# INFORMATION THAT CAN GIVE YOU PEACE OF MIND

Medications are usually prescribed at standard doses that may work for some people, but may be too much or not enough for others.

Pharmacogenetic tests analyse your DNA to help determine how you metabolise medications. These tests can provide your doctor with useful information to help tailor your medication(s) to maximise benefit and minimise side effects. Your doctor uses this information in conjunction with other health and lifestyle factors that may affect your body's response to medication.

Your DNA doesn't change over time, meaning your DNA medication report will have lifelong relevance.

**Your DNA medication report includes information on:**

- ✓ Includes information about your body's expected response to certain prescribed medication(s)
- ✓ Is supported by extensive clinical studies
- ✓ Has lifetime relevance- includes secure online access to all your results. You can request your results from your Doctor.

***Reduce the trial and error with medications and personalise your prescriptions today.***

# WHAT TO EXPECT WHEN YOUR DOCTOR ORDERS A DNA MEDICATION TEST

**REQUEST FORM**
Your doctor will discuss the test with you and provide you with a pathology test request form.

**PAYMENT**
As this test is not covered by Medicare, you will need to prepay by visiting www.gdpay.com.au. Please make sure you write down the receipt number and take it with you to the collection centre. For enquiries please call Customer Care on 1800 822 999.

**SAMPLE COLLECTION**
Visit any QML Pathology Collection Centre with request form for blood collection.

**RESULTS READY**
**Results will be delivered to your doctor approximately two weeks after collection.**

**LIFETIME RELEVANCE**
**You can request your unique access code from your doctor to access your results.**

**For enquiries, please call 1800 822 999**
or go to **www.genomicdiagnostics.com.au**

Specialist Diagnostic Services, ABN 84 007 190 043 APA No. 000042, trading as QML Pathology. IS-MKT-089. V1 Feb 19

# YOU ARE UNIQUE. YOUR MEDICATION SHOULD BE TOO.

**Testing your DNA to determine how you metabolise medications can help your doctor to prescribe you the best medication and the right dose.**

myDNA™ Genomic Diagnostics QML Pathology
Specialists in Private Pathology since the 1920s

## AVAILABLE FOR

- Mental Health Medications
- Pain Relieving Medications
- Multiple Medications

# THE SAME MEDICATION CAN AFFECT EACH PERSON DIFFERENTLY

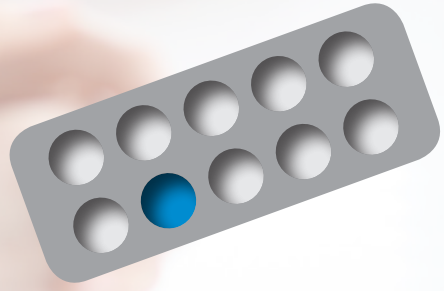
Genetic variation between people means that individuals may respond to medications differently. Some people can process medications more quickly and efficiently, and some people can process them more slowly. Each of these scenarios means that a different dose or a different medication might be more effective for any given person. A pharmacogenomic test analyses how some of your genes affect your response to certain medications and can be requested by your doctor to help guide a prescription for a range of medication types.

***The latest research and relevant medical and therapeutic guidelines are continually reviewed to ensure that the most up to date information is provided to you.***

The DNA medication tests cover many commonly prescribed medications, including certain:

- ✓ ANTIDEPRESSANTS
- ✓ ANTIPSYCHOTICS
- ✓ PAIN RELIEVERS
- ✓ STATINS
- \+ MORE


At least **70%** of people who have taken a DNA medication test have a finding[1] that could affect current or future medications.



Up to **1 IN 10** people may process certain medications[2] too slowly, which may increase the risk of side effects

Up to **1 IN 3** people may process certain medications[2] too quickly, which may increase the risk of treatment failure.

1. A finding that is predictive of altered drug metabolism. Based on an analysis of more than 4000 myDNA test results.
2. Hicks JK, Sangkuhl K, Swen JJ, Ellingrod VL, Muller DJ, Shimoda K, *et al*. Clinical pharmacogenetics implementation consortium guideline (CPIC) for CYP2D6 and CYP2C19 genotypes and dosing of tricyclic antidepressants: 2016 update. Clin Pharmacol Ther. 2017;102(1):37-44.