Patient Name	Patient ID	Age	Gender	Order #
REPORTVALIDATION,AUTOMATION DN...	RVDNPLB051	40	F	RVDNPLB051
Ordering Phys				**DOB** 01/01/1971
Client Order # RVDNPLB051	**Account Information**			**Report Notes**
Collected 11/18/2011 11:06	C7028846-DLMP Rochester 3050 Superior Drive Rochester, MN 55901			
Printed 07/26/2013 15:12				

Test	Flag	Results	Unit	Reference Value	Perform Site*
CYP2C9 Genotype, Saliva					
RECEIVED: **REPORTED:** 11/18/2011 15:59					
CYP2C9 Genotype					
CYP2C9 Genotype Star Alleles		1/1			MCR
For a full description of CYP2C9 alleles, see: http://www.cypalleles.ki.se/cyp2c9.htm.					
CYP2C9 430C>T (*2)		C/C			MCR
CYP2C9 818DelA (*6)		A/A			MCR
CYP2C9 1075A>C (*3)		A/A			MCR
CYP2C9 1076T>C (*4)		T/T			MCR
CYP2C9 1080C>G (*5)		C/C			MCR
CYP2C9 Genotype Interpretation					MCR
This patient has two copies of alleles encoding CYP2C9 protein with normal activity. Additional descriptions of the effects of the star alleles on CYP2C9 function are found in the Mayo Test Catalog (http://www.mayomedicallaboratories.com/test-catalog/).					
CYP2C9 Reviewed by		Jamie Bruflat			MCR
CYP2C9 Phenotype Interpretation					MCR

Predicted extensive (normal) metabolizer. This patient has a genotype associated with extensive (normal) enzymatic activity. There is a small residual risk of having a rare, undetected polymorphism which may result in intermediate or poor metabolizer status. This should be considered if the predicted phenotype is discordant with clinical findings. Bidirectional DNA sequence analysis was used to test for the presence of variants in exons 3, 5, and 7 of the CYP2C9 gene. These sequencing reactions detect the presence of CYP2C9 430C>T (*2), 818delA (*6), 1075A>C (*3), 1076T>C (*4), and 1080C>G (*5). This sequencing assay will not detect all the known mutations that result in decreased or inactive CYP2C9. Rare polymorphisms could interfere with test results. Absence of a detectable gene mutation or polymorphism does not rule out the possibility that a patient has an intermediate or poor metabolizer phenotype. Patients with an extensive or intermediate metabolizer genotype may have CYP2C9 enzyme activity inhibited by a variety of medications or their metabolites. The following is a partial listing of drugs known to affect CYP2C9 activity as of the date of this report.

Drugs that undergo metabolism by CYP2C9:
Angiotensin II Blockers: irbesartan, losartan
Anticoagulants: warfarin

Performing Site Legend on Last Page of Report

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Anti-depressants: amitriptyline (minor), fluoxetine (minor) Non-Steroidal Anti-Inflammatory Drugs (NSAIDS): celecoxib, diclofenac, ibuprofen, naproxen, piroxicam, suprofen Oral Hypoglycemic Agents: glipizide, glimepiride, glyburide/glibenclamide, nateglinide, tolbutamide Miscellaneous Drugs: fluvastatin, phenytoin, rosuvastatin (minor), sulfamethoxazole, tamoxifen, torsemide. Co-administration may decrease the rate of elimination of other drugs metabolized by CYP2C9. Drugs known to increase CYP2C9 activity: Phenobarbital, rifampin, secobarbital. Co-administration of these drugs increase the concentration of CYP2C9. Drugs known to decrease CYP2C9 activity: Amiodarone, fenofibrate, fluconazole, fluvastatin, fluvoxamine, isoniazid, lovastatin, phenylbutazone, sertraline, sulfamethoxazole, sulfaphenazole, teniposide, ticlopidine, voriconazole, zafirlukast. Co-administration will decrease the rate of metabolism of CYP2C9 metabolized drugs, increasing the possibility of toxicity, particularly in heterozygous individuals. Laboratory developed test.					
CYP2C9 Sequencing		Performed			MCR

* Performing Site:

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First St SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.