





\*accurate information is necessary for a valid interpretation | please ( $\checkmark$ ) boxes

ATIENT INFORMATION GENERAL*	1	REFERRED BY*
Name		Doctor / Hospital / Clinic / Lab - Account Code
Date of Birth Sex	Male	
Nationality QID		Mail Id.
MRN / File No.	Ph No.	Ph No. Seal/Si
EST REQUESTED		
HAIR PGx - Pharmacogenetic Analysis	HAIR Element Analysis - BASIC	HAIR Element Analysis - PREMI
HAIR PGX	HAIR Basic	
Pharmacogenetic analysis	Toxic & Essential Element analysis	Toxic & Essential Element analysis
Height (cm)		
Weight (kg)	NATURAL HAIR COLOUR :	OCCUPATION :
	ANY PRESENT MEDICATION / MEDICAL CONDIT	TION :
	ANY SHAMPOO / CONDITIONER / DYES USED :	
QUESTIONNAIRE FOR HAIR PGx TEST MALE & FEMA		
AMILY AND DISEASE DATA	Mandatory requirements for the service orde	r HAIR PGx: Questionnaire for test ordered
	<ol> <li>Complete the Test Requisition Form (TRF) &amp; the 2. Ensure, The patient's consent signature is manda</li> </ol>	itory for DNA sample processing.
YPE OF ALOPECIA Androgenic alopecia	GRADE MALE	GRADE FEMALE
Telogen Effluvium (seasonal)		<b>1</b> A <b>1</b> B
Alopecia areata		
IRECT FAMILY MEMBERS SUFFERING FROM ALOPECIA		
ND / OR HAIR LOSS		
None		
_ Parents		
Siblings		2A 2B
Both		
OR HOW LONG HAS YOUR HAIR BEEN FALLING DUT?		
More than a year		3 ADVANCED FROM
Less than a year		
My hair doesn't fall out		
OO YOU HAVE HYPERSENSITIVITY TO CAFFEINE?	HYPERSENSITIVITY	DO YOU CONSUME ANY OF
Yes	Minoxidil Finasteride	THE FOLLOWING SUBSTANCES?
No	Latanoprost Dutasteride	Alcohol LSD
	Prostaquinon Cyproterone	Tobacco Benzodiazepir
	Cetirizine Spironolactone	Cannabis Barbiturates
OO YOU HAVE ANY OF THE FOLLOWING DISEASES?	17-α Estradiol Tretinoin	Cocaine Amphetamine
Hypothyroidism Anemia		
Hyperthyroidism Autoimmune d	iseases	
Diabetes Cáncer		DO YOU TAKE ANY OF THE FOLLOWING MEDICATIONS?
Cushing Syndrome Benign prostati		Anti-acne Corticoids
	pea, Acne, Hirsutism & Alopecia)	Antidepressants Estrogen synt
Endometriosis Cardiovascular	diseases	
Hypertension Hypotension		
Hirsutism Oestrogenic ho	rmonal imbalance	Contraceptives SADBE
DO YOU HAVE ANY OF THESE ALLERGIES OR SENSTIVITIES?	ARE YOU CURRENTLY FOLLOWING A HYPOCALORIC DIET?	DO YOU HAVE ANY OF THESE EATING DISORDERS?
Pollen NSAID	Yes	Bulimia Vigorexia
Mites Antibiotic	No	
Fungi Insulin		
	DO YOU TAKE TESTOSTERONE	
		ARE YOU PREGNANT?
Animal hair Propylene glycol alcohol	(ANABOLIC) DERIVATIVES?	
