

Patient details

Last name: _____

First name: _____

Date of birth: _____ Sex: _____

Postal address: _____

_____ Post code: _____

Email: _____

Mobile: _____

Medicare #:

☐ I do not have a Medicare card

Patient test and financial consent

By signing, I request that VCGS perform testing for CF or SMA. I have read the consent and have no further questions. I understand there will be an out-of-pocket cost if I am not Medicare eligible for this test.

☐ I consent to testing

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.

Signature: _____

Date: _____

Test requested

View information about partner testing

vcgs.org.au/partner-testing

Testing for CF or SMA based on reproductive result.

☐ CF or ☐ SMA (choose one)

Collect 4mL EDTA blood **OR** saliva sample (see below)

Partner information

Last name: _____

First name: _____

Date of birth: _____

Carrier for: ☐ CF or ☐ SMA

Clinical information

Do you have a family history of CF, FXS or SMA?

☐ Yes

☐ No

(Provide details of relationship, gene/variant if known):

☐ SD

State the patient's status at the time of the service or when the specimen was collected:

Sample collection details

COLLECT INDIVIDUAL – 1x4mL EDTA

I certify that the sample accompanying the request was collected from the patient stated above as established by direct inquiry.

Name: _____

Location: _____

Date/time: _____

Signature: _____

Requesting doctor (Name, provider #, address)

Signature: _____

Request date: _____

Copy reports to

Practitioner's use only (reason patient cannot sign)

Patient copy

Test requested

First name: _____

Surname: _____

☐ (CF or SMA)

Patient advisory note

Your doctor has recommended that you use 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 performs the service. You should discuss this with your doctor.

Sample collection

Saliva

Email a copy of this form to our team and we'll send you a saliva kit.

vcgs@vcgs.org.au

OR

Blood

Find a blood collection site:
(not in SA/WA/NT - use saliva)



Payment

Testing is bulk billed **for Medicare eligible** patients.

You will receive an SMS to make payment if you're not eligible.

Current pricing:
vcgs.org.au/order-prepair

Free genetic counselling support is available to anyone thinking about carrier screening.

P 03 9936 6402 | E reproductivegc@vcgs.org.au

Purpose of the test

- This test will identify if you are a carrier for cystic fibrosis (CF) or spinal muscular atrophy (SMA), depending on the carrier status of your reproductive partner.
- Being a carrier for these conditions usually does not affect your health.
- See our website for more information about carrier screening - vcgs.org.au/prepair-carrier-screening

Test process & limitations

- Screening will identify most, but not all carriers for CF or SMA. This screening looks for the common genetic changes that cause these conditions. Less common genetic changes may not be identified.
- **Unless you tell us, we assume:**
 - there is no family history of CF, FXS or SMA
 - you and your reproductive partner are not blood relatives
 - you have not had a bone marrow transplant or blood transfusion.

Results

- Your results will be sent to the doctor who requested screening and they will discuss your results with you. VCGS genetic counsellors are also available to talk about your test with you.
- Your test results are confidential. We can only disclose your results with your consent, or as required by law.
- Your test results are valid for life. Your genetic testing result for CF or SMA will not change over time.
- Collecting information after testing is part of our standard practice for quality purposes and test evaluation. We may contact your doctor to obtain this information.

Financial responsibility for testing

- Screening will be bulk billed for Medicare eligible patients.
- You'll receive an SMS to make payment if you don't have a Medicare card or don't provide your Medicare number.
- Information about test refunds can be found on our website – vcgs.org.au/prepair-refunds

Storage and use of personal information

- Your blood or saliva sample will be stored for a minimum of 3 months, in accordance with national standards.
- We keep your samples and information according to laboratory and legal requirements. If we use your sample or information as permitted by law, it will be de-identified.
- Your de-identified genetic and health information may be shared to advance scientific knowledge, for ethically approved medical research and to educate health professionals via scientific presentations, publications, and educational resources.
- Your information will be de-identified; however, it will be possible to re-identify you if needed. This allows relevant information to be returned to you where appropriate.
- The results of this test will not affect access to health insurance. Ability to obtain life insurance may be affected if an individual is found to have a genetic condition. This is unlikely with this test.

Privacy note

The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by the provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law.