

Pharmacogenetic analysis request form

GENE PREDICTIS® S.A.

Medical analyses laboratory

EPFL Innovation Park, Bâtiment B – CH-1015 Lausanne

Ph: +41 21 691 43 75 – Fax: +41 21 691 43 76 - labo@genepredictis.com

Head of Genetics: Dre K. AFSHAR PhD, FAMH Medical Genetics



List of Analysis

- HLA-A*3101 (Carbamazepine)¹
- HLA-B*1502 (Carbamazepine, Asian)¹
- HLA-B*5701 (Abacavir)¹
- CYP1A2
- CYP2A6
- CYP2B6
- CYP2C9
- CYP2C19
- CYP2D6
- CYP2E1
- CYP3A4
- CYP3A5
- BCHE
- NAT2
- GSTM1
- GSTP1
- GSTT1
- SULT1A1
- DPD (5-Fluorouracil)¹
- TPMT (Thiopurine)¹
- UGT1A1 (Irinotecan)¹
- IL28B (PEG-IFN/Ribavirin)
- ABCB1 (MDR1)
- ABCG2
- SLC19A1
- SLC22A1
- CYPASS®
- CYPASS® extended
- CYPASS®-PSY
- Warfarin/Coumarin (CYP2C9+VKORC1)
- Clopidogrel - CYP2C19
- Tamoxifen - CYP2D6
- Statine
- MTHFR
- Other(s):

(1) Covered by obligatory basic health insurance

All other analyses are covered by complementary insurance PRIMEO under their terms and conditions.

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Other medication that are associated with a pharmacogenetics test according to CPIC (Clinical Pharmacogenetics Implementation Consortium, <https://cpicpgx.org/>) or DPWG (Dutch Pharmacogenetics Working Group)

Drug	Gene	Drug	Gene
Abacavir	HLA-B 57:01:01	Métoprolol	CYP2D6
Acénocoumarol	VKORC1	Nortriptyline	CYP2D6
Allopurinol	HLA-B 58:01	Omeprazol	CYP2C19
Amitriptyline	CYP2C19, CYP2D6	Ondansetron	CYP2D6
¹ Aripiprazole	CYP2D6	Oxcarbazépine	HLA-A 31:01, HLA-B 15:02
Atazanavir	UGT1A1	Pantoprazol	CYP2C19
Atomoxétine	CYP2D6	Paroxétine	CYP2D6
Atorvastatine	SLCO1B1	Peginterferon alfa-2a	IFNL3
¹ Brexpiprazole	CYP2D6	Peginterferon alfa-2b	IFNL3
Carbamazépine	HLA-A 31:01, HLA-B 15:02	Phenprocoumon	VKORC1
¹ Citalopram	CYP2C19	Phénytoïne	CYP2C9, HLA-B 15:02
¹ Clomipramine	CYP2C19, CYP2D6	Pimozide	CYP2D6
Clopidogrel	CYP2C19	Propafénone	CYP2D6
Codéïne	CYP2D6	¹ Risperidone	CYP2D6
Desipramine	CYP2D6	Ribavirin	IFNL3
Doxepine	CYP2C19, CYP2D6	Sertraline	CYP2C19
Efavirenz	CYP2B6	Simvastatine	SLCO1B1
Eliglustat	CYP2D6	Tacrolimus	CYP3A5
¹ Escitalopram	CYP2C19	Tramadol	CYP2D6
Flecainide	CYP2D6	Trimipramine	CYP2C19, CYP2D6
Flucloxacilline	HLA-B 57:01	Tropisetron	CYP2D6
¹ Fluvoxamine	CYP2D6	¹ Venlafaxine	CYP2D6
Glimepiride	CYP2C9	Voriconazole	CYP2C19
Haloperidol	CYP2D6	Warfarine	CYP2C9, CYP4F2, VKORC1
Imipramine	CYP2C19, CYP2D6	¹ Zuclopenthixol	CYP2D6
Lansoprazole	CYP2C19		

¹Pharmacogenetic testing is recommended by Swissmedic before prescription

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INFORMED CONSENT IN VIEW OF GENETIC TESTING

Last name: First name: Date of birth:

"I certify with my signature that I have received genetic counselling and that enough time for questions and reflection has been provided.

I hereby agree to have the indicated genetic test(s) done:

- Molecular analysis for diagnostic of a genetic disease (name of the disease):
- Pharmacogenetics: molecular analysis of my DNA for the determination of polymorphisms or genetic variants related to the metabolism of drugs that I am taking or that I will take.
- Molecular analysis of my DNA for disease susceptibility and/or predisposition according to Gene Predictis® profiles

Material for the analysis: Buccal swab Blood

My decision for the conservation of the sample after the test is completed:

I agree that after completion of the test, my sample(s) will be stored for future analysis in my interest, and only upon my request.

YES NO

If you select NO, the material will be discarded after analysis.

I agree with storage and utilisation of my genetic material and my data analysis after anonymization for improvement of the quality of genetic tests. YES NO

My decision regarding utilisation of my results for research

In addition, your samples and analysis data can be useful for research. If you are interested in possibility of participating in a research project, you can indicate it here. If necessary, we will contact you to give you more information. At this stage, your response does not imply any commitment from your part.

In principle, I agree to my sample and data being stored and used for research. YES NO

For the prescription of the tests CYPASS, CYPASS EXTENDED, CYPASS-PSYCHIATRY, EXCLUSIVE or BETTER AGEING, your results can be stored in an encrypted database.

I hereby authorize Gene Predictis SA to add the results of my genetic analyses in an encrypted database constituted and administered by Gene Predictis SA or under its supervision by third parties bound by confidentiality obligations. The data pertaining to me will be accessible to Gene Predictis SA only. I hereby consent to the possibility of Gene Predictis SA making such data available via a website managed by Gene Predictis SA, provided that access to the website shall be restricted by a password and that such password shall only be communicated to me and not to my referring physician (subject to possible access to the data by the database administrator subject to confidentiality). YES NO

My e-mail address: _____

Signature: Place and date:
(parent/legal representative when applicable)

Referring physician:

"I have given an appropriate explanation of the test and its limits to the sub-mentioned patient and I have appropriately answered to patient's questions conforming to the law on genetic testing in human (LAGH)."

Name of the referring physician:

Domicile of the referring physician:

Place and date: Signature and stamp: