



Non Rebateable Tests

Information and prices are correct at the time of publication (March 2015), however may be subject to change.

*P.O.A – Please phone 02 98 555 400 for clarification of the fee.

TEST	FEE
17-Hydroxy Pregnenolone	\$62.35 (Invoice from Path Lab)
ADH	\$30.70 (Invoice from RPA)
Alpha Thalassaemia gene/mutation	\$132.00
Alpha 1 antitrypsin Genotype	\$88.00
Amniotic Fluid FISH & Chorionic Villi CVS Fish	\$95.00
Anti Mullerian Hormone	\$85.00
Antithrombin (AT) Medicare Criteria: History of venous thromboembolism or First degree relative who has a proven defect of Antithrombin, Protein C/S or APCR	P.O.A
Apolipoprotein E Genotyping	\$140.00
Asthma gene/mutation (Beta 2 Adeno receptor Mutation PCR)	\$90.00
Barium (Random Urine)	\$30.20 (Invoice from RPA)
Beta Thalassaemia Sequencing	P.O.A
Bile Acids/Bile salts Medicare Criteria: Quantitation of bile acids in blood in pregnancy, Max 3 tests per pregnancy	\$25.00
Bismuth (Serum or Random Urine)	\$30.20 (Invoice from RPA)
Boron (Random Urine)	\$30.20 (Invoice from RPA)
BP Monitoring	\$85.00 (Upfront payment)
Brain Natriuretic Peptide (BNP, Pro BNP) Medicare Criteria: Quantitation of BNP or NT-proBNP for the diagnosis of heart failure in patients presenting with dyspnoea to a hospital Emergency Department	\$70.00 (Medicare rebate available under certain circumstances)
BRAF	\$196.35
C-1 Esterase Sequencing	\$418.00
CDT	\$90.00-\$120.00
Chromogranin-A	\$55.00
CLL Fish Panel	\$220.00
CMV- Saliva (Cytomegalovirus)	\$60.00 (Invoice from Westmead Hospital)
Connexin-26	P.O.A
Cotinine-Serum & Urine	\$38.35
Copper Liver biopsy	\$31.15 (Invoice from Westmead Hospital)
Cystic Fibrosis PCR, 32 common mutations	\$290.00

TEST	FEE
Cystic Fibrosis Delta F508	\$88.00
Cytotoxic Testing (Food test). Upfront payment and Cheque needs to be made out to Allergy Services (no cash accepted for this test)	\$205.00
CYP2D6 Genotype	\$120.00
CYP2C19 Genotype	\$160.00
DPYD Genotype	\$250.00
DAZ Gene PCR including AZF a,b,c,d	\$132.00
DHEA (Dehydroepiandrosterone)	\$28.25
Drugs of Abuse-Urine Testing(Non Medical, Pre employment, OHS etc)	P.O.A
Dystrophica Myotonica	\$295.00 - \$460.00 (Invoice from Concord Hospital)
EGFR – Roche	\$300.00
EGFR – Private Medicare Criteria: Test of Tumour tissue from a patient with locally advanced or metastatic non-small cell lung cancer requested by, or on behalf of, a specialist or consultant physician to determine if the requirements relating to epidermal growth factor receptor (EGFR) gene status for access to gefitinib under the PBS are fulfilled.	\$400.00(Where Medicare criteria not met)
Enterovirus-Faeces	\$60.00 (Invoice from Westmead Hospital)
Eosinophil Cationic Protein (ECP) Medicare Criteria: Child under 12yrs is fully covered. Over 12 yrs payment required.	\$50.00
Erythropoietin	\$60.00
Factor V Leiden PCR Medicare criteria: <ul style="list-style-type: none"> • Proven DVT/PE in patient or • Presence of mutation in first degree relatives 	\$60.00 (Medicare rebate available under certain circumstances)
Factor XII Gene or Type III Hereditary Angioedema	\$132.00
Faeces Calprotection	\$80.00
Faecal Elastase	\$50.00
Familial Hybernian Fever (TRAPS) Gene Test	\$253.00
Familial Mediterranean Fever	\$253.00
FFPE FISH single probe	\$325.00
FISH Multiple probes: excluding Paraffin embedded tissue	\$220.00
FISH Single probes: excluding Paraffin embedded tissue	\$170.00
FISH: Paraffin embedded tissue	\$380.00
Friedreich's Ataxia Gene Test (Fratazin repeat expansion on Chromosome 9)	\$325.00 (Invoice from Concord Hospital)
Gilberts Disease Genetic Test	\$110.00 (Invoice from Westmead Hospital)
Haemochromatosis Medicare Criteria: Detection of the C282Y genetic mutation of the HFE gene and, if performed, detection of other mutations for haemochromatosis where: <ul style="list-style-type: none"> (a) the patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens; or (b) the patient has a first degree relative with haemochromatosis; or (c) the patient has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis 	\$37.10 (Medicare rebate available under certain circumstances)

