



CLINPATH
PATHOLOGY

The “How-To” Guide:

Accessing Reproductive Tests & Resources for your Patients

Presenter: Katelyn Henry



GP Shared Care GPEX

Today's talking points:

1. Overview of RCS, ECS and NIPT and how to access
2. Genetic counselling for high risk results
3. Educational resources available
4. Genetic pathologist support and access



Our Reproductive Genetic Tests:

- **3-Gene Reproductive Carrier Screening (CF SMA FRAX)**
- **Expanded Carrier Screening (430+ genes)**
- **Non-invasive Prenatal Testing (NIPT) and Genome-wide NIPT (g-NIPT)**

3 Gene Reproductive Carrier Screen

CF SMA FRAX

Medicare Rebate for 3 Gene Panel

MBS item 73451



Chromosomal
Female (XX)

Covers the **initial screening of the female** who is pregnant or planning pregnancy.

MBS item 73452

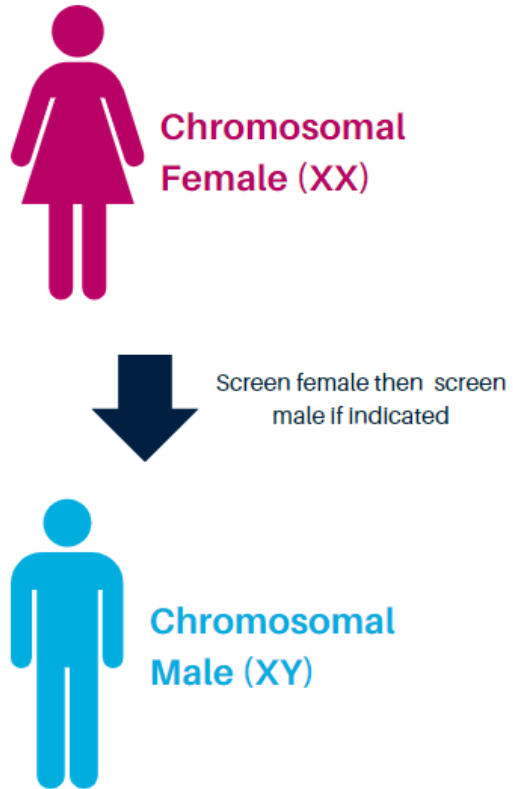


Chromosomal
Male (XY)

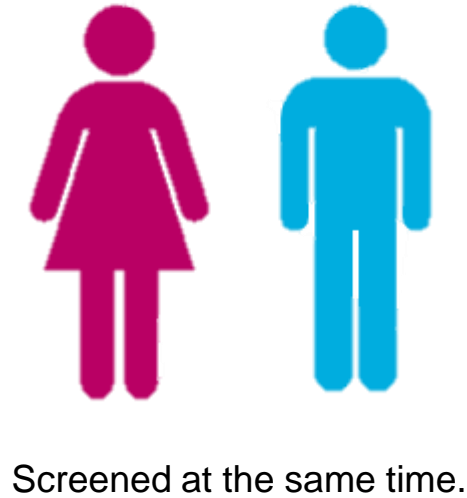
Covers the **subsequent screening of the male** reproductive partner for either CF or SMA, when detected in the female.

Pathways for RCS Testing

SUBSEQUENT



SIMULTANEOUS



SUBSEQUENT TESTING



Chromosomal
Female (XX)



Screen female then screen
male if indicated



Chromosomal
Male (XY)

Is she a carrier for...

CF and/or SMA?



Male partner to be
tested to determine
couple's risk.

FXS?



At increased risk of
an affected child,
counselling
recommended

None of these?



Low chance of
having a child who
is affected.



SUBSEQUENT TESTING



Chromosomal
Female (XX)



Screen female then screen
male if indicated



Chromosomal
Male (XY)



Medicare Rebated

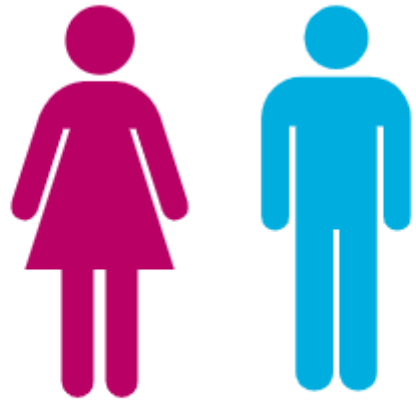


TAT = 2-4 weeks

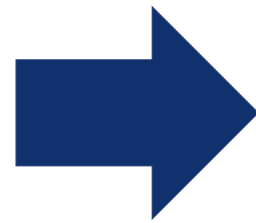
Depends on if male partner needs to be tested or not.



SIMULTANEOUS TESTING



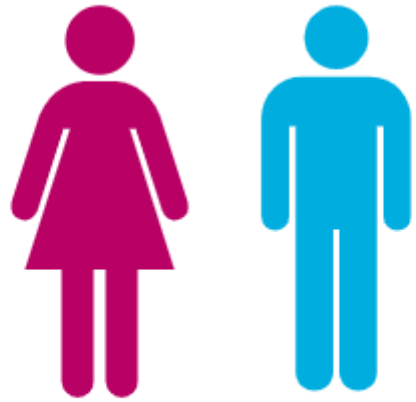
Screened together



**Dr will receive
couple report**



Pathways for RCS Testing



Screened together



Partially rebated

Female is rebated, male pays \$385



TAT = 2 weeks



Recommended pathway if couple pregnant





Carrier Couple Identified!

Female is carrier of X-linked FXS **OR** both are carriers of mutations in CF or SMA

1. You will get a report that couple are carriers and at increased risk
2. If female is a FRAX carrier or the couple are carriers of mutations for CF or SMA then they are eligible for one session of genetic counselling through Clinpath / Sonic Genetics*



How do I order the 3 gene carrier screen?



