

OneOme RightMed® comprehensive test report overview

The RightMed comprehensive test is a pharmacogenomic test that analyzes a patient's DNA to determine how he or she may respond to hundreds of medications. When a provider orders a RightMed test, they get the standard RightMed comprehensive test report which contains their patient's results. Learn more about the RightMed comprehensive test report below, and then refer to the attached comprehensive test report.

WHAT INFORMATION IS INCLUDED IN THE RIGHTMED COMPREHENSIVE TEST REPORT?

The RightMed comprehensive test report contains a lot of valuable information, including:

- Drug-gene interactions binned based on the severity of the interaction
- Your patient's genotype and their predicted metabolic status across each gene
- Your patient's analytical test results
- A legend of the icons used throughout the report to help you interpret the results

DO YOU OFFER SUPPORT WITH INTERPRETING RESULTS?

Yes. Providers and pharmacists can set up complimentary, one-on-one consultations with clinical pharmacists from OneOme. Contact support@oneome.com to set up a consultation.

Additionally, providers have access to the RightMed Advisor, an online, interactive tool which gives providers further insights into their patients' results. With the RightMed Advisor, providers can quickly and easily interpret test results, access OneOme's expertly curated pharmacogenomic database, view pharmacogenomic clinical guidelines, evaluate drug-to-drug interactions, explore alternative medications, generate custom reports, and more.

HOW DO I GET THE RIGHTMED COMPREHENSIVE TEST REPORT?

After you order the RightMed comprehensive test, you will receive your patient's results in the RightMed comprehensive test report via our secure, online provider portal at portal.oneome.com.

WHAT OTHER REPORTS DOES ONEOME OFFER?

In addition to the comprehensive test report, providers can add specialty reports and RightMed Advisor reports. Specialty reports provide a streamlined view into a subset of medications, selected and classified by OneOme, that are specific to a medical specialty (like psychiatry). RightMed Advisor reports allow providers to create custom reports for a more in-depth look into the subset of medications most relevant for a patient. Learn more at oneome.com/rightmed-reports.

HOW DO I ORDER A RIGHTMED COMPREHENSIVE TEST?

Create an account at portal.oneome.com to place your first order. Or, download our test requisition form at www2.oneome.com/order-form.

I HAVE A QUESTION; WHO SHOULD I CONTACT?

We'd love to help. Please contact our customer support team at **844-ONEOME-5** (844-663-6635) or support@oneome.com. The team will put you in touch with the right person.

RightMed[®] comprehensive test report

The RightMed comprehensive test is a pharmacogenomic test that identifies how a patient's DNA affects their response to hundreds of medications. This report can be used to help determine safer, more effective medications and doses tailored to a patient's unique genomic profile. Additional reports, including RightMed Advisor custom reports and specialty reports, are available through the provider portal at portal.oneome.com.




Patient and report summary

Patient name: Jane Doe
 Patient date of birth: 1972-07-08
 OneOme report date: 2017-10-04

Ordering provider: Test Doctor
 Ordering facility: OneOme Health
 Product type: Comprehensive
 Report type: Original







Report legend

Based on the genes in our panel, medications are reported according to genotype-predicted interactions described below.

	Major gene-drug interaction	Major genotype-drug interaction identified that affects the metabolism of the medication and/or indicates an elevated risk of adverse reaction or loss of efficacy.
	Moderate gene-drug interaction	Moderate genotype-drug interaction identified that affects the metabolism of the medication and/or indicates an elevated risk of adverse reaction or loss of efficacy.
	Minimal gene-drug interaction	Minimal genotype-drug interaction identified that does not significantly impact medication metabolism or predict an elevated risk of adverse reaction or loss of efficacy.

Icon legend

Some medications are reported with icons to indicate that additional information is available. Consult the RightMed Advisor for more information on specific clinical annotations and/or dosing guidelines provided by the Clinical Pharmacogenetics Implementation Consortium (CPIC), the Dutch Pharmacogenomics Working Group (DPWG), the Food and Drug Administration (FDA), and/or other professional guidelines.

