



PHARMACOGENETIC SERVICE REQUISITION

Pillcheck™ is a pharmacogenetic (PGx) test with a medication review by an expert 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 to over 236 medications** for a wide variety of conditions, including depression, pain, cardiovascular, gastrointestinal, and more. Updated annually.
- 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/providers or contact 1-877-409-3629.

PATIENT INSTRUCTIONS	Complete the Patient Information section and sign the consent on page 3. Your healthcare provider will complete the rest of the form and submit it to Pillcheck.		
Patient Information			
Full Name	Date of Birth (mm/dd/yyyy)		
Address	Phone		
HEALTHCARE PROVIDER INSTRUCTIONS	Complete the Clinician Information portion of this form and return to Pillcheck Fax: 1-416-352-1890 Email: service@pillcheck.ca The Pillcheck pharmacist summary letter will be faxed to you when it is complete. To access your patient's full Pillcheck Report (optional), you will need a login to the secure, online Pillcheck Portal. To setup an account, add your email address below. You will receive an email with information on how to access the results when they are ready.		
Clinician Information			
Practice Name			
First Name	Last Name		
Phone	Address		
Fax	City		
Email (optional)	Province/ State	Postal Code/ Zip	
This test is being requisitioned to confirm medication compatibility for treatment of the following diagnosis (please list):			
<input checked="" type="checkbox"/> Pillcheck PGx panel: CYP2C9, CYP2C19, CYP2B6, CYP2D6, CYP2C8, CYP1A2, CYP3A4, CYP3A5, ABCG2, NAT2, G6PD, UGT1A1, UGT2B15, TPMT, NUDT15, DPYD, ADRB2, OPRM1, SLCO1B1, F2, F5, VKORC1			
Check one: <input type="checkbox"/> My patient will order Pillcheck independently <input type="checkbox"/> Send the test kit and invoice to my practice.			
Clinician Signature I confirm this test is medically necessary for the diagnosis provided and the results will be used in treatment decisions for the patient. This patient has been informed about the details associated with the genetic test ordered below including its risks, benefits, and limitations, and has given consent to testing as may be required by applicable law. Clinician Signature: _____			
Date (dd/mm/yyyy)	License No.		

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

INFORMED CONSENT

Provided to Pillcheck Inc (hereinafter referred to as “Pillcheck”)

1. The Pillcheck Medication Optimization Service

Your overall health and well-being are, in part, determined by your genetic makeup. Just as genetics can affect your eye colour, genetics can also affect how you respond to medications. Because of genetic differences, two people can take the same dose of the same drug but respond in very different ways. For example, the drug might work very well for one person but not at all for another. Or the drug might cause side effects for one person but not for someone else.

Pillcheck is a pharmacogenetic service that assesses your genetic profile for known factors influencing medication response. Pillcheck provides insights into how your body is likely to respond to many commonly prescribed drugs and provides personalized, actionable recommendations for each medication covered by the service. Many health conditions can be effectively treated with several different medications. Thus, you can use Pillcheck, with the help of your physician and pharmacist, to find which medications will be safest and most effective for you based on your genetic profile. This can reduce the time to find the right medication and help you achieve successful pharmaceutical treatment results faster. The service consists of a genetic test to generate your personalized Pillcheck Report listing your body's predicted response to all Pillcheck-covered drugs. The service also includes a one-time review of your medications and a professional opinion letter from a consulting pharmacist specialized in pharmacogenetics.

Pillcheck analyzes only specific, well-identified DNA variations related to drug metabolism and response. It is not an allergy test and does not assess immune response to medications. Pillcheck does not assess any genes related to disease risk or disease diagnostics and is only a tool to assist you and your healthcare providers optimize your medications based on insights into your drug metabolism.

DNA is collected by gently swabbing the inside of your mouth (cheek) with a small sponge (like a cotton swab). Once the test is complete, any remaining DNA is destroyed after 30 days.

