
Reporting Title: CYP2D6 Genotype Cascade, V
Performing Location: Rochester

Ordering Guidance:
This test is not for use in assessing for autoimmune hepatitis. Autoantibodies for the CYP2D6 enzyme are found in many cases of autoimmune hepatitis; order LKM / Liver/Kidney Microsome Type 1 Antibodies, Serum for autoimmune hepatitis assessment.

Testing is available as the single gene assay (this test) and as a part of a psychotropic or focused pharmacogenomics panel.

If multiple pharmacogenomic genotype testing is desired, order PGXQP / Focused Pharmacogenomics Panel, Varies.

If genotype testing for psychotropic medications is desired, order PSYQP / Psychotropic Pharmacogenomics Gene Panel, Varies.

Specimen Requirements:
Multiple genotype tests can be performed on a single specimen after a single extraction. See [Multiple Genotype Test List](#) for a list of tests that can be ordered together.

Submit only 1 of the following specimens:

Specimen Type: Whole blood
Container/Tube:
Preferred: Lavender top (EDTA)
Acceptable: None
Specimen Volume: 3 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. **Do not aliquot.**
Specimen Stability Information: Ambient (preferred) 9 days/Refrigerated 30 days

Specimen Type: Saliva
Patient Preparation: Patient should not eat, drink, smoke, or chew gum 30 minutes prior to collection.
Supplies: Saliva Swab Collection Kit (T786)
Specimen Volume: 1 swab
Collection Instructions: Collect and send specimen per kit instructions.
Additional Information: Due to lower concentration of DNA yielded from saliva, testing cannot proceed to tier 2 sequencing and will stop after tier 1 testing is complete.
Specimen Stability Information: Ambient 30 days

Specimen Type: Extracted DNA
Container/Tube: 2 mL screw top tube
Specimen Volume: 100 mcL (microliters)
Collection Instructions:

1. The preferred volume is 100 mL at a concentration of 75 ng/mL.
2. Include concentration and volume on tube.

Specimen Stability Information: Frozen (preferred) 1 year/Ambient/Refrigerated

Forms:

1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file. The following documents are available:
[-Informed Consent for Genetic Testing](#) (T576)
[-Informed Consent for Genetic Testing-Spanish](#) (T826)
2. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:
[-Cardiovascular Test Request](#) (T724)
[-Neurology Specialty Testing Client Test Request](#) (T732)
[-Therapeutics Test Request](#) (T831)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
610103	CYP2D6 Genotype	Alphanumeric		40425-1
610104	CYP2D6 Phenotype	Alphanumeric		79715-9
610569	CYP2D6 Activity Score	Alphanumeric		104669-7
610105	Interpretation	Alphanumeric		69047-9
610106	Additional Information	Alphanumeric		48767-8
610107	Method	Alphanumeric		85069-3
610108	Disclaimer	Alphanumeric		62364-5
610109	Reviewed by	Alphanumeric		18771-6

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

0070U
0071U (if appropriate)
0076U (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
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2D61Z	CYP2D6 Full Gene Sequence	1	0071U	No	No, (Bill Only)
2D62Z	CYP2D6 GEN CYP2D6-2D7 Hybrid	1	0072U	No	No, (Bill Only)
2D63Z	CYP2D6 GEN CYP2D7-2D6 Hybrid	1	0073U	No	No, (Bill Only)
2D64Z	CYP2D6 Nonduplicated Gene	1	0074U	No	No, (Bill Only)
2D65Z	CYP2D6 5' Gene DUP/MLT	1	0075U	No	No, (Bill Only)
2D66Z	CYP2D6 3' Gene DUP/MLT	1	0076U	No	No, (Bill Only)

Reference Values:

A comprehensive interpretive report will be provided.