

Patient Last Name	Given Names	Sex	Date of Birth	Your Patient's Ref:
Patient Address			Tel (Home)	Tel (Other)
Postcode				

Tests Requested	Cost	Rebate	Patient Initial	Tests Requested	Cost	Rebate	Patient Initial
AZF Deletion	\$150	No		Karyotype Skin or products of conception	\$450	Yes	
CVS & amniocentesis monogenic work up and testing	\$1500	No		Karyotype Sperm FISH Aneuploidy or Translocation	\$280	No	
Cystic Fibrosis Screen	\$285	CF rebate may apply. Indicate Family History		KIR Genotyping Male Female Egg Donor	\$210 \$505 \$210	No	
Endometrial Receptive Antibody (ERA) Triple Test - ERA, EMMA, ALICE EMMA & ALICE ALICE	\$1400 \$1800 \$1100 \$600	No		Maternal Cell Contamination	\$200	No	
Extended Genetic Carrier Screen/ Preconception Screen	\$750 PP	CF rebate may apply. Indicate Family History		Micro Array (Blood) incl Karyotype Micro Array CGH prenatal in Karyotype Micro Array CGH Tissue	\$590	If patient qualifies.	
Fragile X	\$130	Yes - Indicate Family History		NIPT - Panorama Standard + 22q11.2 + 5 microdeletions	\$435 \$510 \$635	No	
Genetic Carrier Screen / Virtus Genetic Screen - CF, SMA & Fragile X	\$400	CF rebate may apply. Indicate Family History		Spinal Muscular Atrophy (SMN1)	\$115	No	
Infertility Panel - CF, AZF, Thrombophilia Screen & other genes	\$380	No		UPD studies Trio Screen	\$1395	No	
Karyotype (Blood)	\$359	Bulk Billed		Self Collection Genetic Screening		Cost	
Karyotype prenatal samples CVS or amniocentesis	\$450	Yes		Extended Genetic Carrier Screen (Self Collection)	\$750	PrePaid Available through our website virtusdiagnostics.com.au	

Report copy to:

Clinical Notes:

Requesting Practitioner: (Including Family Name, Initials, Address, Provider No.)

Doctor's Signature and Date

X.....

COLLECTOR DECLARATION

Time [][]

Date [][]

Location

I certify that I have collected the accompanying sample from the above patient whose identity was confirmed by direct inquiry and the specimen was labelled in the patient's presence.

COLLECTOR SIGNATURE

LAB USE	Tubes							Urine					Swabs			Slides			Containers			Others
	Plain	SST	EDTA	Gluc	Cit	Hep	Bacto	Cyto	24Hr	PCR	Others	Micro	Viral	Chlam	Bacto	PAP	Chlam	Faeces	Semen	Histo		

PATIENT INFORMATION - CONSENT FOR PAYMENT

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:

.....

PLEASE NOTE: A Collection fee item of \$8.50 may apply depending on tests ordered.

Patient Signature: **Date:**

Genetic Testing Fees & Medicare Rebates

Your Clinician has requested you have a Genetic Test with Virtus Diagnostics Pathology.

It is important to note that:

- **Not all Genetic Tests are covered by Medicare.**
- Some tests have a partial Medicare rebate dependant on the clinical indication and your family history.
- Patients that **do not** hold an Australian Medicare card are not entitled to any Medicare rebate for any genetic test. The full fee will be charged.

With the exception of our Self Collection Genetic Testing, It is Virtus Diagnostics policy not to have our patients pre-pay any genetic testing.

We do require you to initial next to the test you are undertaking and complete the Patient Information consent form over page acknowledging that you understand the costs involved and agree to payment on receipt of our invoice.

Your Doctor has recommended that you use Virtus Diagnostics Pathology. 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.



FOR A FULL LIST OF OUR COLLECTION CENTRES VISIT OUR WEBSITE AT
WWW.VIRTUSDIAGNOSTICS.COM.AU OR PHONE OUR LABORATORY ON 1800 837 284
FOR A COLLECTION CENTRE NEAR YOU.