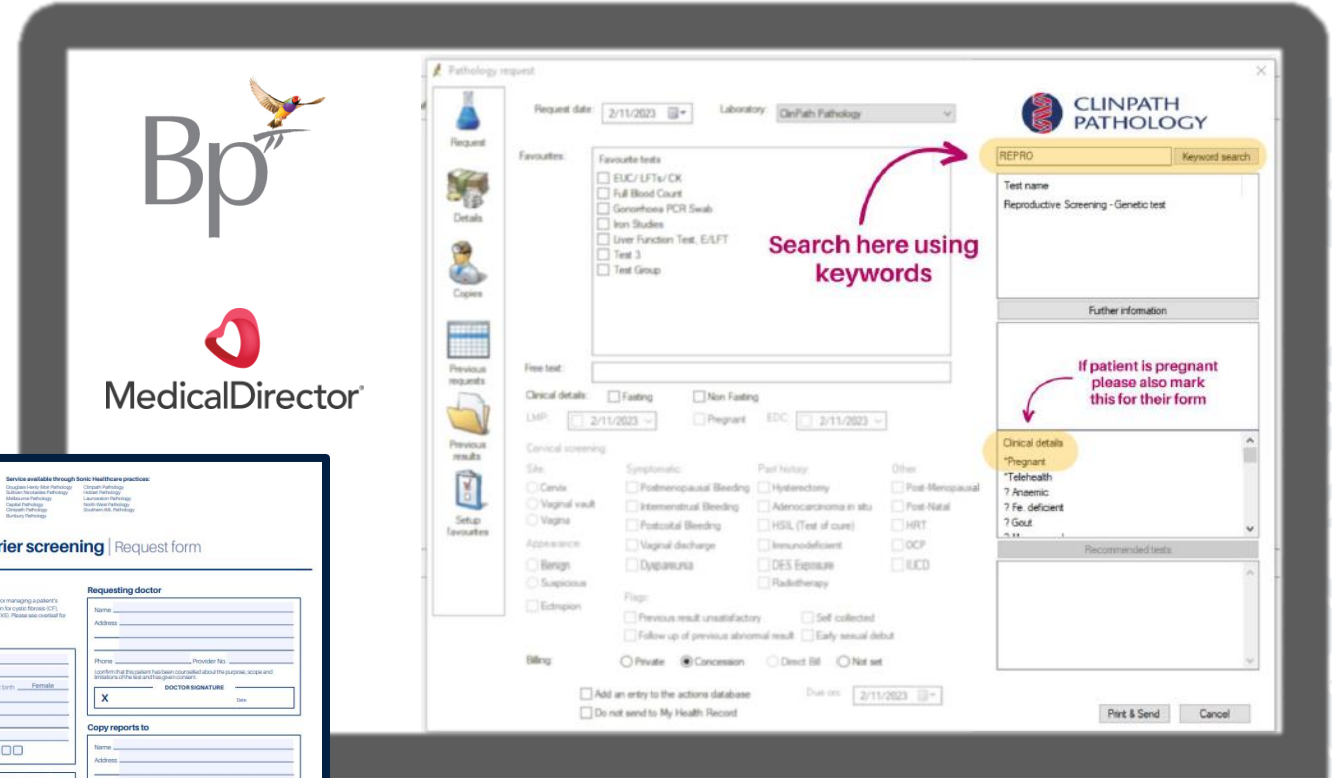
Standard Clinpath form as:
 “3 gene carrier screen” OR
 “reproductive screening –genetic test”



Through your e-collect:
 “reproductive screening –genetic test”,
 search “REPRO” or set it up as a favourite



Dedicated RCS request form:
 In BP and MD



How do I order partner testing?



Standard Clinpath form as:
 "carrier testing, partner carrier of XXXX"



**CLINPATH
 PATHOLOGY**

21 James Congdon Drive
 Mile End SA 5031
 ABN 17 008 204 251

Sonic Healthcare Limited A.P.A. ABN 24 004 196 909
 Level 22, Grosvenor Place, 225 George Street Sydney
 NSW 2000

MEDICARE NUMBER

8366 2000
 All hours

ANBS37

<i>SURNAME</i>	<i>MR, MRS, MISS, MS, DR.</i>	<i>GIVEN NAME(S)</i>	<i>SEX</i>	<i>DATE OF BIRTH</i>	<i>YOUR REFERENCE</i>
CITZEN		MR JAMES	M	01/10/1991	
<i>ADDRESS</i>			<i>TEL (HOME)</i>	<i>TEL (BUS)</i>	

<i>TESTS REQUESTED</i>	<i>CONTAINERS COLLECTED</i>	Fasting Non Fasting Pregnant Horm Therapy LMP EDC <u>CERVICAL CYTOLOGY</u> SITE Cervix Vaginal Vault Endometrium Other Post Natal Post Menopausal Radiotherapy IUCD Abnormal Bleeding APPEARANCE OF CERVIX Benign Suspicious
LABORATORY COPY carrier screening - partner is a carrier of CF	<i>COLLECTOR CODE</i>	

CLINICAL NOTES

partner report attached OR Clinpath Lab ID 465XXXXXX

SD
 Rule 3 Exemption
 Repeat Request Form

URGENT <input type="checkbox"/>	PHONE <input type="checkbox"/>	FAX <input type="checkbox"/>	BY TIME <input type="checkbox"/>
PHONE / FAX No.:			
PRIVATE <input type="checkbox"/>	CONCESSION <input type="checkbox"/>	BULK BILL <input type="checkbox"/>	
VETERAN'S AFFAIRS GOLD CARD No.:			

Your doctor has recommended that you use Clinpath. 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 this service. You should discuss this with your doctor.

Please see reverse for Blood Transfusion and Gynaecological Cytology requests.

DOCTOR'S SIGNATURE AND REQUEST DATE

X

COPY REPORTS TO

REQUESTING DOCTOR (SURNAME, INITIALS, ADDRESS & PROVIDER No.)

Doct				
Copy 1				



GP Shared Care GPEX



How do I order partner testing?



Standard Clinpath form as:
“carrier testing, partner carrier of XXXX”



Partner testing form which is provided in females report



Referring Doctor
Your ref.
Address
Phone
Requested
Collected
Received
Reported



Reproductive Carrier Screening

CONDITION	CARRIER RISK	RESULT
Cystic fibrosis (CF)	CARRIER	Heterozygous CFTR variant detected CFTR:c.1521_1523del, p.(Phe508del)
Fragile X syndrome (FXS)	Low risk	Normal range allele(s) detected FMR1:c.-129CGG: 29,29
Spinal muscular atrophy (SMA)	Low risk	At least two copies of the SMN1 gene detected

INTERPRETATION

- CF** This individual is a carrier of CF and is therefore at increased risk of having a child affected by CF.
FXS This individual is unlikely to be a carrier of FXS. Residual risk varies with ethnicity and family history.
SMA This individual is unlikely to be a carrier of SMA. Residual risk varies with ethnicity and family history.

