

**THIS IS A COUPLE-BASED TEST. SAMPLES FROM BOTH THE FEMALE AND MALE PARTNER MUST BE COLLECTED AT THE SAME TIME.**

**Option 1:** Take this request form to a Virtus Diagnostics collection centre for blood samples to be drawn for you and your partner.

**Option 2:** Request cheek swab kits to be sent to your home. Call 1800 837 284 or email a copy of this request form to: info@virtusgenetics.com.au

**INFORMATION FOR PARTNER 1:**

First Name:
Surname:
Date of Birth: ____ / ____ / ____ Sex:
Address:
Tel (Mobile):
Medicare No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**INFORMATION FOR PARTNER 2:**

First Name:
Surname:
Date of Birth: ____ / ____ / ____ Sex:
Address:
Tel (Mobile):
Medicare No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

We have been informed about the purpose, scope, and limitations of this test. We understand that this is a couple-based test which will only assess the risks to offspring conceived by us as a couple. Some results may have significant implications for our own health. For most of the tested genes, our individual carrier status will not be disclosed unless it poses a risk to the health of our offspring or our own health. If we change reproductive partners (eg. enter a new relationship or use donated eggs or sperm), repeat carrier screening will be required. Test results will be reported and stored together and may be released at the request of either partner. We have been informed of the costs involved.

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.

\_\_\_\_\_ **Partner 1 signature:** \_\_\_\_\_

 **Date:** \_\_\_\_\_

\_\_\_\_\_ **Partner 2 signature:** \_\_\_\_\_

 **Date:** \_\_\_\_\_

**STATE THE PATIENT'S STATUS (PARTNER 1) AT THE TIME OF THE SERVICE OR WHEN THE SPECIMEN WAS COLLECTED:**

- A private patient in a private hospital or approved day hospital facility  Yes  No
- A private patient in a recognised hospital  Yes  No
- A public patient in a recognised hospital  Yes  No
- An outpatient of a recognised hospital  Yes  No

**STATE THE PATIENT'S STATUS (PARTNER 2) AT THE TIME OF THE SERVICE OR WHEN THE SPECIMEN WAS COLLECTED:**

- A private patient in a private hospital or approved day hospital facility  Yes  No
- A private patient in a recognised hospital  Yes  No
- A public patient in a recognised hospital  Yes  No
- An outpatient of a recognised hospital  Yes  No

**TESTS REQUESTED:**

**Duo Carrier Screen**

Clinical notes

SD

**REQUESTING DOCTOR:**

Name:
Address:
Provider No:
Ph:
Date of request:

**COPY REPORTS TO:**

Name:
Address:

**Enquiries:**

1800 837 284 or info@virtusgenetics.com.au

**Please send specimens to:**

Molecular Genetics Laboratory  
 Virtus Health Specialist Diagnostics  
 Level 1, 20-30 Blamey Street  
 Revesby NSW 2122

**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.

**PLEASE COLLECT AND HAND LABEL 1 X 4ML EDTA SPECIMEN FROM EACH INDIVIDUAL ON THIS FORM.**

Collector initials:	Location Code:	Collection time:	Date:
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Your doctor has recommended that you use Virtus Health Specialist Diagnostics, 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.