Familial Hypercholesterolaemia Genetic Testing

Department of Medical Genomics | RPA Hospital

Patient Details

Surname | First Name

MRN | Date of birth | Sex

Street Address | Phone

Requesting Practitioner Information

Surname | Initials | Telephone

Address | Email

Fax

I confirm that the patient has been informed of the process, scope and limitations of this test, and that the patient is aware they may receive a bill if they do not fulfil the Medicare rebate criteria.

Signature | Provider number

Preference for delivery of results: ☐ Mail ☐ Fax ☐ Email

Copy To

Medicare Authorisation

TO BE COMPLETED BY THE PERSON ASSIGNING BENEFITS FOR THE SERVICES ON THIS FORM. I understand that my medical practitioner has requested test(s) that may not be covered by Medicare, for which I may receive an account which I will pay in full. I understand that I will receive an invoice from the pathology service performing this test which may be a different laboratory who reported the original pathology. I agree to accept responsibility for the full payment of the fees for the test(s) that are not rebatable by Medicare. The genetic testing may involve more than one test.

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's Signature: X..... Date:.....

Medicare Number: | | | | | | | | | | | — | |

Practitioner use only:
(Reason patient cannot sign).....

☐ Verbal consent was provided by patient to submit unpaid account to Medicare.

☐ A private patient in a private hospital, or approved hospital facility
☐ A public patient in a recognised hospital
☐ An outpatient of a recognised hospital
☐ A private patient in a recognised hospital

Sample Requirements

Please collect two independent samples, one 4 mL EDTA tube each from two separate venepuncture time points, five minutes apart e.g. one at 1310 hrs and then another at 1315 hrs.

Sample One (1 x 4 mL EDTA)

Collection Date | Collection Time | Collector Signature

Sample Two (1 x 4 mL EDTA)

Collection Date | Collection Time | Collector Signature

Send To:

Medical Genomics Department
Royal Prince Alfred Hospital
Missenden Road
Camperdown NSW 2050

Phone (02) 9515 7955
Fax (02) 9515 5500
Email NSWPATH-RPAMedicalGenomics@health.nsw.gov.au

Your doctor has recommended that you use NSW Health 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. You should discuss this with your doctor. Accredited for compliance with NPAAC Standards and ISO1589.

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Clinical Details

Total Cholesterol LDL Cholesterol Triglycerides

Lipid Lowering Treatment and Adherence *(at time of sample collection)*

Clinical Information *(including pedigree and any genetic results for affected family members)*

Test Requested

☐ **Comprehensive Analysis of FH Genes *LDLR, APOB, PCSK9***

Patient is the first individual in the family having genetic testing for FH (item 73352).

Must be ordered by a **Consultant Physician.**

Dutch Lipid Clinic Network Score (required) *see https://www.athero.org.au/fh/calculator/*

- ☐ Patient has no previously identified FH familial variant **AND**
- ☐ Dutch lipid Clinic Network score of 6 and above **OR**
- ☐ LDL-cholesterol of 6.5 mmol/L or above in the absence of secondary causes **OR**
- ☐ In the presence of premature or accelerated atherosclerosis, LDL-cholesterol of 5 mmol/L or above

☐ **Detection of a familial mutation for a patient who has a first– or second-degree relative with a documented pathogenic germline gene variant for familial hypercholesterolaemia.**

Cascade testing (item 73353). May be ordered by **GP or Consultant Physician**. Please attach copy of family member's genetic report (familial variant) and pedigree (relationship to family member).

For clinical information, please contact (02) 9515 5062 or 0499 971 082
Department of Chemical Pathology, Royal Prince Alfred Hospital
Enquiries and referrals can also be sent to SLHD-RPAGeneClinic@health.nsw.gov.au

For laboratory enquiries, please contact (02) 9515 7955
Department of Medical Genomics, Royal Prince Alfred Hospital
Enquiries and requests can also be sent to NSWPATH-RPAMedicalGenomics@health.nsw.gov.au