

(Required)

Report's language

EN ES PT PT-BR
 DE IT PL

MyNutriGenes®

Genetic study of personalised nutrition

GENETIC TEST REQUEST FORM

INDEX CASE IDENTIFICATION (Required)

Name		File No.	
Date of birth	Ethnicity	Gender <input type="checkbox"/> M <input type="checkbox"/> F	

DETAILS OF THE REFERRING PHYSICIAN (Required)

Name		Institution	
Address		Postcode	
Telephone	E-mail		
Date of Request	Signature		

GENETIC TEST REQUESTED

Referral Reason:
Adequacy of a nutritional plan

Genetic profile relevant for:

- Predisposition to weight gain
- Influence of diet on body fat
- Influence of diet on nutritional metabolism
- Nutritional sensitivities, needs and detox
- Appetite control, satiety and emotional eating

SAMPLE IDENTIFICATION

Saliva
Recommended collection kit:

- Isohelix Saliva Collectors Kit, GFX-01
- Oragene DNA Collection kit, Genotek
- DNA/RNA Shield™ Collection Tube with Swab, Zymo

Whole Blood
2 or 3 mL in K₂EDTA or K₃EDTA tubes

DNA minimum 300ng with a [35] ng/μL

ADDITIONAL INFORMATION

Weight (kg)	Body mass index	Waist-hip ratio (cm)
Have you been on a diet supervised by a nutritionist? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you prone to snacking? <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, have you recovered the weight lost?</i> <input type="checkbox"/> SIM <input type="checkbox"/> NO		<i>If yes, before⁽¹⁾ or after⁽²⁾ dinner?</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2
How many hours of exercise per week? <input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> +7		How many co ees do you drink per day? <input type="checkbox"/> 0-1 <input type="checkbox"/> 2-3 <input type="checkbox"/> +4



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INFORMED CONSENT AND AUTHORISATION FORM FOR GENETIC TESTING (Required)

In accordance with the provisions of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 – General Data Protection Regulation, in Law 12/2005 of 26 January, and the regulations set forth in Decree-Law 131/2014 of 29 August, as well as Rule 015/2013 from the General Health Directorate.

Please read all the contents of this document carefully. Feel free to request more information from your healthcare professional should you have any questions. Please check that all information is correct. If you believe that everything is in order, and you agree with the proposal being made to you, then please sign this document.

I understand and willingly authorise HeartGenetics S.A. to perform the genetic testing described. I hereby authorise the collection of biological material and its genetic testing for the genetic study to which I give my consent, the procedures, purposes and limitations of which having been explained to me.

I am aware and understand that measures will be implemented for the protection and confidentiality of my data and that at any time I have the right to access, update and/or delete my personal data.

I have understood all the information given to me, and the implications and limitations of the genetic study that I will undertake. I give authorisation for my personal data included in the genetic testing request form as well as my biological samples, to be sent and delivered to HeartGenetics, S.A. in way, the specified genetic testing may be performed and the corresponding genetic report prepared.

I have had the opportunity to ask questions and discuss the capabilities, limitations, and possible risks of the genetic study with my healthcare professional. I am aware that, if I so wish, I may obtain professional genetic counselling before signing this informed consent.

I authorise the use of the biological material and ancillary data, anonymously, in scientific research studies related to cardiovascular genetics.

Signature of the owner of the data and biological samples

Date

Collection site

If not signing in person:

Name

ID card / Document number

Date / expiration

Degree of kinship or type of representation

Two copies of document issued: one copy for inclusion in the genetic study procedure, and the other for the consenting individual.



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GENETIC TEST REQUEST FORM - Copy

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