**🧬 Mock PGx Test Results for Patient: Jane Doe**

**Date of Test:** 2025-05-26  
**Test Provider:** GenoAssist Diagnostics

**1. CYP2C19**

* **Genotype:** \*2/\*2 *(Poor Metabolizer)*
* **Clinical Implication:**
  + ↓ Metabolism of clopidogrel → ↓ active drug formation → reduced efficacy.
* **Recommendation:**
  + Avoid clopidogrel. Consider alternative antiplatelet (e.g., prasugrel or ticagrelor).

**2. CYP2D6**

* **Genotype:** \*1/\*4 *(Intermediate Metabolizer)*
* **Clinical Implication:**
  + ↓ Metabolism of codeine → ↓ conversion to morphine → reduced analgesia.
* **Recommendation:**
  + Avoid codeine. Use non-CYP2D6 dependent analgesics (e.g., morphine, NSAIDs).

**3. SLCO1B1**

* **Genotype:** \*5/\*5 (Reduced function)
* **Clinical Implication:**
  + ↑ Risk of statin-induced myopathy, especially with simvastatin.
* **Recommendation:**
  + Avoid simvastatin. Use alternative statins (e.g., pravastatin, rosuvastatin) at lower doses.

**4. TPMT**

* **Genotype:** \*1/\*3A *(Intermediate Metabolizer)*
* **Clinical Implication:**
  + ↑ Risk of toxicity with thiopurines (azathioprine, mercaptopurine).
* **Recommendation:**
  + Start with reduced dose and monitor blood counts closely.

**5. DPYD**

* **Genotype:** \*1/\*2A *(Intermediate Metabolizer)*
* **Clinical Implication:**
  + ↑ Risk of severe toxicity with fluoropyrimidines (e.g., 5-FU, capecitabine).
* **Recommendation:**
  + Consider reduced starting dose and frequent monitoring or alternative therapy.

**6. UGT1A1**

* **Genotype:** \*28/\*28 *(Poor Metabolizer)*
* **Clinical Implication:**
  + ↑ Risk of neutropenia with irinotecan.
* **Recommendation:**
  + Reduce irinotecan starting dose and monitor neutrophil counts.