

NAME : Report,ID ACC #: P241070004 **DOB:** 1/1/2001

SEX:

SPECIMEN DETAILS

SPECIMEN TYPE: Buccal Swab **COLLECTION DATE:** 4/16/2024 4:21 PM **RECEIVED DATE:** 4/16/2024 4:25 PM

REPORT DATE: 4/16/2024

PROVIDER:

PROVIDER INFORMATION

ORDERING PHYSCIAN: Doctor Test



Pharmacogenomic Test

Thank you for choosing Omni Health Diagnostics Test. This report contains four color-coded sections to easily show whether there is a genetic predisposition that may affect the patient's response to drugs or indicate the potential for adverse effects.

Patient: Report,ID



Rx Medication Review

a list of prescribed drugs and any gene or drug interactions



Drug Guide

a drug focused report by therapeutic category



Summary of Genes Tested

a summary of your results for all genes tested.



Detailed Explanation of Findings

a more informative view of drug and gene relationships

This is a matrix of all drugs currently prescribed and contemplated. The matrix determines if there is any drugto-drug or drug-to-gene interaction for the medications provided. Visit the online portal to view how any changes to these drugs may impact risk of drug-to-drug or drug-togene interactions.

We illustrate the impact of the tested genes on the most commonly prescribed medications. Simply identify therapeutic category of interest and review the impact of genetics on these drugs listed by medication name (both brand and generic). The impact of genetics as shown in the drug guide is derived by considering ALL tested genes that are relevant for each listed drug (also called combinatorial pharmacogenetics).

We show the patient's genotype and phenotype for each of the genes tested. This summary helps to quickly understand how your genes are impacting your medication's effectiveness.

We look at each gene separately and explains how the genotype and phenotype may impact drug responses. For each tested gene, the report shows how the phenotype impacts drugs, along with a list of the most commonly prescribed drugs affected by each gene.

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Molecular PGX PGx - Infectious Disease Panel Report

Curre	Current Patient Medications: All provided medications as of 4/16/2024				
√	Azithromycin	Azithromycin - Standard Precautions			
√	Clindamycin	Clindamycin - Standard Precautions			
√	Clotrimazole	Clotrimazole - Standard Precautions			
√	Oseltamivir	Oseltamivir - Standard Precautions			
√	Tetracycline	Tetracycline - Standard Precautions			
	,	Note: DDI = Drug-Drug Interactions as found by DrugBank			

GUIDANCE LEVELS



A medication has potentially reduced efficacy, increased toxicity or the patient has an increased risk for the indicated condition.



Guidelines exist for adjusting dosage, increased vigilance or the patient has a moderate risk for indicated condition.



The medication can be prescribed according to standard regimens or the patient's risk for the indicated condition is not increased.

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Potentially Impacted Medications:

DRUG GUIDE

These lists of drugs are categorized to reflect whether a genetic predisposition indicates that there may be issues with regard to drug response or adverse effects.

Category	Drug Class	Standard Precaution	Use With Caution	Consider Alternatives
Antidiabetic		tolbutamide (Orinase) Chlorpropamide (Diabinese) glimepiride (Amaryl) glipizide (Glucotrol) glyburide (Diabeta, Micronase) Nateglinide (Starlix) Repaglinide (Prandin, Prandimet)		
Anti-Infectives		efavirenz (Sustiva) clarithromycin (Biaxin) ritonavir (Norvir) saquinavir (Invirase) telithromycin (Ketek) erythromycin (E-Mycin) indinavir (Crixivan)	nelfinavir (Viracept)	
Cardiovascular	Antianginal	ranolazine (Ranexa)		
	Antiarrhythimcs	Amiodarone (Nexterone, Pacerone) Disopyramide (Norpace) dofetilide (Tikosyn) flecainide (Tambocor) Mexiletine (Mexitil) propafenone (Rythmol) quinidine (Quinidine) Sotalol (Betapace, Sorine, Sotylize)		
	Anticoagulants	Apixaban (Eliquis) Betrixaban (Bevyxxa) Prasugrel (Effient) rivaroxaban (Xarelto) ticargelor (Brilinta) Vorapaxar (Zontivity) warfarin (Coumadin, Jantoven)	clopidogrel ++ (Plavix)	



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DRUG GUIDE

These lists of drugs are categorized to reflect whether a genetic predisposition indicates that there may be issues with regard to drug response or adverse effects.

Category	Drug Class	Standard Precaution	Use With Caution	Consider Alternatives
	Antihypertensive	carvedilol (Coreg)	Azilsartan medoxomil	
		amlodipine (Norvasc)	(Edarbi, Edarbyclor)	
		Atenolol (Tenormin)		
		Bisoprolol (Zebeta)		
		Candesartan cilexetil		
		(Atacand)		
		diltiazem (Cardizem)		
		felodipine (Plendil)		
		Irbesartan (Avapro)		
		Labetalol (Normodyne,		
		Trandate)		
		lercanidipine (Zanidip)		
		losartan (Cozaar, Hyzaar)		
		metoprolol (Lopressor,		
		Toprol)		
		nebivolol (Bystolic)		
		nifedipine (Adalat,		
		Procardia)		
		nisoldipine (Sular)		
		nitrendipine (Baypress)		
		Olmesartan (Benicar)		
		propanolol (Inderal)		
		Telmisartan (Micardis)		
		timolol (Blocadren)		
		Valsartan (Diovan,		
		Entresto)		
	Cholesterol Lowering			
	_	atorvastatin (Lipitor,		
		Caduet)		
		fluvastatin (Lescol)		
		lovastatin (Mevacor,		
		Altoprev, Advior)		
		pravastatin (Pravachol)		
		rosuvastatin (Crestor)		
		simvastatin (FloLip, Zocor)		
Cholinesterase				
nhibitors		Donepezil (Aricept)		
		Galantamine (Razadyne,		
		Reminyl)		
		Memantine (Namenda)		
		Rivastigmine (Exelon)		
Gastrointestinal	1		Dexlansoprazole	
-usti Sintestinai	•		(Dexilant, Kapidex)	
			esomeprazole (Nexium)	
			lansoprazole (Prevacid)	
			omeprazole (Prilosec)	
			pantoprazole (Protonix)	
			rabeprazole (Aciphex)	

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DRUG GUIDE

These lists of drugs are categorized to reflect whether a genetic predisposition indicates that there may be issues with regard to drug response or adverse effects.

Category	adverse effects. Drug Class	Standard Precaution	Use With Caution	Consider Alternatives
- Lategory	Antiemetics	Standard Freedation	Jac With Caution	Consider Attendatives
	Antiemetics	Apropitant (Emond oral)		
		Aprepitant (Emend-oral) Dolasetron (Anzemet)		
		Dronabinol (Marinol)		
		Granisetron (Sancuso,		
		Sustol)		
		Metoclopramide (Reglan)		
		Ondansetron (Zofran,		
		Zuplenz)		
		Rolapitant (Varubi)		
mmunological				
· y		cyclosporine (Gengraf)		
		hydrocortisone		
		tacrolimus (Prograf,		
		Protopic)		
		zafirlukast (Accolate)		
	Cholinergic Agonists			
		Cevimeline (Evoxac)		
	Selective			
	Immunosuppressants	Siponimod (Mayzent)		
Infections	Antifungals		Voriconazole (Vfend)	
ccaons	Airtinunguis	Fluconazole (Diflucan)	vonconazore (viena)	
		Itraconazole (Sporanox)		
Miscellaneous		,		
Metabolic Agents		Eliglustat (Cerdelga)		
_	ADUD D	Liigidatat (cerdeiga)		
Neuropsychiatric	ADHD Drug	aranhataraina (Addarall		
		amphetamine (Adderall, Evekeo)		
		atomoxetine (Strattera)		
		Clonidine (Kapvay)		
		Dextroamphetamine		
		(Dexadrine)		
		Guanfacine (Intuniv)		
		Lisdexamfetamine		
		(Vyvanse)		
		Methylphenidate (Ritalin,		
		Aptensio XR, Concerta,		
		Metadate, Quillivant ER)		
	Antiaddictives			
		Lofexidine (Lucemyra)		

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DRUG GUIDE

These lists of drugs are categorized to reflect whether a genetic predisposition indicates that there may be issues with regard to drug response or adverse effects.

Category	Drug Class	Standard Precaution	Use With Caution	Consider Alternatives
	Anticonvulsants	tiagabine (Gabitril) carbamazepine (Tegretol, Carbatrol, Epitol) Felbamate (Felbatol) Lamotrigine (Lamictal) Levetiracetam (Keppra) Oxcarbazepine (Trileptal, Oxtellar XR) phenytoin (Dilantin) Pregabalin (Lyrica) Primidone (Mysoline) Topiramate (Topamax) Valproic acid (Topamax) zonisamide (Zonegran)		
	Antidepressant	venlafaxine (Effexor) vilazodone (Viibryd) paroxetine (Paxil, Brisdelle) amitriptyline (Elavil) buproprion (Wellbutrin, Zyban) desipramine (Norpramin) desvenlafaxine (Pristiq) Maprotiline (Ludiomil) mirtazapine (Remeron) nefazodone (Serzone) nortriptyline (Aventyl,Pamelor) fluoxetine (Prozac, Sarafem) Fluvoxamine (Luvox) Protriptyline (Vivactil) Vortioxetine (Trintellix) trazodone (Oleptro)	citalopram (Celexa) clomipramine (Anafranil) doxepin (Sinequan, Silenor, Prudoxin, Zonalon) escitalopram (Lexapro) sertraline (Zoloft) imipramine (Tofranil) Trimipramine (Surmontil)	
	Antiemetics	Meclizine (Antivert)		

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These lists of drugs are categorized to reflect whether a genetic predisposition indicates that there may be issues with regard to drug response or adverse effects.

Category	Drug Class	Standard Precaution	Use With Caution	Consider Alternatives
	Antipsychotic	perphenazine (Trilafon)		
		aripiprazole (Abilify,		
		Aristada)		
		asenapine (Saphris)		
		Brexpiprazole (Rexulti)		
		Cariprazine (Vraylar)		
		chlorpromazine		
		(Thorazine)		
		clozapine (Clozaril)		
		Fluphenazine (Prolixin)		
		haloperidol (Haldol)		
		lloperidine (Fanapt)		
		lurasidone (Latuda)		
		olanzapine (Zyprexa)		
		Pimozide (Orap)		
		promazine (Sparine)		
		quetiapine (Seroquel)		
		risperidone (Risperdal)		
		thioridazine (Mellaril)		
		ziprasidone (Geodon)		
	Anxiolytic		phenobarbital	
	, and it is	alprazolam (Xanax)	diazepam (Valium)	
		buspirone (BuSpar)	Clobazam (Onfi)	
		Clonazepam (Klonipin)	Clobazam (Om)	
		midazolam (Versed)		
		triazolam (Halcion)		
		zolpidem (Ambien)		
		Zoipideiii (/ liiibieii)		
	Other	B		
		Dextromethorphan		
		(Nuedexta)		
		Tetrabenazine (Xenazine)		
		Valbenazine (Ingrezza)		
	Pain Management			
		duloxetine (Cymbalta)		
	Precognitive Drug			
		tacrine (Cognex)		
Oncology		ifosfamide (Ifex)		
Jicology		docetaxel (Taxotere)		
		vincristine (Vincasar,		
		Oncovin)		
Other				
		caffeine		
		theophylline (Theo-24,		
		Elixophylline, Theochron)		
Pain Manageme	ent			
. .		Acetylsalicylic acid		
		(Aspirin)		



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These lists of drugs are categorized to reflect whether a genetic predisposition indicates that there may be issues with regard to drug response or adverse effects.

