

Genetic Study Request - Pharmacogenetics

1 Patient and sample information

Patient

Last name, First name

Date of birth

DD/MM/YY

Sex

F

M

Blood

Peripheral blood from 3 to 5 ml in EDTA tubes

Saliva

Using the indicated saliva kit

DNA*

Minimum 5 µg and concentration 50 ng/mL for DNA-derived from blood, saliva, tissue (fresh or frozen).

Minimum 10 µg and concentration 50 ng/mL for DNA-derived from paraffin-embedded tissue.

***DNA source:**

Blood, frozen blood, saliva, fresh tissue, frozen tissue, paraffin-embedded tissue, etc.

Date of sample extraction

Sample reference: use the same reference on the collection tube

2 Information of the requesting physician

Full name

Hospital/Institution

Address

City

Province / Region / State

Country

Zip code

Phone

Email

3 Authorized person(s) to receive the results

First and last name

E-mail

to receive results

First and last name

E-mail

to receive results

In compliance with the Spanish and European personal data protection laws, the results will only be delivered to the persons duly identified in this requisition form.

4 Invoicing details

Hospital / Institution

Self-pay patient

Payment method:

Bank transfer

Credit card

Name of the hospital or patient

name that should appear on the invoice

National ID /

Tax number

Address

City

Province / Region / State

Country

Zip code

Phone

E-mail

to send the invoice

Contact person

5 Pharmacogenetic study requested

List of drugs covered by the study. You have an option to choose which area in particular you would want us to focus on.

Central nervous system: psychiatry and neurology

Antidepressants

Selective serotonin reuptake inhibitors (SSRIs):
citalopram, escitalopram, fluvoxamine, paroxetine,
sertraline

Selective serotonin and noradrenalin reuptake
inhibitor (SNRIs): venlafaxine, desvenlafaxine,
duloxetine

Tricyclic antidepressants (TCA): amitriptyline,
clomipramine, doxepin, imipramine, nortriptyline,
trimipramine

Other antidepressants: mirtazapine,
moclobemide, vortioxetine, nefazodone

Antipsychotics

First generation antipsychotics (FGA):
haloperidol, zuclopenthixol, pimozide, perphenazine

Second generation antipsychotics (SGA):
aripiprazole, clozapine, olanzapine, risperidone

Antiepileptics

Phenytoine, carbamazepine, oxcarbazepine

Centrally acting sympathomimetics

Atomoxetine

Benzodiazepines

Diazepam, clobazam, brivaracetam

Antineoplastic and immunosuppressive agents

Fluoropyrimidines

5-fluorouracil, capecitabine

Topoisomerase inhibitors

Irinotecan

Hormone therapy

Tamoxifen

Thiopurines

Azathioprine, mercaptopurine, thioguanine

Calcineurin inhibitors

Tacrolimus

Anthracyclines²

Doxorubicin, daunorubicin

Platins²

Cisplatin

Cardiovascular system

Antiplatelet agents

Clopidogrel, ticagrelor

Anticoagulantes orales

Acenocoumarol¹, warfarin¹, apixaban, rivaroxaban

Hypolipidemic agents

Atorvastatin, fluvastatin, lovastatin, pitavastatin,
simvastatin, rosuvastatin, pravastatin

Beta blockers

Bisoprolol, carvedilol, metoprolol, nebivolol,
propranolol

Antiarrhythmics

Amiodarone, dronedarone, flecainide, propafenone

Analgesics

Codeine, tramadol, oxycodone

Endocrine system and metabolism

Oral antidiabetics

Sulfonylureas: gliclazida, glimepirida
glibenclamida, tolbutamida

Hipouricemiantes

Allopurinol, rasburicase

Contraceptives

Estrogen oral contraceptives

Digestive System

Antiemetic 5-HT3 antagonists

Ondansetron, tropisetron

Gastric protectors (Proton pump inhibitors)

Esomeprazole, lansoprazole, omeprazole,
pantoprazole, rabeprazole

Infectious diseases

Antifungal agents

Voriconazole

Antiviral agents-HCV

Peginterferon alpha-2A, peginterferon alpha-2B,
ribavirin

Antiretroviral agents-HIV

Abacavir, atazanavir

¹Fill out the form for dosage calculations. ²Pharmacogenetic study aimed at pediatric patients.