	Increased exposure	Total exposure to active compound(s) may be increased. Monitor for adverse effects.
	Decreased exposure	Total exposure to active compound(s) may be decreased. Monitor for lack of therapeutic response.
	Difficult to predict	Total exposure to active compound(s) is difficult to predict. Monitor patient response.
	Reduced response	Response to medication may be lowered due to genetic changes impacting mechanisms other than exposure (e.g. receptor function).
	Additional testing	According to FDA labeling, additional laboratory testing may be indicated.
	Professional guideline	Medication has professional guidelines associated with this patient's genetic test results. Avoidance, dose adjustment, or heightened monitoring may be indicated.

Genotype-derived recommendations for medications

Major gene-drug interaction

Cardiovascular

Labetalol 21

Gastroenterology

Esomeprazole 1, 2
 Lansoprazole 1, 2, 112
 Omeprazole 1, 2
 Pantoprazole 1

Infectious disease

Atovaquone/Proguanil 1
 Voriconazole 1, 2

Neurology

Brivaracetam 1
 Clobazam 1
 Fosphenytoin 1, 24, 98, 117
 Phenytoin 1, 6, 18

Psychiatry

Amitriptyline 1, 2, 50, 190
 Citalopram 1, 2, 8, 15, 38, 49, 52, 53, 54, 58, 75, 76, 86, 88, 90, 100, 104, 107, 114, 124, 130, 132, 194
 Clomipramine 1, 2, 50
 Diazepam 1, 60
 Doxepin 1, 2, 50
 Escitalopram 1, 2, 8, 15, 38, 49, 53, 54, 58, 86, 90, 100, 107, 114, 132, 194

Imipramine 1, 2, 50, 187
 Risperidone 1, 2, 57, 195
 Trimipramine 1, 2, 50, 81

Moderate gene-drug interaction

Analgesic/Anesthesiology

Carisoprodol 1, 45

Anti-inflammatory

Celecoxib 1
 Diclofenac 1
 Flurbiprofen 1, 168
 Meloxicam 1
 Piroxicam 1

Anticoagulant/Antiplatelet

Clopidogrel 1, 151, 152
 Warfarin 1, 20, 66

Cardiovascular

Azilsartan 1
 Fluvastatin 1

Guanabenz 28
 Irbesartan 1
 Losartan 1

Dietary

Caffeine 1

Endocrinology

Chlorpropamide 1, 158
 Glimepiride 1
 Glipizide 1, 79, 82, 173
 Glyburide 1
 Nateglinide 1
 Tolbutamide 2

Gastroenterology

Dexlansoprazole 1
 Rabeprazole 1

Immunosuppression

Azathioprine 1, 2, 91, 141, 142

Infectious disease

Nelfinavir 1
 Peginterferon alfa-2a-containing regimens 1, 108
 Peginterferon alfa-2b-containing regimens 1, 108

Neurology

Frovatriptan 1
 Nicotine 13, 33
 Rasagiline 1
 Selegiline 51, 69, 149

Oncology

Bortezomib 1
 Mercaptopurine 1, 2, 141, 142
 Thioguanine 1, 2, 141, 142

Psychiatry

Asenapine 1
 Duloxetine 1
 Olanzapine 1, 2, 87
 Selegiline 51, 69, 149
 Sertraline 1, 2, 37, 39, 49, 92, 110, 113, 118, 140, 145, 178, 186

Rheumatology

Lesinurad 1

Sleep medicine

Ramelteon 1

Minimal gene-drug interaction

Allergy

Loratadine 199

Analgesic/Anesthesiology

Alfentanil 1, 43, 120, 204
 Buprenorphine 1
 Codeine 1, 2, 9, 17, 29, 30, 159, 171
 Cyclobenzaprine 1, 189
 Fentanyl 1, 43

Hydrocodone 1, 29, 30
 Methadone 1
 Midazolam 1, 176
 Oxycodone 1, 29, 30
 Tramadol 1, 2, 29, 30, 95, 164, 167, 177

Anticoagulant/Antiplatelet


Apixaban 1
 Cilostazol 1, 176
 Ticagrelor 1

Cardiovascular

Aliskiren 1
 Amiodarone 1
 Amlodipine 1

Atorvastatin 1
 Carvedilol 1
 Clonidine 1
 Diltiazem 1, 176
 Disopyramide 1
 Dofetilide 1
 Dronedaron 1, 176
 Eplerenone 1
 Felodipine 1

 Minimal gene-drug interaction (cont.)