Your genetic summary data related to drug response will be stored in Pillcheck systems for a lifetime for the purpose of updating your report as required to reflect the most up-to-date clinical guidelines and expanded Pillcheck drug list over time. You will receive email notifications about your report updates when they are available. You can access your data and review updates at any time through Pillcheck's secure web application free of charge. Please keep your contact information up to date.

2. Potential Risks

You should be aware of the following potential risks:

- In the absence of counselling from a licensed healthcare practitioner, some individuals may misunderstand the nature of pharmacogenetic services and misinterpret their results.
- The Pillcheck service is based on current scientific knowledge of genetic variations involved in drug response. However, there may be other genetic variations potentially affecting your drug response that are not yet identified.
- There may be other risks that are currently unforeseen.

3. Accessing and Secure Sharing of your Data

By signing this consent, you agree to allow Pillcheck and a consulting pharmacist specialized in pharmacogenetics to access your Pillcheck Report and related medication information (optionally provided by you) to perform a personalized medication review. If you were referred to us by your employer, know that this is an exclusive relationship between Pillcheck and you. This consent does not include sharing personal information with your employer. If you were referred to us by your physician, clinic, or pharmacy, and you use their discount code, you allow us to share your report with the referring party. Through Pillcheck's electronic



tools, you can also grant other trusted healthcare providers secure access to your Pillcheck Report. If you decide to withdraw your consent at any time, you may request the deletion of your health and genetic data from Pillcheck systems. Except as expressly set forth in this Informed Consent, your personally identifying results will not be shared by Pillcheck with any third party, including your insurance or benefits provider and employer.

4. Conditions of Services and Limitations

By signing this Informed Consent, you understand that:

- The Pillcheck service uses a Laboratory Developed Clinical Diagnostic Test (LDT). Similar to other LDTs used by physicians for guidance, Pillcheck can provide data to physicians and pharmacists that allow them to make more informed decisions about treatment optimization at their own professional discretion.
- Pillcheck does not provide medical advice, diagnosis or treatment and does not replace your healthcare provider. Always consult your doctor if you have any questions regarding your medical condition and before starting, stopping, and or altering the dosage of any medication prescribed to you.
- The medication change and dosage recommendations provided by Pillcheck are based on current scientific knowledge. As scientists identify new genetic markers that affect your drug response, another analysis may be required. The sample you submitted is not stored, and re-analysis may require additional samples.
- Additional factors, such as other medications or supplements you take, as well as your diet, lifestyle, allergies, and other health conditions, may affect your drug response. Pillcheck recommendations do not account for these environmental influences.
- While the Pillcheck test is optimized to ensure accurate results for the ethnically diverse population in Canada, it is possible that our analyses may not capture some rare or unknown genetic variations.
- The accuracy of DNA analysis depends on several factors outside the laboratory's control, including how carefully you follow the cheek swab collection instructions provided by Pillcheck. Insufficient quantities of DNA and poor results are likely if you smoke, eat, drink or brush your teeth shortly before collecting the sample.
- Genetic data and personal identifying information are confidential and will not be disclosed by Pillcheck without your explicit consent or without a legal order.
- Pillcheck cannot be held liable for any drug reactions or side effects medications may cause.

5. Consent to use Data for Process Improvement

By signing this consent, you agree to allow Pillcheck to use and share your anonymized, aggregated data to improve service delivery for you and other clients. You will not be compensated as a result of the analysis or research performed using your anonymous genetic or drug response data. Any discoveries resulting therefrom shall be the exclusive property of Pillcheck.

6. Pillcheck Contact Information

If you have any other concerns or questions, please contact our privacy officer at privacy@pillcheck.ca or 1-877-409-3629.

7. Customer's Statement

By signing this document, I hereby attest that I have read the information contained herein, that I understand the benefits, potential risks and limitations of the Pillcheck™ Service and acknowledge and agree to the terms and conditions set out in this Informed Consent.

Signature: _____

Printed Name: _____

Date: _____

Email Address (optional): _____