RxReport™ Patient Requisition Form

Patient Information

Last Name | First Name | MI

Home Phone | Email

Home Address

City | Province | Postal Code

Date of Birth | Sex

Ethnic Background:

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

Doctor/Pharmacist Information

Full Name | Phone #

Fax # | Email

Address

City | Province | Postal Code

Type of Health Care Professional:

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

Patient Profile

Current Medications:

Medication	Dose	Frequency	Medication	Dose	Frequency

Allergies:

Personalized Prescribing Inc.

Alternate Medications Being Considered:

Medication	Dose	Frequency	Medication	Dose	Frequency

Failed Medications:

Medication	Dose	Frequency	Medication	Dose	Frequency

Adverse Effects:

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

Medical Conditions:

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

Comments:

My signature below indicates I, or someone acting on my behalf, have filled out this form accurately and to the best of my knowledge. I certify that all my personal health information on this form is correct and that I have not withheld any medical information that may be relevant to my genetically-driven drug compatibility report. 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(s) without first consulting my healthcare professional.

Patient Signature: **X** Date:

Personalized Prescribing Inc.

RxReport™ Patient Informed Consent Form

Patient Information

Last Name	First Name	MI	Home Phone	Email Address

Patient Consent and Choices

Content of Report (choose one):

☐ I request that my RxReport™ display **ONLY** recommendations for medications within the medication category requested, **OR**

☐ I request that my RxReport™ display recommendations for **ALL** the drugs tested.

Genetic Information (choose one):

☐ I request that my RxReport™ show **NO** genetic information (Drug Recommendations only), **OR**

☐ I request that my RxReport™ 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 RxReport™, **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 RxReport™, **OR**

☐ I request that **ONLY** I be granted access to view my RxReport™.

I understand that only a healthcare professional may interpret and utilize the report to improve my health outcome. I understand that I should never make any changes to my medication without first consulting my healthcare professional.

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 of my medical history.

I consent to Personalized Prescribing Inc. assigning me a barcode for the purpose of 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 Canadian postage system to BIogeniQ in Canada.

Personalized Prescribing Inc.

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 the purpose of 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 agree to release Personalized Prescribing Inc., BiogeniQ, and their representatives from liability for injury that may arise from collecting and testing my DNA sample, and from any effects or actions that the results of this test may have on me or any other individual.

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.

My signature below indicates I have read the Disclosures, Disclaimers, and Important Information and Informed 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 my results to improve my health outcome. I am also aware that I should never make any changes to my medication(s) without first consulting my healthcare professional.

Patient Signature: **X** Date:

Personalized Prescribing Inc.

Disclosures and Important Information

Which Genes are tested?

At Personalized Prescribing Inc., we test for several genes that metabolize the majority of commonly-prescribed medications. However, if your medication(s) is not metabolized by the genes on our testing panel, we may deem your case to be a "Special Case" and source another genetic test to match your medication(s).

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, if we deem your case to be a "Special Case", we may provide you with clinical recommendations that have not yet reached the highest level of clinical validation by the abovementioned independent consortia. If this is the case, we will disclose this information to you only if you wish, 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 the purpose of 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 the purpose of 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 particular 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 completing their RxReport™ are entitled to receive any information about their health that is produced by the test (Healthcare Consent Act). However, patients must understand the consequences of knowledge of any or all parts of their health information. Patients may request access to some or all their information; in that case they are responsible for any and 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.

As a result of Bill S201 (the Genetic Anti-Discrimination Act passed in April 2017), 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.