Analysis request
GP – genetic profiles

GENE PREDICTIS® SA

SAMPLING SET & PROCEDURE

CONTAINS

- Two swabs for oral (cheeks' mucosa) sampling with two test tubes
- Sample submission and medical history form
- Informed consent form
- Envelope for samples mail return to GP® SA laboratory
- Paying-in-slip

Both patient and physician should sign the informed consent.
Keep hard copies of all documents mailed to GP in a confidential environment.

SAMPLING PROCEDURE

Using gloves is mandatory. Patient fasting > 3 hours.

Rub inside the cheek mucosa for 30 seconds, each side one swab. Important – use reasonable firm and solid pressure.

Keep swab 5 minutes in the air.

Slide the plastic cap over the swab handle with the flat side of the cap facing upwards and the swab facing downwards.

Insert the swab into the plastic tube and push the cap into place.

Next, hold the cap while pulling the swab handle outwards to release the swab material into the tube.

Close the cap and tag test tubes with patient's name and the number of the analysis.

TO BE RETURNED BY POST USING THE GP® ENVELOPE

- Two swabs inside two properly labelled test tubes
- The request formulary and the informed consent form properly filled (**pages 2, 3 and 4**)

PAYMENT

The anaylsis will be performed upon receipt of payment at the following account number (**do not forget to mention the analyis's number in the payment**, **ex: 362-101**):

From **Switzerland**:

Banque Cantonale de Fribourg
Favour of Gene Predictis SA
Account number 30 01 100.583-07
Clearing bancaire 768
IBAN : CH05 0076 8300 1100 5830 7
CCP : 17-49-3

From **foreign countries**:

Banque Cantonale de Fribourg
Favour of Gene Predictis SA
IBAN : CH05 0076 8300 1100 5830 7

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Patient identification	**Requesting physician**
Last name: First name: Date of birth: _____ D _____ M _____ Y ❒ Male ❒ Female Ethnic origin: _______ *0=other, 1=Caucasian, 2=Black, 3=Hispanic-American, 4=Asian, 9=Unknown* Address: Country:	**The GP report should be in:** ❒ French ❒ English ❒ German ❒ Italian ❒ Russian ❒ Spanish ❒ Chinese

GENE PREDICTIS® SA PROFILES

❒ **CYPASS®**	❒ **OSTEO**	❒ **DETOX**
❒ **CYPASS LIGHT**	❒ **SPORT Performance**	❒ **DETOX LIGHT**
❒ **BETTER AGEING**	❒ **SPORT Metabolism**	❒ **EYES glauc + DMLA**
❒ **EXCLUSIVE**	❒ **DIGEST**	❒ **EYES glaucoma**
❒ **CARDIO**	❒ **LACTOSE**	❒ **EYES DMLA**
❒ **THROMBO**	❒ **GLUTEN**	❒ **HEMOC**
❒ **COAG**	❒ **LACTOSE + GLUTEN**	
❒ **Other selected pharmacogenetic analysis:**		

INFORMATION FOR BILLING

Date of the analysis: _______________

Payment ❒ by the physician, the amount will be transferred on GP account after bill reception.
❒ by the client through e-banking or a paying-in-slip.

Additional fee for translation of a summary report (Italian, German, Spanish, Russian, and Chinese): 300 CHF for all profiles except **GP-EXCLUSIVE** 500 CHF and **GP-GLUTEN-LACTOSE** 150 CHF. **Translation requires 3 to 5 additional days.**

Consultation fee are not included in GP profiles bill.

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MEDICAL HISTORY

Relevant clinical information (diseases)	**Weight** ______kg **Size** ______m **Smoking** ❒ Yes ❒ No ❒ former smoker

Actual drug treatment (drug name and doses)

Drug or food intolerance - others

Family history

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INFORMED CONSENT BEFORE GENETIC TESTING

Last name : …………………………First name : ……..……………….Date of birth : …………….

"I certify with my signature that - according to Swiss laws - I have received genetic counselling and that enough time for questions and reflection has been provided".

I hereby agree to have the indicated genetic test(s) done :

❒ Molecular analysis of my DNA for the determination of polymorphisms or genetic variants related to drug metabolism that I am taking or that I will take.

❒ Molecular analysis of my DNA for disease susceptibility and/or predisposition according to Gene Predictis® profiles

Material for the analysis : ❒ swab

My decision for the sample after the test is completed :

❒ If possible, my sample(s) should be stored for future analysis in my interest, only on my request. It can also be used for medical research after anonymization.

❒ If possible, my sample(s) should be stored for future analysis in my interest, only on my request.

❒ Discard the sample after analysis.

My decision upon management of my health chart is:

❒ I would appreciate GP designed physician's follow-up. Therefore, I do authorise her/him to get in touch with me through e-mail, only for my own welfare.

❒ I am interested in upgraded predictive medicine knowledge and applications through Gene Predictis® New Genes e-Letter.

My e-mail address is: ………………………………………………………………………………………

Signature :……………………………………… Place and date : ……………………………………………..
(parent/legal representative when applicable)

Requesting physician :

"I have given an appropriate explanation of the test and its limits to the sub-mentioned patient. I have appropriately answered to patient's questions."

Name of the requesting physician :…………………………………………………………………………

Place and date :…………………………….. Signature and physician's stamp :…………………...….