RECOMMENDATION

Discussion of this result and its implications is recommended (see <https://www.sonic.fy/rcs/> for further information). CF carrier testing of the reproductive partner (MBS-rebatable if eligible, see attached) and at-risk family members is recommended. This report should be interpreted in conjunction with the reproductive partner carrier screen result.

TEST INFORMATION



How do I order partner testing?



Standard Clinpath form as:
“carrier testing, partner carrier of XXXX”



Partner testing form which is provided in females report



Reproductive carrier screening partner testing | Request Form

FOR THE DOCTOR

This test is provided to male partners as an extension of our reproductive carrier screening service.

Patient details

First name
Surname
Date of birth / / Sex **Male**
Address
Phone (mobile)
Medicare No.

PATIENT STATUS AT TIME OF SERVICE OR SPECIMEN COLLECTION

(Required by law for all patients) Was the patient a:

Private patient in a private hospital or approved day hospital? Yes No
Hospital patient in a recognised hospital? Yes No
Private patient in a recognised hospital? Yes No
Outpatient of a recognised hospital? Yes No

Hospital Ward

Test requested

Male partner carrier test for Cystic fibrosis

*This testing is available through

Requesting doctor

Name
Address
Phone

I confirm that this patient has been counselled about the purpose, scope and limitations of the test and has given consent.

Signature DOCTOR SIGNATURE Date

Copy reports to

Name
Address

FOR THE PATIENT - Patient consent

I confirm that I have been informed about the purpose, scope and limitations of the test.

MEDICARE ASSIGNMENT (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 ACKNOWLEDGMENT:
I understand that (a) the test requested may not qualify for a Medicare rebate and in this circumstance I agree to meet the cost of the test in full; (b) some tests are not bulk billed and attract a practice fee in addition to the Medicare rebate; and (c) cancellation fees may apply in certain circumstances.



Expanded Reproductive Carrier Screen

430+ genes

Expanded Carrier Screening

Screens for 400+ genes to identify if a patient is a carrier of a genetic condition that could affect their baby.

This comprehensive screen can detect one in 44 couples at high risk of having an affected child. If a couple is found to be at risk of having an affected child they are then able to make an informed choice to accept that risk or consider a range of reproductive options such as IVF and prenatal testing to reduce the risk.



Expanded Carrier Screening

The disorders on the panel are AR and X-linked disorders which are **serious**, have **childhood-onset**, and for which there are **limited therapeutic options**.

Most patients will not have a family history.

For patients with a family history of a known mutation (such as FRAX or CF) this is not the appropriate test.



	Reproductive carrier screen (three-gene panel)	Expanded reproductive carrier screen (Beacon)
Specific request form required	No	Yes
Specimen required	Blood sample	Blood sample (or cheek swab, by arrangement)
Number of conditions screened (female)	3 common genetic conditions: Cystic fibrosis, spinal muscular atrophy, fragile X syndrome	>400 serious childhood-onset conditions with limited therapies
Number of conditions screened (male)	2 common genetic conditions: Cystic fibrosis, spinal muscular atrophy [^]	>350 severe childhood-onset conditions with limited therapies
Chance of a person being shown to be a carrier	~1 in 20 individuals (5%)	~3 in 4 individuals (75%)
Chance of a couple being shown to be at increased reproductive risk	~1 in 240 couples (0.4%)	~1 in 44 couples (2%) ¹
Medicare rebate	Yes [#]	No, (\$595* per person)
Combined report for a couple available	No	Yes
Result turnaround time for individual test (or couple tested together)	2 weeks	~ 4 weeks
Testing laboratory	Accredited Sonic Healthcare laboratory (Australia)	Accredited Fulgent Genetics laboratory (US)

Counselling

Provided at no additional cost to couples tested by Sonic Genetics and found to be at high risk of having an affected child (details on how to refer eligible couples will accompany the results).

Reproductive carrier screen
(three-gene panel)

Expanded reproductive
carrier screen (Beacon)

Specific request form required

No

Yes

Specimen required

Blood sample

Blood sample (or cheek swab, by arrangement)

Due to the high chance of being a carrier, it is generally recommended to test both female and male at the same time.

>400 serious childhood-onset conditions with limited therapies

>350 severe childhood-onset conditions with limited therapies

Chance of a person being shown to be a carrier

~1 in 20 individuals (5%)

~ 3 in 4 individuals (75%)

There is no Medicare rebate and no free male partner testing.

~1 in 240 couples (0.4%)

~1 in 44 couples (2%)

Medicare rebate

Yes*

No, (\$595* per person)

If couple pregnant, strongly advise testing simultaneously due to TAT.

Yes

~ 4 weeks

Result test (or couple tested together)

Within 2 weeks

Testing laboratory

Accredited Sonic Healthcare laboratory (Australia)

Accredited Fulgent Genetics laboratory (US)

How do I order expanded testing?



Standard Clinpath or request forms cannot be used for expanded testing



Expanded Carrier Screening form – in BP, Med Director or available at www.sonicgenetics.com.au



One form PER patient.

Bp **MedicalDirector**

Sonic Genetics

Service available through Sonic Healthcare practices:
Douglas Harley Moor Pathology
Sullivan Nicolaides Pathology
Melbourne Pathology
Barratt & Smith Pathology
Capital Pathology
Clinpath Pathology
Burbury Pathology
Clinpath Pathology
Hobart Pathology
Launceston Pathology
North West Pathology
Southern.M.K. Pathology

Expanded carrier screening | Request form

FOR THE DOCTOR
This test should be requested by the doctor responsible for managing a patient's decision-making regarding the Beacon expanded carrier screen. This screen is not suitable for patients seeking Medicare-rebated testing.

Requesting doctor

Name _____
Address _____
Phone _____ Provider No. _____

I have read the Doctor Privacy Consent section on the reverse of this request form. I confirm that this patient has been counselled about the purpose, scope and limitations of the test and has given consent.