Category	Drug Class	Standard Precaution	Use With Caution	Consider Alternatives
	Muscle Relaxant			
		cyclobenzaprine (Flexaril,		
		Amrix)		
		Methocarbamol (Robaxin) Milnacipran (Savella)		
		tizanidine (Zanaflex)		
	NSAID	ibuprofen (Advil, Motrin)		
		Acetaminophen (Tylenol)		
		celecoxib (Celebrex)		
		Diclofenac (Voltaren)		
		Flurbiprofen (Ansaid, Ocufen)		
		Indomethacin (Indocin,		
		Tivorbex)		
		Ketorolac (Toradol)		
		Meloxicam (Mobic) Nabumetone (Relafen)		
		naproxen (Aleve)		
		Piroxicam (Feldene)		
		ropivacaine (Naropin)		
	Opioids	meperidine (Demerol)	tapentadol (Nucynta)	
		methadone (Dolophine)	carisoprodol++ (Soma)	
		tramadol++ (Ultram) alfentanil (Alfenta)		
		Benzhydrocodone		
		(Apadaz)		
		Buprenorphine (Butrans,		
		Buprenex)		
		buprenorphine/naloxone (Suboxone, Zubsolv,		
		Bunavail)		
		codeine++ (Codeine,		
		Fioricet with codeine)		
		fentanyl (Actiq, Duragesic, Sublimaze)		
		hydrocodone++ (Vicodin)		
		Hydromorphone		
		(Dilaudid, Exalgo)		
		Morphine (MS Contin) oxycodone++ (Oxycontin,		
		Percocet)		
		Oxymorphone (Opana,		
		Numorphan)		
	Other			
		lidocaine (xylocaine,		
		Lidoderm) zolmitriptan (Zomig)		
Dhaumatal	Anti	Zominiplan (Zomig)		
Rheumatology	Anti Hyperuricemeics/Anti-	Colchicine (Mitigare)		
	Gout	Febuxostat (Uloric)		
	Immunomodulators	, ,,	Leflunomide (Arava)	
		Apremilast (Otezla)		
		Tofacitinib (Xeljanz)		



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DRUG GUIDE

These lists of drugs are categorized to reflect whether a genetic predisposition indicates that there may be issues with regard to drug response or adverse effects.

Category	Drug Class	Standard Precaution	Use With Caution	Consider Alternatives
Steroids				
		estradiol		
		progesterone		
		testosterone		
Urologicals	5-Alpha Reductase			
J	Inhibitors	Finasteride (Proscar)		
	Alpha-Blockers			
		Doxazosin (Cardura)		
		Silodosin (Rapaflo)		
		Tamsulosin (Flomax)		
		Terazosin (Hytrin)		
	Antispasmodics for			
	ОАВ	Darifenacin (Enablex)		
		Mirabegron (Myrbetriq)		
		Oxybutynin (Ditropan)		
		Solifenacin (Vesicare)		
		Tolterodine (Tolterodine)		
	Erectile Dysfunction			
	j	Avanafil (Stendra)		
		sildenafil (Viagra)		
		Tadalafil (Cialis)		
		Vardenafil (Levitra)		

⁺⁺ Pro-drug; may not be effective in Poor Metabolizers due to inability to metabolize and produce active metabolite

^{*} The enzyme encoded by this gene is a minor metabolic pathway for this drug (of minor clinical importance)

!	Azilsartan medoxomil (Edarbi, Edarbyclor)	Potential risk (CYP2C19: Intermediate Metabolizer)
!	imipramine (Tofranil)	Potential risk (CYP2C19: Intermediate Metabolizer)
!	nelfinavir (Viracept)	Potential risk (CYP2C19: Intermediate Metabolizer)
!	Trimipramine (Surmontil)	Potential risk (CYP2C19: Intermediate Metabolizer)
!	rabeprazole (Aciphex)	Potential risk (CYP2C19: Intermediate Metabolizer)
!	clomipramine (Anafranil)	Potential risk (CYP2C19: Intermediate Metabolizer)
!	phenobarbital	Potential risk (CYP2C19: Intermediate Metabolizer)



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pantoprazole (Protonix)	Potential risk (CYP2C19: Intermediate Metabolizer)
sertraline (Zoloft)	Potential risk (CYP2C19: Intermediate Metabolizer, CYP2B6: Normal Metabolizer)
omeprazole (Prilosec)	Potential risk (CYP2C19: Intermediate Metabolizer)
Clobazam (Onfi)	Potential risk (CYP2C19: Intermediate Metabolizer)
Dexlansoprazole (Dexilant, Kapidex)	Potential risk (CYP2C19: Intermediate Metabolizer)
doxepin (Sinequan, Silenor, Prudoxin, Zonalon)	Potential risk (CYP2C19: Intermediate Metabolizer)
esomeprazole (Nexium)	Potential risk (CYP2C19: Intermediate Metabolizer)
escitalopram (Lexapro)	Potential risk (CYP2C19: Intermediate Metabolizer)
diazepam (Valium)	Potential risk (CYP2C19: Intermediate Metabolizer)
lansoprazole (Prevacid)	Potential risk (CYP2C19: Intermediate Metabolizer)
citalopram (Celexa)	Potential risk (CYP2C19: Intermediate Metabolizer)



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SUMMARY OF YOUR EXTREME RISK GENES

The following is a summary of findings, including your genotype and phenotype for each of your Extreme risk genes.

Extreme Risk Genes

Gene (Genotype)

Phenotype (Gene expression)

What it means

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SUMMARY OF YOUR INCREASED RISK GENES

The following is a summary of findings, including your genotype and phenotype for each of your Increased risk genes.

Increased Risk Genes

Gene (Genotype)	Phenotype (Gene expression)	What it means
CYP2C19 *1/*7	Intermediate Metabolizer	This genotype predicts less than normal metabolic enzyme activity for the enzyme controlled by this gene. Increased potential for drug accumulation and adverse drug reactions. ++ Caution should be observed with pro-drugs, e.g., clopidogrel. Less than normal active metabolite formation is expected and a full effect of the drug may not be achieved.
DPYD DPYD: *1/*1 HapB3: C/C rs67376798: T/T	Intermediate Metabolizer	The fluoropyrimidine anticancer drug 5-fluorouracil (5-FU) and its oral prodrug capecitabine are frequently used in the treatment of a variety of cancers, including breast, colorectal, head and neck and gastric cancer. The dihydropyrimidine dehydrogenase enzyme (DPD), encoded by the gene DPYD, converts the active drug 5-FU into an inactive metabolite. This patient has a mutation that results in reduced DPD activity which may result in decreased clearance of the active drug 5-FU leading to increased drug exposure and adverse side effects. Consider reducing initial dose by 25% and monitor closely for adverse effects and clinical efficacy.

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SUMMARY OF YOUR NORMAL RISK GENES

The following is a summary of findings, including your genotype and phenotype for each of your Normal risk genes.

Normal Risk Genes

Gene (Genotype)	Phenotype (Gene expression)	What it means
CYP2B6 *1/*1	Normal Metabolizer	The patient is an extensive (normal) metabolizer, and changes in metabolism are not generally expected.

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Gene

Oncologic

Pain

PATIENT INFORMATION

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What it means

DETAILED EXPLAINATION OF YOUR CYP2C19 GENE

Phenotype

(Gene expression)

tamoxifen ++

(Nucynta)

The following is a detailed explaination of your CYP2C19 gene, inclusing your genotype, phenotype, and a common medicines metabolized by the gene.

Increased Risk

CYP2C19 *1/*7	Intermediate Metabolizer	This genotype predicts less than normal metabolic enzyme activity for the enzyme controlled by this gene. Increased potential for drug accumulation and adverse drug reactions. ++ Caution should be observed with pro-drugs, e.g., clopidogrel. Less than normal active metabolite formation is expected and a full effect of the drug may not be achieved.
	Common Med	licines Metabolized by CYP2C19
Drug Type	Generic Name (Brand I	Name)
Antivirals, Hormone and Anti-Diabetic		nelfinavir (Viracept), progesterone *, tolbutamide (Orinase) *
GERD	esomeprazole (Nexiu (Protonix), rabeprazol	m), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole le (Aciphex)
Neuropsychiatric	Silenor, Prudoxin, Zonalon), e	clomipramine (Analafril) *, diazepam (Valium), doxepin (Sinequan, scitalopram (Lexapro), imipramine (Tofranil), paroxetine (Paxil) *, n) *, phenobarbital, phenytoin (Dilantin), sertraline (Zoloft),
		*, vilazodone (Viibryd) *

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carisoprodol ++ (Soma), ibuprofen *, meperidine (Demerol), methadone, tapentadol

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⁺⁺ Pro-drug; may not be effective in Poor Metabolizers due to inability to metabolize and produce active metabolite

^{*} The enzyme encoded by this gene is a minor metabolic pathway for this drug (of minor clinical importance)



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DETAILED EXPLAINATION OF YOUR CYP2B6 GENE

The following is a detailed explaination of your CYP2B6 gene, inclusing your genotype, phenotype, and a common medicines metabolized by the gene.