Flecainide 1, 2
 Lidocaine 34, 123
 Lomitapide  1
 Lovastatin 1
 Metoprolol 1, 2
 Nifedipine 1, 176
 Nisoldipine 1, 176
 Pravastatin 1, 115
 Propafenone 1, 2
 Propranolol 1
 Quinidine 1
 Ranolazine 1
 Simvastatin 1, 84, 137, 153, 176, 191
 Timolol 183
 Verapamil 1, 176



Endocrinology

Ethinyl estradiol 1, 2



Gastroenterology

Aprepitant 1
 Dolasetron 1
 Ondansetron 1, 12, 68, 179

Genetic disease



Eliglustat  1
 Ivacaftor  1

Immunosuppression


Cyclosporine 1
 Everolimus  1, 176
 Sirolimus 1
 Tacrolimus  1, 14, 176

Infectious disease









Atazanavir 42, 65
 Clarithromycin 1, 176
 Darunavir 1
 Delavirdine 1
 Efavirenz 1
 Erythromycin 176
 Fosamprenavir 1
 Indinavir 1, 176







Isavuconazole 1
 Itraconazole 1
 Ivermectin 1, 202
 Ketoconazole 1
 Maraviroc  1
 Mefloquine 1
 Nevirapine 1
 Quinidine 1
 Quinine  1, 176
 Ritonavir 1
 Saquinavir 1, 176
 Simeprevir 1
 Telithromycin 1
 Terbinafine 1
 Tipranavir 1

Neurology

Carbamazepine  1, 5, 6, 25, 26, 55, 89, 98, 105, 106, 116, 127, 134, 154, 200
 Dextromethorphan/Quinidine 1
 Donepezil 1
 Eletriptan 1
 Ethosuximide 10, 128
 Tetrabenazine 1
 Zonisamide 1

Oncology

Axitinib 1
 Belinostat 1, 188
 Bosutinib  1
 Brentuximab vedotin  1
 Cabazitaxel 1
 Capecitabine 1, 19
 Crizotinib  1
 Dasatinib  1
 Docetaxel 1
 Enzalutamide 1
 Erlotinib  1, 64
 Etoposide 1, 206
 Everolimus  1, 176
 Exemestane  1
 Fluorouracil 1, 2, 19
 Gefitinib  1
 Ifosfamide 1, 23

Imatinib  1
 Irinotecan 1, 44, 83
 Ixabepilone 1
 Lapatinib  1, 150
 Methotrexate 1, 135, 138, 175, 203
 Nilotinib  1, 4
 Paclitaxel 1
 Pazopanib  1
 Ponatinib  1
 Regorafenib 1
 Ruxolitinib 1
 Sorafenib 1
 Sunitinib 1
 Tamoxifen 1, 2
 Temsirolimus 1
 Teniposide 85, 143
 Trabectedin 1
 Vemurafenib  1
 Vincristine 1, 176
 Vinorelbine 1

Psychiatry

Alprazolam 1, 176
 Aripiprazole 1, 2, 180
 Atomoxetine 1, 2
 Brexpiprazole 1
 Bupropion 1
 Buspirone 1, 176, 205
 Cariprazine 1, 3, 16, 27, 111
 Chlorpromazine 1, 126, 165
 Clozapine 1, 2, 94
 Desipramine 1, 2, 50
 Flibanserin 1
 Fluoxetine 1, 46, 58, 63, 92, 99, 129, 139, 163, 198
 Fluvoxamine 1, 49, 62, 72, 73, 155, 156, 160, 161, 163, 170, 201
 Guanfacine 1, 103
 Haloperidol 1, 2, 125, 157, 180
 Iloperidone 1
 Levomilnacipran 1
 Lurasidone 1
 Mirtazapine 1, 2, 80, 93, 166, 172
 Nefazodone 1, 144, 184
 Nortriptyline 1, 2, 50, 122, 182

