



CT License: CL-0644
 CLIA: # 07D1036625

Genomas Inc.
 67 Jefferson Street · Hartford, CT 06101
 Tel: (860) 545.4574 Fax: (860) 545.4575
 www.genomas.net

HILOmet 2C19

CYTOCHROME P450 DNA TYPING REPORT, GENE CYP2C19

Patient Name: _____ Patient ID: _____ LPH ID: _____

Patient Date of Birth: _____ Date of specimen receipt into laboratory: _____

Name of Physician/Authorized person requesting test: _____

ALLELES	CARRIER STATUS	METABOLIZER STATUS
<input type="checkbox"/> WT	<input type="checkbox"/> Normal	<input type="checkbox"/> Functional
<input type="checkbox"/> *2	<input type="checkbox"/> Carrier	<input type="checkbox"/> Deficient
<input type="checkbox"/> *3	<input type="checkbox"/> Double	<input type="checkbox"/> Null
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> <i>Specimen did not meet LPH acceptability</i>		

Comments/recommendations :

Please refer to the LPH website at www.genomas.net/lph for additional clinical and scientific background information.

 Test Report Date

Signed: _____
 Gualberto Ruaño, M.D., Ph.D.
 Laboratory Director

1. The HILOmet System should be used only in conjunction with clinical presentation and other diagnostic data when making therapy decisions. A Patient's response to drug therapy depends on multiple non-genetic factors, including patient compliance with drug regimen, interactions with other medications, and diet.
2. The HILOmet System, including DNA extraction and DNA typing of cytochrome p450 genes, was performed by the Laboratory of Personalized Health (LPH) under its license from the CT Department of Public Health (license CL-0644) and certification with the Centers for Medicare and Medicaid (ID# 07D1036625) under the CLIA (Clinical Laboratory Improvement Amendments). The HILOmet test has not been cleared or approved by the U.S. Food and Drug Administration (FDA): FDA approval or clearance is not required for the HILOmet System.