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

If patient is using medications other than warfarin, the preferred test is 2C9QT / Cytochrome P450 2C9 Genotype, Varies, which tests for only the *CYP2C9* gene.

Testing is available as the single gene assay (this test) or as a part of a focused pharmacogenomics panel, which includes testing for the following genes: *CYPs 1A2, 2C9, 2C19, 2D6, 3A4, 3A5, 4F2, SLCO1B1*, and *VKORC1*. Order PGXQP / Focused Pharmacogenomics Panel, Varies if multiple pharmacogenomic genotype testing is desired.

Specimen Requirements:

Multiple genotype tests can be performed on a single specimen after a single extraction. See [Multiple Genotype Test List](#) in Special Instructions 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 specimen in original tube.

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.**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 50 ng/mcL.
2. Include concentration and volume on tube.

Specimen Stability Information: Frozen (preferred)/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)
-[Cardiovascular Test Request](#) (T724)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
610175	Warfarin CYP2C9 Genotype	Alphanumeric		46724-1
610176	Warfarin VKORC1 Promoter Genotype	Alphanumeric		50722-8
610560	Warfarin CYP2C9 and VKORC1 Promoter Phenotype	Alphanumeric		54451-0
610177	Warfarin Resistance Variants	Alphanumeric		50722-8
614410	Warfarin VKORC1 Resistance Genotype	Alphanumeric		50722-8
610178	Warfarin CYP4F2 *3 Genotype	Alphanumeric		93197-2
610179	Warfarin rs12777823 Genotype	Alphanumeric		93198-0
610180	Interpretation	Alphanumeric		69047-9
610181	Additional Information	Alphanumeric		48767-8
610182	Method	Alphanumeric		85069-3
610183	Disclaimer	Alphanumeric		62364-5
610184	Reviewed by	Alphanumeric		18771-6

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

Supplemental Report:

No

CPT Code Information:

0030U

Reference Values:

An interpretive report will be provided.