Paroxetine 1, 2, 49, 61, 74, 109, 133, 146, 163, 174, 197
 Perphenazine 1, 121
 Pimozide 1, 180
 Protriptyline 1
 Quetiapine 1, 176
 Thioridazine 1
 Trazodone 1
 Venlafaxine 1, 2, 185
 Vilazodone 1
 Vortioxetine 1

Pulmonary

Dextromethorphan 1
 Indacaterol 1, 67
 Salmeterol 1
 Sildenafil 1
 Tadalafil 1

Rheumatology

Cevimeline 1
 Colchicine 1
 Methotrexate 1, 135, 138, 175, 203
 Tofacitinib 1

Sleep medicine

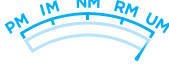




Armodafinil 1
 Eszopiclone 1
 Modafinil 1
 Triazolam 1, 176
 Zolpidem 1, 11, 184

Urology











Darifenacin 31, 77
 Fesoterodine 1
 Finasteride 1
 Oxybutynin 1
 Sildenafil 1
 Tadalafil 1
 Tamsulosin 1
 Tolterodine 1
 Vardenafil 1

Genotype-derived classification of medications is provided as a service by OneOme and is intended solely for use by a medical professional who has reviewed and understands all sections within this report, including possible limitations of the services provided by OneOme. The relationships between the drugs and pharmacogenes annotated in this report are supported by scientific evidence that meets OneOme's criteria for inclusion. The order in which drugs are listed does not have any clinical or medical implications. For more information on these medications, for a list of additional medications curated but not annotated by OneOme, or to evaluate possible drug-to-drug interactions, please consult the RightMed Advisor, which is accessible through the provider portal at oneome.com.





Gene and phenotype summary

Gene	Genotype		Phenotype summary / Metabolic status
CYP1A2	*1A/*1F		Rapid Increased activity. Drugs converted to active metabolite(s) may cause side effects or toxicity. Active drugs converted to inactive metabolite(s) may lack efficacy.
CYP2B6	*1/*5		Intermediate to Normal Decreased activity. Drugs converted to active metabolite(s) may have reduced efficacy. Active drugs converted to inactive metabolite(s) may cause side effects or toxicity.
CYP2C9	*1/*3		Intermediate Decreased activity. Drugs converted to active metabolite(s) may have reduced efficacy. Active drugs converted to inactive metabolite(s) may cause side effects or toxicity.
CYP2C19	*17/*17		Ultrarapid Increased activity. Drugs converted to active metabolite(s) may cause side effects or toxicity. Active drugs converted to inactive metabolite(s) may lack efficacy.
CYP2D6	*1/*1		Normal Normal level of activity. Drugs metabolized at a normal rate.
CYP3A4	*1/*1		Normal Normal level of activity. Drugs metabolized at a normal rate.
CYP3A5	*3/*3		Poor Normal dosing may be required because original dosing guidelines for drugs have been established on patients with poor metabolizer phenotype.
COMT	rs4680 GG		High COMT activity is predicted to be higher than in patients with the AA or GA genotypes at rs4680.
DPYD	*1/*1		Normal risk Normal metabolizer. Normal dihydropyrimidine dehydrogenase activity. Normal risk of toxicities with fluoropyrimidines (5-fluorouracil, capecitabine and tegafur).
DRD2	rs1799978 GG		Reduced response Genotype is associated with a lower likelihood of improvement in schizophrenia symptoms with risperidone compared to the AA or AG genotypes. Other clinical and/or genetic factors may influence response.

Gene and phenotype summary (cont.)

