

Pharmacogenetic Test Requisition

Patient pay: Order online at [DynacarePlus.com](https://www.dynacareplus.com)

Client account #: _____

Client name: _____

Patient Information

Last name: _____

First name: _____

Date of birth: _____
YYYY/MM/DD

Health insurance #: _____

Sex: M F Weight: _____ kg lbs

Address: _____
No. Street Apt/Unit

_____ City Province Postal code

Tel: _____

Email: _____

Smoker (tobacco, cannabis): Yes No

Pregnant: Yes No

Breastfeeding: Yes No

Ancestry:

African First Nations South Asian

Caucasian Hispanic Other (specify): _____

East Asian Middle Eastern _____

Medical Conditions

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

<input type="checkbox"/> Atrial fibrillation	<input type="checkbox"/> Other infection, type: _____
<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Atherosclerosis	<input type="checkbox"/> Osteoarthritis
<input type="checkbox"/> Cancer, type: _____	<input type="checkbox"/> ADHD
	<input type="checkbox"/> Anxiety disorder
<input type="checkbox"/> Renal insufficiency	<input type="checkbox"/> Autistic disorder
Creat: _____ mmol/L	<input type="checkbox"/> Bipolar disorder
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bipolar II disorder
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Dysthymic disorder
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Major depressive disorder (MDD)
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> MDD with psychotic features
<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Post-traumatic stress disorder
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Liver disease	_____

Sample Information

Date collected: _____
YYYY/MM/DD

Collected by: _____

Prescriber Information

Last name: _____

First name: _____

Clinic: _____

Address: _____
No. Street Office/Unit

_____ City Province Postal code

Email: _____

Tel: _____

Fax: _____

Copy results to: Pharmacist Physician

cc. Name: _____
Last name, First name

cc. 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*

Optional Patient Consent

Please check the box below and add your signature if you consent to the following:

Optional: I consent to the storage beyond 30 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 attest that I have explained DNA testing to the Patient (or Patient's Legal Representative), discussed its benefits, risks and limitations, and have satisfactorily answered all related questions. The patient has given full consent for this test.

Prescriber signature: _____

Licence #: _____ Date: _____
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 ward'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 counselling 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 Health Canada's Pharmaceutical Drugs Directorate (PDD).

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.

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. We have reviewed the variants tested and did not find any associations at this time, however, our understanding can change over time. Should this situation arise at the time of testing, 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 healthcare provider has 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.