





*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
	 Complete the Test Requisition Form (TRF) & the 2. Ensure, The patient's consent signature is manda 	itory for DNA sample processing.
YPE OF ALOPECIA Androgenic alopecia	GRADE MALE	GRADE FEMALE
Telogen Effluvium (seasonal)		1 A 1 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	
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- - - 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
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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
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