


PATIENT	PHARMACIST
Name - Address _____ _____ _____	Name of pharmacist : _____
Phone : _____ Cell : _____	Fax : _____ Phone : _____
Date of birth : _____	Licence : _____
	Signature required : _____ Prescribed on : _____

PANELS	MICROBIOLOGY	OTHER ANALYSES								
<input type="checkbox"/> Creatinine (eGFR) <input type="checkbox"/> Electrolyte (Na, K, Cl) <input type="checkbox"/> HbA1c <input type="checkbox"/> Thyroid cascade <small>(TSH, Free T4 if abnormal TSH; Free T3 if low TSH and normal Free T4)</small> <input type="checkbox"/> Lipid panel** (Total cholesterol, Triglycerides, HDL, LDL, ApoB, Non-HDL CH) <input type="checkbox"/> Liver function (Albumin, ALP, ALT, AST, GGT, LDH, Total bilirubin)	<input type="checkbox"/> Urinalysis <input type="checkbox"/> Microbiological stool analysis by PCR <small>(Enteric pathogens multiplex)</small> <input type="checkbox"/> Stool culture x _____ <input type="checkbox"/> Ova and parasites _____ <input type="checkbox"/> Bacteriology throat by PCR <small>(replaces throat culture)</small> <input type="checkbox"/> Chlam. / Gonorr. (urine) PCR <input type="checkbox"/> Chlam. / Gonorr. (genital) PCR (♀) <input type="checkbox"/> Urine culture <input type="checkbox"/> Vaginal secretions culture <input type="checkbox"/> Culture _____ <input type="checkbox"/> Gonorrhoea Culture <input type="checkbox"/> Helicobacter pylori (breath)*** <input type="checkbox"/> Influenza A/B and RSV <input type="checkbox"/> Respiratory multiplex PCR <small>(Influenza, SARS-CoV-2 and others)</small>	<input type="checkbox"/> EKG with interpretation <input type="checkbox"/> Methacholine challenge <input type="checkbox"/> ABPM <input type="checkbox"/> Serum drug level: _____ Clinical information: _____ <input type="checkbox"/> Dynamic EKG <input type="checkbox"/> Spirometry (basic) <input type="checkbox"/> Spirometry pre/post drug <input type="checkbox"/> Other tests: _____								
HEMATOLOGY		PHARMACOGENETICS								
<input type="checkbox"/> CBC – Complete blood count (differ. included) <input type="checkbox"/> Iron (Serum iron, transferrin, % sat., ferritin) <input type="checkbox"/> PT INR <input type="checkbox"/> PTT (APTT)		<input type="checkbox"/> ADHD <table border="0"> <tr> <td><i>CES1</i></td> <td><i>CYP2D6</i></td> <td><i>LPHN3</i></td> <td><i>TH</i></td> </tr> <tr> <td><i>CYP2B6</i></td> <td><i>CYP3A4</i></td> <td><i>POR</i></td> <td></td> </tr> </table>	<i>CES1</i>	<i>CYP2D6</i>	<i>LPHN3</i>	<i>TH</i>	<i>CYP2B6</i>	<i>CYP3A4</i>	<i>POR</i>	
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<input type="checkbox"/> Albumin <input type="checkbox"/> ALP <input type="checkbox"/> ALT <input type="checkbox"/> Amylase <input type="checkbox"/> Apo A <input type="checkbox"/> Apo B <input type="checkbox"/> AST <input type="checkbox"/> β-hCG (blood-quant) <input type="checkbox"/> Bilirubin (direct) <input type="checkbox"/> Bilirubin (total) <input type="checkbox"/> Bioav. testosterone <input type="checkbox"/> Calcium <input type="checkbox"/> Cholesterol (total) <input type="checkbox"/> CK <input type="checkbox"/> CO2 <input type="checkbox"/> Creatinine (eGFR) <input type="checkbox"/> CTX (Serum telopeptides) *	<input type="checkbox"/> Estradiol <input type="checkbox"/> Ferritin <input type="checkbox"/> Folic acid <input type="checkbox"/> Free T3 <input type="checkbox"/> Free T4 <input type="checkbox"/> Fructosamine <input type="checkbox"/> FSH / LH <input type="checkbox"/> GGT <input type="checkbox"/> Glucose * <input type="checkbox"/> HbA1c <input type="checkbox"/> Homocysteine <input type="checkbox"/> hsCRP <input type="checkbox"/> Ionised calcium <input type="checkbox"/> K - potassium <input type="checkbox"/> LDH <input type="checkbox"/> Lipase <input type="checkbox"/> Lithium	<input type="checkbox"/> PAIN <table border="0"> <tr> <td><i>CYP1A2</i></td> <td><i>CYP2B6</i></td> <td><i>CYP2C9</i></td> <td><i>OPRM1</i></td> </tr> <tr> <td><i>CYP3A4</i></td> <td><i>CYP2C19</i></td> <td><i>CYP2D6</i></td> <td></td> </tr> </table>	<i>CYP1A2</i>	<i>CYP2B6</i>	<i>CYP2C9</i>	<i>OPRM1</i>	<i>CYP3A4</i>	<i>CYP2C19</i>	<i>CYP2D6</i>	
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	<input type="checkbox"/> Magnesium <input type="checkbox"/> Microalbuminuria (spot) <input type="checkbox"/> Na - sodium <input type="checkbox"/> Phosphate <input type="checkbox"/> Prolactin <input type="checkbox"/> PSA <input type="checkbox"/> PSA cascade <small>(Free PSA if total PSA > 2.0)</small> <input type="checkbox"/> Serum iron <input type="checkbox"/> Testosterone (total) <input type="checkbox"/> Thyroid antibodies <input type="checkbox"/> Triglycerides ** <input type="checkbox"/> Transglutaminase Ab + IgA <input type="checkbox"/> Urea <input type="checkbox"/> Uric acid <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D (25-hydroxy)	<input type="checkbox"/> ALL PROFILES ADHD, MENTAL HEALTH, CARDIO, PAIN + CYP3A5								
		<p style="text-align: center;">How to order a pharmacogenetic test?</p> <p style="text-align: center;">The patient can order his test online at biron.com/pharmacogenetics</p> 								

COMMENTS

Legend

* 8 hour fast, water permitted	**12 hour fast Water permitted, no alcohol for 24 hours before fast	***3 hour fast Without drinking
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