

Client: Example Client ABC123  
123 Test Drive  
Salt Lake City, UT 84108  
UNITED STATES

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** Unknown  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Cytochrome P450 Genotyping Panel**

ARUP test code 3001524

CYP PANEL Specimen	whole blood	
CYP2C19 Genotype	*1/*2	
CYP2C19 Phenotype	<b>Intermediate</b>	*
CYP2C8 Genotype	*1/*2	
CYP2C8 Phenotype	<b>Intermediate</b>	*
CYP2C9 Genotype	*1/*5	
CYP2C9 Phenotype	<b>Intermediate</b>	*
CYP2C Cluster Geno	<b>Heterozygous</b>	*
CYP2C Cluster Pheno	<b>See Note</b>	*
CYP2D6 Genotype	*1/*4	
CYP2D6 Phenotype	<b>Intermediate</b>	*
CYP3A4 Genotype	*1/*22	

**H=High, L=Low, \*=Abnormal, C=Critical**

Unless otherwise indicated, testing performed at:

CYP3A4 Phenotype	<b>Intermediate</b>	*
CYP3A5 Genotype	*1/*3	
CYP3A5 Phenotype	<b>Intermediate</b>	*
CYP2B6 Genotype	*1/*6	
CYP2B6 Phenotype	<b>Intermediate</b>	*
CYP PANEL Interpretation	See Note	

**H=High, L=Low, \*=Abnormal, C=Critical**

he following CYP2C19 allele(s) were detected: \*1/\*2. This result predicts the intermediate metabolizer phenotype.

Recommendation: Guidelines for genotype-based dosing are published by the Clinical Pharmacogenetics Implementation Consortium (CPIC) and can be found at: <https://cpicpgx.org/> and <https://www.pharmgkb.org/>.

The following CYP2C8 alleles were detected: \*1/\*2  
The metabolizer phenotype is drug-dependent.

The following CYP2C9 allele(s) were detected: \*1/\*5. This result predicts the intermediate metabolizer phenotype, with an activity score of 1.5 of 2.

Recommendation: Guidelines for genotype-based dosing are published by the Clinical Pharmacogenetics Implementation Consortium (CPIC) and can be found at: <https://cpicpgx.org/> and <https://www.pharmgkb.org/>.

One copy of the 2C cluster rs12777823 was detected. This variant is associated with reduced warfarin dose requirement in some individuals of African ancestry.

The following CYP2D6 allele(s) were detected: \*1/\*4. This result predicts the intermediate metabolizer phenotype with an activity score estimated at 1 of 2.

Recommendation: Guidelines for genotype-based dosing are published by the Clinical Pharmacogenetics Implementation Consortium (CPIC) and can be found at: <https://cpicpgx.org/> and <https://www.pharmgkb.org/>.

The following CYP3A4 allele(s) were detected: \*1/\*22. This result predicts the intermediate metabolizer phenotype.

The following CYP3A5 allele(s) were detected: \*1/\*3. This result predicts the intermediate metabolizer phenotype.

Recommendation: Guidelines for genotype-based dosing are published by the Clinical Pharmacogenetics Implementation Consortium (CPIC) and can be found at: <https://cpicpgx.org/> and <https://www.pharmgkb.org/>.

The following CYP2B6 alleles were detected: \*1/\*6. This result predicts the intermediate metabolizer phenotype.

Recommendation: Guidelines for genotype-based dosing are published by the Clinical Pharmacogenetics Implementation Consortium (CPIC) and can be found at: <https://cpicpgx.org/> and <https://www.pharmgkb.org/>.

This result has been reviewed and approved by [REDACTED]

**BACKGROUND INFORMATION: Cytochrome P450 Genotyping Panel**

Characteristics: The cytochrome P450 (CYP) isozymes 2B6, 2C19, 2C8, 2C9, 2D6 and the CYP3A subfamily are involved in the metabolism of many drugs. Variants in the genes that code for CYP2B6, CYP2C19, CYP2C8, CYP2C9, CYP2D6, CYP3A4, and CYP3A5, and CYP2C cluster (rs12777823) loci, will influence pharmacokinetics of respective substrates, and may predict or explain nonstandard dose requirements, therapeutic failure, or adverse reactions.

