

<input type="checkbox"/> Rte des Acacias 47	1227 Acacias	022 309 15 20
<input type="checkbox"/> Bd Helvétique 16 bis	Sur RDV 1207 Genève	022 309 15 20
<input type="checkbox"/> Av. Ste - Clotilde 22	Sur RDV 1205 Genève	022 309 15 20
<input type="checkbox"/> Rampe de la Gare 1	Sur RDV 1290 Versoix	022 309 15 20
<input type="checkbox"/> Route de Thonon 42	Sur RDV 1222 Vézenaz	022 772 02 79
<input type="checkbox"/> Av. J.-D. Maillard 1 bis	Sur RDV 1217 Meyrin	022 309 15 20
<input type="checkbox"/> Route de St-Julien 118	Sur RDV 1228 Plan-les-Ouates	022 309 15 20
<input type="checkbox"/> Rte de Chancy 59C	Sur RDV 1213 Petit-Lancy	022 709 02 95

Our other collection centers are listed on our website
www.labomgd.ch

Request form

Name (Ms., M., Child)

Date of birth

day month year

First Name

Address

At

Postal code / City

Insurance

Tel. private

Tel. prof.

Invoice to patient other insurance

Insurance N°

N° AVS

Sampling: doctor labo home

Date:

hour:

visa:

Results: urgent to phone to fax

Urine vol. ml:

Harvested on: 12h 24h

Frozen serum

Notes and/or clinical indications:

Doctor:

Copy to the patient :

Copy to :

SPECIFIC PROFILES : MONDAY until WEDNESDAY

GENETIC MARKERS : 1 EDTA tube or one SALIVA collection

All requests must be accompanied by the consent sheet on the back of this page signed (Doctor and patient)

Classical tests

- Fructose intolerance
- Gluten Intolerance
- Lactose intolerance
- MTHFR

Functional tests

- ALOPECIAGenes**
Alopecia, oxidative stress and vitamins.
- ALOPECIAGenes + pharmacogenetics**
- APOEGenes**
Prevention of heart disease, diabetes, high blood pressure, Alzheimer's disease and propose preventive nutritional measures.
- COELIACGenes**
Gluten intolerance
See **DIGESTIGenes**

- COLOGenes**
Risk of sporadic colon cancer.
- DERMAGenes**
Celiac disease, lactose and fructose intolerance, APOE
- DETOXGenes**
Hepatic detoxification, detoxification of xenobiotics
- DIGESTIGenes**
Celiac disease, lactose and fructose intolerance, APOE
- DIO2**
The DIO2 enzyme converts T4 to T3 in brain, muscle and fatty tissue. Useful for detecting hypothyroidism with normal T3 levels.
- ELIPSEGenes**
Important for lipid, carbohydrate metabolism, lactose intolerance, celiac disease, vitamins B and D, caffeine elimination, appetite control, functional hypothyroidism, inflammation.
- ESTROGenes**
Estrogen metabolism
Thrombotic risks
Breast cancer risks
- ESTROg + SPORADICg**
Estrogen metabolism
Thrombotic risks
Risks of breast cancer and risks of sporadic breast cancer.

- FUT2 genes**
Important for intestinal health. The mutations are associated with irritability, hypersensitivity of the mouth to hot/cold, lower resistance to noroviruses, etc.
- GILBERTGenes**
Gilbert's disease
- HISTAMINEGenes**
Histamine intolerance. Associated risks: migraine inflammatory processes, allergies, digestive problems, dermatological problems
- IMMUNOGenes**
Immune system; Inflammation
Oxidative stress, Vitamins
Infections, Respiratory infections
- INTESTINOGenes**
Intestinal Disease Genetic Profile: Celiac Disease, Lactose Intolerance, IBS, IBD
- Intolérance au lactose**
See **DIGESTIGenes**
- MENTALGenes**
Genetic profile of mental illnesses related to neurotransmitters
- MTHFRGenes**
A mutation of this gene leads up to 75% lower capacity to generate 5MTHF, which reduces the recycling of homocysteine (donor of methionine and cysteine) and the synthesis of glutathione.

