

Claim and Patient Consent Form

Employee Information

Last Name	First Name	MI
-----------	------------	----

Home Phone	Email
------------	-------

Home Address

City	Province	Postal Code
------	----------	-------------

Date of Birth	Sex	Employer Name
---------------	-----	---------------

Ethnic Background:

- African Indian/South Asian Middle Eastern Jewish (Ashkenazi)
 Hispanic Asian Caucasian Other (Specify):

Patient Information

Check if same as Employee Information

Last Name	First Name	MI
-----------	------------	----

Home Phone	Email
------------	-------

Home Address

City	Province	Postal Code
------	----------	-------------

Date of Birth	Sex	Relationship to Employee
---------------	-----	--------------------------

Ethnic Background:

- African Indian/South Asian Middle Eastern Jewish (Ashkenazi)
 Hispanic Asian Caucasian Other (Specify):

Patient Consent and Choices

Content of Report (choose one):

- I request that my pharmacogenetic report display ONLY recommendations for medications within the medication category requested, OR
 I request that my pharmacogenetic report display recommendations for ALL the drugs tested.

Genetic Information (choose one):

- I request that my pharmacogenetic report show NO genetic information (Drug Recommendations only), OR
 I request that my pharmacogenetic report show BOTH my genetic information and my Drug Recommendations.

Access to Results (choose one):

- I request that ONLY the healthcare professional (doctor/pharmacist) whose information I provided to Personalized Prescribing Inc be granted access to view my pharmacogenetic report, OR
I request that BOTH I AND the healthcare professional (doctor/pharmacist) whose information I
 provided to Personalized Prescribing Inc be granted access to view my pharmacogenetic report
OR
 I request that ONLY I be granted access to my pharmacogenetic report

My signature below indicates I have read the Disclosures, Disclaimers, Important Information and Statements of Consent on the back of this form. I have selected my choices based on the abovementioned information. (If patient is incapable of consent, the patient's substitute decision maker may sign and select choices on their behalf). I am fully aware that only a healthcare professional may interpret and utilize the report to improve my health outcome. I am also aware that I should never make any changes to my medication without first consulting my healthcare professional.

Patient Signature: **X**

Date:

Doctor/Pharmacist Information

Type of Health Care Professional:

- Physician
- Pharmacist
- Specialist (indicate):
- Other (specify):

Full Name	Phone #	Fax #	Email
Address	City	Province	Postal Code

Patient Profile

Current Medications:

Medication	Dose	Frequency	Medication	Dose	Frequency

Allergies:

Alternate Medications Being Considered:

Medication	Dose	Frequency	Medication	Dose	Frequency

Failed Medications:

Medication	Dose	Frequency	Medication	Dose	Frequency

Adverse Effects:

- Altered mental status
- Depression
- Fatigue
- Insomnia
- Palpitations
- Tardive dyskinesia
- Appetite loss
- Diarrhea
- Headaches
- Memory loss
- Persistent cough
- Urinary problems
- Bleeding
- Difficulty walking
- Hearing changes
- Muscle pain/cramps
- Sexual side effects
- Vision changes
- Chest pain
- Dizziness
- Heartburn
- Nausea/vomiting
- Shortness of breath
- Weight gain
- Constipation
- Falling
- Hypotension
- Pain - extreme
- Swelling of feet
- Weight loss

Medical Conditions:

- ADD
- Bowel disorder
- Diabetes
- Infection - active
- Pain - acute
- Sexual dysfunction
- Alzheimer's
- Cancer
- Eating disorder
- Kidney disease
- Pain - chronic
- Stroke
- Asthma
- Cholesterol, elevated
- Emphysema
- Liver disease
- Peptic ulcer
- Thyroid disease
- Atrial fibrillation
- Congestive heart failure
- GERD
- Myocardial infarction
- Schizophrenia
- Urinary disorder
- Bipolar disorder
- Depression
- Hypertension
- Osteoporosis
- Seizures
- Arthritis

Comments:

Disclosures and Important Information

Which Genes are tested?

At Personalized Prescribing Inc., depending upon the test selected, we test for a multitude of genes, including CYP2D6, CYP2C19, CYP2C9, CYP2B6 CYP1A2, CYP2A4/5 and ABCB1, as well as many pharmacodynamic genes that are involved in medication response.

The genes that we test for can be found on our searchable Gene List for the test selected, at www.personalizedprescribing.com.

Which Drugs are covered by these Genes?

At Personalized Prescribing, we only provide recommendations for the drugs that have been clinically validated at the highest level by independent consortia on pharmacogenetics (CPIC & DPWG). This is to prevent a “false positive” in which a gene that is not clinically validated may produce a result that is not accurate and may lead to a negative health outcome. However, in some cases, we may provide you with clinical annotations that have not yet reached the highest level of clinical validation by the above mentioned independent consortia. In this case, we will disclose this information to you and your healthcare professional, and with very clear disclaimers.

The drugs that we provide recommendations for can be found on our searchable Drug List at www.personalizedprescribing.com.

The Difference between Genetic Information and Drug Recommendations

There is a big difference between the terms “genetic information” and “drug recommendations”, particularly for the use of this pharmacogenetic test.

