VCGS
Leaders in Genetic Health

Victorian Clinical Genetics Services
The Royal Children's Hospital
Flemington Rd, Parkville 3052
P 1300 118 247 W vcgs.org.au

Clinical exome pre-approval form

Medicare funded testing

1. CLINICIAN INFORMATION

NAME OF PAEDIATRICIAN:

PRACTICE LOCATION: PHONE:

NOTE: Training is available to support your ability to safely order genomic testing. These resources can be found at vcgs.org.au/tests/clinical-exomes

2. PATIENT INFORMATION

FIRST NAME		WEIGHT *(centile)*		DATE OF BIRTH	
SURNAME		HEIGHT *(centile)*		HEAD CIRCUMFERENCE *(centile)*	
IS THERE ANY RELEVANT FAMILY HISTORY / SIMILARLY AFFECTED RELATIVES? ☐ No ☐ Yes *(provide details)*					

Parent information for trio testing

	FULL NAME	DATE OF BIRTH	ETHNICITY	AFFECTED
BIOLOGICAL MOTHER				☐ No ☐ Yes
BIOLOGICAL FATHER				☐ No ☐ Yes
ARE THE PARENTS CONSANGUINEOUS? ☐ No ☐ Yes				

3. MEDICARE ELIGIBILITY

Strict criteria apply for access to Medicare rebate for exome sequencing

Patient History (REQUIRED)

Has the patient had a non-informative chromosome microarray (CMA, molecular karyotype)?	☐ No* ☐ Yes ☐ Unsure *(include a copy of result)* **CMA is required **before** an exome can be ordered*
Is the patient admitted (inpatient or ED)?	☐ No ☐ Yes* **patient ineligible while admitted*
Has the patient had genomic testing? *(defined as testing for a variant/s in multiple genes in one test and includes whole genome and whole exome sequencing or testing of a panel of genes)*	☐ No → continue to next question. ☐ Yes → it was Medicare funded *(patient is ineligible).* Contact a geneticist to discuss. ☐ Yes → Include a copy of the result.

Does the patient have:	If yes:	Features
Dysmorphic facial features ☐ No ☐ Yes	email photos with form AND list features →	

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Does the patient have:	If yes:	Features
Congenital anomalies ☐ No ☐ Yes	list features →	
		Description of severity, including developmental milestones
Intellectual disability of at least moderate severity ☐ No ☐ Yes	provide IQ score OR detailed description →	

Other relevant features (OPTIONAL)

Differential diagnoses	
Other phenotypic features	
Results from other relevant investigations (e.g. brain MRI; metabolic investigations)	

Gene panels (REQUIRED)

What are the gene panels you wish to apply in this test?
(Please use the PanelApp Australia website - https://panelapp.agha.umccr.org/)

3. OUTCOME OF DISCUSSION WITH CLINICAL GENETICIST

Medicare eligible ☐ No ☐ Yes

Test type ☐ singleton WES ☐ trio WES *(In the opinion of the clinical geneticist, singleton testing is inappropriate)*

Name of clinical geneticist	
Approval number	

If approved:

- Formal written consent from the patient is required (and parents if trio testing)
- A test request form must also be completed
- Forms are available on our website
- This form + the test request + patient consent must be sent to VCGSgenomics@vcgs.org.au
  - please save forms in the following format = SURNAME_firstname_dob [DDMMYY]

TESTING WILL NOT PROCEED WITHOUT ALL FORMS BEING SENT TO THE LABORATORY