	(ANABOLIC) DERIVATIVES?	Yes
Animal hair Propylene glycol alcohol		Yes No







HAIR PGX Pharmacogenetic analysis

\*accurate information is necessary for a valid interpretation | please (  $\checkmark$  ) boxes

DO YOU SUFFER STRESS?       HAVE YOU RECENTLY CHANGED YOUR RESIDENCE?       DO HAVE IRREGULAR MENSTURATIONS()         Yes       No       No       No         OVOU SUFFER FROM DEPRESSION?       DO YOU GET ENOUGH REST?       DO HAVE A HEAVY MENSTURAL CYCLE?         Yes       No       No       No         Store Monk IN CONTACT WITH TOXIC /       DO YOU GET ENOUGH REST?       DO HAVE POST-SURGICAL STRESS?         Yes       No       No       No         Store Monk IN CONTACT WITH TOXIC /       DO YOU RECENTLY HAD A CHILD?       DO HAVE POST-SURGICAL STRESS?         Yes       No       No       No         Store Monk IN CONTACT WITH TOXIC /       DO YOU RECENTLY HAD A CHILD?       DO HAVE POST-SURGICAL STRESS?         No       No       No       No       No         Store Monk IN CONTACT WITH TOXIC /       DO YOU RECENTLY HAD A CHILD?       DO HAVE POST-SURGICAL STRESS?         No       No       No       No       No         ZATA ELLATED TO YOULE ENVIRONMENT       LEVEL OF HEMOGLOBIN?       LEVEL OF HEMOGLOBIN?         High       High       Mormal       Do YOU USE ANY OF THESE         Normal       Low       Low       Hair dynes         State ALTED TO YOULE ENVIRONMENT       LEVEL OF HEMOGLOBIN?       LEVEL OF HEMOGLOBIN?      <	QUESTIONNAIRE FOR HAIR PGx TEST - MALE & FEMAL	E	
Yes       No       Yes       No         No       No       No       No         OY OUS DEFERE FROM DEPRESSION?       DO YOU GET ENOUGH REST?       DO HAVE A HEAVY MENSTURAL CYCLE?         No       No       No       No         SYOUR MORK IN CONTACT WITH TOXIC /       DO YOU RECENTLY HAD A CHILD?       DO HAVE POST-SURGICAL STRESS?         Yes       No       No       No         SYOUR MORK IN CONTACT WITH TOXIC /       DO YOU RECENTLY HAD A CHILD?       DO HAVE POST-SURGICAL STRESS?         IVes       No       No       No         SYOUR MORK IN CONTACT WITH TOXIC /       DO YOU RECENTLY HAD A CHILD?       DO HAVE POST-SURGICAL STRESS?         IVes       No       No       No         Child Teal Post Content Cont	DATA RELATED TO YOUR ENVIRONMENT		
No       No       No         No       No       No         OVOU SUFFER FROM DEPRESSIONT       DO YOU GET ENOUGH REST?       DO HAVE A HEAVY MENSTURAL CYCLE?         Ys       No       No       No         Ys       No       No       No         SYOUR WORK IN CONTACT WITH TOXIC/       DO YOU RECENTLY HAD A CHILD?       DO HAVE POST-SURGICAL STRESS?         Ys       No       No       No         No       No       No       No         AKA RELATED TO YOUR ENVIRONMENT       LEVEL OF HEMOGLOBIN?       LEVEL OF HEMATOCRIT?         High       Normal       Normal       Normal         I cow       Low       Low       Cow         SM onal       Normal       Normal       Bacebal cop         I cow       Low       Low       Cow         CLINICAL INSPECTION       Hair spray       Hair dyes         Hair spray       Hair dyes       Hair straightene         Hair dignth       Low       Low       Low         CLINICAL INSPECTION       Log       A lot       Low         CLINICAL INSPECTION       Log       A lot       Lot Stanta 24 hours ago         Mair disgrift       A lot       Low       DO YOU HAVE ANY OF THE	DO YOU SUFFER STRESS?	HAVE YOU RECENTLY CHANGED YOUR RESIDENCE?	DO HAVE IRREGULAR MENSTURATIONS?
