

# Requisition Form

## Pharmacogenomic Test

Order online at

[biron.com/orderpgx](http://biron.com/orderpgx)

or scan this QR code



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

Psychiatry, ADHD and pain management  
Psychiatry and ADHD  
Pain management

### AUTHORIZATION

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