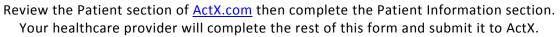


to the patient.

Authorization Request

What does ActX test for?		ActX Full Service	ActX Pharmacogenomics Service
Drug-Genomic Interactions	Efficacy, dosing and adverse reactions to medications	✓	✓
Actionable Genetic Risks	Cancer, cardiovascular and metabolic risks	√	
Carrier Status	Inheritable diseases	√	

Patient Instructions





Patient Information					
Last Name		First Name			
Date of Birth (mm/dd/yyyy)	Sex		Primary phone number		
//	☐ Male ☐ Female		(
Email Address			Does anyone else have access to this email address? ☐ Yes ☐ 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					
Physician Information					
Last Name		First Name			
Facility Name		City, State			
Phone Number		NPI #			
Test Selection (Please check one)					
☐ ActX Full Service ☐ ActX Pharmacogenomics Service					
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		Preferred Username (6+ characters)			
			Date (mm/dd/yyyy)		
Phy					
By signing, I confirm that: I authorize the above patient for the ActX Service; I understand that ActX is for informational purposes					

only, and is not a diagnostic test; I understand the benefits and limitations of ActX and have conveyed the necessary information

Additional information is available at <u>ActX.com/Provider Home</u>