

Requisition Form

myGenome (Standard)
 myGenome (Premium)
 myPGX

SAMPLE INFORMATION		
Sample Type <input type="radio"/> Saliva <input type="radio"/> Blood <input type="radio"/> Extracted DNA _____µg/mL*	Date of Collection (MM/DD/YYYY)	7-Digit Barcode (located on collection tube)

PATIENT INFORMATION	
First Name (Given Name)	Last Name (Family Name)
Date of Birth (MM/DD/YYYY)	
Address	Biological Sex: <input type="radio"/> Male <input type="radio"/> Female Gender identity (if different from marked): _____
Ancestry <input type="checkbox"/> Asian <input type="checkbox"/> Ashkenazi Jewish <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other (please specify): _____	
Previous genetic testing/results	
Bone marrow/Peripheral stem cell recipient: <input type="radio"/> No <input type="radio"/> Yes	Additional Clinical Information:

ORDERING PHYSICIAN INFORMATION		
First Name	Last Name	Email
Institution & Address		Phone
		Fax

CONSENT ACKNOWLEDGEMENT	
I certify I am registered as a clinician with Veritas Genetics. I am authorized under local law to request this test and have recently reviewed current Veritas documentation regarding this test. I have explained and obtained from the patient an Informed Consent, and that Informed Consent is consistent with the test benefits, risks and limitations and use of patient information set forth in the Veritas Genetics Informed Consent form for this test and local law.	
Clinician Signature X	Date (MM/DD/YYYY) X

* Extracted nucleic acid is accepted as a specimen type. Our laboratory requires that isolation of nucleic acids used for clinical testing occurs in a CLIA-certified laboratory, or a laboratory meeting equivalent requirements such as established standards from a recognized organization, or certified by an appropriate clinical regulatory agency.