

	Australian Medicare Card Holders	Non Medicare Card Holders	Patient Initial
<b>FEMALE PRE TREATMENT TESTS TYPICALLY REQUESTED</b>			
Anti Müllerian Hormone (AMH)	\$80	\$80	
Blood group and antibodies	BULK BILLED	\$41	
Chlamydia (IgG)		\$15.65	
Chlamydia RNA (swab or urine)		\$15.65	
Full blood count (FBC/FBE)		\$16.95	
Gonorrhoea RNA (swab or urine)		\$28.65	
Hepatitis B		\$15.65	
Hepatitis C		\$15.65	
HIV		\$15.65	
Rubella IgG		\$15.65	
Syphilis (TPPA)		\$15.65	
Thyroid Function Tests (TFT)	BULK BILLED	\$34.80	
Thyroid Stimulating Hormone (TSH)		\$25.05	
Varicella zoster IgG		\$15.65	
<b>MALE PRE TREATMENT TESTS TYPICALLY REQUESTED</b>			
Blood group and antibodies	BULK BILLED	\$41	
Chlamydia (IgG)		\$15.65	
Chlamydia RNA (swab or urine)		\$28.65	
Full blood count (FBC/FBE)		\$16.95	
Gonorrhoea RNA (swab or urine)		\$28.65	
Hepatitis B		\$15.65	
Hepatitis C		\$15.65	
HIV		\$28.65	
Syphilis (TPPA)		\$15.65	
<b>FEMALE HORMONE TESTS</b>			
DHEAS	BULK BILLED	\$30.50	
Follicle Stimulating Hormone (FSH)		\$30.50	
Luteinising Hormone (LH)	BULK BILLED	\$30.50	
Oestradiol (E2)		\$30.50	
Pregnancy test (BHCG)		\$10	
Progesterone (PROG)		\$30.50	
Prolactin (PROL)		\$30.50	
Sex Hormone Binding Globulin (SHBG)		\$30.50	
Testosterone (TESTO)		\$30.50	
Vitamin D		BULK BILLED if clinically eligible.	\$35
<b>FURTHER TESTS</b>			
Fasting glucose	BULK BILLED	\$9.70	
Fasting insulin		\$30.50	
HbA1c		\$16.80	
HTLV I / II		\$15.65	
Natural Killer (NK) Cells	\$295	\$295	
Sperm antibodies (SAb IgG)	BULK BILLED	\$28.35	
Tumour marker (CA125)	BULK BILLED	\$24.35	

	Australian Medicare Card Holders	Non Medicare Card Holders	Patient Initial
<b>GENETIC SCREENING</b>			
AZF Deletion	\$150	\$150	
CVS & amniocentesis monogenic work up and testing	\$1500	\$1500	
Cystic Fibrosis Screen	\$285*	\$285	
Endometrial Receptive Antibody (ERA)	\$1400	\$1400	
Triple Test - ERA, EMMA, ALICE	\$1800	\$1800	
EMMA & ALICE	\$1100	\$1100	
ALICE	\$600	\$600	
Extended Genetic Carrier Screen/ Preconception Screen	\$750* pp	\$750 pp	
Fragile X	\$130*	\$130	
Genetic Carrier Screen / Virtus Genetic Screen - CF, SMA & Fragile X	\$400*	\$400	
Infertility Panel - CF, AZF, Thrombophilia Screen & other genes	\$380	\$380	
Karyotype (Blood)	BULK BILLED	\$359	
Karyotype prenatal samples CVS or amniocentesis	\$450	\$450	
Karyotype Skin or products of conception	\$450	\$450	
Karyotype Sperm FISH Aneuploidy or Translocation	\$280	\$280	
KIR Genotyping			
Male	\$210	\$210	
Female	\$505	\$505	
Egg Donor	\$210	\$210	
Maternal Cell Contamination	\$200	\$200	
Micro Array (Blood) incl Karyotype Micro Array CGH prenatal in Karyotype Micro Array CGH Tissue	\$590	\$590	
NIPT - Panorama			
Standard	\$435	\$435	
+ 22q11.2	\$510	\$510	
+ 5 microdeletions	\$635	\$635	
Spinal Muscular Atrophy (SMN1)	\$115	\$115	
UPD studies Trio Screen	\$1395	\$1395	

SELF COLLECT GENETIC SCREENING	COST
Extended Genetic Carrier Screen (Self Collection)	\$750 PrePaid Available through our website <a href="http://virtusdiagnostics.com.au">virtusdiagnostics.com.au</a>

*All Prices are correct from 1 March 2019 and can be subject to change without notice.*

\* CF Rebate may apply. Indicate family history.

**PATIENT INFORMATION - CONSENT FOR PAYMENT** PLEASE NOTE: A Collection fee item of \$8.50 may apply depending on tests ordered.

Patient's Name: ..... DOB: .....

Tel: ( ) ..... Email Address: .....

Address: ..... State: ..... Postcode .....

- I understand the approximate cost of my Pathology /Genetic tests is \$..... and immediate payment is required prior to release of my report/s.
- I understand that I will receive an SMS, email and/or invoice with my reference code with confirmation of the cost of my tests.
- I note that to pay my account, the SMS received will direct me to the Virtus Diagnostic Website where I can make my payment online, alternatively payment can be processed through Bpay using Biller Code: 188292 and the Reference Number received.
- Following discussion as to the cost of testing I have decided to **opt out** and **not proceed with tests requested**. I understand that laboratory staff will contact my referring doctor and advise accordingly as per the reason(s) specified here:  
.....

**Patient Signature:** ..... **Date:** .....

# Pathology Diagnostics

## TESTING COSTS

### AUSTRALIAN MEDICARE CARD HOLDERS

Medicare determine the amount of rebate you are entitled to on all pathology & genetic tests.

#### PLEASE NOTE:

- Not all tests are covered by Medicare, e.g. AMH testing
- Some tests have a partial Medicare rebate dependant on clinical indication and family history e.g. Cystic Fibrosis
- In some cases it is not possible to provide the detailed level of testing at a bulk billed rate e.g. detailed semen analyses.

**Test that are not covered by Medicare will incur a fee.**

### NON-MEDICARE CARD HOLDERS

Patients who do not hold an Australian Medicare card are not entitled to any rebate for any pathology tests requested by your referring clinician.

**You will receive an SMS, email and invoice with payment details. PAYMENT MUST BE MADE BEFORE THE RELEASE OF YOUR RESULTS.**

### VIRTUS DIAGNOSTICS REFERRED TESTS

Virtus Diagnostics forward some tests to an external provider because of the highly specialised nature of the analysis.

It is important to note that you may be invoiced directly from the external provider.

#### Tests that you may require that we refer to an external providers are:

- MTHFR Signed (*consent form required*)
- Prothombin Gene Mutation (*consent form required*)
- Factor V Leiden (*consent form required*)
- Protein C
- Protein S
- Lupus
- Anti Thrombin III
- Activated Protein C
- Inhibin B
- 17OH
- Hepatitis C PCR

### IVF PATIENTS

Virtus Diagnostics is a specialist genetics and fertility laboratory.

You will receive an invoice separate to your IVF treatment for all pathology and genetic testing requested by your fertility specialist. **PAYMENT MUST BE MADE BEFORE THE RELEASE OF YOUR RESULTS.**

#### ADDITIONAL INFORMATION TO NOTE:

All Prices are for Virtus Diagnostics Patients.

If you attend another pathology provider you may incur additional charges.

A collection fee of \$8.50 per invoice may apply depending on tests ordered.

Medicare determines the rebate you receive for all pathology and genetic tests.