-     -     -       DO YOU SUFFER FROM DEPRESSION?     DO YOU GE ENOUGH REST?     DO HAVE A HEAVY MENSTURAL CYCLE?       No     No     No       SYOUR WORK IN CONTACT WITH TOXIC/     DO YOU RECENTLY HAD A CHILD?     DO HAVE POST-SURGICAL STRESS?       Yes     No     No       SYOUR WORK IN CONTACT WITH TOXIC/     DO YOU RECENTLY HAD A CHILD?     DO HAVE POST-SURGICAL STRESS?       No     No     No       No     No     No       SYOUR MORK IN CONTACT WITH TOXIC/     DO YOU RECENTLY HAD A CHILD?     DO HAVE POST-SURGICAL STRESS?       Normal     Normal     No     No       Normal     Normal     Normal     Normal       Normal     Normal     Normal     Normal       Normal     Normal     Normal     Hair dyes       High     High     Normal     Hair dyes       Low     Low     Contents     Bacheal Contents       Introduction     Normal     Normal     Hair dyes       Low     Low     Low     Hair dyes       Indignth     Normal     Normal     More than 24 hours ago       In	Yes	Yes	Yes
Yes       Yes       Yes       No         No       No       No         Stour Work in CONTACT WITH TOXIC / Yes       DO YOU RECENTLY HAD A CHILD?       DO HAVE POST-SURGICAL STRESS?         Yes       No       No         Oxfultrike MATERIALS?       Do YOU RECENTLY HAD A CHILD?       Do HAVE POST-SURGICAL STRESS?         No       No       No         No       No       No         Atta RELATED TO YOUR ENVIRONMENT       LEVEL OF HEMOGLOBIN?       LEVEL OF HEMOGLOBIN?         Level OF HEMOGLOBIN?       LEVEL OF HEMOGLOBIN?       LEVEL OF HEMOTOCRIT?         High       High       Ormal       Normal         Low       Low       Low       Low         Stour       Low       Low       Gummies       Baseball cap         Hair Sprog       Ator       Gummies       Baseball cap         Hair degr       Hair Sprog       Hair degr       Hair degr         Stout       Low       Low       Continues       Baseball cap         Indength       Low       Low       Base	No	No	No
No       No       No         SYOUR WORK IN CONTACT WITH TOXIC / POLLUTING MATERIALS?       DO YOU RECENTLY HAD A CHILD?       DO HAVE POST-SURGICAL STRESS?         I       Yes       Yes       Yes         No       No       No         DATARELATED TO YOUR ENVIRONMENT       LEVEL OF HEMOGLOBIN?       LEVEL OF HEMATOCRIT?         High       High       High       Normal         Normal       Normal       Normal       Iow         I tow       Low       Low       Iow         Store Reconceptor       Size of RED BLOOD CELLS?       DO YOU USE ANY OF THESE         High       High       High       High         Normal       Normal       Ovor Ou USE ANY OF THESE         High       High       High       High         Normal       Hormal       Do YOU USE ANY OF THESE         High       High       High       High         Normal       Hormal       Bormal       Hair straightenee         High       High       High       High High       High High         Normal       Hormal       Edward       Bisthard Alpore         CLOW       Low       Do YOU USE ANY OF THESE       High High High         Iow       Low	DO YOU SUFFER FROM DEPRESSION?	DO YOU GET ENOUGH REST?	DO HAVE A HEAVY MENSTURAL CYCLE?
