

Biomnis

Test request form

Pharmacogenetic evaluation of the ABCB1 gene

INTERNATIONAL DIVISION

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E-mail. international@biomnis.com	
	Sample date:
REQUESTING PHYSICIAN	
First name: Surna Address: Country: Fax	Prescriber's stamp
PATIENT	
First name: Su	
Name at birth: Date of birth*:	Gender: ☐ F ☐ M
Post code: Country: Te	
Geographical origin: Europe/North Africa Sub-Saharan Africa and the Caribbean Asia Other (e.g. mixed-race): * If the patient is a minor, consent must be given by patient's	
SAMPLE TYPE - This section must be compl	eted
☐ EDTA whole blood	
TEST REQUEST	
☐ ABCB1 genotyping	
CLINICAL SIGNS	
Please specify:	

Laboratory's stamp or bar code sticker

a	In accordance with articles R. 1131-4 and R. 1131-5 of the French Public Health Code).
b	the undersigned hereb form on hereb declare that I had a consultation with Dr:
r	where information on the genetic tests to b berformed for the reasons listed below wa provided:
9	☐ To confirm or otherwise the diagnosis of penetic disease in relation to my symptoms,☐ To confirm or otherwise the pre-symptomati
İ	liagnosis of a genetic disease, To identify the healthy carrier status of a ndividual (heterozygote screen or chromosome
	earrangement), To assess my genetic susceptibility of bein ifflicted with a genetic disease or undertakin i medical treatment.
	➤ As such, I consent to: ☐ sample(s) being collected from me. ☐ sample(s) being collected from my child (foning) or an adult under guardianship.
	sample(s) being collected from my fœtus. sample sa
ti co	renetic tests will be communicated to me be the aforementioned Doctor during an individual consultation. If the exam reveals any result ther than those specified on the original reques the aforementioned Doctor will determine the appropriate steps to be taken during the individual consultation.
	Should any of the sample remain unuse following examination:
r I I	☐ I consent to this sample being used, needs be, for scientific research purposes in this case, all personal medical data will be rortected by it being made totally anonymous Consequently, I am conscious that the scientificated by the performed will not provide me with an advantage or prejudice.
	Signed in (city)
C	on

DECLARATION OF MEDICAL CONSULTATION

(French Decree n° 2008-321 dated 4 April 2008 - French Decree dated 27 May 2013).

I, the undersigned

R.1131-5 of the French Public Health Code, hereby certify that the patient mentioned above was received for a consultation today where information on the characteristics of the disease to be screened, the methods used to detect it and details on the possibilities of prevention and treatment were provided.

Signed in (city)				
on				
Physician's signature:				