

# Genetics application form

## 2022

CODE	PREVENTIVE MEDICINE PROFILES	€
<b>GENERAL WELLBEING</b>		
○ MP2064	Immune system: IMMUNOgenes	399
○ MP1966	Hepatic Detoxification: DETOXgenes	399
○ MP2238	General Health Profile: HEALTHYgenes	1597
<b>GYNECOLOGY - OBSTETRICS</b>		
○ MP2055	Hormonal therapies: ESTROgenes	399
○ MP1890	Sporadic breast cancer: SPORADICgenes	*349
<b>DERMATOLOGY</b>		
○ MP12019	Androgenic alopecia: ALOPECIAgenes	199
○ MP2245	ALOPECIAgenes + ALOPECIAppgx	250
<b>ENDOCRINOLOGY - NUTRITION</b>		
○ MP9750	Celiac disease: CELIACgenes	199
○ MP9755	Lactose Intolerance: LACTOgenes	99
○ MP1963	Nutrigenetics: ELIPSEgenes	320
○ MP5507	Colon cancer risk: COLONgenes *	399
○ MP331469	Migraine risk: HISTAMINAgens	199
○ MP9763	Gilbert's Syndrome: GILBERTgenes	199
○ MP2244	Intestinal health INTESTINOgenes	399
<b>PNEUMOLOGY</b>		
○ MP331476	Quitting smoking: NICOTINAgens	399
<b>CARDIOLOGY</b>		
○ MP5513	Thrombosis risk: TROMBOgenes	299
<b>NEUROLOGY - PSYCHIATRY</b>		
○ MP1884	Emotional stability: MENTALgenes	399
<b>ODONTO-STOMATOLOGY</b>		
○ MP5509	Caries, periodont, bruxism: DENTALgenes	399
<b>OFTALMOLOGY</b>		
○ MP5504	DMAE: MACULAgenes	199
○ MP331483	GLAUCOMAgens Áng.abierto	269

CODE		€
<b>PHARMACOGENETICS</b>		
○ PGX331533	ANALGÉSICOSpgx	399
○ PGX1921	ANESTESIApgx	425
○ PGX333500	ANTIRRÍTMICOSpgx	399
○ PGX333508	ANTICOAGULANTESpgx	299
○ PGX1913	CARDIOpgx	425
○ PGX11491	ESTATINASpgx	299
○ PGX452805	GLOBALpgx	500
○ PGX333536	HIPERTENSIÓNpgx	399
○ PGX1888	PROSTATApgx	425
○ PGX1889	PSICOpgx	425
○ PGX333543	(ADHD) TDAHpgx	425
<b>SINGLE DRUGS</b>		
○ PGX12026	ACENOPgx (Sintrom®)	199
○ PGX187259	ASPIRINpgx	199
○ PGX11463	CLOPpgx	199
<b>ONCOLOGY</b>		
○ PGX196219	AZATIOPRINAppgx	299
○ PGX197578	IRINOTECÁNpgx	199
○ PGX331518	MERCAPTOPURINAppgx	299
○ PGX2319	ONCOCOLONpgx	425
○ PGX1887	ONCOMAMAppgx	425
○ PGX2320	ONCOPROSTATApgx	425
○ PGX2318	ONCOPULMONpgx	425
○ PGX340680	TIOGUANINAppgx	299
○ PGX331525	PIRIMIDINASpgx	299
<b>SNP</b>		
○ Single SNP		79

\* Health questionnaire  
OTHER DRUGS AND TESTS: CONSULT  
info@eugenomic.com  
Shipping cost +40€

PRESCRIBER	
Full name:	
Telephone:	Date:
Signature:	
PATIENT	
Full name:	
Phone:	
Date of birth:	
Reason for the test:	
Other tests, please specify	

# Informed Consent

**For the performance of genetic studies or polymorphisms (DNA) by EUGENOMIC® or ADN&SALUD by Eugenomic® collaborating laboratories.**

Genetic studies require your acceptance and signature of the **INFORMED CONSENT**, as well as the signature of your prescriber.

**EUGENOMIC S.L.**, in compliance with the provisions of Regulation 2016/679 of 27 April and Organic Law 3/2018 of 5 December on the Protection of Personal Data and guarantee of digital rights and other applicable regulations, hereby informs you that the personal data provided by you will be processed in order to provide the medical services requested by you. In order to comply with legal obligations, the activity carried out will be included in a register at the disposal of the Spanish Data Protection Agency.

The basis of legitimacy with which your data will be treated is the one referred to the treatment, assistance or medical or genetic service requested, as well as the consent you provide in each case. In those cases in which the intervention of health care service providers, such as processing laboratories, is necessary, the required data may be communicated to such entities, solely and exclusively for the purpose of providing the service requested. Likewise, if the health care is provided on the basis of policies or coverage in agreement with insurance companies, the information of the services provided to them may be supplied, as they are essential for billing purposes. Your data will be kept for the legally stipulated period of time and, where appropriate, for the time necessary to fulfil the service requested.

In any case, we inform you of your rights of access, rectification, deletion, opposition, limitation of processing and portability, which may be exercised by writing to the headquarters of EUGENOMIC, located at C/ Londres 6, 08029 Barcelona, or by e-mail to info@eugenomic.com; you may also file a complaint with the competent supervisory authority. You may obtain further information about these rights in our Privacy Policy, available on our website (www.eugenomic.com).

If you disagree with any circumstance, it will be necessary to notify us before receiving health care assistance.

\_\_\_\_\_ I authorize the transfer of my data, for the aforementioned purpose, to my insurance company or prescriber, located outside the European Union.

\_\_\_\_\_ I authorize the sending of information about news and updates related to Clinical Medicine and Genomics.

**You declare that your consent refers to the tests requested by your prescriber, that your doubts about the tests to be performed have been sufficiently and understandably explained to you, and that you have been duly informed regarding the following:**

- The requested report will be delivered through the portal www.adnsalud.com.
- The samples and their data are sent to the collaborating laboratory(ies) for processing.
- The processing laboratory is responsible for the accuracy of the values obtained; and they will keep the results and personal information related to the analysis.
- The quality and integrity of the sample is the responsibility of the person who extracts the sample.
- The sample is not retained after the end of the study.
- You irrevocably accept your payment.
- I declare that I have been duly informed about the purpose of the test, the implications of the results, that some results may not be determined, may not be conclusive and/or an additional sample may be necessary, and how it will be obtained, how the sample will be used, and the genetic information.

**You (or your legal representative) authorise the analyses listed on the application form, which you attach and sign.**

**Date:** \_\_\_\_\_

**Name and surname:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**ID number:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Sex:**

woman

man

**Full address:** \_\_\_\_\_

**Province/state/region:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Language in which you wish to receive the report:**

**Signature:**

Spanish

French (Confirm in advance)

English

Russian (Confirm in advance)

**DETAILS OF THE LEGAL GUARDIAN:**

Name and surname: \_\_\_\_\_ ID No \_\_\_\_\_

**SENDING THE SAMPLE TO ADN&SALUD by Eugenomic®:**

Insert in the padded envelope printed with the address of ADN&SALUD by Eugenomic®, duly labelled:

- The GENETICS APPLICATION FORM, signed with the details of the patient and the prescribing practitioner, and the INFORMED CONSENT.**
- The Health Questionnaire, if required. Do not forget to indicate the patient's name and label.**
- Please call ADN&SALUD by Eugenomic® on + 34 932 922 963 to request sample collection.**