SOUR WORK IN CONTACT WITH TOXIC /       DO YOU RECENTLY HAD A CHILD?       DO HAVE POST-SURGICAL STRESS?         POLLUTING MATERIALS?       DO YOU RECENTLY HAD A CHILD?       DO HAVE POST-SURGICAL STRESS?         No       No       PS         No       No       PS         No       No       PS         High       High       High         Nomal       Normal       Normal         Low       Low       Low         Sth       T3       T4 (THYROID) LEVELS?         High       High       OP THESE         Normal       Normal       OP THESE         Normal       Normal       OP THESE         Mair dys       Eligh       High         Normal       Normal       OP YOU USE ANY OF THESE         Marrier ALL SPECTION       Low       Low         CLINCAL INSPECTION       Low       Low         Mair dyses       Alot       Low         Short       OP YOU HAVE ANY OF THE FOLLOWING CONTHE SOUT?       LAST TIME YOU WASHED YOUR HAIR         Midlength       Low       Low       DO YOU HAVE AND SPO         Short       Low       Low       DO YOU HAVE ANY OF THE FOLLOWING CONTHE SCLUP?         No       Baerd       Dotinalis<	Yes	Yes	Yes
OOLUTION MATERIALS?       DO YOU RECENTLY HAD A CHILD?       DO HAVE POST-SURGICAL STRESS?         \`Yes       \`No       \`Yes       \`No         No       \`No       \`No       \`No         STARELATED TO YOUR ENVIRONMENT       \LEVEL OF HEMOGLOBIN?       LEVEL OF HEMAGCCBIN?       LEVEL OF HEMAGCCBIN?         High       \High       \High       \High       \High       \High         Normal       Normal       \Normal       \Dormal       \Dormal         Icow       \Low       \Low       \Dormal       \Dormal         Normal       Normal       \Dormal       \Dormal       \Dormal         \Dormal       \Dormal       \Dormal       \Dormal       \Dormal       \Dormal         \Dorma	No	No	No
Yes       Yes       Yes         No       No       No         DATA RELATED TO YOUR ENVIRONMENT       LEVEL OF HEMOGLOBIN?       LEVEL OF HEMATOCRIT?         High       High       High         Normal       Owrmal       Normal         Low       Low       Do YOU USE ANY OF THESE         TSH       T4 (THYROID) LEVELS?       SiZE OF RED BLOOD CELLS?       DO YOU USE ANY OF THESE         High       High       Owrmal       Normal         Normal       Normal       Ourmal       Ourmies       Baseball cap         High       High       High       Hidi dyes       Gummies       Baseball cap         Low       Low       Low       Low       Hair spray       Hair dyes         CLINCAL INSPECTION       Alar dryer       Cust thing       More than 24 hours ago         Mid length       Out       Alot       Less than 24 hours ago         No       Bard       Stort       Stort       Stort       Stort         No       Bard       Stort       ALOPECIA IS NOTICEABLE ON YOUR:       DO YOU HAVE ANY OF THE FOLLOWING         Do You HAVE ALOPECIC PLAQUES?       ALOPECIA IS NOTICEABLE ON YOUR:       Stortes       Stortes         No       Bard	IS YOUR WORK IN CONTACT WITH TOXIC / POLI LITING MATERIAL S?	DO YOU RECENTLY HAD & CHILD?	DO HAVE POST-SURGICAL STRESS?
No       No       No         AVAIABLEATED TO YOUR ENVIRONMENT       Interview of the MAGGLOBIN?       Level of HEMAGCRIT?         High       High       High       High         Normal       Normal       Normal       Normal         Low       T3       T4 (THYROID) LEVELS?       SIZE OF RED BLOOD CELLS?       DO YOU USE ANY OF THESE         High       High       High       High       High       High         Normal       Normal       Normal       Normal       Baseball cap         Low       Low       Low       Baseball cap       Hair gels       Hair dyes         Mid length       Low       Low       Less than 24 hours ago       Hair straightene         Mid length       Alore than 24 hours ago       More than 24 hours ago       Scales       Seborhea       Porivais         Yes       Eyebrows       Eyebrows       Scales       Scales       Seborhea       Porivais         Vers       And in the past? Indicate which       And in the past? Indicate which       Irritations       Dermatitis         Positive       Good       Very Good       Very Good       Very Good	_	_	_
