Pharmacogenetic Test Requisition

Dynacare® OptimalRx

Patient Information

Last Name _____

First Name _____

Date of Birth _____
(YYYY/MM/DD)

Health Ins. No._____

Sex ☐ F ☐ M Weight _____ ☐ kg ☐ lbs

Address _____
No Street Apt.

_____
City Province Postal Code

Tel _____

E-mail _____

Smoker (tobacco, cannabis) ☐ Yes ☐ No

Pregnant ☐ Yes ☐ No

Breastfeeding ☐ Yes ☐ No

Ancestry

☐ African ☐ First Nations ☐ South Asian
☐ Caucasian ☐ Hispanic ☐ Other:
☐ East Asian ☐ Middle Eastern _____

Medical Conditions

Check all that apply and indicate any not listed under "Other":

☐ Atrial fibrillation
☐ Asthma
☐ Atherosclerosis
☐ Cancer, type:
_____
☐ Renal insufficiency:
(creat:_____mmol/L)
☐ Diabetes
☐ Epilepsy
☐ High blood pressure
☐ HIV/AIDS
☐ Hypothyroidism
☐ Insomnia
☐ Liver disease
☐ Other infection, type:
_____
☐ Osteoarthritis
☐ ADHD
☐ Anxiety disorder
☐ Autistic disorder
☐ Bipolar disorder
☐ Bipolar II disorder
☐ Dysthymic disorder
☐ Major depressive disorder (MDD)
☐ MDD with psychotic features
☐ Post-traumatic stress disorder
☐ Other: _____
_____

Collection date _____
(YYYY/MM/DD)

Prescriber Information

Last Name _____

First Name _____

Clinic _____

Address _____
No Street Office.

_____
City Province Postal Code

E-mail _____

Tel _____

Fax _____

Copy of results to: ☐ pharmacist or ☐ physician

Name _____

Fax _____

Test Information

☐ OptimalRx Plus

Includes: ABCB1, ABCB1 (C3435T), ABCG2, ADRA2A, ANK3, BDNF, CACNA1C, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4/5, DRD2, GRIK1, HLA-A, HLA-B, HTR2A, HTR2C, MC4R, MTHFR (A1298C/C677T), OPRM1, SLC6A4, SLCO1B1, UGT1A4, UGT2B15

Patient Consent

I authorize Dynacare or its designate to collect a biological specimen from me or from an individual for whom I have the legal right to authorize the collection and testing of a specimen. I further authorize Dynacare to test that specimen. My treating clinician has satisfactorily explained the benefits, risks and limitations of this testing. I have fully reviewed this Requisition, including the Patient Informed Consent on page 2, and agree to the terms.

☐ Optional: I consent to the storage beyond 90 days and use of my DNA sample for future genomic testing and research (in which my identity will not be known by the researchers).

Patient signature _____

Date _____
(YYYY/MM/DD)

Prescriber Signature

I confirm this test is medically necessary for the diagnosis provided and the results will be used in treatment decisions for the patient. I have explained DNA testing to the Patient or Patient's Legal Representative and discussed its benefits, risks and limitations and have satisfactorily answered all related questions.

Prescriber Signature _____

Date _____ Licence No. _____
(YYYY/MM/DD)

Patient Informed Consent

I authorize Dynacare or its designate to collect a biological specimen from me or from an individual for whom I have the legal right to authorize the collection and testing of a specimen. I further authorize Dynacare or its designate to perform genetic testing on that specimen. My participation or, as applicable, my child's participation in this testing is voluntary. The decision to consent to, or to refuse the above testing is entirely mine. I may also direct that my sample not be used for future research. My decision will not affect my right to treatment in any way. Once I agree to the testing, I may withdraw from the testing at any time prior to the analysis of my sample. Additional genetic counseling may be warranted or desired, either before signing this form, after testing, or after going over the test results with my clinician.

I understand that the purpose of pharmacogenetic testing is to identify genetic variations that could impact drug metabolism and/or drug mechanism, and to provide this information to clinicians to inform on treatment decisions. I further understand that if no actionable results are found, it is still possible that an undetectable variant is present and could alter a drug's response. The DNA test results are specific for the tested variants that are present in the pharmacogenetic panel. It will not detect all possible variations in my DNA. This test is not licensed by the Therapeutics Products Directorate of Health Canada.

Several sources of error are possible and may alter the test's performance and the results. These include but are not limited to sample contamination, sample misidentification and clinical misinterpretation of the gene. It is possible that the test may disclose non-paternity or some previously unknown information about a family relationship and I consent that this finding be reported to the referring specialist designated on the Requisition Form.

Although this test is designed to identify variants involved in drug response, there is a small possibility of detecting a genetic variant that may have health implications. Should this situation arise, a genetic counsellor will contact the referring specialist designated on the Requisition Form to discuss the result.

I understand Dynacare will disclose the test results only to the prescriber designated on the Requisition Form or to his/her agent, unless otherwise authorized by the patient or required by law. Dynacare will adhere to the Genetic Non-Discrimination Act (GNA) of 2017 which prohibits discrimination in health coverage and employment based on genetic information. The DNA test results are not intended to be used as the only tool for patient management decisions.

The referring specialist reviewed this consent with me and explained the implications of the test results to me. Any questions that I asked have been answered to my satisfaction. I know that my family and I may continue to ask questions about the collection, use and disclosure of our personal genetic information.