

## Patient information

<b>Last name:</b>	_____	<b>First Name:</b>	_____
<b>Date of birth:</b>	_____	<b>Sex at birth:</b>	<input type="checkbox"/> M <input type="checkbox"/> F
	MM / DD / YYYY		
<b>Health Card #:</b>	_____		
<b>Address:</b>	_____		
	Number	Street	Apt.
	City	Province	Postal/Zip Code
<b>Telephone:</b>	_____	<b>E-mail:</b>	_____
<b>Insurance company:</b>	_____	<b>Insurance Member/ ID #:</b>	_____

## Patient consent (mandatory)

I confirm that I have followed the sample collection instructions provided in the specimen collection kit to the best of my abilities. I acknowledge that my sample and personal health information will be sent to GenXys Health Care Systems Inc. (GenXys) for the purpose of pharmacogenetic testing. I understand that GenXys will contact me for a new sample if a test result cannot be provided from the original sample. I understand that I will be contacted by GenXys to obtain consent should GenXys be asked to disclose my information for another reason, other than as required or permitted by law. I have read and understand the Test Limitations, Privacy Statement and Disclaimer set out below.

<b>Patient Signature:</b>	_____	<b>Date:</b>	_____
			MM / DD / YYYY

## Ordering Practitioner

<b>Account #:</b>	_____	<b>Billing/Licence #:</b>	_____
<b>Last name:</b>	_____	<b>First Name:</b>	_____
<b>Clinic/Pharmacy:</b>	_____		
<b>Address:</b>	_____		
	Number	Street	Unit
	City	Province	Postal Code
<b>Telephone:</b>	_____	<b>Fax:</b>	_____

## Practitioner Order and Authorization (mandatory)

By completing this form, I confirm the order of this test and certify that I am authorized to order this test on behalf of the patient identified above. I confirm that this patient has been informed about the details associated with the genetic test ordered including its risks, benefits, and limitations, and has given consent to testing as may be required by applicable law. I authorize GenXys Health Care Systems Inc. to provide copies of the pharmacogenetic report to the patient and their authorized caregivers at the patient's request.

<b>Practitioner Signature:</b>	_____	<b>Date:</b>	_____
			MM / DD / YYYY

## Instructions

1. Keep this requisition form carefully as it needs to be sent with your sample
2. **Purchase:** Unless you are purchasing this from an authorized source, go to [www.genxys.com](http://www.genxys.com), sign up and order your TreatGx pharmacogenetic test kit
3. Once you have paid you should receive the kit within 7 business days
4. **Prepare\*:** Rinse your mouth with water and do not eat, drink, smoke, chew gum or brush your teeth for 30 minutes before collecting your sample.
5. **Take sample:** Open package and remove collector without touching sponge tip. Place sponge as far back in the mouth as comfortable and rub along the lower gums (see image in instructions booklet) in a back and forth motion. Gently rub the gums 10 times. If possible, avoid rubbing the teeth.
6. Gently repeat rubbing motion on the opposite side of the mouth along the lower gums for an additional 10 times.
7. Hold the tube upright to prevent the liquid inside the tube from spilling. Unscrew the blue cap from the collection tube without touching the sponge.
8. Turn the cap upside down, insert the sponge into the tube and **close cap tightly**. Invert the capped tube and shake vigorously 10 times.
9. Place the collection tube with your sample in the specimen bag including absorbent material and seal it. Complete identification label and adhere the label to the specimen bag. If you are preparing samples for more than one person, be sure to label them correctly.
10. **Checklist:** Place the specimen bag with the collection tube and identification label in the same box the kit came in. Check that everything is complete:
  - Collection tube inside specimen bag
  - Seal specimen bag
  - Complete identification label and adhere to specimen bag
  - This requisition form should be put in the box
  - Seal the box using the adhesive strip
11. **Mail: After collecting your sample, mail it no more than 2 days later.** Drop the package off at any Canada Post Mail Box. The return box is pre-addressed and pre-paid.

**\*Note:** The collection kit expires 3 months from the date of purchase.

## What is done with my sample after testing is complete?

No additional clinical testing will be performed on your buccal swab sample other than those authorized by your health practitioner. GenXys will disclose the test results only to the health practitioner listed on this form, unless otherwise authorized by you or as required by applicable laws, regulations, or judicial order.

## Test Limitations

This is not a diagnostic test, and TreatGx is not a prescribing system. You should discuss your pharmacogenetic information with a health practitioner before you act upon the pharmacogenetic information resulting from this test. The medication brand names included in the pharmacogenetic report are not an exhaustive list and do not include combination therapies. Not all medications included in the pharmacogenetic report are included in the TreatGx application.

The report includes alleles of proteins involved in the metabolism of many medications. In rare cases, a variant that is not covered may be typed as \*1 or other variants. In the case of pseudogenes and mutations in the untranslated regions of genes, incorrect allele typing may occur despite proper SNP detection. Preferential amplification of one allele over another present in the sample may also lead to incorrect genotyping.

## Privacy statement

The personal information collected on this form and all data subsequently resulting from the test, including pharmacogenetic information, will be used for quality assurance management and disclosed to the health practitioners involved in providing care, and otherwise used and disclosed only as permitted or required by the British Columbia *Personal Information Protection Act* and all related acts and regulations. Our privacy policies are available at [www.genxys.com](http://www.genxys.com)

## Disclaimer

We believe that you and your health practitioner should be partners in determining how to integrate the information from the pharmacogenetic test into your treatment plan taking all other factors (medical history, drug history and other biophysical factors) into consideration.