The personal data provided in this form are subject to the current data protection regulations, specifically to Organic Law 3/2018, of December 5, on the Protection of Personal Data and Guarantee of Digital Rights ("LOPDGDD") and to Law 14/2007, of 3 July, on Biomedical Research. The data you provide will be included in files whose responsible is Health in Code. The purpose is the analysis and diagnosis of genetic diseases. Likewise, the data categories are the ones reflected in this form, along with the results obtained. Your personal data will be processed exclusively for the aforementioned purposes. This data processing is made legitimate by the express consent provided by accepting these terms. Your data will be retained for the whole duration of the relationship established with the entity and while the data fulfil their purposes for this service or until you decide to exercise your cancellation or suppression rights. Said data will not be transferred to third parties without a corresponding prior consent, or in cases other than those expressly defined in data protection legislation. You are hereby informed that you may exercise your rights to access, rectification, cancellation, and objection, as well as to restriction of data processing and to data portability by contacting Health in Code through written communication addressed to Edificio O Fortín, As Xubias, s/n., Campus de Oza, 15006 A Coruña, España, with the subject: "Data Protection", including a copy of your national ID card or passport. You also have the right to file your claim to the Spanish Data Protection Agency (Agencia Española de Protección de Datos).

6 Clinical data

It is advisable to provide therapeutic and clinical information to make an individualized interpretation of the genetic findings. You may also attach a report with the patient's medical history.

Current or planned treatment:

7 Statement of the existence of informed consent

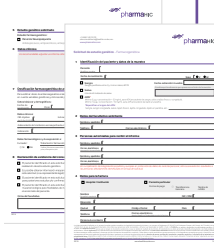
- The patient identified in this requisition form (or his/her legal representative) knows the information included in this form and authorizes this genetic study.
- It is possible to obtain unexpected information during the sample analysis process, which the patient identified in this requisition (or his/her legal representative) has agreed to be informed about.
- In addition, the patient identified in this requisition (or his/her legal representative) authorizes that his/her biological sample be stored for subsequent studies and/or confirmation tests.
- The patient identified in this requisition (or his/her legal representative) also authorizes that his/her biological sample be used for research purposes approved by the relevant ethical committee, always maintaining the patient's anonymity.

Physician's signature

Date

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8 Sample requirements and shipping



STUDY REQUISITION FORM

The sample for genetic testing must be sent together with a correctly filled requisition form.

Request at customercare@healthincode.com

SAMPLE COLLECTION

Peripheral blood*



3 to 5 ml in EDTA tubes

Genomic DNA*



NGS > 5-10 μg (A260/280 = 1.8-1.9)
Sanger > 1 μg (A260/280 = 1.8-1.9)

Saliva



Please use the indicated kit for sample collection.
You can request it at customercare@healthincode.com

**For delivery in over 48 h, controlled-temperature shipment (4-8 °C) is recommended*

SAMPLE PACKAGING

Each primary container (sample tube**) must be placed inside a secondary container (sealed plastic bag or Falcon tube) with enough absorbent material. Secondary recipients must be secured inside a rigid package or box with appropriate cushioning material.

***Please make sure that the sample tube is labeled with the patient's details or reference.*

SAMPLE SHIPMENT

Schedule your shipment so that sample reception takes place Monday to Thursday between 8:00 and 17:00.

HEALTH IN CODE S. L.

Edificio O Fortín, As Xubias s/n. Campus de Oza. 15006 A Coruña, Spain

Tel: +34 881 600 003

If you wish, you can request our sample pick-up service at customercare@healthincode.com



RESULTS

We will deliver our report via:

- Health in Code Client Site
- Certified email

OUR STUDIES ALWAYS INCLUDE THE POSSIBILITY OF PRE-TEST AND POST-TEST COUNSELLING

customercare@healthincode.com | clinicalteam@healthincode.com | +34 881 600 003 | www.pharmahic.com