“Genetic Information” refers to the actual genetic code found in DNA. We all have the same genes, but it is our unique variations in these genes that make us different. For this pharmacogenetic test, the term “genetic information” will refer to the unique genetic variations as determined by our laboratory from your DNA sample. These genetic variations are written as either a single mutation (ex. 1029A>C) or as a combination of mutations within the same gene, also called a haplotype (ex. *17). A haplotype is a combination of mutations within a gene.

“Drug Recommendations”, for this pharmacogenetic test will refer to the clinically validated recommendation provided by Clinical Pharmacogenetics Implementation Consortia (CPIC) or Dutch Pharmacogenetic Working Group (DPWG) for each drug covered by this test. Your genetic information (as defined above) is used to determine which drug recommendation to provide in your test results. Drug recommendations are not considered genetic information, as they do not contain any reference to your unique genetic code. An example of a drug recommendation would be, “Elevated CYP2C19 and normal CYP2D6 enzyme activity. Consider alternative drug NOT metabolized by CYP2C19. If a tricyclic is warranted, utilize therapeutic drug monitoring to guide dose adjustments”.

Patients taking the Personalized Prescribing Inc pharmacogenetic Test are entitled to receive any information about their health that is produced by the test (Healthcare Consent Act). However, Personalized Prescribing Inc patients must understand the consequences of knowledge of any or all parts of their health information. Subscribers may request access to some or all their information; in that case they are responsible for all consequences stemming from the information they obtain. Because of this, please read the next part of our disclosures and disclaimers very carefully.

Important Disclaimers for Anyone Considering Taking this Pharmacogenetic Test

Lab Testing:

Pharmacogenetic testing is extremely accurate, and our laboratory uses very strict protocols to drastically reduce the possibility of an inaccurate result. However, like all testing there is a small possibility of delay or error.

System Security

To the best of our ability, Personalized Prescribing Inc. will ensure that any and every system that we maintain control over remains completely secure. However, no system is 100% secure. We will never sell, share, or disclose your personal information, health information, or genetic information to anybody without your consent. However, it is extremely unlikely yet possible that your information could be taken from our system without our permission (i.e. hacked).

Knowledge of Your Genetic Information

Although the genetic information produced in this pharmacogenetic test does not confer any type of risk of developing a certain disease currently, there is a possibility that new scientific discoveries of the future could determine an association with the genetic information produced in this test and a risk of developing a certain disease.

According to the Genetic Anti-Discrimination Act, no person or entity may discriminate against any individual based on their genetic information.

Consult Your Doctor

Never make any changes to your medication without first consulting your doctor. There may be factors other than your genetics that affect your response to medication. Please share the results of this pharmacogenetic test with your prescribing physician and or your pharmacist. You may request that the report is not shared with you, but only shared with your healthcare professional.

All information that you provide is kept private and confidential, and information is only used on an aggregate level (for statistical purposes) to improve our services, showcase medication response patterns to healthcare professionals, and inform the care of future patients. For example, healthcare professionals may want to know, statistically, the percentage of patients with a particular genetic mutation who responded well to a particular medication.

Statements of Consent

Please read the following statements very carefully. By providing your signature on page 1 and submitting this form to Personalized Prescribing Inc, you agree to all the statements below.

I consent to taking a pharmacogenetic test, provided by Personalized Prescribing Inc.

I consent to providing Personalized Prescribing Inc. with personal information, including portions or all my medical history.

I consent to Personalized Prescribing Inc. assigning me a barcode for removing my personal health information – including my name – from my DNA sample and genetic information.

I consent to providing Personalized Prescribing Inc. with a barcoded sample of my DNA, which will be collected by me or by my doctor, and which will be sent through the Purolator to our laboratory in Canada.

I authorize BiogeniQ, a certified genetic laboratory, to determine my genetic information from my DNA sample.

I authorize BiogeniQ to provide Personalized Prescribing Inc. with my genetic information for providing drug recommendations based on the information.

I authorize BiogeniQ to store my DNA sample for 90 days or until the next internal proficiency testing date, whichever case is longer, in case additional testing is necessary.

I authorize BiogeniQ to archive a digital file of my barcoded (anonymous) genetic information within their encrypted and firewalled database system for 25 years, according to regulations and recommendations from international accreditors CLIA (Clinical Laboratory Improvement Amendments) and CAP (College of American Pathologists), respectively.

I authorize Personalized Prescribing Inc. preparing a pharmacogenetic report based on my genetic information that contains my name, my barcode number, and my drug recommendations and/or my genetic information, depending on my choices provided in this informed consent document.

I understand that, as in all testing, there is a possibility of delay or error.

I understand, I can direct BiogeniQ and/or Personalized Prescribing Inc. to destroy my genetic information, and that they will comply within a week of receiving my direction.

In consideration of being provided with pharmacogenetic testing at no cost to me, I hereby release Personalized Prescribing Inc., BiogeniQ and my employer, as well as their respective parent, subsidiary and affiliated companies, and their respective successors and assigns and their respective officers, directors, shareholders, employees, contractors and agents (collectively referred to as the “Releasees”), of and from all manner of actions, causes of action or claims or rights I may have arising from my DNA being collected and tested by Personalized Prescribing Inc. and BiogeniQ.

I agree that I have read and understood all the information presented in this document and have been given the opportunity to ask questions and have had my questions answered.