F2	rs1799963 GG		<p>Normal risk</p> <p>Normal risk of thrombosis associated with Factor II (prothrombin). Other genetic and clinical factors contribute to the risk for thrombosis.</p>
F5	rs6025 GG		<p>Normal risk</p> <p>Normal risk of thrombosis associated with Factor V. Other genetic and clinical factors contribute to the risk for thrombosis.</p>
GRIK4	rs1954787 CC		<p>Normal response</p> <p>Genotype predicts a normal response to citalopram in patients with major depressive disorder related to the GRIK4 genotype alone. Other clinical and genetic factors may influence response.</p>
HTR2A	rs7997012 AA		<p>Intron 2 genotype AA</p> <p>Genotype predicts an increased likelihood of response to citalopram. Other clinical and genetic factors may influence response.</p>
HTR2C	rs3813929 CC		<p>Normal risk</p> <p>Genotype predicts a normal risk of weight gain with olanzapine treatment. Other clinical and/or genetic factors may influence response.</p>
IFNL4	rs12979860 CT		<p>Reduced response</p> <p>Genotype predicts a reduced likelihood of sustained virologic response (SVR) with peginterferon-containing regimens.</p>
NUDT15	rs116855232 CC		<p>Normal Risk</p> <p>No increased risk of toxicity of life-threatening toxicities with thiopurine administration related to the NUDT15 genotype. Toxicities with thiopurines can also occur due to impaired TPMT activity, regardless of the NUDT15 status.</p>
OPRM1	rs1799971 GG		<p>Asp/Asp isoform</p> <p>Analgesic effects of alfentanil, codeine, and tramadol (and possibly other opioids) may be lower in patients with this genotype. Other genetic and/or clinical factors influence response.</p>
SLC6A4	L/L (La/La)		<p>Typical to increased expression</p> <p>Genotype predicts a typical to increased expression of the SLC6A4 transporter compared to patients with other genotypes. The L/L genotype has been associated with increased likelihood and potentially quicker response to the SSRIs fluoxetine, fluvoxamine, and possibly citalopram and escitalopram. The opposite trend in response has been observed in East Asian populations, showing increased likelihood and potentially quicker response in carriers of the S allele.</p>
SLCO1B1	*1/*1		<p>Normal Risk</p> <p>Normal function of SLCO1B1. Normal risk of simvastatin-induced myopathy. Likelihood of normal response with pravastatin. Normal risk of methotrexate-induced toxicities when used at high dose.</p>

Gene and phenotype summary (cont.)

TPMT	*1/*4		Increased Risk Intermediate TPMT metabolizer. Increased risk of myelotoxicity with azathioprine, mercaptopurine, and thioguanine. Toxicities with thiopurines can also occur due to impaired NUDT15 activity independently of the TPMT status.
UGT1A1	*1/*1		Normal Risk Normal UGT1A1 activity. No increased risk for severe neutropenia while taking irinotecan or for toxicity and/or hyperbilirubinemia while taking atazanavir, nilotinib, pazopanib or belinostat. Consult drug labeling for dosing recommendations.
VKORC1	rs9923231 GG		Normal activity Normal activity of the vitamin K epoxide reductase enzyme, associated with the c.-1639GG (rs9923231) variant. The VKORC1 genotype together with the CYP2C9 genotype determines the sensitivity to warfarin therapy.
Warfarin Response (CYP2C9; VKORC1)	*1/*3; rs9923231 GG		Increased Sensitivity Increased sensitivity to warfarin; lower doses may be required. Refer to warfarindosing.org and FDA labeling for dosing guidelines.

CYP phenotype abbreviations

PM	Poor metabolizer
IM	Intermediate metabolizer
NM	Normal metabolizer
RM	Rapid metabolizer
UM	Ultrarapid metabolizer

Test information

Specimen ID: BU20171001001
 Specimen type: Buccal swab
 Collection date: 2017-10-04

Clinical Testing Performed By:
 OneOme
 807 Broadway St. NE Suite 100
 Minneapolis, MN 55413

Lab director: Dr. Justin Odegaard
 CLIA: 24D2109855
 CAP: 9432670

Test results

The following analytical results were interpreted by OneOme to produce the pharmacogenomic interpretations and annotations described in the *Gene and phenotype summary*. Method-specific analytical limitations or inferred haplotypes may limit the ability to produce a definitive phenotype interpretation. See *Methodology and limitations* and/or the *Report and laboratory comments* sections for additional information.