TEST	FEE
HE4	\$46.00
Heat Shock	\$126.85 (Invoice from Westmead Hospital)
Hepatitis C Genotype Medicare Criteria: Only one per year can be claimed	\$245.00 (Medicare rebate available under certain circumstances) (Invoice from RPA)
Hepatitis C Virus (HCV) PCR-Qualitative Medicare criteria apply: 4 tests per year if on medication	\$70.00 (Medicare rebate available under certain circumstances)
Methylmalonic Acid	\$200.00 (Invoice from Westmead Childrens Hospital)
Herbicides	\$415.00 (Invoice from Workcover)
Hereditary Angioedema gene/mutation (Type 111 HAE PCR)	\$120.00
HLA-A29 Birdshot Chorioretinopathy	\$100.00 (Invoice from Red Cross)
HLA B1502	\$55.00
HLA B5701	\$40.80
Homogentisic Acid If possible direct patient to public hospital were they can be bulk billed	P.O.A
Human Papilloma Virus (HPV) DNA typing Medicare Criteria: Where ordered as a test of cure following treatment of High Grade Squamous Intraepithelial Lesion	\$110.00 (Medicare rebate available under certain circumstances)
Huntington disease Genetic Testing Medicare Criteria: Genetic counselor will decide if Medicare criteria met	\$129.00 - \$480.00 (Invoice from RPA)
Inhibin	\$90.00
Interlukin 1/6/2	\$25.00 (Invoice from Womens & Childrens Hospital)
Iodine	\$55.00
K-RAS Private	\$235.00
Lipoprotein (a)	\$50.00
Lupus Medicare Criteria: History of venous thromboembolism First degree relative who has a proven defect of antithrombin, Protein C/S or APCR	\$47.75 (Medicare rebate available under certain circumstances)
Meningococcal PCR	\$66.00 (Invoice from Liverpool Hospital)
Mesomark, Mesothelioma	\$130.00
Methylmalonic	\$200.00
Molybdenum	\$30.20 (Invoice from RPA)
MTHFR (Methylene tetrahydrofolate Reductase) Gene Mutation: Medicare Criteria: • Proven DVT/PE in patient or presence of mutation in first degree relatives	\$60.00 Medicare rebate available under certain circumstances)
Mycobacterium tuberculosis PCR	\$108.00 (Invoice from VDRL)
Myeloma FISH panel	\$275.00
Myotonic Dystrophy Gene Test	\$295-\$460 (Depending on mutations requested) (Invoice from Concord Hospital)
Myositis LIA	\$115.00

TEST	FEE
Neuronal Antibodies	\$90.00
Organochlorines- Blood Screen	\$275.00 (Invoice from Workcover)
Osteocalcin	\$60.00
Ovplex Any queries to ARL Pathology . Toll Free number is 1300554480	\$200.00 plus \$25.00 handling fee. (upfront fee required)
Parentage DNA Test	P.O.A
Plasminogen Activator Inhibitor (PAI)	\$50.00 (Invoice from Westmead Hospital)
Procalcitonin	\$70.00
Procalcitonin III (P3NP)	\$80.00
Protein C Medicare Criteria: • History of venous thromboembolism First degree relative who has a proven defect of antithrombin, Protein C/S or APCR	P.O.A (Medicare rebate available under certain circumstances)
Protein S Medicare Criteria: • History of venous thromboembolism • First degree relative who has a proven defect of antithrombin, Protein C/S or APCR	P.O.A (Medicare rebate available under certain circumstances)
Prothrombin Gene Mutation Medicare Criteria: • History of venous thromboembolism • First degree relative who has a proven defect of antithrombin, Protein C/S or APCR	\$60.00 (Medicare rebate available under certain circumstances)
Q Fever Pre-vax	\$30.00
Quantiferon Gold Medicare Criteria • Immunosuppressed patient • Immunocompromised	\$50.00 (Medicare rebate available under certain circumstances)
RAST (Extened Allergen Tests) If more than 4 allergens requested, fee of \$25.00 + \$5.00 per additional allergen	P.O.A (Medicare rebatable up to 4 allergens)
Retinol Binding Protein	\$20.00
Reverse T3	\$80.00
Rubella PCR	\$117.00
Salbutamol	\$88.00
Soluble Transferrin Receptor	\$50.00
Spinocerebellar Ataxia DNA	\$265.00 for individual genes \$530.00 for all 5 Genes. (Invoice from Concord Hospital)
T/B Gene Rearrangement	\$310.00 or \$620 for both
Terbutaline	\$72.60
Thallium (Serum or Random Urine)	\$32.50 (Invoice from RPA)
Thin Prep	\$50.00
Tin	\$30.20 (Invoice from RPA)
Vasopressin	\$37.00 (Invoice from RPA)
UGT1A1 Genotyping	\$250.00
XMRV	\$95.00 (Inv from VIDRL)
Verifi prenatal Test	\$595.00