Normal Risk

Gene	Phenotype (Gene expression)	What it means				
CYP2B6 *1/*1	Normal Metabolizer	The patient is an extensive (normal) metabolizer, and changes in metabolism are not generally expected.				
	Common Medi	cines Metabolized by CYP2B6				
Drug Type	Generic Name (Brand Name)					
Miscellaneous		I (Plavix) *, cyclophosphamide (Cytoxan)++, efavirenz (Sustiva), in) *, ifosfamide meperidine, methadone (Demerol) , sertraline ram) *				

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⁺⁺ Pro-drug; may not be effective in Poor Metabolizers due to inability to metabolize and produce active metabolite

^{*} The enzyme encoded by this gene is a minor metabolic pathway for this drug (of minor clinical importance)



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METHOD SUMMARY

Genetic analysis was performed via Real-Time Polymerase Chain Reaction (PCR). Genotyping for Single Nucleotide Polymorphism (SNP) was performed using TagMan® SNP Genotyping Assays, following the extraction of the DNA. For CYP2D6, a separate and distinct PCR reaction was performed, using a TagMan® Copy Number Assay, to measure the number of CYP2D6 copies. The genetic variation and mutation analysis was performed at Omni Health Diagnostics in accordance with the protocols developed by Omni Health Diagnostics. This test is a Laboratory Developed Test (LDT) and has not been approved by the U.S. Food & Drug Administration.

LOCI / MUTATIONS TESTED

*1, *5, *7, *9, *18, *22 CYP2B6:

*1, *2, *3, *4, *5, *6, *7, *8, *9, *10, *17 **CYP2C19:**

DPYD:

FINAL REPORT REVIEWED AND RELEASED BY:

Omni Health Diagnostics Lab Director: Akhtar Afshan Ali

Address: 1840 N Greenville Suite 176 Richardson, TX 75081

Richardson 75081 TX

Phone:

CLIA #: 45D2089485

Limitation: This test will not detect all the known alleles that result in altered or inactive tested genes. This test does not account for all individual variations in the individual tested. Absence of a detectable gene mutation does not rule out the possibility that a patient has different phenotypes due to the presence of an undetected polymorphism or due to other factors such as drug-drug interactions, comorbidities and lifestyle habits. This assay does not detect the decreased activity CYP2C9*8 (rs7900194) allele and may potentially misclassify CYP2C9 intermediate or poor metabolizers as normal metabolizers. CYP2C9*8 is most prevalent in African populations with an allele frequency of up to 5% (Pratt VM, et al. J Mol Diagn. 2019).

Methodology: PCR based assays detect listed alleles, including all common and most rare variants with known clinical significance at analytical sensitivity and specificity > 99%. The assays were developed to detect polymorphisms in genes encoding drug metabolism enzymes (DMEs) and associated transport proteins. This panel provides coverage of essential, commonly studied markers within CYP2D6, CYP2C9, CYP2C19, and other important DME and clinical research genes.

SmartPGx Disclaimer: The information presented on this report is provided as general educational health information. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Only a physician, pharmacist or other healthcare professional should advise a patient on the use of the medications prescribed. The pharmacogenetic assay involves use of reporting software and genotype-phenotype associations performed by SmartPGx.. The software has not been evaluated by the Food and Drug Administration. The software, and the report generated by the software, is not intended to diagnose, treat, cure, or prevent any disease. A qualified designee within the lab uses SmartPGx to generate and subsequently review the report. The pharmacogenetic report is one of multiple pieces of information that clinicians should consider in guiding their therapeutic choice for each patient. It remains the responsibility of the health-care provider to determine the best course of treatment for a patient. Adherence to dose guidelines does not necessarily assure a successful medical outcome.

The information contained in this report is intended to be interpreted by a licensed physician or other licensed healthcare professional. This report is not intended to take the place of professional medical advice. Decisions regarding use of prescribed medications must be made only after consulting with a licensed physician or other licensed healthcare professional, and should consider each patient's medical history and current treatment regimen.

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PATIENT INFORMATION CARD

This is summary genetic report for your patient to share with orther healthcare providers. Card can be cut out along dashed line, and carried with the patient.

Patient:		OB:	Requisition ID	CYP2C19	*1/*7	Intermediate Metabolizer
Report,ID			P241070004			
P	harmacogene	etic Test Su	ımmary			
CYP2B6	*1/*1	Normal Metabolizer				
DPYD	G/A	Intermediate Metabolizer				

↑ Fold