CYP1A2 *1A/*1F

rs2069514	NG_008431.2:g.28338G>A	GG
rs2069526	NM_000761.4:c.-10+103T>G	TT
rs12720461	NM_000761.4:c.-10+113C>T	CC
rs35694136	NM_000761.4:c.-1635delT	TT
rs762551	NM_000761.4:c.-9-154C>A	CA

rs5030865	NM_000106.5:c.505G>[A,T]	GG
rs3892097	NM_000106.5:c.506-1G>A	GG
rs72549353	NM_000106.5:c.765_768delAACT	AACTAACT
rs35742686	NM_000106.5:c.775delA	AA
rs5030656	NM_000106.5:c.841_843delAAG	AAGAAG
rs16947	NM_000106.5:c.886C>T	CC
rs5030867	NM_000106.5:c.971A>C	AA
rs28371725	NM_000106.5:c.985+39G>A	GG

CYP2B6 *1/*5

rs3211371	NM_000767.4:c.1459C>T	CT
rs3745274	NM_000767.4:c.516G>T	GG
rs2279343	NM_000767.4:c.785A>G	AA
rs28399499	NM_000767.4:c.983T>C	TT

CYP3A4 *1/*1

rs2740574	NM_017460.5:c.-392G>A	AA
rs35599367	NM_017460.5:c.522-191C>T	CC

CYP2C9 *1/*3

rs28371685	NM_000771.3:c.1003C>T	CC
rs1057910	NM_000771.3:c.1075A>C	AC
rs56165452	NM_000771.3:c.1076T>C	TT
rs28371686	NM_000771.3:c.1080C>G	CC
rs1057911	NM_000771.3:c.1425A>T	AA
rs1799853	NM_000771.3:c.430C>T	CC
rs7900194	NM_000771.3:c.449G>A	GG
rs9332131	NM_000771.3:c.817delA	AA

CYP3A5 *3/*3

rs41303343	NM_000777.4:c.1035_1036insT	--
rs776746	NM_000777.4:c.219-237G>A	GG
rs10264272	NM_000777.4:c.624G>A	GG

CYP2C19 *17/*17

rs12248560	NM_000769.2:c.-806C>T	TT
rs28399504	NM_000769.2:c.1A>G	AA
rs4986893	NM_000769.2:c.636G>A	GG
rs6413438	NM_000769.2:c.680C>T	CC
rs4244285	NM_000769.2:c.681G>A	GG

COMT rs4680 GG

rs4680	NM_000754.3:c.472G>A	GG
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CYP2D6* *1/*1

rs1080985	NM_000106.5:c.-1584C>G	CC
rs1065852	NM_000106.5:c.100C>T	CC
rs59421388	NM_000106.5:c.1012G>A	GG
rs72549346	NM_000106.5:c.1088_1089insGT	--
rs5030862	NM_000106.5:c.124G>A	GG
rs267608319	NM_000106.5:c.1319G>A	GG
rs774671100	NM_000106.5:c.137_138insT	--
rs765776661	NM_000106.5:c.1411_1412insTGCCCACTG	GTGCCCACTGCCCACTG
rs1135840	NM_000106.5:c.1457G>C	GG
rs201377835	NM_000106.5:c.181-1G>C	GG
rs769258	NM_000106.5:c.31G>A	GG
rs28371706	NM_000106.5:c.320C>T	CC
rs5030655	NM_000106.5:c.454delT	TT

DPYD *1/*1

rs55886062	NM_000110.3:c.1679T>G	TT
rs3918290	NM_000110.3:c.1905+1G>A	GG
rs67376798	NM_000110.3:c.2846A>T	TT

DRD2 rs1799978 GG

rs1799978	NM_000795.3:c.-585A>G	GG
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F2 rs1799963 GG

rs1799963	NM_000506.4:c.*97G>A	GG
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F5 rs6025 GG

rs6025	NM_000130.4:c.1601G>A	GG
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GRIK4 rs1954787 CC

rs1954787	NM_001282470.2:c.83-10039T>C	CC
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Test results (cont.)

