

# ActX + 23andMe Authorization Request

What does ActX interpretation provide?		ActX + 23andMe Service
<b>Prescription Review</b>	Efficacy, dosing and adverse reactions to medications	✓
<b>Hereditary Risk</b>	Cancer, cardiovascular and metabolic risks	✓
<b>Carrier Status</b>	Inheritable diseases	✓

## Patient Instructions

Review the Patient section of [ActX.com/23andMe](https://ActX.com/23andMe) then complete the Patient Information section. Your healthcare provider will complete the rest of this form and submit it to ActX.



## Patient Information

Last Name	First Name	
Date of Birth (mm/dd/yyyy) ____ / ____ / ____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary phone number (____) - ____ - ____
Email Address	Does anyone else have access to this email address? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Healthcare Provider Instructions

Please complete the **Physician Information** portion of this form and return to ActX.  
 Fax | (206) 557-7595 Email | [info@actx.com](mailto:info@actx.com)



## Physician Information

Last Name	First Name
Facility Name	City, State
Phone Number	NPI #

**Secure Web Portal:** To access your patient's Genomic Profile, you will need to login to the ActX secure web portal. **Please supply an email address and preferred username for your ActX login.** You will receive an email with information on how to access the results.

Physician Email Address <b>*EMAIL ADDRESS REQUIRED FOR PROCESSING*</b>	Preferred Username (6+ characters)
_____ <b>Physician Signature</b>	
Date (mm/dd/yyyy) ____ / ____ / ____	

By signing, I confirm that: I authorize the above patient for the ActX Service; I understand that ActX is for screening purposes only, and is not a diagnostic test; I understand the benefits and limitations of ActX and have conveyed the necessary information to the patient. ActX is not endorsed by or affiliated with 23andMe.

Additional information is available at [ActX.com/Provider\\_Home](https://ActX.com/Provider_Home)