myDNA™ PHARMACOGENOMICS (PGx) REQUEST FORM

Scan here to purchase a test via the myDNA website

Patient Details:

Title _____ DOB _____ Gender _____

Surname _____

Given Name _____

Address _____

Email _____

Phone _____

Requesting Doctor Details:

Pharmacy / Clinic Name _____

Name _____

Provider Number _____

Address _____

Phone _____

Email _____

(Where reports will be sent)

Copy Report To: (Practitioner name, provider number, fax number, email address)

Test Requested:

- ☐ Multiple Category Medication Test
- ☐ Mental Health Medication Test

Specimen Type: ☐ myDNA Buccal Kit

List Current Medications:

Is the patient a smoker?: ☐ Yes ☐ No

How to order a test:

Step 1
Purchase a Medication kit.

Step 2
Register your kit and nominate your healthcare professional.

Step 3
Swab and send back to the lab using the enclosed envelope.

Step 4
An email will notify you when your results are ready.

Step 5
Book an appointment with your doctor to discuss your results.

Requesting Doctor Signature _____ Date _____

(Signature not required for online orders)

☐ I hereby certify that I (detail above) personally collected the accompanying sample and that I labelled the sample immediately following collection (tick).