LEVEL OF HEMOGLOBIN?       LEVEL OF HEMOGLOBIN?       High            High          High          High            Normal          Ow          Normal            Low          Low          Low         State of RED BLOOD CELLS?       DO YOU USANY OF THESE            High          High          High            Normal          Normal          Ow            Normal          Ow          Bars poly            Normal          Ow          Bars poly            Normal          Ow          Bars poly            Normal          Ow          Bars poly          Bars poly            Normal          Ow          Dow          Bars poly          Bars poly            Low          Low          Dow          Bars poly          Bars poly          Bars poly            Low          Low          Dow          Bars poly			
High       High       High       High         Normal       Low       Low       Low         Star 1       T3       T4 (THYROID) LEVELS?       Size OF RED BLOOD CELLS?       DO YOU USE ANY OF THESE         High       High       High       High       High       High         Normal       Low       Low       DO YOU USE ANY OF THESE         Normal       Baseball cap       Hair spray       Hair dyes         Normal       Low       Low       Gummies       Baseball cap         Low       Low       Low       Gummies       Baseball cap         Hair spray       Hair straightene       Hair gel       Hair straightene         Mid length       Low       Low       Less than 24 hours ago         Mid length       Little bit       More than 24 hours ago       More than 24 hours ago         OX OU HAVE ALOPECIC PLAQUES?       ALOPECIA IS NOTICEABLE ON YOUR:       DO YOU HAVE ANY OF THE FOLLOWING         Yes       Eyeborows       Seborrhea       Psoriasis         Scales       Seborrhea       Psoriasis       Scales       Sechorheic derms         Yes       Beard       Scales       Scales       Dermatitis         Depetate the moment? Please indicate which       Moret	DATA RELATED TO YOUR ENVIRONMENT		
Normal Normal   Low Low     T3 T4 (THYROID) LEVELS?   SiZE OF RED BLOOD CELLS?   Migh   High   High   Normal   Normal <td>CHOLESTEROL LEVEL?</td> <td>LEVEL OF HEMOGLOBIN?</td> <td>LEVEL OF HEMATOCRIT?</td>	CHOLESTEROL LEVEL?	LEVEL OF HEMOGLOBIN?	LEVEL OF HEMATOCRIT?
Low       Low       Low         T3       T4 (THYROID) LEVELS?       SIZE OF RED BLOOD CELLS?       DO YOU USE ANY OF THESE         High       High       High       High       High         Normal       Normal       Normal       Gummis         Low       Low       Low       Gummis       Baseball cap         Low       Low       Low       Hair straightene         Midlength       Alot       Less than 24 hours ago         Midlength       Alot       Less than 24 hours ago         Normal       Nothing       More than 24 hours ago         OYOU HAVE ALOPECIC PLAQUES?       ALOPECIA IS NOTICEABLE ON YOUR:       DO YOU HAVE ALY OF THE FOLLOWING         ONOU HAVE ALOPECIC PLAQUES?       ALOPECIA IS NOTICEABLE ON YOUR:       DO YOU HAVE ALY OF THE FOLLOWING         No       Beard       Scales       Seborrhea       Provinasis         Stapecial at the moment? Please indicate which       And in the past? Indicate which       Gummis       Dermatitis         Very bad       Bad       Good       Very Good       How Good       Very Good	High	High	High
rs	Normal	Normal	Normal
High High   Normal Normal   Normal Normal   Low Low   Low Low     Hair spray	Low	Low	Low
High High High   Normal Normal   Normal Normal   Normal Normal   Low Low     Hair spray   Hair sp	TSH T3 T4 (THYROID) LEVELS?	SIZE OF RED BLOOD CELLS?	
Notifial Notifial     I dominal     Notifial     I dominal	🗌 High 🔄 High 🗌 High	🔄 High	
