
Lab Dept: Anatomic Pathology

Test Name: CYTOCHROME P450 2C9 GENOTYPE SEQUENCING

General Information

Lab Order Codes: 2C9S

Synonyms: P450 Genotyping

CPT Codes: 81227 – CYP2C9 gene analysis, common variants

Test Includes: An interpretive report detailing the patient's 2C9 phenotype and ability to metabolize drugs affected by CYP2C9.

Logistics

Test Indications: Identifying individuals who may be at risk for altered metabolism of drugs that are modified by CYP2C9.

Lab Testing Section: Anatomic Pathology - Sendouts

Referred to: Mayo Medical Laboratories (MML Test: 2C9GV)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 3 – 8 days, performed Monday - Friday

Special Instructions: N/A

Specimen

Specimen Type: Whole blood

Container: Lavender top tube

Draw Volume: 3 mL (minimum: 0.4 mL) blood

Processed Volume: Same as Draw Volume

Collection: Routine venipuncture

Special Processing: Lab Staff: **Do Not** centrifuge. **Do Not** freeze. Submit specimen in original collection container. Store and ship at room temperature.

Patient Preparation: Transfusions will interfere with testing. Wait 4-6 weeks post-transfusion to draw. Bone marrow and liver transplants will also interfere with testing.

Sample Rejection: Mislabeled or unlabeled specimens

Interpretive

Reference Range: An interpretive report will be provided.

The genotype, with associated star alleles, is assigned using standard allelic nomenclature as published by the Human Cytochrome P450 (CYP) Allele Nomenclature Database Committee.

Drug-drug interactions and drug/metabolite inhibition must be considered when dealing with heterozygous individuals and individual homozygous for the *2 allele.

It is important to interpret the results of testing and dose adjustments in the context of hepatic and renal function and patient age.

Limitations: Rare variants may be present that could lead to false-negative or false-positive results. If results obtained do not match the clinical findings (phenotype), additional testing should be considered.

Samples may contain donor DNA if obtained from patients who received heterologous blood transfusions or allogenic blood or marrow transplantation. Results from samples obtained under these circumstances may not accurately reflect the recipient's genotype. For individuals who have received blood transfusions, the genotype usually reverts to that of the recipient within 6 weeks. For individuals who have received allogeneic blood or marrow transplantation, a pretransplant DNA specimen is recommended for testing.

CYP2C9 genetic test results in patients who have undergone liver transplantation may not accurately reflect the patient's CYP2C9 status.

This method may not detect all variants that result in altered CYP2C9 activity. Therefore, absence of a detectable variant does not rule out the possibility that a patient has altered CYP2C9 metabolism due to other CYP2C9 variants that cannot be detected with this method. Furthermore, when 2 or more variants are identified, the cis/trans-status (whether the variants are on the same or opposite chromosomes) is not always known.

Methodology: Real-Time Polymerase Chain Reaction (PCR) with Allelic Discrimination Analysis

References: [Mayo Medical Laboratories](#) November 2017

Updated:

10/23/2017: Updated method.