

## Referring Clinician

First name	Last name	
Address		
Phone	Mobile	Fax
Email		

## Copy to Doctor

First name	Last name	
Address		
Phone	Mobile	Fax
Email		

## Patient Information

First name	Last name	
DOB	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Address		
Phone	Mobile	Fax
Email		

## Clinical Information

Clinical Diagnosis
Clinical Information (please include any history of relevant disease):
Exam findings
Exam findings
Relevant family history



## Gene Panel Selection Please tick the panel appropriate to the clinical phenotype

<input type="checkbox"/> Maturity Onset Diabetes of the Young	AUD\$1,100
<input type="checkbox"/> Neonatal Diabetes	AUD\$1,100
<input type="checkbox"/> Familial Hyperinsulinism (FHI)	AUD\$1,100
<input type="checkbox"/> RASopathy Syndromes	AUD\$1,100
<input type="checkbox"/> Disorders of Sex Development (DSD), 46,XY	AUD\$1,100
<input type="checkbox"/> Disorders of Sex Development (DSD), 46,XX	AUD\$1,100

## Sample Collection Instructions

Please collect 2ml of whole blood into EDTA tube, store at room temperature, do not spin. Alternatively, please provide at least 2ug of genomic DNA instead (recommended for customers outside of Australia). The sample is to be shipped to Mater Pathology, Level 6, Mater Hospital Brisbane, Raymond Terrace, South Brisbane QLD 4101. Phone: +61 7 3163 6017 or email [ivan.mcgown@mater.org.au](mailto:ivan.mcgown@mater.org.au) with any questions. Please ensure to include the doctor's request form and the patient's consent form with the sample.

## Payment Options Note – payment is required before testing takes place

### Phone

Use our credit card phone facility from 8am to 4:30pm Monday to Friday by calling +61 7 3163 8636. We accept Visa, MasterCard and American Express.

### Bank Cheque / Money Order

If you do not have a credit card, a bank cheque or money order, made payable to Mater Health Services Pathology, may be posted to: Mater Pathology, PO Box 8058, Woolloongabba, QLD, 4102, Australia. Please write the patient's name, address and a contact number on the back of your bank cheque/money order.

### Institutional Billing

If this test is to be invoiced to a hospital, pathology or clinical genetic service please provide details below.

## Institution Details

Name of Institute

Address

Phone

Mobile

Fax

Email

A receipt will be posted to you once payment is processed. A full itemised invoice showing payment will also be sent on completion of all testing.