AUSTRALIAN Clinicallabs

EndoPredict® One Test – Three Clinical Answers

LABORATORY NUMBER

ENDOPREDICT® REQUEST FORM

INSTRUCTIONS FOR CLINICIANS:

1 Please complete this page in FULL
2 EMAIL this form and a copy of the original histopathology report to mellab.genetics@clinicallabs.com.au (alternatively FAX: 03 9594 8571)
3 For any enquiries, please phone: 03 9538 2259 or 1300 134 111

COMPLETE THE FOLLOWING DETAILS:

Patient Details

Name: .....
Date of Birth: .....
Biological Gender: | Female | (Male* please see below)
Address: .....
.....
Health Fund: .....
Fund No: ..... Medicare No: .....
Mobile No: .....
Email Address: .....

Payment Information

EndoPredict Test Pre-Payment

Patients are required to pay for EndoPredict prior to our laboratory conducting the test. Clinical Labs will contact your patient with payment instructions. Please advise them to expect this communication in the days following the test request. After completion of the test, Clinical Labs will send your patient a receipt, which they can use to claim the partial Medicare rebate directly from Medicare.

Please see clinicallabs.com.au/endopredict for current pricing.

☐ **Patient Payment Acknowledgement**
I understand that I must pay the full cost of the EndoPredict test before the test can be performed. I understand that testing will not proceed until payment has been received.

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

Clinical Information

☐ **Invasive breast cancer** (Primary diagnosis) Has the patient been treated with systemic anti-tumour therapy? Yes ☐ No ☐

Tumor Stage:
☐ pT1a (> 0.1 cm but ≤ 0.5 cm)
☐ pT1b (> 0.5 cm but ≤ 1 cm)
☐ pT1c (> 1 cm but ≤ 2 cm)
☐ pT2 (> 2 cm but ≤ 5 cm)
☐ pT3 (> 5 cm)
☐ pTx

Lymph Node Status:
☐ pN0 (zero positive nodes)
☐ pN1 (1 - 3 positive nodes; excluding pNmi)
☐ pN1mi (>0.2 mm and/or >200 cells but <2mm)
☐ pNx

ER status: ☐+ ☐-
HER2 status: ☐+ ☐-

Medicare Eligbility

Medicare Criteria Met? Yes ☐ No ☐

Please see clinicallabs.com.au/endopredict for current pricing. A partial Medicare rebate is available under item 73306. See over page for Medicare eligibility criteria.

Please note: Patients are required to pay for the test in full upfront prior to claiming the rebate.

Referring Clinician Details

Name: .....
Address: .....
Email: .....
Phone: ..... Fax: .....
Mobile: .....
Date Requested: .....
Provider No: .....
.....
Referring Clinician Signature: .....

Specimen to be Tested ID

SPECIMEN LOCATION: .....
LAB NO: .....
BLOCK NO: .....
Date of Collection: .....

Copy Doctor Details

Name: .....
Address: .....
.....
Phone: .....

Please note that validation studies are almost entirely focused on females. Please specify the clinical reason for testing. Medicare billing covers female patients only.

EndoPredict in Breast Cancer Test Funding Information		Criteria
1	Medicare Eligibility Criteria (Item 73306)	Gene expression profiling testing using EndoPredict, for the purpose of profiling gene expression in formalin-fixed, paraffin-embedded primary breast cancer tissue from core needle biopsy or surgical tumour sample to estimate the risk of distant recurrence of breast cancer within 10 years, if: (a) the sample is from a new primary breast cancer, which is suitable for adjuvant chemotherapy; and (b) the sample has been determined to be oestrogen receptor positive and HER2 negative by IHC and ISH respectively on surgically removed tumour; and (c) the sample is axillary node negative or positive (up to 3 nodes) with a tumour size of at least 1 cm and no more than 5 cm determined by histopathology on surgically removed tumour; and (d) the sample has no evidence of distal metastasis; and (e) pre-testing of intermediate risk of distant metastases has shown that the tumour is defined by at least one of the following characteristics: (i) histopathological grade 2 or 3; (ii) one to 3 lymph nodes involved in metastatic disease (including micrometastases but not isolated tumour cells); and (f) the service is not administered for the purpose of altering treatment decisions Applicable once per new primary breast cancer diagnosis for any particular patient
2	Private Payment	Where patients do not meet the eligibility criteria, a private fee will be charged. Please see clinicallabs.com.au/endopredict for current pricing.

Please note: For patient samples held by histopathology laboratories that are not part of the Clinical Labs network, a sample retrieval and processing fee may be applied and invoiced to the patient by the laboratory holding the sample stock. Patients who do not meet the Medicare eligibility criteria may be charged an out-of-pocket fee.

PRIVACY NOTE: This 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 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.

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