
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

Specimen Minimum Volume:

Blood: 1 mL

Saliva: 1 swab

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	Orderable Separately
2D61Z	CYP2D6 Full Gene Sequence			No	No (Bill Only)
2D62Z	CYP2D6 GEN CYP2D6-2D7 Hybrid			No	No (Bill Only)
2D63Z	CYP2D6 GEN CYP2D7-2D6 Hybrid			No	No (Bill Only)
2D64Z	CYP2D6 Nonduplicated Gene			No	No (Bill Only)
2D65Z	CYP2D6 5' Gene DUP/MLT			No	No (Bill Only)
2D66Z	CYP2D6 3' Gene DUP/MLT			No	No (Bill Only)

Reference Values:

A comprehensive interpretive report will be provided.