actx.com

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

Review the Patient section of ActX.com 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 ☐ Male ☐ Female	Primary phone number (_____) - _____ - _____
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 ***EMAIL ADDRESS REQUIRED FOR PROCESSING****	**Preferred Username (6+ characters)**
_____ ***Physician Signature***	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 not intended for the diagnosis of high risk patients; I understand ActX looks only at selected variants (DNA variations) for the targeted genes and not for all possible genetic variants; I understand the benefits and limitations of ActX and have conveyed the necessary information to the patient. *Additional information is available at ActX.com/Provider Home*