

Procedure	Specimen	Result	Units	Ref Interval	Accession	Collected	Received	Reported/Verified
CYP PANEL	Specimen	Whole Blood			20-070-900320	10-Mar-20 15:37:00	10-Mar-20 15:37:00	11-Mar-20 13:24:02
CYP2C19	Genotype	Neg/Neg			20-070-900320	10-Mar-20 15:37:00	10-Mar-20 15:37:00	11-Mar-20 13:24:02
CYP2C8	Genotype	Neg/Neg			20-070-900320	10-Mar-20 15:37:00	10-Mar-20 15:37:00	11-Mar-20 13:24:02
CYP2C9	Genotype	Neg/Neg			20-070-900320	10-Mar-20 15:37:00	10-Mar-20 15:37:00	11-Mar-20 13:24:02
CYP2D6	Genotype	Neg/Neg			20-070-900320	10-Mar-20 15:37:00	10-Mar-20 15:37:00	11-Mar-20 13:24:02
CYP3A4	Genotype	Neg/Neg			20-070-900320	10-Mar-20 15:37:00	10-Mar-20 15:37:00	11-Mar-20 13:24:02
CYP3A5	Genotype	Neg/Neg			20-070-900320	10-Mar-20 15:37:00	10-Mar-20 15:37:00	11-Mar-20 13:24:02
CYP PANEL	Interpretation	See Note f			20-070-900320	10-Mar-20 15:37:00	10-Mar-20 15:37:00	11-Mar-20 13:24:02
CYP PANEL	GeneDose Link	See Note			20-070-900320	10-Mar-20 15:37:00	10-Mar-20 15:37:00	11-Mar-20 13:24:02

10-Mar-20 15:37:00 CYP PANEL Interpretation:

This result has been reviewed and approved by Rong Mao, M.D.

10-Mar-20 15:37:00 CYP PANEL Interpretation:  
 BACKGROUND INFORMATION: Cytochrome P450 Genotyping Panel

CHARACTERISTICS: The cytochrome P450 (CYP) isozymes 2C19, 2C8, 2C9, 2D6 and the CYP3A subfamily are involved in the metabolism of many drugs. Variants in the genes that code for CYP2C19, CYP2C8, CYP2C9, CYP2D6, CYP3A4 and CYP3A5 will influence pharmacokinetics of respective substrates, and may predict or explain non-standard dose requirements, therapeutic failure or adverse reactions.

INHERITANCE: Autosomal codominant.

CAUSE: Gene variants affect enzyme expression or activity.

VARIANTS TESTED:

Variants are numbered according to the following transcripts: CYP2C19 (NM\_000769), CYP2C8 (NM\_000770), CYP2C9 (NM\_000771), CYP2D6 (M33388 sequence), CYP3A4 (NM\_017460) and CYP3A5 (NM\_000777).

Negative: No variants detected is predictive of the \*1 functional allele.

CYP2C19\*2: rs4244285, c.681G>A; rs12769205, c.332-23A>G

CYP2C19\*3: rs4986893, c.636G>A

CYP2C19\*4: rs28399504, c.1A>G

CYP2C19\*5: rs56337013, c.1297C>T

CYP2C19\*6: rs72552267, c.395G>A

CYP2C19\*7: rs72558186, c.819+2T>A

CYP2C19\*8: rs41291556, c.358T>C

CYP2C19\*9: rs17884712, c.431G>A

CYP2C19\*10: rs6413438, c.680C>T

CYP2C19\*15: rs17882687, c.55A>C

CYP2C19\*17: rs12248560, c.-806C>T

CYP2C19\*35: rs12769205, c.332-23A>G

CYP2C8\*1C: rs17110453, c.-370T>G

CYP2C8\*2: rs11572103, c.805A>T

CYP2C8\*3: rs10509681, c.1196A>G

CYP2C8\*4: rs1058930, c.792C>G

CYP2C9\*2: rs1799853, c.430C>T

CYP2C9\*3: rs1057910, c.1075A>C

\* Abnormal, # = Corrected, C = Critical, f = Footnote, H = High, L = Low, t = Interpretive Text, @ = Reference Lab

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CYP2C9\*4: rs56165452, c.1076T>C  
CYP2C9\*5: rs28371686, c.1080C>G  
CYP2C9\*6: rs9332131, c.818del  
CYP2C9\*8: rs7900194, c.449G>A  
CYP2C9\*11: rs28371685, c.1003C>T

