

Requisition Form

Pharmacogenomic Test

Order online at

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Include completed form with your sample or fax back to 514-317-2241.

PATIENT		ORDERING PROVIDER	
Last name	First name	Institution or Clinic name	
Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last and first name	
Address		Address	
City		City	
Province	Postal code	Province	Postal code
Email	Phone	Email	
Add Preferred language English French		Phone	Fax number

TEST ORDERED

- Mental Health (Psychiatry and ADHD)
- Pain Management
- Complete (Mental Health and Pain Management)

AUTHORIZATION

Ordering provider signature	Date
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For any questions, please contact us: genetics@biron.com or 1-866-923-9222 #8723