
Reporting Title: CYP3A5 Genotype, V**Performing Location:** Rochester**Ordering Guidance:**

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.

Additional Testing Requirements:

In general, most drugs metabolized by CYP3A5 are also metabolized by CYP3A4 and usually to a greater degree than CYP3A5. For this reason, substrates of these 2 enzymes are sometimes listed together in publications and genotyping of both genes might be needed to fully understand the metabolism of these drugs and predict phenotype. If *CYP3A4* genotyping is needed, order 3A4Q / Cytochrome P450 3A4 Genotype, 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)/Refrigerated**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:** One swab**Collection Instructions:** Collect and send specimen per kit instructions.**Specimen Stability Information:** Ambient**Specimen Type:** 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 50 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:
[-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®
610117	CYP3A5 Genotype	Alphanumeric		81140-6
610118	CYP3A5 Phenotype	Alphanumeric		79717-5
610119	Interpretation	Alphanumeric		69047-9
610120	Additional Information	Alphanumeric		48767-8
610121	Method	Alphanumeric		85069-3
610122	Disclaimer	Alphanumeric		62364-5
610123	Reviewed by	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

81231-CYP3A5

Reference Values:

An interpretive report will be provided.