CYP2D6\*2: rs16947, g.2850C>T; rs1135840, g.4180G>C  
CYP2D6\*2A: rs1080985, g.-1584C>G; rs16947, g.2850C>T; rs1135840, g.4180G>C  
CYP2D6\*3: rs35743686, g.2549del  
CYP2D6\*4: rs1065852, g.100C>T; rs3892097, g.1846G>A; rs1135840, g.4180G>C  
CYP2D6\*5: gene deletion  
CYP2D6\*6: rs5030655, g.1707del; rs1135840, g.4180G>C  
CYP2D6\*7: rs5030867, g.2935A>C  
CYP2D6\*8: rs5030865, g.1758G>T; rs16947, g.2850C>T; rs1135840, g.4180G>C  
CYP2D6\*9: rs5030656, g.2615\_2617del  
CYP2D6\*10: rs1065852, g.100C>T; rs1135840, g.4180G>C  
CYP2D6\*11: rs1080985, g.-1584C>G; rs201377835, g.883G>C; rs16947, g.2850C>T; rs1135840, g.4180G>C  
CYP2D6\*12: rs5030862, g.124G>A; rs16947, g.2850C>T; rs1135840, g.4180G>C  
CYP2D6\*13: a CYP2D7-derived exon 1 conversion  
CYP2D6\*14: rs5030865, g.1758G>A; rs16947, g.2850C>T; rs1135840, g.4180G>C  
CYP2D6\*15: rs774671100, g.137\_138insT  
CYP2D6\*17: rs28371706, g.1023C>T; rs16947, g.2850C>T; rs1135840, g.4180G>C  
CYP2D6\*29: rs16947, g.2850C>T; rs59421388, g.3183G>A; rs1135840, g.4180G>C  
CYP2D6\*35: rs769258, g.31G>A; rs16947, g.2850C>T; rs1135840, g.4180G>C; rs1080985, g.-1584C>G  
CYP2D6\*36: a CYP2D6\*10 carrying a CYP2D7-derived exon 9 conversion  
CYP2D6\*36-\*10: a CYP2D6\*36 and a CYP2D6\*10 in tandem  
CYP2D6\*41: rs16947, g.2850C>T; rs28371725, g.2988G>A; rs1135840, g.4180G>C  
CYP2D6\*45: rs28371710, g.1716G>A; rs16947, g.2850C>T; rs1135840, g.4180G>C  
CYP2D6\*46: rs28371696, g.77G>A; rs28371710, g.1716G>A; rs16947, g.2850C>T; rs1135840, g.4180G>C  
CYP2D6\*49: rs1065852, g.100C>T; rs1135822, g.1611T>A; rs1135840, g.4180G>C  
CYP2D6\*53: rs1135822, g.1611T>A  
CYP2D6\*69: rs1065852, g.100C>T; rs16947, g.2850C>T; rs28371725, g.2988G>A; rs1135840, g.4180G>C  
CYP2D6\*114: rs1065852, g.100C>T; rs5030865, g.1758G>A; rs16947, g.2850C>T; rs1135840, g.4180G>C  
DUP: complete gene duplications

CYP3A4\*1B: rs2740574, c.-392G>A  
CYP3A4\*15: rs4986907, c.485G>A  
CYP3A4\*22: rs35599367, c.522-191C>T

CYP3A5\*3: rs776746, c.219-237A>G  
CYP3A5\*6: rs10264272, c.624G>A  
CYP3A5\*7: rs41303343, c.1035dup

CLINICAL SENSITIVITY: Drug-dependent.  
METHODOLOGY: Polymerase chain reaction (PCR) and fluorescence monitoring.  
ANALYTICAL SENSITIVITY AND SPECIFICITY: Greater than 99 percent.  
LIMITATIONS: Only the targeted variants will be detected by this panel, and assumptions about phase and content are made to assign alleles. Publically available sources such as the www.pharmvar.org or www.pharmgkb.org provide guidance on phenotype predictions and

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allele frequencies. A combination of the CYP2D6\*5 (gene deletion) and a CYP2D6 gene duplication cannot be specifically identified; however, this combination is not expected to adversely affect the phenotype prediction. Diagnostic errors can occur due to rare sequence variations. Risk of therapeutic failure or adverse reactions with gene substrates may be affected by genetic and non-genetic factors that are not detected by this test. This result does not replace the need for therapeutic drug or clinical monitoring.

Please note the information contained in this report does not contain medication recommendations, and should not be interpreted as recommending any specific medications. Any dosage adjustments or other changes to medications should be evaluated in consultation with a medical provider.

See Compliance Statement C: [www.aruplab.com/CS](http://www.aruplab.com/CS)