

Please complete and return by email or with samples

#### PATIENT INFORMATION

ID Number	DOB	Gender
Last Name	First Name/s	
Phone	Email	
Medical Aid	Medical Aid Number	
Patient/Gaurdian Signature		

#### CLINICIAN / PRACTICE STAMP

Name
Facility
Phone
Email
Clinician Signature

#### FEE PAYER INFORMATION

Name
Email

#### TEST SELECTION

- |  |   |
|--|---|
| <input type="checkbox"/> Pharmacogenomics STATIC | <input type="checkbox"/> Nutrigenomics Standard |
| <input type="checkbox"/> Pharmacogenomics LIVE   | <input type="checkbox"/> Nutrigenomics Premier  |

#### SPECIMEN REQUIREMENTS

One (1) EDTA Blood tube or saliva in supplied collection kit. (Please mark the specimen with both the patient's ID number and name.)

#### CURRENT MEDICATION/SUPPLEMENTS


#### PROPOSED/FUTURE DRUG REGIMENS


#### LIFESTYLE FACTORS FOR PHARMACOGENOMIC TESTING

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Alcohol                             | <input type="checkbox"/> Marijuana      | <input type="checkbox"/> Fermented food/sauces      | <input type="checkbox"/> Foods high in protein   |
| <input type="checkbox"/> Foods/beverages containing caffeine | <input type="checkbox"/> Smoking        | <input type="checkbox"/> Foods containing liquorice | <input type="checkbox"/> Foods high in sodium    |
| <input type="checkbox"/> Food/beverages containing cranberry | <input type="checkbox"/> Acidic foods   | <input type="checkbox"/> Leafy greens               | <input type="checkbox"/> Foods high in potassium |
| <input type="checkbox"/> Foods/beverages containing milk     | <input type="checkbox"/> Chamomile teas | <input type="checkbox"/> Tonic water                | <input type="checkbox"/> Foods high in iron      |
| <input type="checkbox"/> Grapefruit juice                    | <input type="checkbox"/> Chocolate      | <input type="checkbox"/> Foods high in fat          | <input type="checkbox"/> Foods high in calcium   |

#### FOR LABORATORY USE ONLY

Received by:	Sample ID:
Date Received:	