

PATIENT

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Last name First name Gender

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Address Apt.

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City Postal Code

.....

Phone (Home/Cell) Phone (Work)

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Email

.....

Date of birth (YYYY-MM-DD) Physician's signature Date

PHYSICIAN

PHARMACOGENOMIC REPORTS

MENTAL HEALTH

Atypical Antidepressant

Bupropion (WELLBUTRIN®, ZYBAN®)
 Duloxetine (CYMBALTA®)
 Levomilnacipran (FETZIMA®)
 Mirtazapine (REMERON®)
 Trazodone (DESYREL®)
 Venlafaxine (EFFEXOR XR®)
 Vilazodone (VIIBRYD®)
 Vortioxetine (TRINTELLIX®)

SSRI Antidepressant

Citalopram (CELEXA®)
 Escitalopram (CIPRALEX®)
 Fluoxetine (PROZAC®)
 Fluvoxamine (LUVOX®)
 Paroxetine (PAXIL®)
 Sertraline (ZOLOFT®)

Tricyclic Antidepressant

Amitriptyline (ELAVIL®)
 Clomipramine (ANAFRANIL®)
 Desipramine (NORPRAMIN®)
 Doxepin (SINEQUAN®)
 Imipramine (TOFRANIL®)
 Nortriptyline (AVENTYL®)
 Trimipramine (SURMONTIL®)

Antipsychotic

Haloperidol (HALDOL®)
 Perphenazine (TRILAFON®)
 Pimozide (ORAP®)
 Zuclopenthixol (CLOPIXOL®)

Hypnotic

Zolpidem (SUBLINOX®)
 Zopiclone (IMOVANE®)

Atypical Antipsychotic

Aripiprazole (ABILIFY®)
 Brexpiprazole (REXULTI®)
 Clozapine (CLOZARIL®)
 Lurasidone (LATUDA®)
 Olanzapine (ZYPREXA®)
 Quetiapine (SEROQUEL®)
 Risperidone (RISPERDAL®)
 Ziprasidone (ZELDOX®)

Benzodiazepine

Alprazolam (XANAX®)
 Clonazepam (RIVOTRIL®)
 Diazepam (DIASTAT®, VALIUM®)
 Midazolam (VERSED®)

ADHD

Alpha-2 Adrenergic Agonist

Clonidine (CATAPRES®, DIXARIT®)
 Guanfacine (INTUNIV XR®)

Atypical Antidepressant

Bupropion (WELLBUTRIN®, ZYBAN®)

Atypical Antipsychotic

Quetiapine (SEROQUEL®)
 Risperidone (RISPERDAL®)

Noradrenaline Reuptake Inhibitor

Atomoxetine (STRATTERA®)

Psychostimulant

Amphetamine (ADDERALL XR®)
 Dextroamphetamine (DEXEDRINE®)
 Lisdexamfetamine (VYVANSE®)
 Methylphenidate (RITALIN®, CONCERTA®, BIPHENTIN®, FOQUEST®)

PAIN

NSAID

Celecoxib (CELEBREX®)
 Diclofenac (VOLTAREN®)
 Etodolac (ULTRADOL®)
 Flurbiprofen (ANSAID®)
 Ibuprofen (ADVIL®, MOTRIN®)
 Indomethacin (INDOCID®)
 Meloxicam (MOBICOX®)
 Naproxen (NAPROSYN®)
 Piroxicam (FELDENE®)

Opioid Antagonist

Naloxone (NARCAN®)

Atypical Antidepressant

Duloxetine (CYMBALTA®)

Tricyclic Antidepressant

Amitriptyline (ELAVIL®)
 Nortriptyline (AVENTYL®)

Proton Pump Inhibitor (PPI)

Esomeprazole (NEXIUM®)
 Lansoprazole (PREVACID®)
 Omeprazole (LOSEC®)
 Pantoprazole (PANTOLOC®)

Opioid

Buprenorphine (BUTRANS®)
 Codeine
 Fentanyl (DURAGESIC®)
 Hydrocodone (HYCODAN®)
 Hydromorphone (DILAUDID®)
 Meperidine (DEMEROL®)
 Methadone (METADOL®)
 Morphine (STATEX®, KADIAN®)
 Oxycodone (SUPEUDOL®, OXYNEO®)
 Tramadol (RALIVIA®, DURELA®)

Muscle Relaxant

Cyclobenzaprine (FLEXERIL®)

CARDIO

Alpha-2 Adrenergic Agonist

Clonidine (CATAPRES®, DIXARIT®)

Antiarrhythmic

Flecainide (TAMBOCOR®)
 Propafenone (RYTHMOL®)

Anticoagulant

Acenocoumarol (SINTROM®)
 Warfarin (COUMADIN®)

Antiplatelet

Clopidogrel (PLAVIX®)

Beta-Blocker

Carvedilol (COREG®)
 Metoprolol (LOPRESOR®)

Statin

Simvastatin (ZOCOR®)

Proton Pump Inhibitor (PPI)

Esomeprazole (NEXIUM®)
 Lansoprazole (PREVACID®)
 Omeprazole (LOSEC®)
 Pantoprazole (PANTOLOC®)

MEDICATIONS INCLUDED WHEN ALL PROFILES ARE ORDERED:

Galantamine (REMINYL ER®)
 Phenytoin (DILANTIN®)

Tacrolimus (ADVAGRAF®)
 Tamoxifen (NOLVADEX®)

Tetrabenazine (NITOMAN®)
 Tolterodine (DETROL®)

Voriconazole (VFEND®)

How to order a test?

Pharmacogenomic test: patients can order their test online at biogeniq.ca.