

FAMILION[®] Test Instructions

Customer Service (Toll Free) 877-2-PGx-Health (877) 274-9432
(Please fax your forms to 203.786.3418 or mail them to the address listed below)

Phlebotomist instructions on page 2

For the healthcare provider:

1. The physician and the patient should complete and submit the Requisition/Payment Authorization Form (Form A) and the Informed Consent Form (Form B). On the Requisition/Payment Authorization Form, be sure to indicate which test is being ordered (page 1) and complete the physician information (page 1). **It is recommended that you receive approval from PGxHealth prior to proceeding with sample collection.** Before faxing or mailing the forms, review both of them with the patient, along with the Patient Information Booklet. Keep a signed copy of the Requisition/Payment Authorization and Informed Consent Forms for your records and give a copy of to the patient. Fax or mail the completed forms to PGxHealth along with a copy of the front and back of the patient's insurance card(s).
 - **Fax:** 203.786.3418
 - **Mailing Address:** PGxHealth LLC
Five Science Park
New Haven, CT 06511
Attn: *FAMILION* Clinical Services
2. If the patient has requested that PGxHealth contact their insurance company for preauthorization prior to testing (option 1 on Form A), a Customer Service Representative will contact the patient with their benefit information once the initial call has been made to the insurance company.
3. When the patient receives the estimate of coverage quoted by the insurance company from PGxHealth and agrees to proceed with testing, a sample collection kit will be mailed to their referring physician. If you wish to request a sample collection kit, please contact *FAMILION* Customer Service (PGxHealth) at 877-274-9432.
4. When you receive your sample collection kit from PGxHealth, assure that all materials on the kit list below are included. Complete the PGxHealth sticker located on the clear plastic specimen container. If you are ordering the Family Specific Analysis, please write the Family Specific Code (GPI#) for this patient on the PGxHealth sticker. This code is found on the index cases report (first individual in the family tested) and can be obtained from the physician who ordered their *FAMILION* Test.
5. If possible, please include a copy of the patient's ECG when you return the sample collection kit to PGxHealth.

For the phlebotomist:

1. Complete the information on the PGxHealth sticker affixed to the clear plastic sample collection box including patient and physician information, test type and the date of sample collection.
2. Before filling 2 purple-top tubes, write the patient's initials and date of birth on the included bar-code labels and affix a bar-code to each tube. Be sure to place the label lengthwise on the tube, not around it.

NOTE: USE THE 4ML TUBES FOR CHILDREN AGED LESS THAN 5 YEARS OR BODY WEIGHT LESS THAN 60 POUNDS.

3. **Discard the outer *FAMILION* labeled box. This box is not to be used for return shipping to PGxHealth.**
 - Place the sample tubes in the plastic specimen box. Place the plastic specimen box into one of the waterproof bags. Place the waterproof bag containing the specimen box into the cardboard shipping container.
 - Place the bar-coded copy of the ECG in the second waterproof bag and place it into the shipping container.
 - Seal the shipping container by placing 2 round clear stickers to the front flap.
 - Affix the preprinted shipping bill to the top of the shipping container and ship on the day of collection.

List of materials included in the sample collection kit

- a. PGxHealth sticker (affixed to clear plastic specimen container)
- b. Patient Information Booklet
- c. *FAMILION* Test Tech Sheet
- d. Return shipping container
- e. Plastic sample box containing 2 EDTA tubes if the patient's weight was known at the time of kit shipment (2 X 9ml or 2 X 4ml purple top tubes) or 4 EDTA tubes if the patient's weight was unknown (if 4 tubes are received, please use only 2 4ml EDTA tubes if the patient is aged less than 5 years or body weight under 60 lbs or 2 9ml EDTA tubes if the patient is aged over 5 years or body weight over 60lbs)
- f. 2 waterproof bags
- g. 3 bar coded stickers with HT identification numbers
- h. Pre-printed shipping bill
- i. 2 round clear stickers for sealing shipping container.