

NON REBATEABLE TESTS

Information and prices are correct at the time of publication (July 2011), however may be subject to change.

*P.O.A – Please phone 1300 552 512 for clarification of the fee.

TEST	FEE	TEST	FEE
Activated Protein C Resistance (APC Resistance) Medicare Criteria: History of venous thromboembolism or First degree relative who has a prove defect of Antithrombin, protein C/S or APCR	\$33.15 (Medicare rebate available under certain circumstances)	Cotinine-Serum & Urine	\$38.35
ADH	\$30.70 (Invoice from RPA)	Copper Liver biopsy	\$31.15 (Invoice from Westmead Hospital)
Alpha Thalassaemia gene/mutation	\$144.00	Cystic Fibrosis PCR, 32 common mutations	\$264.00
Antimony (Serum or Random Urine)	\$30.20 (Invoice from RPA)	Cystic Fibrosis Delta F508	\$80.00
Anti Mullerian Hormone	\$70.00	Cytotoxic Testing (Food test). Upfront payment and Cheque needs to be made out to Allergy Services (no cash accepted for this test)	\$195.00
Antithrombin (AT) Medicare Criteria: History of venous thromboembolism or First degree relative who has a proven defect of Antithrombin, Protein C/S or APCR	\$33.15(Medicare rebate available under certain circumstances)	DAZ Gene PCR including AZF a,b,c,d	\$90.00
Apolipoprotein E Genotyping	\$40.00 (Invoice from RPA)	Drugs of Abuse-Urine Testing(Non Medical, Pre employment, OHS etc)	P.O.A
Asthma gene/mutation (Beta 2 Adeno receptor Mutation PCR)	\$90.00	Drug Screen Blood	\$33.50 or \$71.50 (Invoice from Dorevitch Pathology)
Barium (Random Urine)	\$30.20 (Invoice from RPA)	Dystrophica Myotonica	\$295.00 - \$460.00 (Invoice from Concord Hospital)
Beta Thalassaemia Sequencing	\$380.00	Enterovirus-Faeces	\$60.00 (Invoice from Westmead Hospital)
Bile Acids/Bile salts Medicare Criteria: Quantitation of bile acids in blood in pregnancy, Max 3 tests per pregnancy	\$25.75	Eosinophil Cationic Protein (ECP) Medicare Criteria: Child under 12yrs is fully covered. Over 12 yrs payment required.	\$75.00 (Invoice from RPA)
Bismuth (Serum or Random Urine)	\$30.20 (Invoice from RPA)	Erythropoietin	\$40.00 Invoice from St Vincents Hospital)
Boron (Random Urine)	\$30.20 (Invoice from RPA)	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 	\$47.75 (Where medicare criteria not met)
BP Monitoring	\$75.00 (Upfront payment)	Faeces Calprotection	\$80.00
Brain Natriuretic Peptide (BNP, Pro BNP)	\$70.00	Familial Hybernian Fever (TRAPS) Gene Test	\$230.00
C-1 Esterase Sequencing	\$380.00	Familial Mediterranean Fever	\$276.00 upfront payment
CDT	\$70.00	Friedreich's Ataxia Gene Test (Fratazin repeat expansion on Chromosome 9)	\$325.00 (Invoice from Concord Hospital)
Cholinesterase-Red cell Occupational	\$132.00	Gilberts Disease Genetic Test	\$121.00 (Invoice from Westmead Hospital)
Chromogranin-A	\$33.00	Haemochromatosis Medicare Criteria	\$47.75
CMV- Salvia (Cytomegalovirus)	\$60.00 (Invoice from Westmead Hospital)	Heat Shock	\$75.00 (Bill from Westmead Hospital)
Connexin-26	\$230.00	Hepatitis C Genotype Medicare Criteria: Only one per year can be claimed .	\$268.10 (Invoice from RPA)
Hepatitis C Virus (HCV) PCR- Qualitative Medicare criteria apply: 1 test per year	\$70.00	Methylmalonic Acid	\$200.00 (Invoice from Westmead Childrens Hospital)

Herbicides	\$415.00 (Invoice from Workcover)	Molybdenum	\$30.20 (Invoice from RPA)
Hereditary Angioedema gene/mutation (Type 111 HAE PCR)	\$380.00	MTHFR (Methylene tetrahydrofolate Reductase) Gene Mutation: <ul style="list-style-type: none"> Proven DVT/PE in patient or presence of mutation in first degree relatives 	\$47.75(Where medicare criteria not met)
HLA-A29 Birdshot Chorioretinopathy	\$100.00 (Invoice from Red Cross)	Mycobacterium tuberculosis PCR	\$108.00 (Invoice from VDRL)
HLA B1502	\$50.00	Myotonic Dystrophy Gene Test	\$295-\$460 (Depending on mutations requested) Invoice from Concord Hospital
HLA B5701	\$41.25	Neuronal Antibodies	\$85.00
Homogentisic Acid If possible direct patient to public hospital were they can be bulk billed	P.O.A	Organochlorines- Blood Screen	\$275.00 (Bill from Workcover)
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 (Where medicare criteria not ment)	Ovplex Any queries to ARL Pathology . Toll Free number is 1300554480	\$200.00 plus \$25.00 handling fee. (upfront fee required)
Huntington disease Genetic Testing	\$129.00 please phone P.O.A (Invoice from RPA)	Parentage DNA Test 2 adults & 1 Child *other combinations	\$800.00 P.O.A for more than 3 parties
Inhibin	\$70.00	Plasminogen Activator Inhibitor (PAI)	\$50.00 (Invoice from Westmead Hospital)
Interlukin 1/6/2	\$70.00	Procalcitonin Qualitative	\$70.00
Iodine	\$35.00	Procalcitonin Quantitative	\$70.00
Lipoprotein (a)	\$30.00	Protein C Medicare Criteria: <ul style="list-style-type: none"> History of venous thromboembolism First degree relative who has a proven defect of antithrombin, Protein C/S or APCR	\$47.75 (Where medicare criteria not met)
Lupus Medicare Criteria: History of venous thromboembolism First degree relative who has a proven defect of antithrombin, Protein C/S or APCR	\$47.75 (Where medicare criteria not met)	Protein S Medicare Criteria: <ul style="list-style-type: none"> History of venous thromboembolism First degree relative who has a proven defect of antithrombin, Protein C/S or APCR 	\$47.75 (Where medicare criteria not met)
Meningococcal PCR	\$66.00 (Invoice from Liverpool Hospital)	Prothrombin Gene Mutation Medicare Criteria: <ul style="list-style-type: none"> History of venous thromboembolism First degree relative who has a proven defect of antithrombin, Protein C/S or APCR 	\$47.75 (Where medicare criteria not met)
Mesothelin	\$125.00	Q Fever Pre-vax	\$25.00
Methylmalonic	\$146.00	Quantiferon Gold Medicare Criteria <ul style="list-style-type: none"> Immunosuppressed patient Immunocompromised 	\$45.70
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	\$60.00		
Slabutamol	\$66.00		
Soluble Transferrin Receptor	\$30.00		
Spinocerebellar Ataxia DNA	\$265.00 for individual genes \$530.00 for all 5 Genes. (Invoice from Concord Hospital)		
T/B Gene Rearrangement	\$300.00		
Terbutaline	\$72.60		
Thallium (Serum or Random Urine)	\$30.20 (Invoice from RPA)		
Thin Prep	\$50.00		
Tin	\$30.20 (Invoice from RPA)		
Vasopressin	\$30.70 (Invoice from RPA)		
XMRV	\$95.00 (Inv from VIDRL)		