Inheritance: Autosomal codominant.

Cause: Gene variants affect enzyme function.

Variants Tested:

(Variants are numbered according to the following transcripts: CYP2C19 NM\_000769, CYP2C8 NM\_000770, CYP2C9 NM\_000771, 2C cluster rs12777823, CYP2D6 M33388 sequence, CYP3A4 NM\_017460 and CYP3A5 NM\_000777,

**H=High, L=Low, \*=Abnormal, C=Critical**

CYP2B6 NM\_000767).

\*1: Indicative of no detected targeted variants and an assumption of functional allele.

CYP2C19\*2: rs4244285, c.681G>A; rs12769205, c.332-23A>G  
 CYP2C19\*3: rs4986893, c.636G>A  
 CYP2C19\*4A: rs28399504, c.1A>G  
 CYP2C19\*4B: rs28399504, c.1A>G; rs12248560, c.-806C>T  
 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\*17: rs12248560, c.-806C>T  
 CYP2C19\*35: rs12769205, c.332-23A>G

CYP2C8\*2: rs11572103, c.805A>T  
 CYP2C8\*3: rs10509681, c.1196A>G  
 CYP2C8\*4: rs1058930, c.792C>G

CYP2C rs12777823, g.96405502 G>A

CYP2C9\*2: rs1799853, c.430C>T  
 CYP2C9\*3: rs1057910, c.1075A>C  
 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  
 CYP2C9\*12: rs9332239, c.1465C>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\*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\*40: rs28371706, g.1023C>T, rs16947, g.2850C>T; rs1135840, g.4180G>C; rs72549356, c.1863\_1864ins TTTCGCCCCITTCGCCCC  
 CYP2D6\*41: rs16947, g.2850C>T; rs28371725, g.2988G>A; rs1135840, g.4180G>C  
 CYP2D6\*42: rs16947, g.2850C>T; rs1135840, g.4180G>C; rs72549346, g.3260\_3261insGT  
 CYP2D6\*49: rs1065852, g.100C>T; rs1135822, g.1611T>A; rs1135840, g.4180G>C  
 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,

**H=High, L=Low, \*=Abnormal, C=Critical**

g.2850C>T; rs1135840, g.4180G>C  
DUP: complete gene duplications

CYP2B6\*4: rs2279343, c.785A>G  
CYP2B6\*6: rs3745274, c.516G>T; rs2279343, c.785A>G  
CYP2B6\*7: rs3745274, c.516G>T; rs2279343, c.785A>G; rs3211371, c.1459C>T  
CYP2B6\*9: rs3745274, c.516G>T  
CYP2B6\*18: rs28399499, c.983T>C  
CYP2B6\*22: rs34223104, c.-82T>C  
CYP2B6\*36: rs34223104, c.-82T>C; rs3745274, c.516G>T; rs2279343, c.785A>G

CYP3A4\*1A: rs2740574, c.-392G>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. Sequencing is only performed if needed to characterize a duplicated CYP2D6 gene.  
Analytic 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. Publicly available sources such as the [www.pharmvar.org](http://www.pharmvar.org) or [www.pharmgkb.org](http://www.pharmgkb.org) provide guidance on phenotype predictions and 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 nongenetic 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.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

EER CYPP450 Panel

See Note

[REDACTED]

[REDACTED]

**H=High, L=Low, \*=Abnormal, C=Critical**

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
CYP PANEL Specimen	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP2C19 Genotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP2C19 Phenotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP2C8 Genotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP2C8 Phenotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP2C9 Genotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP2C9 Phenotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP2C Cluster Geno	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP2C Cluster Pheno	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP2D6 Genotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP2D6 Phenotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP3A4 Genotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP3A4 Phenotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP3A5 Genotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP3A5 Phenotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP2B6 Genotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP2B6 Phenotype	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CYP PANEL Interpretation	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER CYPP450 Panel	24-137-104439	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, \*=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com  
500 Chipeta Way, Salt Lake City, UT 84108-1221  
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example  
ARUP Accession: 24-137-104439  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
Page 6 of 6 | Printed: 5/20/2024 12:54:50 PM  
4848