




Instruction

The package includes

- ☐ Specimen collection kit
 - ☐ Buccal swab in a foil bubble bag
 - ☐ Sticker for writing name-surname and date of birth (DOB)
 - ☐ Biohazard plastic bag
- ☐ Document
 - ☐ Instruction
 - ☐ Pharmacogenomics Requisition Form
 - ☐ Consent for Genomic Medicine Testing – Patient Copy
 - ☐ Consent for Genomic Medicine Testing – Hospital Copy
- ☐ Brown envelope bag for sending specimens back to the hospital

Step by step

- ☐ 1. Scan the QR code for reading the information and the test's benefit

 SCAN ME	 SCAN ME	 SCAN ME
<input type="radio"/> 1. Package BH MedGene (9 genes)	<input type="radio"/> 2. Pharmacogenomics Common package (11 genes)	<input type="radio"/> 3. Pharmacogenomics Complete package (15 genes)

- ☐ 2. Fill the information in Pharmacogenomics Requisition Form
- ☐ 3. Read, fill, and sign in the Consent for Genomic Medicine Testing both Patient Copy and Hospital Copy
- ☐ 4. Fill the information on the sticker and place it on the buccal swab tube
- ☐ 5. Collect your buccal with the buccal swab

Scan the QR code for watching the collection

- ☐ 6. Pack the below items in the brown envelope for sending the specimen back to the hospital bag

 ไทย	 ENG
ภาษาไทย	English

- ☐ Collected buccal swab with name-surname and DOB labeling in the biohazard plastic bag before putting them in the foil bubble bag
- ☐ Pharmacogenomics Requisition Form with the filled information
- ☐ Consent for Genomic Medicine Testing – Hospital Copy with the filled information
- ☐ 7. Send to Bumrungrad Laboratory
- ☐ 8. Clinical pharmacist will contact you for providing more information and making an appointment for the result date

For more information, please contact 065-928-0559 Monday-Saturday 9.00-17.00 except public holidays

PHARMACOGENOMICS REQUISITION FORM

(Please complete the information)

Information Date (dd/mm/yyyy):.....

- Test selection ☐ 1. Package BH MedGene (9 genes)
☐ 2. Pharmacogenomics Common package (11 genes)
☐ 3. Pharmacogenomics Complete package (15 genes)

Name-Surname:..... HN:..... Sex: ☐ Male ☐ Female

Date of Birth:..... Telephone:..... Email:.....

Ethnicity ☐ Thai ☐ Thai-Chinese ☐ Chinese ☐ Kuwait ☐ Other, please specify

History of adverse event ☐ No drug allergy/side effect

☐ Drug allergy, please specify (Drug name/symptom).....

☐ Side effect, please specify (Drug name/symptom).....

Do you have any currently prescribed medications?

☐ No ☐ Yes, sometime.....

☐ Yes, please attach the list of your current medications or provide info on current medications below

Example: Drug name:..... Paracetamol..... Strength:..... 500 mg..... Regimen:..... 1 tablet every 6 hours.....

Drug name	Strength	Regimen

Do you take any herbs or vitamin supplements?

Vitamin/ Herb	Strength	Regimen

1. Do you smoke within 30 days? ☐ No ☐ Yes ___ cigarette/day

2. Do you drink coffee? ☐ No ☐ Yes ___ cups/day

3. Do you drink alcohol? ☐ No ☐ Yes, occasionally ___ drinks/time/month

☐ Yes, regularly ___ drinks/time/month

4. Do you usually take cruciferous vegetables e.g. cabbage, broccoli, cauliflower more than 3 times/week? ☐ No ☐ Yes

5. Do you usually take chargrilled meats more than 3 times/week? ☐ No ☐ Yes

For officer only

Source of information ☐ HIS ☐ own medication lists ☐ patient/ family/caregiver

Reviewed by:.....