Low Low     Hair gel     Hair straightene     Hair gel     Hair straightene     Hair gel     Hair straightene     Hair gel     Hair straightene     Hair gel     Hair gel     Hair straightene     Hair gel     Hair gel     Hair straightene     Hair gel     Hair straightene     Hair gel     Hair straightene     Hair gel     Hair straightene     Hair gel	📄 Normal 🔄 Normal	Normal	
Hair dryer         How boot have any of the poly of	Low Low Low	Low	
CLINICAL INSPECTION         HAIR LENGTH         Alot         Short         Mid length         Long         OO YOU HAVE ALOPECIC PLAQUES?         ALOPECIA IS NOTICEABLE ON YOUR:         Do YOU HAVE ALOPECIC PLAQUES?         ALOPECIA IS NOTICEABLE ON YOUR:         Do YOU HAVE ALOPECIC PLAQUES?         ALOPECIA IS NOTICEABLE ON YOUR:         Do YOU HAVE ALOPECIC PLAQUES?         ALOPECIA IS NOTICEABLE ON YOUR:         Do YOU HAVE ALOPECIC PLAQUES?         ALOPECIA IS NOTICEABLE ON YOUR:         Do YOU HAVE ALOPECIC PLAQUES?         ALOPECIA IS NOTICEABLE ON YOUR:         Do YOU HAVE ALOPECIC PLAQUES?         ALOPECIA IS NOTICEABLE ON YOUR:         Do YOU HAVE ALOPECIC PLAQUES?         ALOPECIA IS NOTICEABLE ON YOUR:         Do YOU HAVE ALOPECIC PLAQUES?         ALOPECIA IS NOTICEABLE ON YOUR:         Do YOU HAVE ALOPECIC PLAQUES?         ALOPECIA IS NOTICEABLE ON YOUR:         Scales         Scales         Scales         Scales         Scales         Dermatitis             PULITEST         HOW DOES HAIR LOOK?         Oraditive         Normal			
HAIR LENGTH HOW MUCH HAIR FALLS OUT? LAST TIME YOU WASHED YOUR HAIR   Short A lot Less than 24 hours ago   Mid length Little bit More than 24 hours ago   Long Nothing      O YOU HAVE ALOPECIC PLAQUES? ALOPECIA IS NOTICEABLE ON YOUR:   Yes Eyebrows   Beard   Eyelashes  Yes   Eyebrows     Yes   Eyelashes     Yes   Eyelashes      Yes   Eyelse     Yes   Eyelse			
Short A lot Less than 24 hours ago   Mid length Little bit More than 24 hours ago   Nothing Nothing   OV OU HAVE ALOPECIC PLAQUES?   ALOPECIA IS NOTICEABLE ON YOUR: DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS ON THE SCALP?   Yes Eyebrows   Beard Seborrhea   Eyelashes Scales   Scabs Dandruff   Irritations Dermatitis   PULT FST Unknown Yery bad Bad Good Very bad Normal	CLINICAL INSPECTION		
Mid length Little bit   Long Nothing   OYOU HAVE ALOPECIC PLAQUES?   ALOPECIA IS NOTICEABLE ON YOUR: DO YOU HAVE ANY OF THE FOLLOWING   Yes Eyebrows   No Beard   Eyelashes Scales   Scales Seborrheic derma   Jalopecia at the moment? Please indicate which And in the past? Indicate which   PULL TEST HOW DOES HAIR LOOK?   Unknown Very bad   Positive Good   Normal Normal	HAIR LENGTH	HOW MUCH HAIR FALLS OUT?	LAST TIME YOU WASHED YOUR HAIR
Long Nothing   Or You HAVE ALOPECIC PLAQUES? ALOPECIA IS NOTICEABLE ON YOUR:   Yes Eyebrows   Beard Seborrhea   Eyelashes Scales   Scales Seborrheic dema   Scabs Dandruff   Inritations Dermatitis   PULL TEST Unknown Orsitive Orsitive Orsitive Output Very bad Good Very Good Normal		A lot	Less than 24 hours ago
Or YOU HAVE ALOPECIC PLAQUES? ALOPECIA IS NOTICEABLE ON YOUR:   Yes Eyebrows   No Beard   Eyelashes Seborrhea   Scales Seborrheic derma   Scales Seborrheic derma   Scabs Dandruff   Irritations Dermatitis      PULL TEST   HOW DOES HAIR LOOK?   Unknown Very bad   Sodd Very Good   Normal	Mid length	Little bit	More than 24 hours ago
Yes Eyebrows   No   Beard   Eyelashes   Scales   Scales   Scabs   Dandruff   Scabs   Dandruff   Irritations   Dermatitis               Yes   No            Seborrhea   Seborrheic derma   Scabs   Dandruff   Irritations   Dermatitis               Very bad   Good   Very Good	Long	Nothing	
Yes Eyeprows   No Beard   Eyelashes Scales   Scabs Dandruff   Scabs Dandruff   Irritations Dermatitis     PULL TEST HOW DOES HAIR LOOK?   Unknown Very bad   Positive Good   Negative Normal	DO YOU HAVE ALOPECIC PLAQUES?	ALOPECIA IS NOTICEABLE ON YOUR:	
No Beard   Eyelashes Scales   Scabs Dandruff   Scabs Dandruff   Irritations Dermatitis     PULL TEST   Unknown   Very bad   Good   Very Good   Normal	Yes	Eyebrows	CONDITIONS ON THE SCALP?
