



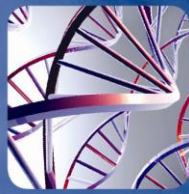
Mater Pathology Price List-Tests Not Covered by Medicare

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
Calprotectin - faeces	\$75
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
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
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	\$50
LCHAD Screen	\$215
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
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

***Contact lab for Individual Gene pricing**



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

Test	Price
Plasminogen Activation Inhibitor	\$85
PTH-Related Peptide	\$110
Purines - urine	\$70
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
UBE3A3 gene analysis	\$800
Urine dipstick, Chem	\$16
Urine Drugs of Abuse Panel for Employment	\$75
Vasopressin (ADH)	\$31
Very Long Chain Fatty Acids	\$85
Xanthochromia - CSF	\$75

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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