

Personalized Medicine Clinic (Dr. Richard Kim)

Referral Form

for Pharmacogenomic (PGx) testing

Date of referral: _____

Patient Name: _____

Patient Phone #: _____

Health Card or PIN Number: _____

Referring Physician: _____

Referring Physician Contact Phone #: _____

Stamp LHSC ID Card in This Box
if Available

Reason for Referral: (select all that apply)*

- Persistent GERD on Proton Pump Inhibitor (PPI) therapy (CYP2C19)
- Antidepressant Metabolism (CYP2D6 and CYP2C19)
- Clopidogrel (Plavix) Metabolism (CYP2C19)
- Statin myopathy symptoms (SLCO1B1 and ABCG2)
- Azathioprine Metabolism and ADR (TPMT, NUDT15, and azathioprine-induced pancreatitis risk)
- Infliximab/adalimumab antibody formation risk (HLA-DQA1*05 genotype testing)
- Tamoxifen Metabolism (CYP2D6 and endoxifen measurement)

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)**

*There is no out-of-pocket expense to your patient for PGx testing
PM clinic general referral form Version: March 2023