DOCTOR SIGNATURE _____ Date _____

Patient details

First name _____
Surname _____
Date of birth ____/____/____ Sex _____
Address _____
Phone (mobile) _____

Clinical information

Pregnant Not pregnant
Is there a family history of any genetic disease? Yes No
If Yes, please provide details of gene/mutation(s) detected, if known: _____

Copy reports to

Name _____
Address _____

FOR THE PATIENT - Patient Privacy and Financial Consent



Genetic Counselling

One counselling session with our Genetic Counsellor for all high risk couples (X-linked carrier female, AR carrier couple).

Addresses informational and psychological matters relating to preconception carrier screening results

Performed by phone/video telehealth

Letter sent from counsellor to referring doctor to advise of discussion and key points



How do I arrange genetic counselling?



Not available for all genetic results



Available for reproductive carrier screening high risk couples where at least one patient is tested through Sonic



Telehealth and once off session for the couple

GEN COUNSELLING

Genetic Counselling

Comments

NIPT indicates a possible fetal chromosome abnormality. Patients who have paid Sonic Healthcare for this test can receive genetic counselling free of charge. The patient's doctor will be responsible for informing the patient of the test result, any subsequent management, and for ongoing management. Sonic Healthcare offers no-gap cytogenetics services for invasive prenatal testing.

We are committed to maintaining the quality of our services and are grateful if the doctor caring for the patient would provide clinical follow-up or test results such as the outcome of testing. This information can be sent to your local practice or the testing laboratory.

If genetic counselling is required, visit www.sonicgenetics.com.au/dr/NIPT/gc to download the form. A counsellor will contact the patient within 3 business days of a report after completion, or advise if the patient is not eligible for counselling.

CLINPATH LABORATORIES NATA NO:3307

Sonic Genetics

Reproductive genetic counselling | Request form

To be eligible for this service:

- The referral for genetic counselling must be received within two months of the date of the latest eligible report issued by Sonic Genetics.

Reproductive carrier screening:

- Both partners must be carriers for the same autosomal recessive disorder, or the female partner is a carrier for an X-linked disorder.
- At least one partner must have had carrier testing through Sonic Genetics.

Non-invasive prenatal testing (NIPT):

- Received a high-risk NIPT result through Sonic Genetics.

Free genetic counselling is only available to patients that have paid Sonic Genetics and had testing performed through one of the Sonic pathology practices.

FOR THE DOCTOR Please complete the following and fax to 1800 961 766, or email to geneticcounselling@sonicgenetics.com.au. On receipt of referral, the genetic counsellor will contact your patient within 3 business days to arrange an appointment.

Patient details

First name _____
Surname _____
Date of birth ____/____/____ Sex _____
Address _____
Phone _____
Laboratory ID _____
Pregnant Yes No Gestational age (weeks) _____

Clinical information

Please confirm which clinical condition you wish to be addressed:

Cystic fibrosis Spinal muscular atrophy
 Fragile X syndrome
 Other (please specify) _____

Trisomy 21 Sex chromosome aneuploidy
 Trisomy 18 Duplication/deletion
 Trisomy 13 Rare autosomal aneuploidy

Requesting doctor

The patient/couple is aware that genetic counselling has been requested on their behalf and that a genetic counsellor will contact them directly to arrange counselling.

Name _____
Address _____
Phone _____
Provider No _____

Partner details (if reproductive carrier screening)

First name _____
Surname _____
Date of birth ____/____/____ Sex _____
Address _____

Non-Invasive Prenatal Testing

and Testing Options



Non-invasive Prenatal Testing (NIPT)

Test(s) requested

NIPT for: Trisomy 21, 18, 13		\$425	<input checked="" type="checkbox"/> Yes
OPTIONS (no charge)			
Fetal sex*		<input type="checkbox"/>	Yes
Sex chromosome aneuploidy^ (singleton only)		<input type="checkbox"/>	Yes
<small>*Based on the presence or absence of the Y chromosome. For twin pregnancies this could indicate either two females (if absent) or at least one male. ^If sex chromosome aneuploidy is detected, the fetal sex will be revealed.</small>			
OPTIONAL SPECIALISED TESTING (additional charge)			
Genome-wide NIPT#		<input type="checkbox"/>	Yes
<small>#The screening of autosomal aneuploidies, including gains and losses >7Mb. This option must be selected by the requesting doctor prior to sample collection. This option includes screening for sex chromosome aneuploidy in singleton pregnancies. See overleaf for information before ordering.</small>			
Is this a <input type="checkbox"/> RE-COLLECTION? Previous Lab ID			
Staff ID/Location	<input type="checkbox"/> 1 x NIPT tube	Date re-collected / /	Time re-collected :
			Re-collect PAY CAT SGUN

+ \$70

- **Standard testing is T21, T18, T13**
- **Fetal sex and SCA can be added at no extra cost to patient**
- **Genome-wide NIPT can be added at request of doctor for additional \$70 bringing cost of NIPT to \$495**



Non-invasive Prenatal Testing (NIPT)

Clinical information **REQUIRED**

This section must be completed for testing to proceed.

Please note: The requested clinical information is essential for test accuracy. If any of the clinical information you provide below needs updating, please notify the laboratory immediately.

NUMBER OF FETUSES

(assumed singleton, unless otherwise indicated)

Twin pregnancy

GESTATIONAL INFORMATION

LMP ___/___/___ (date) or EDC ___/___/___ (date)

- Ensure that twin pregnancy is marked if required.
- Ensure **at least one of LMP or EDC is completed** and if later scan shows different date then please call laboratory to amend.



How do I order NIPT testing for my patient?



Order on a Clinpath NIPT form

Available in BP and Med Director or available in PDF form on our website.



Patient goes online to book & pay for test
and attends preferred collection centre



Results returned in 3-8 business days (typically 3-5)

Sonic Genetics

Service available through Sonic Healthcare practices:
Douglas-Hartley Pathology, Sullivan Nicolaides Pathology, Melbourne Pathology, Berris & Smith Pathology, Capital Pathology, Clinpath Pathology, Bunbury Pathology, Clinpath Pathology, Hobart Pathology, Laurensen Pathology, North West Pathology, Southern.Mt. Pathology

INSTRUCTIONS FOR THE PATIENT
To finalise the booking and payment for your NIPT, please visit sonicgenetics.com.au/bookandpay
All enquiries, please contact 1800 010 447 (Monday-Friday, 8 am-5 pm AEST).

