GX SCIENCES™
Innovative Genomic Solutions

Clinical Laboratory Improvement Amendments

Genomic Test Requisition Form

GX Sciences | 844-258-5564 | www.GxSciences.com
4150 Freidrich Lane, Ste H | Austin, TX 78744
Laboratory Director: **James W. Jacobson, Ph.D.**

Boxes shaded in blue, green and yellow must be completed to ensure return of test results.

Patient First Name	Patient Last Name	Street Address	
City	State	Zip Code	Date of Birth (MM/DD/YY)
Phone	Client Email Address		Gender ❑ Male ❑ Female

Ethnicity
❑ American Indian/Native Alaskan ❑ Asian ❑ Ashkenazi Jewish ❑ African American
❑ Hawaiian/Pacific Islander ❑ Hispanic/Latino ❑ Caucasian ❑ Mixed Race ❑ Other

❑ **I allow GX Sciences to use my genetic data for research purposes only.**

Patient Signature ✖	Collection Date (MM/DD/YY)	Collection Time (AM/PM)

NOTE: Guardian or Patient MUST sign • NO WHITE OUT

Practice Name	Practitioner Name	Practitioner Phone Number

Practitioner Signature ✖

Consent and Authorization:
I agree that I am voluntarily submitting this sample for analysis. If you are a parent or guardian consenting for your child or minor, all references to "I" are applicable to your child/minor. I understand that my samples become the property of GX Sciences. GX Sciences will never release any personal or identifiable information to a third-party without my consent. I understand and agree that GX Sciences reserves the right to de-identify my data for the purpose of research and development of improved and/or additional diagnostic testing. Any such specimen or results generated in this context shall be anonymized.

All information provided will remain strictly confidential and will be used to provide you with the most scientifically advanced laboratory results possible. The information from testing will only be reported in provided format.

❑ **Charge Provider Credit Card On File For Payment**

Nutrigenomic (NGx) Panels Order: *Please check all panels that apply.*

- ❑ Foundation / Methylation / Wellness (101)
- ❑ Immune / Auto-Immune / Inflammatory (102)
- ❑ Neurological / Psych (103)
- ❑ Chronic Pain (104)
- ❑ Developmental (105)
- ❑ Pro7 *(Formerly 55 Report)* (106)
- ❑ Neurotransmitters (107)
- ❑ Gastrointestinal (108)
- ❑ Autophagy (109)
- ❑ Detoxification (110)
- ❑ Women's Health (111)
- ❑ Men's Health (112)
- ❑ TBI / Post Concussion (115)
- ❑ Essential Vitamins (116)

COMING SOON

- ❑ Pre-Surgical (113)
- ❑ Diet / Wellness (114)

Pharmacogenomic Testing Order: *Please check box to order this report.*

❑ Pharmacogenomic Test (Comprehensive Profile, Cardiac Profile, Pain Profile, Psychiatry Profile)

Diabetes Predict Genetic Testing Order: *Please check box to order this report.*

❑ Diabetes Predict Report

REQUIRED:
Height _____ Weight _____
Family History of Diabetes: ❑ Maternal Grandmother ❑ Maternal Grandfather ❑ Paternal Grandmother ❑ Paternal Grandfather ❑ Mother ❑ Father ❑ Siblings ❑ Offspring