Are you using any treatment or supplement for alopecia at the moment? Please indicate which And in the past? Indicate which Irritations Dandruff   PULL TEST HOW DOES HAIR LOOK?   Unknown Very bad Bad   Positive Good Very Good   Negative Normal	No	Beard	Seborrhea Psoriasis
Are you using any treatment or supplement for alopecia at the moment? Please indicate which     And in the past? Indicate which     Irritations   Dermatitis   PULL TEST     HOW DOES HAIR LOOK?     Unknown   Very bad   Good   Very Good     Normal		Eyelashes	Scales Seborrheic derma
alopecia at the moment? Please indicate which     And in the past? Indicate which     Irritations        PULL TEST     HOW DOES HAIR LOOK?     Unknown   Very bad   Bad   Positive   Good   Very Good   Negative	Are you using any treatment or supplement for		
Unknown       Very bad       Bad         Positive       Good       Very Good         Negative       Normal	alopecia at the moment? Please indicate which	And in the past? Indicate which	Irritations Dermatitis
Unknown     Very bad     Bad       Positive     Good     Very Good       Negative     Normal			
Positive     Good     Very Good       Negative     Normal	PULL TEST	HOW DOES HAIR LOOK?	
Positive     Good     Very Good       Negative     Normal			
Negative     Normal			
	PATIENT CONSENT AND AUTHORIZATION FORM		
	1. MHL- Micro Precision Dx conducts genetic tests upon the rec	uest of a licensed physician.	
1. MHL- Micro Precision Dx conducts genetic tests upon the request of a licensed physician.			
2. Sample and Medical Data: A biological sample and relevant medical history are required. MHL- Micro Precision Dx will use these solely for the requested test.			sharing it with the requesting physician.
2. Sample and Medical Data: A biological sample and relevant medical history are required. MHL- Micro Precision Dx will use these solely for the requested test. 3. Data Use: You authorize MHL- Micro Precision Dx to collect and use the patient's medical data for generating the genetic report and sharing it with the requesting physician.		-	at shared unless legally obligated
<ol> <li>Sample and Medical Data: A biological sample and relevant medical history are required. MHL- Micro Precision Dx will use these solely for the requested test.</li> <li>Data Use: You authorize MHL- Micro Precision Dx to collect and use the patient's medical data for generating the genetic report and sharing it with the requesting physician.</li> <li>Confidentiality: Patient data and samples are confidential and will not be accessed by unauthorized individuals.</li> </ol>			
<ol> <li>Sample and Medical Data: A biological sample and relevant medical history are required. MHL- Micro Precision Dx will use these solely for the requested test.</li> <li>Data Use: You authorize MHL- Micro Precision Dx to collect and use the patient's medical data for generating the genetic report and sharing it with the requesting physician.</li> <li>Confidentiality: Patient data and samples are confidential and will not be accessed by unauthorized individuals.</li> <li>Data Processing: By signing, you consent to the processing of personal data for the test. Data will be stored as required by law and not shared unless legally obligated.</li> </ol>		·····,······	
<ol> <li>Sample and Medical Data: A biological sample and relevant medical history are required. MHL- Micro Precision Dx will use these solely for the requested test.</li> <li>Data Use: You authorize MHL- Micro Precision Dx to collect and use the patient's medical data for generating the genetic report and sharing it with the requesting physician.</li> <li>Confidentiality: Patient data and samples are confidential and will not be accessed by unauthorized individuals.</li> <li>Data Processing: By signing, you consent to the processing of personal data for the test. Data will be stored as required by law and not shared unless legally obligated.</li> </ol>		Requesting Physician Signature:	