Non-invasive prenatal test (NIPT) | Request form

FOR THE DOCTOR
This test should be requested by the doctor responsible for medical management of a patient's non-invasive prenatal testing.

Patient details

First name _____
Surname _____
Date of birth ____/____/____ Sex **Female - Pregnant**
Address _____
Phone (mobile) _____

Requesting doctor

Name _____
Address _____
Phone _____ Provider No. _____
I confirm that this patient has been counselled about the purpose, scope and limitations of the test and has given consent.
 DOCTOR SIGNATURE _____ Date _____

Test(s) requested

NIPT for: Trisomy 21, 18, 13 Yes
OPTIONS (no charge)
Fetal sex* Yes

Copy reports to

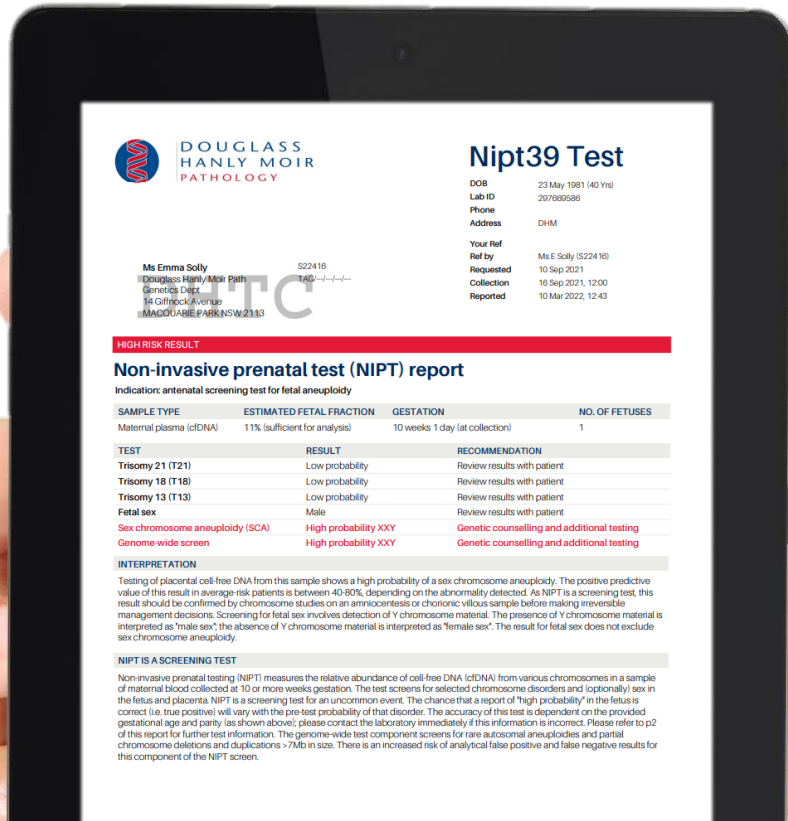
Name _____
Address _____



Genetic Counselling for High-Risk Results



All high risk NIPT's are eligible for genetic counselling



GEN COUNSELLING

Genetic Counselling

Comments

NIPT indicates a possible fetal chromosome abnormality that have paid Sonic Healthcare for this test can be discussed with your genetic counsellor free of charge. The patient's doctor will be informing the patient of the test result, any subsequent management. Sonic Healthcare offers no-gap cytogenetics services for invasive prenatal testing.

We are committed to maintaining the quality of our services and are grateful if the doctor caring for the patient would provide clinical follow-up or test results such as the outcome of testing. This information can be sent to your local practice or the testing laboratory.

If genetic counselling is required, visit www.sonicgenetics.com.au/dr/NIPT/gc to download a request form. A counsellor will contact the patient within 3 business days after a report is completed, or advise if the patient is not eligible.

CLINPATH LABORATORIES NATA NO:3307



Reproductive genetic counselling | Request form

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Reproductive carrier screening:

- Both partners must be carriers for the same autosomal recessive disorder, or the female partner is a carrier for an X-linked disorder.
- At least one partner must have had carrier testing through Sonic Genetics.

Non-invasive prenatal testing (NIPT):

- Received a high-risk NIPT result through Sonic Genetics.

Free genetic counselling is only available to patients that have paid Sonic Genetics and had testing performed through one of the Sonic pathology practices.

FOR THE DOCTOR Please complete the following and fax to 1800 961 766, or email to geneticcounselling@sonicgenetics.com.au. On receipt of referral, the genetic counsellor will contact your patient within 3 business days to arrange an appointment.

Patient details

First name _____
Surname _____
Date of birth ____/____/____ Sex _____
Address _____
Phone _____
Laboratory ID _____
Pregnant Yes No Gestational age (weeks) _____

Clinical information

Please confirm which clinical condition you wish to be addressed:

Cystic fibrosis Spinal muscular atrophy
 Fragile X syndrome
 Other (please specify) _____

Trisomy 21 Sex chromosome aneuploidy
 Trisomy 18 Duplication/deletion
 Trisomy 13 Rare autosomal aneuploidy

Requesting doctor

The patient/couple is aware that genetic counselling has been requested on their behalf and that a genetic counsellor will contact them directly to arrange counselling.

Name _____
Address _____
Phone _____
Provider No _____

Partner details (if reproductive carrier screening)

