Explanation of Pharmacogenetics Test Results

PGx Pharmacogenetics Test Report Provides Results In Three Sections:

1. Quick Summary 2. Gene Summary 3. Detailed Information

1. QUICK SUMMARY

This Quick Summary provides a brief overview of the predicted response of the patient to specific medications in the different categories. This information is based solely on the genotype information and is not based on a complete patient profile. Detection or absence of variants does not replace the need for therapeutic monitoring. Physicians should consider the information provided in the Details section, as well as consider current prescriptions, family history, presenting symptoms, and other factors before making any clinical or therapeutic decisions.

The predicted response of the patient to specific medications is indicated using the following representations:

No negative assertions based on genotype.

Genotype may present increased risk or decreased effectiveness; prescribe with caution.

Genotype may present increased risk or decreased effectiveness; select alternative drug.

2. GENE SUMMARY

This section shows the genes which were analyzed based on their pharmacogenetic association to specific pharmaceuticals. Correlations with the gene(s) analyzed, the patient's genotype and phenotype are tabulated.

Findings are reported as three categories:

Extensive (Normal) Metabolizer or Normal Stimulant Response

Intermediate Metabolizer or Slightly Reduced Stimulant Response

Ultrarapid Metabolizer or Increased Disorder Risk

3. DETAILED INFORMATION

Each medication is categorized alphabetically according to the gene(s) evaluated, the relevant genotype, phenotypical conclusions, along with variant-drug evidence as documented in scientific literature.

The Variant-Drug Evidence is represented as follows:

Replicated in multiple studies with statistical significance and strong effect size.

Replicated in multiple studies with and without statistical significance and effect size may be minimal.

Not yet replicated or replicated, but lacking clear evidence of an association.

Notable information is available and special considerations may be of interest when prescribing for this genotype.

Literature does not indicate additional risks, benefits, or prescription changes to consider for this genotype.