

Personalized Medicine Clinic (Dr. Richard Kim)
Referral Form (for GI patients)

Date of referral: _____

Patient Name: _____

Patient Phone #: _____

Health Card or PIN Number: _____

Referring Physician: _____

Referring Physician Contact Phone #: _____

Stamp LHSC ID card in the box
above if available

Reason for Referral: (select all that apply)

- Azathioprine toxicity risk (TPMT genotyping for risk of azathioprine-induced myelotoxicity and azathioprine dose; HLA-DQA1-DRB1 genotyping for risk of azathioprine-induced pancreatitis)
 - see patient in <2 weeks, see patient in 2-4 weeks, not urgent

- Proton Pump Inhibitor metabolism (CYP2C19 genotyping for identifying rapid and ultra-rapid PPI metabolizers)
 - see patient in <2 weeks, see patient in 2-4 weeks, not urgent

- Infliximab/adalimumab antibody formation risk (HLA-DQA1*05 genotyping)
 - see patient in <2 weeks, see patient in 2-4 weeks, not urgent

Brief Relevant History:

FAX referral to 519-663-3090.

**Personalized Medicine Clinic phone number is 519-685-8500 ext 34340
(Dr. Kim's secretary: Jody Murray)**