

Patient Details

First Name _____

Surname _____

Date of Birth _____ Sex at Birth _____

Address _____

Phone _____

Email _____

Medicare No.

Requesting Practitioner

Name _____

Address _____

Phone _____

Email _____

Provider No. _____

Doctor Signature _____ Request Date _____

This screen is designed for pre-pregnancy planning and is not recommended during pregnancy

Tests Requested

Basic Carrier Screen
Screens for cystic fibrosis, spinal muscular atrophy, fragile X syndrome
Indication: Planning pregnancy Pregnant

Expanded Carrier Screen
Screens for 1400+ additional genetic conditions (not including those in the Basic Carrier Screen)

Personal Genetic Screen
Screens for 80+ genetic conditions that can affect your own health

Clinical Information Eg. family history of genetic conditions

_____ SD

Copy Reports To

Name _____

Address _____

I confirm that I have been informed about the purpose, scope, and limitations of the tests requested.

Medicare Agreement (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.

Financial Acknowledgement:
I confirm that (a) if I do not qualify for an available Medicare rebate, I agree to pay the cost of the test in full; (b) I have been informed of the private fees for tests that do not attract a Medicare rebate and I agree to pay these fees; and (c) I may be charged a cancellation fee if I decide not to proceed with testing.

Patient Signature _____ **Date** _____

Practitioner's Use Only (Reason patient cannot sign)

Partner details (for merged couple report only)

Name _____

Date of Birth _____ Sex at Birth _____

I consent to include my information in my partner's report

Partner Signature _____

Patient's status at time of service or specimen collection:

A private patient in a private hospital or approved day hospital

A private patient in a recognised hospital

A public patient in a recognised hospital

An outpatient of a recognised hospital

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 and Aged Care or to a person in the medical practice associated with this claim, or as authorised/required by law.

Your doctor has recommended that you use Preciselee, an Approved Pathology Authority. 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.