

## TEST REQUISITION FORM

(Include completed form with your sample)

## PATIENT INFORMATION

Name:				
Date of Birth:/	/	Male	Fe	male
Address:				
City:	State:	Po	ostcode:	
Country:	Email:			
Sample Collected By: Doc	tor Nurse	Myself	Other	
Patients Signature:			Date:	/ /
CLINICIAN INFO	RMATION			
Name:				
Address:				
City:	State:		Postcode:	
Phone				
Email:				
I have supplied information to the patient regarding genetic testing, including the information on the back of this form, and the patient has given consent for the testing listed below to be performed. The prescribed pharmacogenetic test is reasonable and may help guide the patients treatment selection.				
Clinician's Signature:			Date:	/ /
SAMPLE INFORMATION CLINICAL INFORMATION				
-	(Lab use only)	Current / Intended N		
TEST REQUEST	ED	COPY DOCTO	DR	
<ul><li>CYP2C19 Genotyping</li><li>PGx Comprehensive (15 genes)</li></ul>		Name: Email:		

Distributed by LifeStrands Genomics Group Australia | Singapore | Malaysia E: <u>enquiry@lifestrandsgx.com</u> W: <u>www.lifestrandsgx.com</u> Performed by BasePair Genomics, NATA/RCPA Accredited Laboratory, Melbourne Australia



## INFORMED CONSENT FOR PHARMACOGENETIC TESTING

Pharmacogenetic testing can be used to help understand why some people respond better than others to certain medications and why some people develop side effects while others do not.

The pharmacogenetic test results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. Pharmacogenetic testing involves the testing of DNA.

In order to have your pharmacogenetic testing completed, the following is important information for you to know and understand:

- You are having a sample of your cheek cells or blood is collected to examine pharmacogenetic information which may help your medical provider understand how you may respond to different medications.
- Pharmacogenetic testing may yield uninterpretable results for the following reasons: 1) Insufficient sample collection for which a recollection may be required (rare) 2) Incomplete knowledge of the available genetic markers 3) Technical reasons.
- Your results will be released to clinicians directly involved in your care. Because of the important implications, your results are confidential to the extent required by law and may only be released to other medical professionals with your consent.
- Pharmacogenetic testing is available as a fee-for-service test. By signing this, you understand that you are responsible for payment after the testing has begun.

I have discussed the use of this test with my doctor and understand the risks and benefits of this test. By signing this form (page 1), I authorize the use of my sample to obtain results for tests indicated above.

Date: \_\_\_/\_\_/