- PSYCHOGenes**
Pharmacogenetics of psychotropic treatments
 - PROSTATAGenes + PROSTATApGx**
Prostate cancer + pharmacogenetics
 - SPORADICGenes**
Risk of sporadic breast cancer (non-hereditary or familial).
See **ESTROg + SPORADICg**
 - THROMBOGenes**
Thrombosis risk detection and prevention
- #### Special groups
- HEALTHYGenes**
DETOXGenes, IMMUNOGenes, ELIPSEGenes, THROMBOGenes, INTESTINOGenes, santé dentaire
 - SPECIALGenes - 1**
APOE, DIO2, FUT2
 - SPECIALGenes - 2**
APOE, COMT, DIO2, MTHFR

Informed consent to perform genetic analyzes

Consent to perform genetic analyzes (DNA) by Eugenomic® laboratory, partner of MGD SA laboratory (hereafter MGD). Genetic testing requires that you accept and sign this CONSENT form before processing your saliva or blood sample and also requires the signature of the person who prescribed it.

MGD ensures its partnership in accordance with the provisions provided for in the Swiss regulations of the revised LAGH law of October 4, 2018 and the provisions provided for in the European General Regulation, 2016/679, of April 27, 2016 on the protection of personal data. **MGD** informs you that personal data you provide will be processed in order to manage the required analytical services by complying with legal obligations arising from the activity of Eugenomic® and will be included in the supports related to the activity records.

Legitimacy of processing your data is based on the execution of the analyzes by the contracted health services, as well as on the consent given by the patient.

In cases where due to their processing it is necessary to intervene with other health care providers, such as laboratories or other service providers, who require your data for care services, your personal data may be transferred or communicated to the aforementioned provider entities, solely and exclusively for the purposes previously described.

Your rights of access, rectification, deletion, opposition, limitation of processing and portability, can be addressed to Laboratoire MGD, 45A route des Acacias 1227 Geneva or by email to info@labomgd.ch.

In accordance with the above, your signature on this form implies your consent to the processing of your personal data in order to provide you with analytical results. **By your consent, we inform you that the results of a DNA analyzes can provide data on a genetic variation and reveal your predispositions to develop certain types of disorders/pathologies. Also, in some cases, they may report your individual response to certain medications.**

_____ I authorize the transfer of my data, for the aforementioned purpose, to my insurance company or my prescriber, located outside the European Union.

_____ I authorize sending of information on news and updates relating to clinical medicine and genomics.

We declare, by means of this writing, that your doctor or requesting specialist has duly informed you of the analyzes prescribed below, and that he has answered all your questions or requests for information in a sufficient and understandable manner. You consent to:

- The requested analyzes or studies must be carried out through MGD and Eugenomic® laboratory.
- That the samples and their personal and/or health data are sent to the collaborating laboratories for their analytical process.
- That the process laboratory, once the sample has been received, is solely responsible for the results, the sample, as well as your personal data file.
- Exceptionally, another sample may be required.
- That some results may not be conclusive.

And you authorize to carry out related analyzes:

YES NO DATE _____

(*) Fields that must be completed

Surname and first name of the patient/reference: (*) _____

Email: _____

Identity card N°: _____ **Telephone number:** _____

Date of Birth: (*) _____ **Sex: (*)**

Woman Man

Address: _____

Department: _____ **Postal code:** _____

Language in which you wish to receive the report:

English French Spanish

The signing party is: (*) The patient himself The legal guardian (for children)

Patient signature: (*) _____ **Signature of the prescriber: (*)** _____

SENDING THE SAMPLE TO MGD LABORATORY

- The GENETIC REQUEST FORM signed with data of the patient and of the prescribing doctor, and the INFORMED CONSENT.
- The health questionnaire, if necessary. Do not forget to indicate the name of the patient and the label.
- Call LABORATOIRE MGD on +41 22 309 15 20 to request the sample collection.