CYP2C19 Genotyping Report

Patient Name:	John Black	**Ordering Clinician:**	Dr Test Doctor	**Approved By:**	Dr Keith Byron
Date of Birth:	20th May 2003	**Referring Lab:**	Sunquest Lab	**Accreditation No:**	020374
Report Date:	10th June 2022	**Referring Lab No:**	22-2939393		
Collection Date:	1st June 2022			**Requisition No:**	BP-0000-0000-1234
Received at Lab Date:	7th June 2022			**Sample Identifier:**	2200274

TEST RESULTS

Gene	Genotype	Phenotype
CYP2C19	*3/*3	Poor Metaboliser

MEDICATION ASSESSMENT

Warning: All medication decisions & adjustments must be in consultation with the treating clinician. The information contained in this report is intended to be interpreted by a treating clinician. This report is not intended to take the place of professional medical advice. Decisions on the use of medications must be made only after consulting with the treating clinician and should consider the patient's medical history and current treatment regimen.

Alert to consider Standard precautions

Medication	Gene(s)	Alert	Alert Description	Source
Clopidogrel	CYP2C19 (PM)	⚠	Significantly reduced clopidogrel active metabolite formation. Avoid clopidogrel, if possible. Use prasugrel or ticagrelor at standard dose if no contraindication.	CPIC

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REPORT KEYS

Phenotype Abbreviations	
UM	Ultrarapid metaboliser
RM	Rapid metaboliser
NM	Normal metaboliser
IM	Intermediate metaboliser
PM	Poor metaboliser

Guidance Source	
FDA	U.S. Food & Drug Administration / www.fda.gov
CPIC	Clinical Pharmacogenetics Implementation Consortium / www.cpicpgx.org
DPWG	Dutch Pharmacogenetics Working Group / www.upgx.eu

METHODOLOGY

Analysis was performed using methods developed and validated by BasePair Genomics. Patient genomic DNA was analyzed by the MassARRAY® System using primers and probes designed by Agena Bioscience and BasePair Genomics. This assay detects the variants and alleles listed below.

CYP2C19	*2, *3, *17

ASSAY LIMITATIONS

Rare variants not detected by this assay may be present but not reported. Such undetected genetic and/or non-genetic factors such as drug-drug interactions, may impact the phenotype.

Test performance may be limited by the presence of PCR inhibitors in the patient's sample or by a low quantity or quality of extracted DNA. These interferents and limitations typically produce failure to amplify (no result) rather than an inaccurate result. The presence of rare or otherwise unidentified nearby variants may also affect test performance at the targeted locations. Test results and clinical interpretation may be inaccurate in patients who have undergone tissue transplant therapy.