



**PATIENT INFORMATION AND ACKNOWLEDGEMENT FORM**  
**IDgenetix Pharmacogenomic Test**

Your healthcare provider would like to order the IDgenetix pharmacogenomic laboratory test for you. This form is meant to give you information regarding what the test is and what is involved in having it done.

**Purpose of the test:**

The purpose of the IDgenetix pharmacogenomic test is to look for differences in your genes and identify potential drug-drug interactions, both of which may impact the way certain medications work in your body. These differences can help your healthcare provider identify which medications to use and which to avoid due to increased risk of side effects.

**Risks / Benefits of testing:**

There is no direct risk to you from having this test done. Conversely, it is not possible to tell if the information from the test result will provide direct benefit. The test uses DNA from a cheek swab to assess the status of a panel of certain genes. Your healthcare provider will use the IDgenetix test results as part of your treatment planning. These results can provide information around which your individual care can be discussed, based always on what you and your healthcare provider think is best.

Your sample will only be used for the test named on the requisition form. Clinical testing for DNA analysis is not 100% accurate. Additionally, this test will not detect all variants and causative mutations. Any remaining sample will be discarded at the end of the testing process or not more than 60 days from collection. Genetic counseling is recommended.

If you have further questions about the test itself or would like more information, please feel free to contact Castle Biosciences, Inc. customer service number at 855-697-4943. You may also learn more about the IDgenetix test on the web at [IDgenetix.com](http://IDgenetix.com). Specific information regarding test results or how they apply to you can only be obtained from your healthcare team. If applicable, an insurance claim will be submitted on your behalf to cover the cost of the test. If you have questions regarding the claim to be submitted, please contact Castle Biosciences reimbursement number at 866-788-9007, option #3.

**Acknowledgment statement:**

By signing this form, you acknowledge you have been informed of, and agree with, your healthcare provider’s intent to order IDgenetix test.

\_\_\_\_\_  
Printed Name / Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name / Signature of person obtaining acknowledgement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Sample Collection