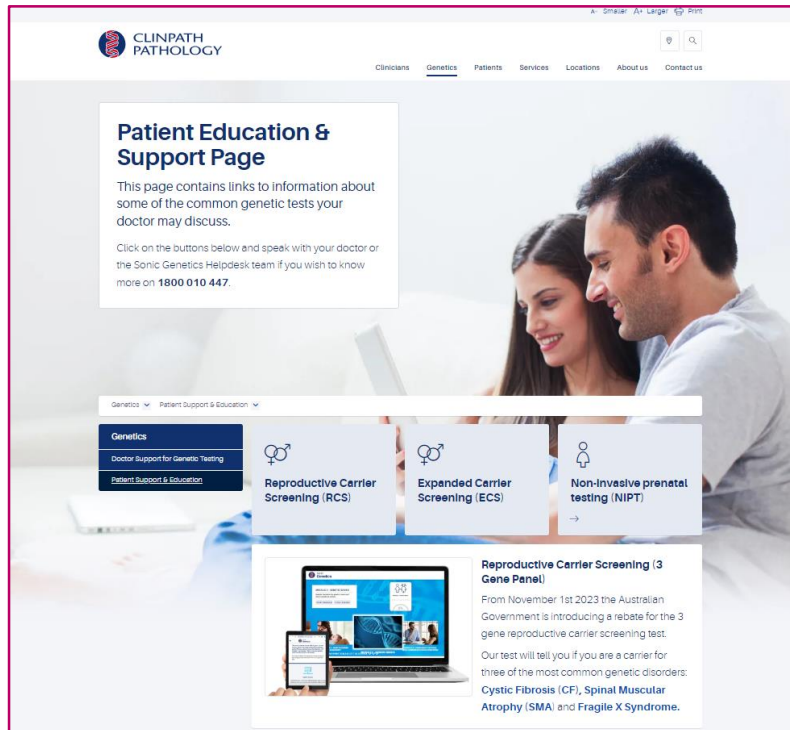
First name _____
Surname _____
Date of birth ____/____/____ Sex _____
Address _____

Resources for Patients

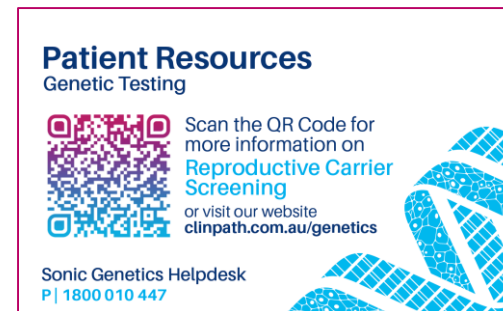


Pre-Test Resources

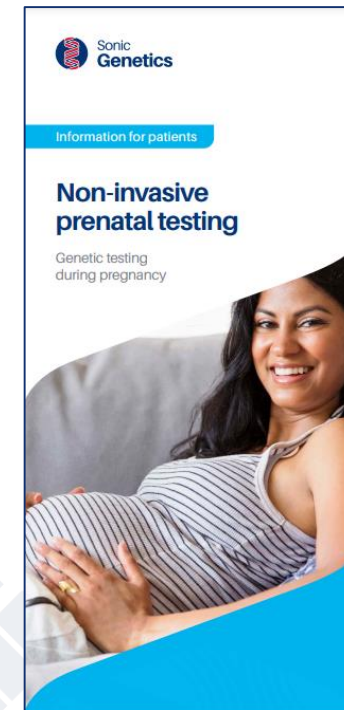
Clinpath Website



Patient Cards



Brochures



Carrier Screening Education

Patient Resources

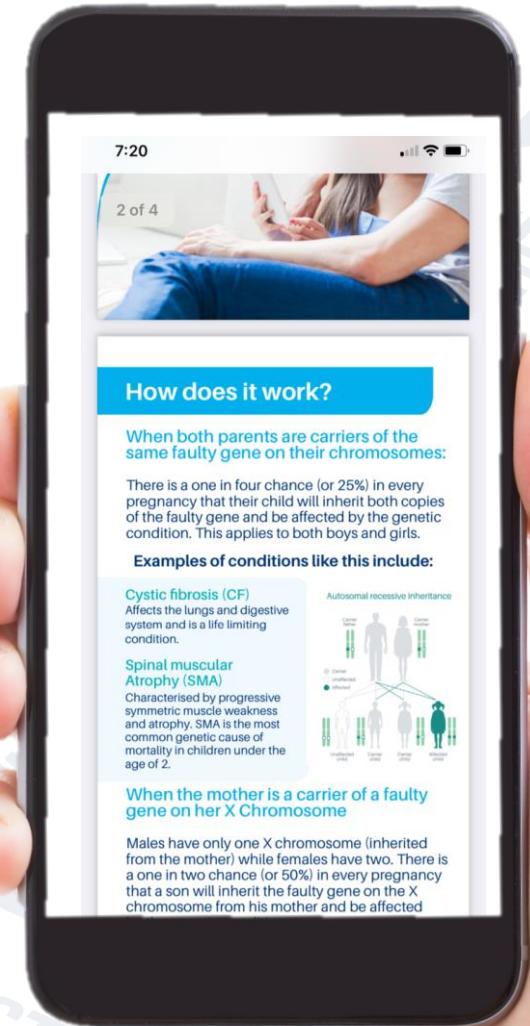
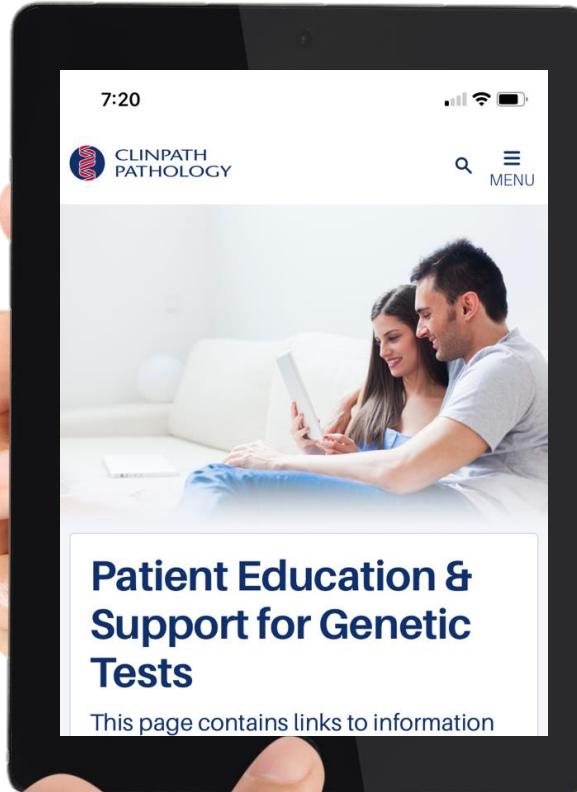
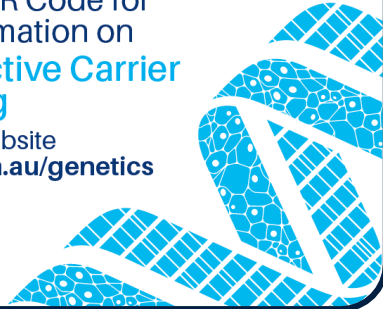
Genetic Testing



