



REQUISITION / AUTHORIZATION REQUEST

Pharmacogenetic Service

Pillcheck™ is a pharmacogenetic (PGx) test with an accompanying medication review by a specially-trained pharmacist. It follows clinical guidelines published by FDA, Health Canada, and the Clinical Pharmacogenetics Implementation Consortium (<https://cpicpgx.org/>). The Pillcheck service includes:

- a **genetic test** using a simple cheek swab completed by the patient at home
- a personalized **report of the patient's predicted response for up to 179 medications** for a wide variety of conditions, including: depression, pain, cardiovascular, gastrointestinal, and more
- a **pharmacist's opinion letter summarizing the results and PGx factors to consider** in the context of your patient's overall health and treatment plan
- a **secure, online account** for the patient to access their own results

For more information, please see www.pillcheck.ca/physicians or contact 1-877-409-3629.

Patient Instructions	
Complete the Patient Information section. Your healthcare provider will complete the rest of the form and submit it to Pillcheck.	
Patient Information:	
Name	Date of Birth (mm/dd/yy)
Address	Phone

Healthcare Provider Instructions	
Please complete the Physician information portion of this form and return to Pillcheck. Fax: 1-416-352-1890 Email: info@pillcheck.ca	
The Pillcheck pharmacist summary letter will be faxed to you when it is complete. To access your patient's full Pillcheck results (optional), you will need a login to the secure, online Pillcheck Portal. To setup an account, please supply an email address below. You will receive an email message with information on how to access the results when they are ready.	
Physician Information:	
First Name	Last Name
Address	City
State	Zip
Phone	NPI#
Fax (required)	Email (optional)
Physician Signature (required)	Date (mm/dd/yy)
Please select: <input type="checkbox"/> Pillcheck PGx panel: CYP1A2 / CYP2B6 / CYP2C19 / CYP2C8 / CYP2C9 / CYP2D6 / CYP3A4 / CYP3A5 / DPYD / IFNL3 / OPRM1 / SLCO1B1 / TPMT / UGT1A1 / UGT2B15 / VKORC1 / CYP4F2 / ADRB2 / F2 / F5	

Return completed form to Pillcheck at Fax: 1-416-352-1890 or Email: info@pillcheck.ca