	TEST	FEE	ITEM NO.	TEST	FEE
<u>Genetics Department</u>			<u>Genetics Department</u>		
G3076	Aneuploidy FISH (ANFISH)	\$259.47	G3062	Oncogene Rearr. - 1 probe	\$259.47
G3081	Aneuploidy pcr (GAPCR)	\$166.06	G3063	Oncogene Rearr. - 2-3 probe	\$518.94
G7149	Ashplex1	\$182.98	G3064	Oncogene Rearr. - 4+ probe	\$778.41
G7150	Ashplex2	\$182.98	G7136	POC MLPA	\$200.50
G3071	Bone Marrow FISH (BMFISH)	\$259.47	G7156	PRENATAL DIAGNOSIS	\$700.00
G7026	BRCA1 Mutation Screen (BRCA1)	\$726.52	G7011	Prenatal Screen (PND)	\$674.62
G7096	BRCA1 Whole Exon Deletion & Duplication (BRCA1 MLPA)	\$300.00	G7021	Sequencing (DNASEQU)	\$311.37
G7031	BRCA2 Mutation Screen (BRCA2)	\$1,037.88	G7076	SMN1 DELETION (SDEL)	\$155.68
G7101	BRCA2 Whole Exon Deletion & Duplication (BRCA2 MLPA)	\$300.00	G7126	TSC1 MLPA Screen (TSC1 MLPA)	\$259.47
G7147	CF Delta508	\$50.83	G7116	TSC1 Mutation Screen (TSC1 SEQ)	\$778.41
G7148	CF Screen	\$254.14	G7131	TSC2 MLPA Screen (TSC2 MLPA)	\$259.47
G3056	Chrom ID FISH (CIDFISH)	\$259.47	G7121	TSC2 Mutation Screen (TSC2 SEQ)	\$778.41
G7141	CSCH	\$300.75			
G7137	DNA extraction and storage ()	\$37.73	<u>Andrology Department</u>		
G7051	Dystroph Gene Del Sc (DDEL)	\$207.58	H1026	Ann sem cryo billing	\$259.47
G7086	Dystrophin Gene Seq. (GDGS)	\$1,816.29	H1045	Platelet EM	\$103.79
G7046	Dystrophin Haplotype (DHAP)	\$363.26	H1041	Semen preparation	\$150.50
G7066	FGFR Twist (FGFR)	\$363.26	H1036	Sperm Chromatin Structure Assay	\$197.20
G7068	FGFR3 Skel Dys Scr (FGFR3)	\$350.00	H1031	Sperm Freezing	\$363.26
G7069	FGR2 EXT (FGR2)	\$350.00	H1021	Sperm storage	\$363.26
G7061	Gender test (DGEN)	\$220.00			
G7091	JAK2 Mutation Detection (GJAK)	\$103.79	<u>Anatomical Department</u>		
G7056	Jewish BC (JBC)	\$207.58	A1001	Autopsy	\$750.39
G3051	Microdeletion FISH (MDFISH)	\$259.47	A1041	HISTO CONSULT C1	\$207.58
G7146	MLPA RESULT (MLPA)	\$415.16	A1046	HISTO CONSULT C2	\$311.37
G7071	MLPA (DMLPA)	\$415.16	A1026	Privately requested autopsy	\$2,075.77
			A1036	THIN PREP	\$46.71

ITEM NO.	TEST	FEE	ITEM NO.	TEST	FEE
Chemistry Department			Immunology Department		
C1146	CAROTENE (CARO)	\$81.22	I1014	Anti-C1q	\$40.66
C1141	ELASTASE (ELAS)	\$145.30	I1006	Chromogranin A (CGA)	\$51.38
C1136	Lactose Rhamnose (LR)	\$44.63	I1010	HE4	\$25.27
C1121	Procalcitonin (PCTN)	\$41.66	I1013	Liver Autoantibodies Profile (LAP)	\$94.54
C1116	Soluble transferrin receptor (STR)	\$28.50	I1012	Myositis Profile (MP)	\$98.61
C1125	Specimen Handling	\$25.94	I1001	pro-BNP (PBNP)	\$75.56
C1111	Vitamin K (VITK)	\$40.78	I1015	Specific IgE recombinant allergen	\$40.66
Endocrinology Department			I1011	Urine Free Light chain = (UFLC)	\$103.79
E1041	AMH (AMH)	\$51.89			
E1011	Dexamethasone (DEX)	\$52.72			
E1036	DHEA (DHEA)	\$29.30			
E1052	PEPSIN (PEP)	\$59.16			
E1026	PINP (PINP)	\$57.07			
E1006	Reverse T3 (RT3)	\$62.28			

NOTE 1: Please make sure a copy of the original request form along with the sample and consent form, is forwarded onto the laboratory.