

NAME: Sample Report
DOB: dd/mm/yyyy
SEX: M
ACC #: #####

SPECIMEN TYPE:
ORDERED BY: Nordic Labs
REPORT DATE: dd/mm/yyyy

Medcheck Pain Report

Potentially Impacted Medications

CATEGORY	DRUG CLASS	STANDARD PRECAUTIONS	USE WITH CAUTION	CONSIDER ALTERNATIVES
Pain	Fibromyalgia Agents	Milnacipran		
	Muscle Relaxants	Carisoprodol Cyclobenzaprine Metaxalone Methocarbamol	Tizanidine	
	NSAIDs	Celecoxib Diclofenac Flurbiprofen Ibuprofen Indomethacin Ketoprofen Ketorolac Meloxicam Nabumetone Naproxen Piroxicam Sulindac		
	Opioids	Alfentanil Buprenorphine Codeine Dihydrocodeine Fentanyl Hydrocodone Hydromorphone Levorphanol Meperidine Methadone Morphine Oxycodone Oxymorphone Sufentanil Tapentadol Tramadol		

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Dosing Guidance

Tizanidine

Possible Non-Response to Tizanidine (CYP1A2: Normal Metabolizer - Higher Inducibility)

INFORMATIVE

There is little evidence regarding the impact of CYP1A2 genetic variants on tizanidine response. Smokers may be at risk for non-response and may require higher doses. There is an association between high tizanidine plasma concentrations and the risk of hypotension and excessive sedation. Therefore, careful monitoring is recommended during dosing adjustment. Smoking cessation may increase plasma drug levels, leading to excessive hypotension and sedation. Careful monitoring accompanied by dose reduction may be needed in patients who have quit smoking.



A medication has potentially reduced efficacy, increased toxicity or the patient has an increased risk for the indicated condition.

ACTIONABLE

Recommendations based upon publications by international pharmacogenetic expert groups, consortia or regulatory bodies (CPIC, DPWG, FDA, EMA). Recommendations are suitable for implementation in a clinical setting. Guidelines may change as knowledge arises.



Guidelines exist for adjusting dosage, increased vigilance or the patient has a moderate risk for the indicated condition.

INFORMATIVE

There are insufficient or contradictory findings documenting the impact of a given genetic polymorphism or drug interaction. Recommendations are informative and implementation in a clinical setting is optional.



The medication can be prescribed according to standard regimens or the patient's risk for the indicated condition is not increased.

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Test Details

Gene	Genotype	Phenotype	Clinical Consequences
CYP2C9	*1/*1	Normal Metabolizer	Consistent with a typical CYP2C9 activity. This test did not identify risks for side effects or loss of efficacy with drug substrates.
CYP2C19	*1/*2	Intermediate Metabolizer	Consistent with a moderate deficiency in CYP2C19 activity. Potential risk for side effects or loss of efficacy with drug substrates.
CYP2D6	*1/*1	Normal Metabolizer	Consistent with a typical CYP2D6 activity. This test did not identify risks for side effects or loss of efficacy with drug substrates.
CYP3A5	*3/*3	Poor Metabolizer	Consistent with a poor CYP3A5 activity. This phenotype is the most common in the general population. Caution is advised when prescribing narrow therapeutic index drugs. Alternative drugs or dose adjustment may be required if CYP3A inhibitors or inducers are co-prescribed.
CYP3A4	*1/*1	Normal Metabolizer	Consistent with a typical CYP3A4 activity. Caution is advised when prescribing narrow therapeutic index drugs. Alternative drugs or dose adjustment may be required if CYP3A inhibitors or inducers are co-prescribed.
CYP2B6	*1/*1	Normal Metabolizer	Consistent with a typical CYP2B6 activity. This test did not identify risks for side effects or loss of efficacy with drug substrates.
CYP1A2	*1A/*1F	Normal Metabolizer - Higher Inducibility	Consistent with a typical CYP1A2 activity in absence of inducing substances. Rapid Metabolism occurs in presence of inducers such as barbiturates, cruciferous vegetables, carbamazepine, rifampin and smoking.
COMT	Val158Met A/G	Intermediate COMT Activity	Consistent with a reduced catechol O-methyltransferase (COMT) function.
OPRM1	A118G A/A	Normal OPRM1 Function	Consistent with a normal OPRM1 receptor signaling efficiency induced by exogenous opioids. This is associated with a good analgesia following standard opioid doses and a poor response to naltrexone.

Alleles Tested: COMT Val158Met; CYP1A2 *1F, *1K; CYP2B6 *16, *6, *9, *11, *18; CYP2C19 *2, *3, *4, *4B, *6, *7, *8, *9, *10, *17; CYP2C9 *2, *3, *4, *5, *6, *8, *11, *27; CYP2D6 *2, *3, *4, *4M, *6, *7, *8, *9, *10, *12, *14A, *14B, *17, *29, *35, *41; CYP3A4 *3, *12, *17, *22; CYP3A5 *3, *3C, *6, *7; OPRM1 A118G

Limitation: This test will not detect all the known alleles that result in altered or inactive tested genes. This test does not account for all individual variations in the individual tested. Absence of a detectable gene mutation does not rule out the possibility that a patient has different phenotypes due to the presence of an undetected polymorphism or due to other factors such as drug-drug interactions, comorbidities and lifestyle habits.

Methodology: Array based assays detect listed alleles, including all common and most rare variants with known clinical significance at analytical sensitivity and specificity >99%.

Lab Disclaimer: DNAnalysis Biotechnology developed the Genotype test. The performance characteristics of this test were determined by DNAnalysis Biotechnology. It has not been cleared or approved by the U.S. Food and Drug Administration.

Translational Software Disclaimer: The information presented on this report is provided as general educational health information. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Only a physician, pharmacist or other healthcare professional should advise a patient on the use of the medications prescribed.

The pharmacogenetic assay involves use of reporting software and genotype-phenotype associations performed by Translational Software (www.translationalsoftware.com). The software has not been evaluated by the Food and Drug Administration. The software, and the report generated by the software, is not intended to diagnose, treat, cure, or prevent any disease. A qualified designee within the lab uses Translational Software to generate and subsequently review the report. The pharmacogenetic report is one of multiple pieces of information that clinicians should consider in guiding their therapeutic choice for each patient. It remains the responsibility of the health-care provider to determine the best course of treatment for a patient. Adherence to dose guidelines does not necessarily assure a successful medical outcome.

Approved By:

PATIENT INFORMATION

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SPECIMEN DETAILS

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Patient Information Card

This is a summary genetic report for your patient to share with other healthcare providers. The card can be cut out along the dashed line and carried with the patient.





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Pharmacogenetic Test Summary

COMT	Val158Met A/G	Intermediate COMT Activity
CYP1A2	*1A/*1F	Normal Metabolizer - Higher Inducibility
CYP2B6	*1/*1	Normal Metabolizer
CYP2C19	*1/*2	Intermediate Metabolizer
CYP2C9	*1/*1	Normal Metabolizer
CYP2D6	*1/*1	Normal Metabolizer
CYP3A4	*1/*1	Normal Metabolizer
CYP3A5	*3/*3	Poor Metabolizer
OPRM1	A118G A/A	Normal OPRM1 Function

For a complete report contact DNalysis Biotechnology
www.dnalysis.co.za

