



Mater Pathology Price List-Tests Not Covered by Medicare

The following tests are not eligible for Medicare benefit and all costs are the responsibility of the patient.

| Test | Price |
|---|----------|
| 16SPCR | \$130 |
| Alpha-Galactosidase | \$119 |
| Acylcarnitine Profile | \$154 |
| ADSL Mutation | \$1,400 |
| Alpha Thalassemia Gene Testing | \$100 |
| Anti-Mullerian Hormone (AMH) | \$85 |
| ApoCIII isoforms | \$150 |
| Aquaporin 2 gene analysis | \$300 |
| AVP gene analysis | \$300 |
| AVPR2 gene analysis | \$300 |
| Bcl1/IgH Transcript | \$299 |
| Bile Acids, fluid | \$39 |
| Beta Trace Protein | \$155.65 |
| C-kit Mutation Study | \$100 |
| Calprotectin - faeces | \$75 |
| Cardiac Panel (NG Sequencing) | \$1,495 |
| Carotene | \$30 |
| Chromogranin A | \$48 |
| Congenital Adrenal Hyperplasia (CAH) gene analysis | \$900 |
| Disorders of Sex Development Panel* (CBX2, DHH, DMRT1, NR5A1 (SF1), SOX9, WT1, AMH, AMHR2, AR, ARX, CYP11A1, CYP17A1, DHCR7, HSD17B3, HSD3B2, LHCGR, MAMLD1, POR, SRD5A2, STAR, TSPYL1,RSPO1, SOX9, WNT4, CYP11B1, CYP19A1, HSD11B1, LHCGR, NR3C1, POR) | \$1,100 |
| ELF Score (Liver Fibrosis Markers) | \$195 |
| Fatty Acid Profile | \$200 |
| Familial Hyperinsulinism (FHI) Panel* (ABCC8, GCK, GLUD1, HADH, HNF4A, KCNJ11, SLC16A1, UCP2) | \$1,100 |
| FISH – Bone Marrow (BMFISH) | \$300 |
| FISH – Paraffin Embedded Tissue (PETFISH) | \$400 |
| FISH – Prenatal 5 probe panel (PNFISH) | \$255 |
| FOXG1 gene analysis | \$220 |
| Gaucher Mutation Analysis | \$368 |
| Gene Mapping Beta | \$275 |
| Gestational DNA Test | \$400 |
| Glucose Tetrasaccharide Analysis | \$119 |
| Glycine Antibodies | \$110 |

| Test | Price |
|--|----------|
| Glycolate - 24hr Urine | \$110 |
| HE4 Tumour Marker/ROMA Score | \$50 |
| Helicobacter Urease Biopsy Test | \$15 |
| Hepatitis B Genotype | \$237.44 |
| HMG CoA Antibodies | \$55 |
| HPRT1 gene analysis | \$750 |
| IGFBP3 | \$55 |
| IgH Gene Rearrange | \$299 |
| IgH/BCL2 Transcript | \$299 |
| Inhibin | \$92 |
| LCHAD Screen | \$215 |
| Iodine - Urine | \$52 |
| Leptin | \$34 |
| Lipoprotein A | \$21 |
| Maternal Cell Contamination | \$400 |
| MC2R gene analysis | \$550 |
| MC4R gene Analysis | \$550 |
| MECP2 gene analysis | \$350 |
| Methylmalonic acid - urine | \$85 |
| Maturity Onset Diabetes of the Young (MODY) Panel* (HNF4A, GCK, HNF1A, PDX1, HNF1B, NEUROD1, PAX4, INS, ABCC8, KCNJ11) | \$1,100 |
| MuSK Antibody | \$70 |
| MRAP gene analysis | \$550 |
| MTHFR Gene Analysis | \$65 |
| Mucopolysaccharide electrophoresis | \$50 |
| NIPT | \$449 |
| NR5A1 gene analysis | \$550 |
| Organic Acids – amniotic fluid or urine | \$85 |
| Orotic Acid Urine | \$85 |
| Osteocalcin | \$27 |
| OTC Mutation Studies | \$975 |
| Pap Smear (Conventional) | \$30 |
| pH – Fluid or Urine | \$17 |
| Placental Growth Factor | \$40 |
| Plasma Haemoglobin | \$51.75 |
| Plasminogen | \$115 |
| Permanent Neonatal Diabetes (PND) Panel* (ABCC8, EIF2AK3, GCK, HNF1A, HNF1B, HNF4A, INS, KCNJ11, NEUROD1, PDX1) | \$1,100 |



Mater Pathology Price List-Tests Not Covered by Medicare-Continued

| Test | Price |
|--|---------|
| Plasminogen Activation Inhibitor | \$85 |
| Prepair Genetic Carrier Screening | \$385 |
| PTH-Related Peptide | \$110 |
| Purines - urine | \$300 |
| RASopathy Syndromes Panel* (BRAF, CBL, HRAS, KAT6B, KRAS, MAP2K1, MAP2K2, NF1, NRAS, PTPN11, RAF1, RIT1, SHOC2, SOS1, SPRED1) | \$1,100 |
| Reverse T3 | \$72 |
| SCN1A Gene Analysis | \$1,750 |
| SHOX gene analysis | \$400 |
| Snake Bite venom detection | \$280 |
| Sulphates -urine or plasma | \$30 |
| T-cell Gene Rearrangement | \$299 |
| Thawed vial | \$219 |
| Thyroxine Binding Globulin (TBG) | \$30 |
| UBE3A3 gene analysis | \$800 |
| Urine dipstick, Chem | \$16 |
| Urine Drugs of Abuse Panel for Employment | \$75 |
| Vasopressin (ADH) | \$31 |
| Vitamin K | \$50 |
| Very Long Chain Fatty Acids | \$85 |
| Xanthochromia - CSF | \$75 |

***Contact lab for Individual Gene pricing**

Mater Pathology Price List-Tests with Specific Medicare Requirements

The following tests are eligible for Medicare benefit only when specific criteria are met or if frequency limits are not exceeded. The costs of tests that do not meet these requirements are the responsibility of the patient.

| Test | Price |
|--|----------|
| Activated Protein C Resistance | \$25 |
| Antithrombin III | \$25 |
| Factor V Leiden/Prothrombin Gene Mutation | \$60 |
| Folate | \$25 |
| Haemoglobin A1c | \$17 |
| HFE Genotyping | \$37 |
| HoloTranscobalamin (Active B12) (If Vit B12 not Medicare Eligible) | \$25 |
| Lupus Anticoagulant | \$25 |
| MS-MLPA for Prader-Willi/Angelman Syndromes | \$232.50 |
| NT-proBNP | \$59 |
| Protein C | \$25 |
| Protein S | \$25 |
| Thrombotic Profile incl. FVL/PT Gene Mutation | \$185 |
| Vitamin B12 | \$25 |
| Vitamin D [25 Hydroxy] | \$30 |