<ol> <li>Sample and Medical Data: A biological sample and relevant medical history are required. MHL- Micro Precision Dx will use these solely for the requested test.</li> <li>Data Use: You authorize MHL- Micro Precision Dx to collect and use the patient's medical data for generating the genetic report and sharing it with the requesting physician.</li> <li>Confidentiality: Patient data and samples are confidential and will not be accessed by unauthorized individuals.</li> <li>Data Processing: By signing, you consent to the processing of personal data for the test. Data will be stored as required by law and not shared unless legally obligated.</li> <li>Patient or Parent/Guardian Signature:</li> </ol> Requesting Physician Signature:		Date & Place :	
<ul> <li>2. Sample and Medical Data: A biological sample and relevant medical history are required. MHL- Micro Precision Dx will use these solely for the requested test.</li> <li>3. Data Use: You authorize MHL- Micro Precision Dx to collect and use the patient's medical data for generating the genetic report and sharing it with the requesting physician.</li> <li>4. Confidentiality: Patient data and samples are confidential and will not be accessed by unauthorized individuals.</li> <li>5. Data Processing: By signing, you consent to the processing of personal data for the test. Data will be stored as required by law and not shared unless legally obligated.</li> <li>6. Patient Rights: You may revoke consent or request access, correction, or deletion of your data by contacting info.pdx@microhealthcare.com.</li> <li>Patient or Parent/Guardian Signature:</li> <li>By signing in this TRE, you confirm your informed consent for the test and data processing.</li> </ul>	FOR LABORATORY USE ONLY		ACKNOWLEDGEMENT
<ul> <li>2. Sample and Medical Data: A biological sample and relevant medical history are required. MHL- Micro Precision Dx will use these solely for the requested test.</li> <li>3. Data Use: You authorize MHL- Micro Precision Dx to collect and use the patient's medical data for generating the genetic report and sharing it with the requesting physician.</li> <li>4. Confidentiality: Patient data and samples are confidential and will not be accessed by unauthorized individuals.</li> <li>5. Data Processing: By signing, you consent to the processing of personal data for the test. Data will be stored as required by law and not shared unless legally obligated.</li> <li>6. Patient or Parent/Guardian Signature:</li></ul>		SPORT TEMPERATURE     Image: Constraint of the second	
2. Sample and Medical Data: A biological sample and relevant medical history are required. MHL- Micro Precision Dx will use these solely for the requested test. 3. Data Use: You authorize MHL- Micro Precision Dx to collect and use the patient's medical data for generating the genetic report and sharing it with the requesting physician. 4. Confidentiality: Patient data and samples are confidential and will not be accessed by unauthorized individuals. 5. Data Processing: By signing, you consent to the processing of personal data for the test. Data will be stored as required by law and not shared unless legally obligated. 6. Patient or Parent/Guardian Signature:  Patient or Parent/Guardian Signature: By signing in this TRF, you confirm your informed consent for the test and data processing.  FOR LABORATORY USE ONLY  FOR LABORATORY USE ONLY  TRIAGE REMARKS  TRANSPORT TEMPERATURE Ambient Temperature  Am		ozen (-20°C) Time am / pm	Technician Name / Signature
2. Sample and Medical Data: A biological sample and relevant medical history are required. MHL- Micro Precision Dx will use these solely for the requested test. 3. Data Use: You authorize MHL- Micro Precision Dx to collect and use the patient's medical data for generating the genetic report and sharing it with the requesting physician. 4. Confidentiality: Patient data and samples are confidential and will not be accessed by unauthorized individuals. 5. Data Processing: By signing, you consent to the processing of personal data for the test. Data will be stored as required by law and not shared unless legally obligated. 6. Patient Rights: You may revoke consent or request access, correction, or deletion of your data by contacting info.pdx@microhealthcare.com.  Patient or Parent/Guardian Signature: By signing in this TRF, you confirm your informed consent for the test and data processing.  FOR LABORATORY USE ONLY TRIAGE REMARKS TRANSPORT TEMPERATURE Ambient Temperature Refrigerated (2' to 8'C)  Ambient Temperature Refri	Diagnosis Education Research Jord Ministon Jord Ministon J	INDIA QATAR' DUBAI GHANA BANGLADESH	helpdesk@microhealthcare.cc www.microhealthcare.cc