# myDNA™ PHARMACOGENOMICS (PGx) REQUEST FORM

Place barcode here

## Patient Details:

Title _____ DOB _____ Gender _____

Surname _____

Given Name _____

Address _____

Email _____

Phone _____

## Requesting Practitioner Details:

Pharmacy / Clinic Name _____

Name _____

Address _____

Phone _____

Email _____

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

## Date of Sample Collection:

## Test Requested:

☐ DPYD Test - $160 ☐ UGT1A1 Test - $160 ☐ DPYD/UGT1A1 Combined Test - $250

**Specimen Type:** BUCCAL

## Requesting Practitioner 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).

## Consent:

- I am 18 years of age or older, and any sample I provide is either my DNA, or the DNA of a person for whom I am a parent or legal guardian, or have obtained legal authorisation to provide their DNA to myDNA.
- myDNA will extract my DNA from the sample (a cheek swab) provided to perform genetic testing. In some cases, an additional sample may be required if the volume or quality of the sample is not adequate.
- myDNA will securely store my DNA sample indefinitely. I can formally request for my sample to be destroyed at any time.
- myDNA will initially interpret and provide a personalised report only for the myDNA test(s) requested by me and/or my healthcare professional.
- In the future, when new genetic testing or reporting is available, myDNA may perform additional testing on my sample. myDNA may communicate with me about new genetic findings and offer me the opportunity for further testing and analysis. I will be able to opt out of receiving further genetic information at any time.
- myDNA will confidentially disclose the myDNA Medication report results of the test(s) I have requested to my authorised healthcare professional.
- The details of my healthcare professional have been provided in order for myDNA to commence analysis and produce my myDNA Medication report(s).
- The myDNA Medication reports will be delivered to me by my nominated healthcare professional.
- My reports and genetic data will be treated as my property and will never be disclosed or shared with third parties including my insurance company and employer.
- Life insurance companies may request that I provide them with copies of any genetic test results known to me. myDNA focuses on lifestyle genetics and the majority of the genes analysed are unrelated to disease risk and should not have implications for life insurance. A small number of the genes analysed for health and wellness may be associated with disease risk. I understand that if I am concerned about this, I may want to consider my life insurance situation before having the myDNA test.
- myDNA may analyse my deidentified results for evaluation, research and marketing purposes.
- myDNA will only report on actionable genetic findings that have a high degree of scientific credibility which have been reviewed and signed off by the myDNA scientific team. Anything that falls out of this scope will not be reviewed or reported.
- The myDNA report may not cover all medications/nutritional supplements that I may be taking.
- All data and any results generated are held confidentially within a secure data protection protocol.
- My information and results will be kept in strict accordance with the myDNA Privacy Policy.
- I have been offered the opportunity to ask questions and am aware I can contact myDNA on **1300 436 373** to speak with a genetic expert.

**Patient Signature** _____ **Date** _____

☐ I have read, understood and agree to all provisions set out in the informed consent statement.

☐ MEDICARE ASSIGNMENT (Section 20A of the Health Act 1973)
I assign my right of the approved pathology practitioner who will render this requested pathology service(s).
*See myDNA billing policy for Medicare rebatable tests.*

## Payment:

Payment must be made prior to the laboratory processing your sample. Delays may be experienced if incorrect information is provided.

Please charge my credit card:

☐ $160

☐ $250

## Credit Card Authorisation:

☐ Mastercard ☐ Visa Card Holder's Name _____

Card Number _____

Expiry Date _____ Security Code _____

Email _____
(where receipt will be sent)

Signature _____ Date _____