LifeLabs GENETICS™

1-84-GENEHELP (1-844-363-4357)
Ask.Genetics@LifeLabs.com

Pharmacogenetic Service

This is a self-administered private pay test.
Please do not send patients to a LifeLabs collection centre.
If you have any questions please visit
http://www.lifelabsgenetics.com/

TreatGx plus

Physician Information

Ordering Authorized Healthcare Practitioner Provincial Billing Number #				PLEASE PLACE HERE THE PIN LABEL FROM YOUR TreatGx^{plus} KIT
Ordering Authorized Healthcare Practitioner Name Address & Contact information ***required to perform testing***	Name			
	Street Address:			
	City:			
	Postal Code:		Phone:	
	Province:		Fax:	
Authorized Healthcare Practitioner Signature ***required to perform testing,***	**Statement of Informed Consent:** I confirm that this patient has been informed about the details associated with the genetic test ordered below including its risks, benefits and limitations, and has given consent to testing as may be required by applicable law			
	Healthcare Practitioner Sign Here			
Send Copy to Other Healthcare Provider	Billing Number:			INTERNAL LIFELABS SPECIMEN MANAGEMENT LABEL
	Name:			
	Street address:			
	Phone:		Fax:	
Bill type (For LifeLabs):	**Bill to 'C'** invoice should be assigned to contract number			

Patient Information

Patient Last Name	Patient First Name	Date of Birth
		M M D D Y Y Y Y

Street Address	City	Prov.	Postal Code	Patient Telephone #
				( ) -

Sex at Birth	Email Address (required for access to TreatGx portal– please print in block letters)
◯ Male ◯ Female	

	TEST REQUESTED	TC/MNEMONIC CODE
☐	TreatGx^{plus} – Purchased Online Pharmacogenetic test and online medication decision support software	TREATGXW

Testing performed at LifeLabs Genetics, 175 Galaxy Blvd.-Suite 105, Toronto, ON, M9W OC9

PATIENT CONSENT

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 LifeLabs Genetics for the purpose of pharmacogenetic testing at LifeLabs (address above). I understand that LifeLabs will contact me for a new sample if a test result cannot be provided from the original sample. I acknowledge that LifeLabs will send the results to my ordering physician (via fax) and I will have access to the results through the TreatGx portal. I acknowledge that I will have access to the TreatGx portal for 2 years post signing up for my account. If I do not check the box below I understand that my de-identified data and/or DNA sample may be stored at LifeLabs for future research and/or test development.

☐ Please check this box if you do not consent to your data and/or DNA sample being stored at LifeLabs Genetics for future research and/or test development.
please check box if you do not want your data to be stored

I understand that I will be contacted by LifeLabs to obtain consent should LifeLabs be asked to disclose my information for another reason, other than as required or permitted by law. I acknowledge that I am responsible for the full cost of testing. Once testing is initiated, the full price of the analysis will be charged.

Patient Signature:		Date:	MM	DD	YYYY

v.October 30th 2018

***PLEASE NOTE**: This requisition must be returned with the completed sample*