

**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:** Lavender top (EDTA)

**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 mcL at a concentration of 75 ng/mcL.
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		In Process
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
2D61Z	CYP2D6 Full Gene Sequence	1	0071U	No	No, (Bill Only)
2D62Z	CYP2D6 GEN CYP2D6-2D7 Hybrid	1	0072U	No	No, (Bill Only)

Test Definition: 2D6Q

Cytochrome P450 2D6 Comprehensive  
Cascade, Varies

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.