

I don't have direct evidence that you can get different results for the same sample, so this report is not for a technical problem in that sense.

However, I thought the following "App" provided for by Sequencing.com provides what I think can be considered a drug (THC/CBD/terpenes) based upon the fact that I think it is sometimes an illegal drug (Cannabis):

[https://github.com/cwarden45/DTC\\_Scripts/blob/master/Sequencing.com/Cannabis-DNA-Health-Report-8153185-Charles-Warden-21Nov17.pdf](https://github.com/cwarden45/DTC_Scripts/blob/master/Sequencing.com/Cannabis-DNA-Health-Report-8153185-Charles-Warden-21Nov17.pdf)

Risk estimates for various disease are provided (Sleep quality, gut health, skin health, mood/personality/mental health, neurodegenerative disease, cognitive health, eye health, diabetes, thyroid disease, cardiovascular disease, arthritis, osteoporosis, cancer, obesity, etc.). I am not sure if the basis for those risk estimates may also need to be investigated, but I can say that those results are being used to guide a recommendation of Cannabis.

For example, the "Edible Warning" directly relates to the drug metabolism, but the "Smoking Warning" relates to a lung cancer risk estimate.

I am not sure if this is similar to a pharmacogenetics recommendation to take a prescription drug, which I thought was supposed to be evaluated by the FDA. For example, I am in fact a carrier of an APOE risk variant. However, I don't believe that specific variant was mentioned when saying that APOE is involved and I have increased risk for (although not as much as if I had 2 variants). I am also not aware of well-established evidence that cannabis recommendations can be made based upon my APOE status (which they are in the report). As another example, my understand is that the medical marijuana can help with pain management in cancer patients, but I am not aware of any evidence that cannabis can help as preventive measure (meaning your cancer status might matter, but I believe the cancer risk for a healthy individual should not be informative, and the later is what is in the report).

There are also potentially more direct connections (cannabis-induced psychosis, cannabis dependence, CBD/THC metabolism, substance abuse, etc.), but I don't know about the basis for this claim.

So, I at least wanted to make sure that the FDA is aware of this.