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**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

**Specimen Minimum Volume:**

Blood: 0.4 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:
- 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

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**Reference Values:**

An interpretive report will be provided.