

MyBestMed[®], Informed Consent for Pharmacogenetic Testing

Patient Name _____ Date of Birth _____ Sex _____

We recommend that you consult with your physician or healthcare provider or obtain professional genetic counseling prior to consenting to MyBestMed[®] pharmacogenetic testing. You can find more information about MyBestMed[®] at www.Pro-GeneX.com or contact Pro-GeneX Laboratories, Inc. at (844) 794-3637. In some states, it is unlawful for an entity to obtain your biological sample to conduct testing without first obtaining your informed consent. This is additional information you need to consent to pharmacogenetic testing.

1. Participation in MyBestMed[®] testing is completely voluntary.
2. You must provide a biological sample for this test to be performed; the sample will be obtained via an oral swab, which is non-invasive and possess very little risk to your health.
3. Your biological sample will be used for the purpose of obtaining MyBestMed[®] results that may determine how your body interacts with certain pharmaceuticals/medications.
4. A positive result is an indication that you may be predisposed to or have a specific condition related to the use of certain pharmaceuticals/medications. Further testing and/or consultation with a healthcare provider or genetic counselor may be needed to confirm or understand your results.
5. The tests offered are the best available at this time. MyBestMed[®] testing is complex and utilizes specialized materials; however, there is always a small chance an error may occur.
6. Due to limitations in technology and incomplete knowledge of genes, some changes in DNA or protein products that cause interactions with pharmaceuticals may not be detected by the test.
7. There may be a possibility that the laboratory findings will be uninterpretable or of unknown significance.
8. Pro-GeneX will not disclose your results to anyone other than you and the healthcare provider that ordered your test. Your test results will not be disclosed to any person, entity, or employer unless you authorize such a release in writing, or a disclosure is required by law, or ordered by a court for legal proceedings or investigation. Only persons within our company or under contract with our company who have a need to know about your testing and your test results will have access to your information unless one of the aforementioned situations apply.
9. Your personal information, excluding test results, may be disclosed to your insurer if you supply health insurance information & Pro-GeneX or your healthcare provider seek reimbursement from your insurer for this test.
10. Your electronic tests results will be provided to your healthcare provider within 10 days of processing your sample.
11. Your biological sample will only be used for the MyBestMed[®] testing as authorized by this consent. There will be no tests performed on your biological sample other than MyBestMed[®] testing except such testing that is necessary or required to demonstrate the integrity of the sample tested or to resolve the analysis of a test with a previously indeterminate result performed on your biological sample.
12. Pro-GeneX does not retain your biological sample; your sample will be destroyed within 60 days of the date of testing.

My signature below acknowledges that I have read and understand this notice, constitutes my express consent to MyBestMed[®] pharmacogenetic testing, is my consent to release my test results to the ordering healthcare provider, and is my consent to release my personal information (not my test results) to my health insurer for reimbursement. I understand that the pharmacogenetic analysis performed by Pro-GeneX Laboratories, Inc. does not definitively determine disease and in no way guarantees my health, the health of an unborn child, or the health of other family members.

Requesting Provider & Credentials

DATE _____

Patient Signature. If Guardian/Authorized Representative, please sign your name and relation to the patient.