HTR2A rs7997012 AA

rs7997012	NM_000621.4:c.614-221T>C	TT
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HTR2C rs3813929 CC

rs3813929	NM_000868.3:c.-759C>T	CC
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IFNL4 rs12979860 CT

rs12979860	NM_001276254.2:c.151-152G>A	CT
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NUDT15 rs116855232 CC

rs116855232	NM_018283.3:c.415C>T	CC
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OPRM1 rs1799971 GG

rs1799971	NM_000914.4:c.118A>G	GG
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SLC6A4 L/L (La/La)

rs774676466	NM_001045.5:c.-1917_-1875del43	LL
rs25531	NM_001045.5:c.-1936A>G	AA

SLCO1B1 *1/*1

rs4149015	NM_006446.4:c.-910G>A	GG
rs4149056	NM_006446.4:c.521T>C	TT

TPMT *1/*4

rs1800462	NM_000367.3:c.238G>C	GG
rs1800460	NM_000367.3:c.460G>A	GG
rs1800584	NM_000367.3:c.626-1G>A	CT
rs1142345	NM_000367.3:c.719A>G	AA

UGT1A1 *1/*1

rs4148323	NM_001072.3:c.862-6536G>A	GG
rs1976391	NM_001072.3:c.862-9697A>G	AA

VKORC1 rs9923231 GG

rs9923231	NM_001311311.1:c.-1639G>A	GG
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Methodology and limitations

Analytical results were produced using tests developed and validated by OneOme, LLC, a clinical laboratory located at 807 Broadway Street NE Suite 100 Minneapolis, MN 55413. These tests have not been cleared or approved by the U.S. Food and Drug Administration. OneOme is certified under CLIA-88 and accredited by the College of American Pathologists as qualified to perform high-complexity testing. This test is used for clinical purposes and should not be regarded as investigational or for research.

Genomic DNA was analyzed by PCR-based Thermo Fisher TaqMan® and/or LGC Biosearch BHQ® probe-based methods to interrogate the variant locations listed in the *Test results* table above. In addition, CYP2D6 copy number status was assessed at sites within the promoter, intron 2, intron 6, and exon 9. The test detects CYP2D6 deletions, duplications/multiplications, and hybrid alleles, but cannot differentiate duplications in the presence of a deletion. The test does not detect all known and unknown variations in the genes tested, nor does absence of a detectable variant (designated as *1 for cytochrome P450 genes) rule out the presence of other, non-detected variants. For a comprehensive listing of allele coverage for the RightMed test, visit oneome.com/rightmed-test.

As with other common SNP genotyping techniques, these assays cannot differentiate between the maternal and paternal chromosomes. In cases where observed variants are associated with more than one haplotype, OneOme infers and reports the most likely diplotype based on published allele frequency and/or ethnicity data. Inferences with potential clinical impact are reported in the *Report and laboratory comments* section.

Assays may be subject to general interference by factors such as PCR inhibitors and low quality or quantity of extracted DNA. When present, these interferents typically yield no result rather than an inaccurate one. Very infrequent variants or polymorphisms occurring in primer- or probe-binding regions may also affect testing and could produce an erroneous result or assay failure. Variant locations tested by the assay but not assigned a genotype call are reported as "No Call." Test results and clinical interpretation may be inaccurate for individuals who have undergone or are receiving non-autologous blood transfusions, tissue, and/or organ transplant therapies. Although extremely rare, results could also be impacted by other factors not addressed above, such as laboratory error.

Due to the complexity of interpreting some genetic test results, such as those that may carry a probabilistic risk of disease, patients and providers should consider the benefits of consulting with a trained genetic counseling professional, physician, or pharmacogenomic specialist. Patients and providers are also encouraged to visit oneome.com to explore the tools and resources available to help understand these test results. For additional support, contact OneOme through the website or by calling 844-663-6635.

OneOme liability disclaimer

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