

<b>Patient Name</b>	MOCK	<b>Clinic / Hospital</b>	MOCK SAMPLE
<b>NRIC/FIN No.</b>	XXXXX999A	<b>Ordering Doctor</b>	MOCK SAMPLE
<b>Passport No.</b>		<b>Date of Receipt at Lab</b>	DD-MMM-YYYY hh:mm:ss
<b>Nationality</b>	SINGAPOREAN	<b>Date of Results</b>	DD-MMM-YYYY hh:mm:ss
<b>D.O.B.</b>	01-JAN-1999		
<b>Sex (M/F)</b>	M		
<b>Accession No.</b>	MOCK SAMPLE		
<b>Lab-Use ID</b>	MOCK SAMPLE		
<b>Date of Sampling</b>	DD-MMM-YYYY		
<b>Sample Type</b>	Whole blood in EDTA tube		


**Report Section 1: Overall Genotyping Results**  
**Genotyping by PCR - Pharmacogenomics Test for Statins**

Gene Tested	Diplotype Detected*	Overall Functional Effect
SLCO1B1	*5/*37	Decreased enzyme function
ABCG2 (c.421G>T)	G/G	Normal enzyme function
CYP2C9	*3/*3	Poor enzyme function

*See the following pages for CPIC® Medication Insights and Therapeutic Recommendations*

\*Allelic variants tested:  
SLCO1B1 \*5 (c.521T>C, rs4149056), SLCO1B1 \*15/\*37 (c.388A>G, rs2306283);  
ABCG2 allele c.421G>T (rs2231142)

**Disclaimers:**  
This genotyping test is a clinical test intended to provide genetic information to the healthcare provider to aid in the dose selection of drugs. These genetic variations detected under this test do not account for all of the variability in drug pharmacokinetics. This test is not intended as diagnostic, nor is it capable of being an advice on any specific problem or a recommendation for the prescription of any specific drug or a replacement thereof. The healthcare provider shall exercise professional judgement and careful interpretation of the test result in determining their advise to the patient and in the dose selection of drugs.



Source of Therapeutic Recommendations and Medical Insights: CPIC®  
[cpicpgx.org/guidelines/cpic-guideline-for-statins/](http://cpicpgx.org/guidelines/cpic-guideline-for-statins/)

**Results Verified By:** MR LOUIS ONG [Title]  
**Results Approved By:** DR CHIEW YOKE FONG Medical Director

**Report Section 2:**

**Therapeutic Recommendations based on SLCO1B1 genotyping results**

Medications Affected	Medication Insights <sup>^</sup>	Therapeutic Recommendations <sup>^</sup> (Classification of Recommendations)
<i>Atorvastatin</i>	Increased atorvastatin exposure as compared to normal function which may translate to increased myopathy risk.	Prescribe $\leq 40$ mg as a starting dose and adjust doses of atorvastatin based on disease-specific guidelines. Prescriber should be aware of possible increased risk for myopathy especially for 40mg dose. If dose $>40$ mg needed for desired efficacy, consider combination therapy (i.e., atorvastatin plus non-statin guideline directed medical therapy). (Moderate)
<i>Lovastatin</i>	Increased lovastatin acid exposure as compared to normal function which may translate to increased myopathy risk.	Prescribe an alternative statin depending on the desired potency (see Page 4 for recommendations for alternative statins). If lovastatin therapy is warranted, limit dose to $\leq 20$ mg/day. (Moderate)
<i>Pitavastatin</i>	Increased pitavastatin exposure as compared to normal function which may translate to increased myopathy risk.	Prescribe $\leq 2$ mg as a starting dose and adjust doses of pitavastatin based on disease-specific guidelines. Prescriber should be aware of possible increased risk for myopathy especially for doses $>1$ mg. If dose $>2$ mg needed for desired efficacy, consider an alternative statin (see Page 4 for recommendations for alternative statins) or combination therapy (i.e. pitavastatin plus non- statin guideline directed medical therapy). (Moderate)
<i>Pravastatin</i>	Increased pravastatin exposure as compared to normal function; Typical myopathy risk with doses $\leq 40$ mg.	Prescribe desired starting dose and adjust doses of pravastatin based on disease-specific guidelines. Prescriber should be aware of possible increased risk for myopathy with pravastatin especially with doses $>40$ mg per day. (Moderate)
<i>Simvastatin</i>	Increased simvastatin acid exposure as compared to normal function; increased risk of myopathy.	Prescribe an alternative statin depending on the desired potency (see Page 4 for recommendations for alternative statins). If simvastatin therapy is warranted, limit dose to $<20$ mg/day. (Strong)

<sup>^</sup>Interpretive drug information is only available for certain genetic results. Medical Insights and Therapeutic Recommendations information are extracted from CPIC® guidelines.