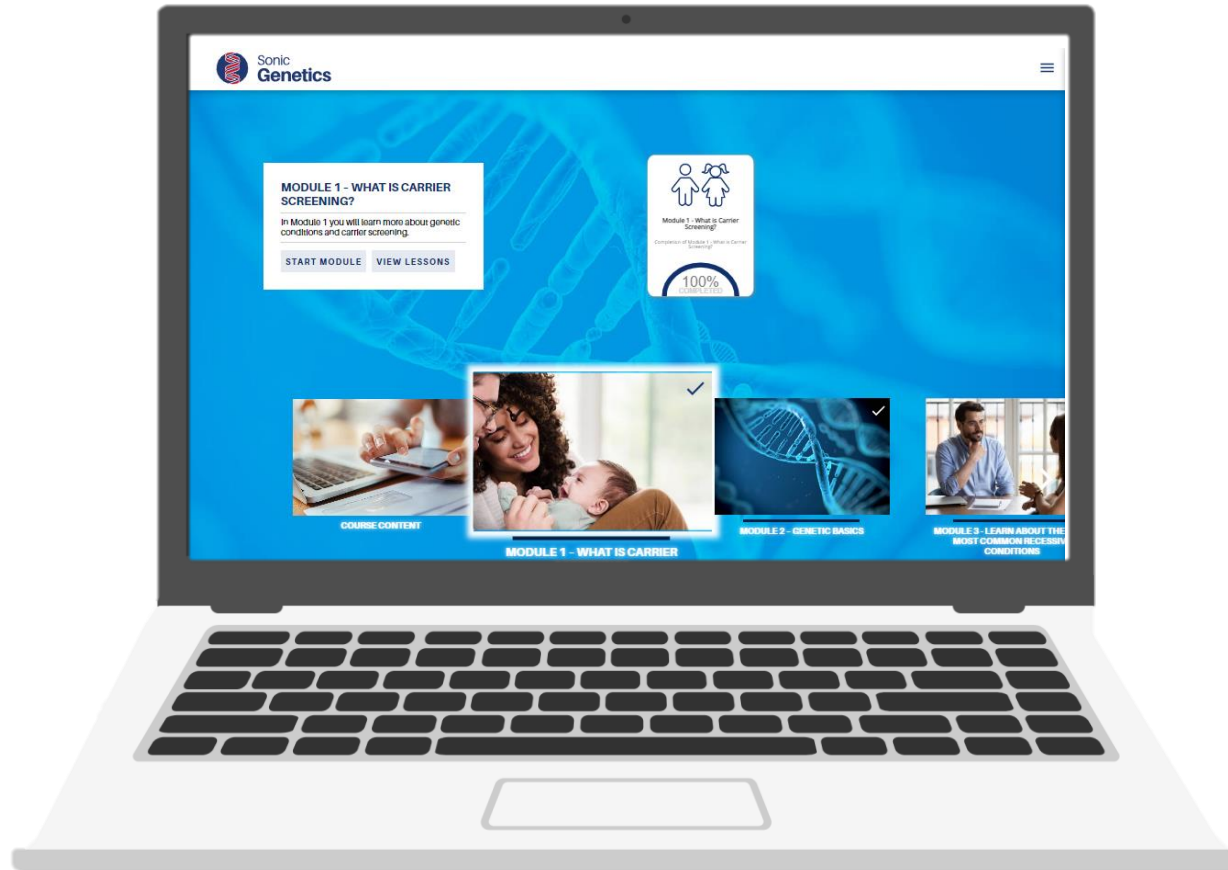
Scan the QR Code for more information on **Reproductive Carrier Screening**

or visit our website clinpath.com.au/genetics

Sonic Genetics Helpdesk
P | 1800 010 447



Carrier Screening Education



Course content

The course seeks to inform the patient and guide them in identifying their own preferences, rather than directing them to a particular conclusion. At the end of the course, patients are able to print out their preferences to discuss with you.

The carrier screen patient course is delivered in six modules:

Module 1. What is carrier screening?

- Carrier screening basics
- Recessive genetic conditions
- Screening for recessive genetic conditions

Module 2. Genetics basics carriers

- Recessive condition statistics
- If I am a carrier for an autosomal recessive condition, what is the risk to our child?
- If a woman is a carrier for an X-linked condition, what is the risk to her child?

Module 3. Learn about the four most common recessive conditions

- Cystic fibrosis
- Spinal muscular atrophy
- Fragile X
- Thalassaemia

Module 4. Understanding your choices

- Carrier screening accuracy and results
- Being a carrier
- If I have a normal carrier screen, what is the chance that I am still a carrier?
- Before doing the test

