PHARMACOGENOMIC PREVENTIVE PANEL

**(PREEMPTIVE TEST - INFORMATIONAL USE ONLY
NOT A DIAGNOSTIC TEST)**

BARCODE

PHYSICIAN INFORMATION

INSTITUTION/PRACTICE	ADDRESS (STREET NAME, NO., CITY, POSTAL CODE, COUNTRY)
FIRST NAME	TELEPHONE NUMBER (COUNTRY CODE & NUMBER)
LAST NAME	E-MAIL ADDRESS (FOR REPORT ACCESS)

PATIENT INFORMATION

FIRST NAME	ADDRESS (STREET NAME, NO., CITY, POSTCODE, COUNTRY)
LAST NAME	TELEPHONE NUMBER (COUNTRY CODE & NUMBER)
DATE OF BIRTH (DD/MM/YYYY)	GENDER (MALE/FEMALE/OTHER)

PERSONAL IDENTIFICATION NO.

REASON FOR TEST

SAMPLE TYPE

Please indicate the type of sample provided for analysis and fill in the collection details

Collection date: _____ ☐ Buccal swab ☐ EDTA blood (2-5 ml) ☐ DNA from _____ (≥ 250 ng; ≥ 100 ng/µl)

ABOUT THE PGx PREVENTIVE PANEL

The PGx Preventive Panel is a preemptive screening test designed to support safer, more personalized prescribing by identifying genetic variants that affect drug metabolism, transport, and pharmacodynamic response.

It analyzes 25 genes, including 16 core pharmacogenes backed by strong clinical evidence and recommendations from international guidelines (e.g., CPIC, DPWG, FDA).

For questions or support, our expert team is available: email info@medicover-diagnostics.de or call +49 89 8955780

PHYSICIAN'S CONFIRMATION

I confirm that informed consent has been obtained from the patient (or legal guardian) for this preventive pharmacogenomic test. The patient has received sufficient information about the test, had the opportunity to ask questions, and was given adequate time to make an informed decision. I am authorized to request this test and confirm that appropriate counselling has been provided.

Name of the ordering physician

FIRST NAME LAST NAME

SIGNATURE OF THE ORDERING PHYSICIAN DATE OF SIGNATURE

MEDICOVER GENETICS

MVZ Martinsried GmbH
Lochhamer Str.29, 82152 Martinsried, Germany
Accreditation: DIN EN ISO 15189
www.medicover-genetics.com

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PATIENT DECLARATION OF CONSENT

Please read this declaration carefully.

By signing this form, I confirm that I:

- ☐ Have been informed about the purpose, scope, and limitations of this pharmacogenomic test.
- ☐ Understand that this is a preventive pharmacogenomic screening test, not a diagnostic test, and that it does not detect or confirm disease.
- ☐ Consent to the collection and analysis of my sample for the purpose of pharmacogenomic testing.
- ☐ Consent to the processing of my personal and genetic data in accordance with GDPR, GenDG, and IVDR.
- ☐ Understand that I may withdraw my consent at any time without giving a reason, and request deletion of my data.
- ☐ Understand that I will only be charged for costs incurred up to the point of withdrawal.
- ☐ Understand that I may choose not to receive the results (right not to know).
- ☐ Acknowledge that this test analyzes only selected pharmacogenes and does not provide information about other diseases.
- ☐ Have had the opportunity to ask questions and receive clear answers.

Additional consents and information. By signing this form, I confirm that I:

YES	NO	
☐	☐	Consent to the storage of my sample and results beyond the statutory minimum period (10 years), and to the use of anonymized material for quality assurance or scientific purposes (no claim to long-term storage).
☐	☐	Allow the test order form or parts of it to be shared with collaborating laboratories if needed.
☐	☐	Consent to the pseudonymized use of surplus sample and/or data for scientific research.

In addition:

- ☐ I consent to sharing a copy of my test results with the following physician or healthcare provider, in line with my explicit request and the internal procedures of [insert legal entity].

DR(S) NAME

POSTCODE/CITY

STREET

COUNTRY

Completed by: ☐ Patient ☐ Parent/Legal Guardian

FIRST NAME

LAST NAME

SIGNATURE OF PATIENT/LEGAL GUARDIAN

DATE OF SIGNATURE

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IMPORTANT DISCLAIMERS

The following disclaimers provide important background information about the PGx Preventive Panel. Patients (or legal guardians) are encouraged to read them before signing the consent form, and physicians or healthcare professionals should be familiar with them as part of the test ordering process.

Scope & Purpose
This pharmacogenomic test is designed for preemptive screening and preventive use. It provides insights into drug metabolism based on genetic variation. It is not a diagnostic test and must not be used to detect, confirm, or treat disease.

Medical Disclaimer
The results do not constitute medical advice. They do not replace a clinical evaluation. All findings must be interpreted by a qualified healthcare professional.

Regulatory Compliance
This test is conducted in accordance with the German Genetic Diagnostics Act (GenDG), IVDR, and GDPR. It is performed in an ISO 15189-accredited laboratory.

Physician Consultation
Patients are strongly encouraged to consult their physician. In Germany, the test is classified as preventive (GenDG) and does not require mandatory specialist genetic counselling before results are released.

Limitations
This test analyzes a selected set of clinically validated pharmacogenes. It does not cover all genetic variants or gene–drug interactions. Environmental, lifestyle, or comorbid factors are not assessed.

Data Protection & Usage
All data is processed in accordance with GDPR. Patients may request data deletion at any time.

Right Not to Know
As per GenDG, patients may opt not to receive their test results and may withdraw consent at any time.

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