

# TEST REQUEST & AGREEMENT TO PAY

## Genetic Carrier Testing - CF, FXS and SMA



These tests are not covered by Medicare and testing will not commence until this service agreement has been received by SA Pathology. This fee will be charged to the nominated person or institution. Testing cannot commence unless ALL information is completed.

### Patient details

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### Referring Practitioner

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### Tests Available:

CFTR Common Variant Screen: \$222 (excl.GST)

SMN1 Common Variant Screen: \$378 (excl.GST)

CFTR + FMR1 + SMN1 Common Variant Screens: \$410 (excl.GST)

### Person/Institution responsible for payment

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

I understand that the test requested is **not covered** by Medicare. I have sighted the cost and understand that I will receive an invoice from SA Pathology for this service, and I accept responsibility for the full payment of the test fee.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

### Please forward this form, along with the request form and patient sample to:

SA Pathology, Genetics and Molecular Pathology  
Frome Road ADELAIDE SA 5000

For more information, please call SA Pathology on 08 8222 3000 or visit [www.sapathology.sa.gov.au](http://www.sapathology.sa.gov.au)