

Requisition Form

Pharmacogenomic Test

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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

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 or 1-866-923-9222 #8723