

PHARMACOGENOMICS REQUISITION FORM

(Please provide clear, accurate and complete information.)

Date of Information Provision (day/month/year):.....

- Test 1. BH MedGene package (11 genes) for drug-metabolism
2. PGx Common package (13 genes) for drug-metabolism and hypersensitivity
3. PGx Complete package (17 genes) for drug-metabolism (+ cancer and immunosuppressant) and hypersensitivity
4. Others, please specify.....

Name – Surname:..... HN: Gender: Male Female

Date of Birth: Telephone:..... Email:.....

Ethnicity Thai Thai-Chinese Chinese Arabic Others, please specify

History of adverse reactions

No drug allergy/no side effects

Drug allergy, specify (Medication Name/ Symptoms).....

Side effects from medications, specify (Medication Name/ Symptoms).....

Do you have medications that you take regularly?

There are no routine medications.

Yes, please attach a list of currently used medications, or fill in your regular medication information as follows:

Example: Drug name:..... Paracetamol..... Strength:..... 500 mg..... How to use: 1 tablet every 6 hours.....

Drug name	Strength	How to use

Do you have dietary supplements or herbs that you take regularly?

Dietary supplements/Herbs	Strength	How to use

1. Do you smoke in 30 days ago? No Yes ____ cigarettes/day
2. Do you drink coffee in 30 days ago? No Yes ____ cups/day
3. Do you drink alcohol in 30 days ago? No Yes, sometimes __ glass/time/month Yes, regularly __ glass/time/month
4. You eat cruciferous vegetables such as cabbage, broccoli, cauliflower more than 3 days/ week No Yes
5. You eat grilled food more than 3 days/ week. No Yes

Patient's Signature.....