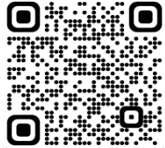
**Report Section 3:**  
**Therapeutic Recommendations based on SLCO1B1/ABCG2 and SLCO1B1/CYP2C9 genotyping result combinations**

<b>Medications Affected</b>	<b>Therapeutic Recommendations<sup>^</sup> (Classification of Recommendations)</b>
<p><b>Rosuvastatin</b></p> <p><i>(Based on SLCO1B1-ABCG2 genotyping result combinations)</i></p>	<p>Prescribe desired starting dose and adjust doses of rosuvastatin based on disease-specific and specific population guidelines. Prescriber should be aware of possible increased risk for myopathy especially for doses &gt;20mg. (Strong)</p>
<p><b>Fluvastatin</b></p> <p><i>(Based on SLCO1B1-CYP2C9 genotyping result combinations)</i></p>	<p>Prescribe an alternative statin depending on the desired potency (see Page 4 for recommendations for alternative statins). (Optional)</p>

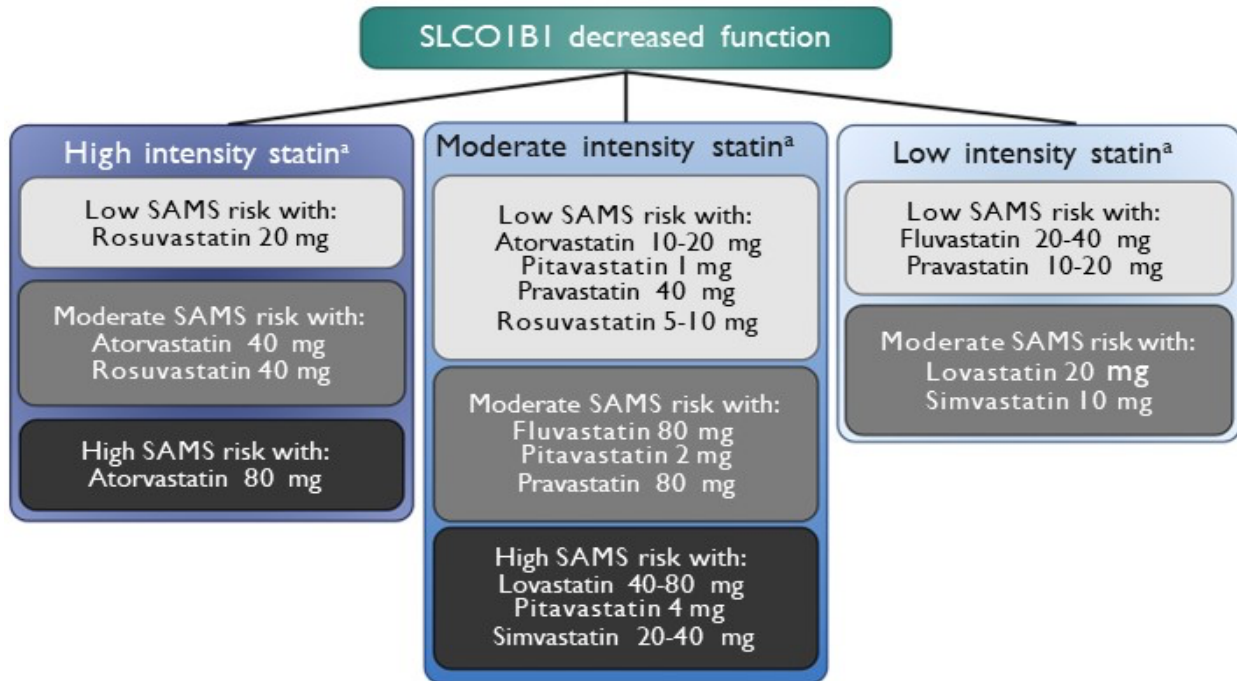
<sup>^</sup>Interpretive drug information is only available for certain genetic results. Medical Insights and Therapeutic Recommendations information are extracted from CPIC® guidelines.

**Reference:**

**SLCO1B1 recommendations with intensity and statin dose stratified by SLCO1B1 phenotype; all doses assume adult dosing according to the CPIC®**



Source:  
<https://doi.org/10.1002/cpt.2557>



Legend: Light gray boxes: Prescribe stated starting dose. Dark gray boxes: Prescriber should be aware of possible increased risk of increased exposure and myopathy. Black boxes: Consider a reduced dose or alternative statin. All boxes: Doses indicated are total daily dose. Dose recommendations are based on clinical toxicity data when available. <sup>a</sup>Statin intensity as recommended by current American College of Cardiology/American Heart Association guidelines.