Module 5. Doing the test

- Getting a carrier screen
- Practical questions about carrier screening

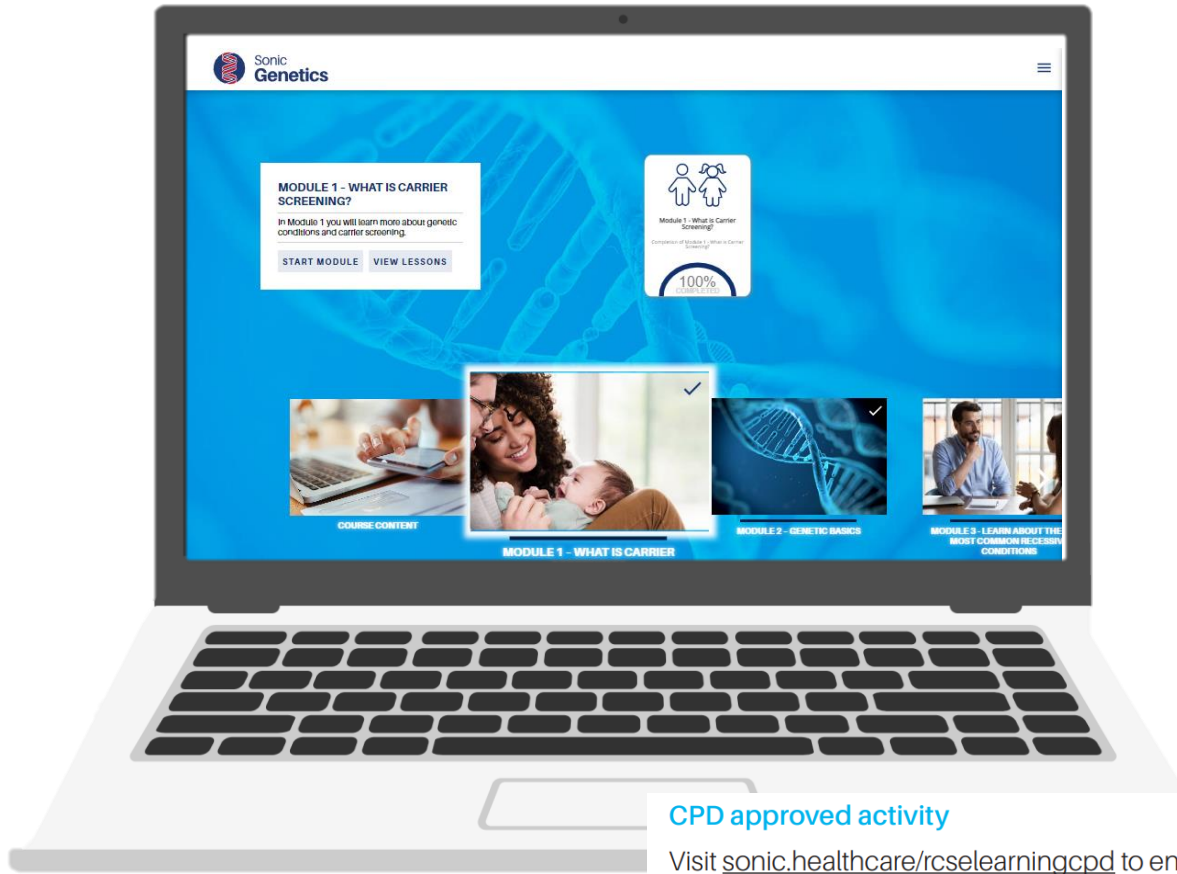
Module 6. Making a decision

- What is my next step? (decision tool)
- Completing the course



Carrier Screening Education

This course can be used as a refresher for CPD hours.

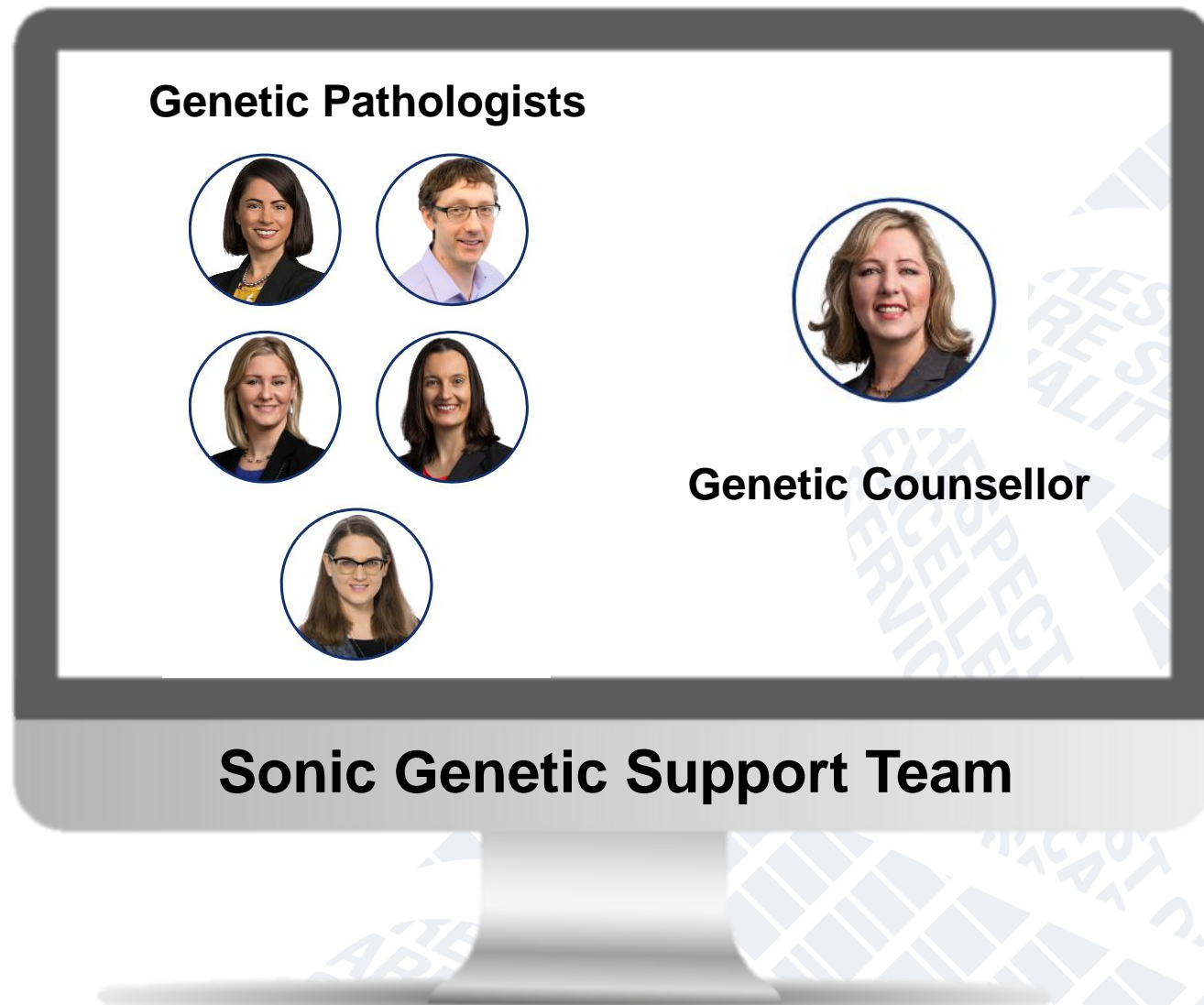


Further Support

Your Local Support Team:



Katelyn Henry



Key Contacts



Katelyn Henry
Genetics Business Manager (SA)

M | 0408 819 430 E | khenry@clinpath.com.au

For more information including access to Dr. support page visit
www.clinpath.com.au/genetics/



Doctor Priority Phone line
8366 2111

Sonic Genetics Helpdesk
1800 010 447

