



Pharmacogenomic (PGx) Panel | Request Form

FOR THE DOCTOR

This test should be requested by the doctor responsible for managing a patient's medication.

Patient details

First name _____
Surname _____
Date of birth ____/____/____ Sex ____
Address _____

Phone (mobile) _____
Email _____

Test/s requested

☒ **Sonic PGx Panel**

Please refer to the Sonic Genetics website for full details.

If you wish to test for single genes HLA-B*15:02, HLA-B*57:01, HLA-B*58:01, UGT1A1, DPYD or TPMT, please use a standard Sonic Healthcare laboratory pathology request form.

Medication **REQUIRED**

Current medications _____

Medications under consideration _____

Medications not tolerated _____

Clinical information

Requesting doctor

Name _____
Address _____

Phone _____ Provider No. _____

I confirm that the patient has been informed about the purpose, scope and limitations of the test, that there is a private fee for testing and that de-identified clinical information will be shared with an overseas provider for pharmacogenomic interpretation.

Signature  **DOCTOR SIGNATURE** Date _____

Copy reports to

Name _____
Address _____

FOR THE PATIENT – Patient and Financial Consent

I confirm that I have been informed about the purpose, scope and limitations of the test. I understand that the test requested is not eligible for a Medicare rebate and I will receive an account which I will pay in full. I understand that de-identified clinical information will be shared with an overseas provider solely to provide clinical interpretation of pharmacogenomic results.

Signature  **PATIENT SIGNATURE** Date _____

Patient sample collection

Please make sure to bring this request form with you on the day of your sample collection.

Medicare benefits do not apply.

For pricing and term and conditions, please refer to our website – www.sonicgenetics.com.au/pgx

FOR THE COLLECTOR

Sample collection instructions

Please collect 1 x 4 mL dedicated whole blood EDTA tube.

Buccal swab only by pre-arrangement. Store all samples at room temperature.

I certify I established the identity of the patient named on this request, collected and immediately labelled the accompanying specimen(s) with the patient's name, DOB and date/time of collection.

Signature  **COLLECTOR SIGNATURE** Date _____

Collector initials	<input type="checkbox"/> 1 x 4 mL EDTA <input type="checkbox"/> Buccal	PAY CAT
Location code	Date collected / /	
Collection type	Time collected :	

Disclaimer: All pathology tests have limitations and must be interpreted in the clinical setting. Please see the reverse side of this request form for a detailed description of test limitations.



Pharmacogenomic (PGx) Panel

Information for patients

Purpose

This test detects changes in genes that affect how some drugs are metabolised (activated or broken down). This information can be used to predict whether a drug or drug dose is likely to be effective, or whether you may be at risk of serious side-effects. The result can help your doctor select the drug and dose best for you.

Using the results of the test

The report describes the genetic result and the predicted impact on drug metabolism. It includes an interpretation regarding drug choice and dose based on current international recommendations.

This test should not be the only basis for making prescribing decisions. Patients that do not have detectable gene changes may still experience altered responses to drugs due to other non-genetic factors, including illness, nutrition and concurrent medications.

It remains the responsibility of your doctor to determine the best course of treatment for you. Adherence to dose guidelines described in the report does not necessarily assure a successful outcome. Results obtained from this test are not designed to diagnose, treat or cure any disease.

Limitations

This test does not detect all genetic variants which may affect drug metabolism, or cause an adverse drug reaction, or result in an inadequate drug response.

The pharmacogenomic interpretation of the result is correct at the time of reporting. However, the accuracy of this information may change with advances in pharmacogenomic knowledge and technology and the availability of new drugs.

The pharmacogenomic guidance in this Sonic PGx Panel report has been validated in adult patients. Caution should be applied when interpreting this report for patients under 18 years of age.

Testing procedure

We recommend that the test be performed on a blood sample, as this provides the best source of DNA. Buccal swabs may be available at some collection centres; please call ahead to check if this is available.

Privacy

Douglass Hanly Moir Pathology (DHM), part of the Sonic Healthcare group, developed this test and performs the analysis in its Sydney laboratory. This test falls within the scope of the laboratory's NATA/RCPA accreditation as a laboratory-developed test.

The pharmacogenomic interpretation is provided by an American company, Translational Software. Translational Software is contractually bound not to release or use your de-identified data for any other purpose, including statistical analysis. DHM provides Translational Software with de-identified genetic results through a highly secure portal; identifying information is not shared with Translational Software. Professional laboratory staff within DHM then review the report prior to authorisation.

The information on this page should be considered by you and your doctor before the test is requested.

Results

Your results will be sent to your doctor, usually within 10 business days from when your sample is received in the laboratory.

Sonic Genetics

We are part of Sonic Healthcare which is Australia's largest pathology provider and the third largest pathology provider in the world. We employ highly qualified genetic pathologists, genetic scientists and molecular biologists and operate out of fully accredited laboratories throughout Australia, using state-of-the-art equipment.