



Patient details

Last name: _____

First name: _____

Date of birth: _____ Sex: _____

Postal address: _____

_____ Post code: _____

Email: _____

Mobile: _____

Do not send to My Health Record (vcgs.org.au/mhr-policy)

Medicare #:

No Medicare card

Patient test and financial consent

I consent to VCGS performing *prepair 3*.

Medicare Assignment (If I fulfil Medicare criteria)
(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 (If I do not fulfil Medicare criteria)
If this test is not eligible for a Medicare benefit, I agree to pay the cost of the test in full. I have read the current price for the test at vcgs.org.au/order-prepair

Signature: _____

Date: _____

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: _____

Test requested

prepair 3 (CF, FXS, SMA)
4mL EDTA or saliva sample

Clinical information

Pregnant Not pregnant

EDD (dd/mm/yyyy): _____

Does the patient / their partner have a family history of CF, FXS or SMA?

Yes No

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

Patient has had a bone marrow transplant

If applicable:

The patient is donating egg sperm

The patient is using a donor egg sperm embryo

SD

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

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: _____

prepair 3 (CF, FXS, 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

Order a saliva kit online
vcgs.org.au/order-prepair

_____ OR _____

Blood

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



Payment

prepair 3 test 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 reproductivevc@vcgs.org.au

Purpose of the test

- *prepair 3* will show if you are a carrier for cystic fibrosis (CF), fragile X syndrome (FXS), and/or spinal muscular atrophy (SMA).
- See our website for more information - vcgs.org.au/prepair-carrier-screening

Test process & limitations

- *prepair 3* tests the biological female first via a blood or saliva sample.
- **For CF, SMA:** If you're found to be a carrier for CF or SMA, carrier testing for your reproductive partner is available for that condition. vcgs.org.au/partner-testing
- **For FXS:** biological females who are carriers for FXS have an increased chance of having children with FXS. This chance may be up to 50% depending on the specific result. Additional testing may be available to clarify the chance of having children with FXS.
 - FXS testing for males is not needed as male FXS carriers have a low chance of having children with FXS.
- *prepair 3* will identify most, but not all carriers for CF, FXS and SMA. This screening looks for the common genetic changes that cause these conditions. Less common genetic changes may not be identified.
- *prepair 3* looks at the genes that cause CF, FXS and SMA. It does not look for any other genetic or chromosome conditions (such as Down syndrome).
- **Unless you tell us, we assume:**
 - there is no family history of CF, FXS, or SMA for you or your reproductive partner
 - you and your reproductive partner (if you have one) are not blood relatives
 - you have not had a bone marrow transplant.

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 results for CF, FXS and SMA will not change over time.
- Collecting information after screening is part of our standard practice for quality purposes and test evaluation. We may contact your doctor to obtain this information.

Financial responsibility, refunds and Medicare

- *prepair 3* will be bulk billed for Medicare eligible patients. One test per lifetime.
- 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.