Laboratoire Cerba
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MEDICAL PRESCRIPTION FORM

PHARMACOGENETICS OF CARDIOVASCULAR DRUGS

pharmacogenetique@lab-cerba.com

SAMPLING

Date of collection: |__|__|__|__|__|__|__|__| **Customer n°:** |__|__|__|__|__| C/ |__|

☐ **EDTA whole blood (5 ml)** *(Nature code: SGE)* ☐ **Oral cells** *(Nature code : CBUC)* *Contact us to arrange shipment of the collection device (Oracollect OCR-100)*

PATIENT

LAST NAME .....

FIRST NAME .....

Maiden name .....

Address .....

City ..... Country .....

Date of Birth: |__|__|__|__|__|__|__|__|

PRESCRIBER

Email address: .....

Signature:

CONTEXT OF PRESCRIPTION

☐ Pre-treatment work-up ☐ Resistance ☐ Toxicity ☐ Other: .....

THERAPEUTIC MOLECULES AND GENE(S) INVOLVED

☐ **Clopidrogel** [3,4,5] (Gene involved: *CYP2C19*)

☐ **Mavacamten** [1,3,4] (Gene involved: *CYP2C19*)

☐ **Hydralazine** [4,5] (Gene involved: *NAT2*)

☐ **Anticoagulants (vitamin K antagonists)** [3,4,5] (Genes involved: *VKORC1, CYP2C9, CYP2C Cluster, CYP4F2*)

☐ **Lipid-lowering agents-Statins** [3,4,5] (Genes involved: *SLCO1B1, CYP2C9, ABCG2*)

☐ **Anti-arrhythmics (flecainide, metoprolol, propafenone)** [4,5] (Gene involved: *CYP2D6*)

☐ Other: .....

1. Test required FDA/EMA
2. Recommendation French National Authority for Health (HAS)
3. Recommendation French-speaking Pharmacogenetics Network_ RNPGx
4. Recommendation (Clinical Pharmacogenetics Implementation Consortium (CPIC)
5. ClinPGx evidence level 1A and 1B (high evidence)

REQUESTED TEST

Please note: Second-line variants are not intended for use as first-line treatment; their use may be considered when analysis of first-line variants fails to yield conclusive results.

VKORC1, CYP2C9, CYP2C CLUSTER AND *CYP4F2* GENOTYPING

☐ **1st line-testing** (OPL code: ***VERID***)
- Analysis of VKORC1 g.3588G>A, p. (Asp36Tyr), p. (Val66Leu) variants
- Analysis of CYP2C9*2, *3, *5, *6, *8, *11 variants
- Analysis of CYP2C Cluster g.94645745G>A variant
- Analysis of CYP4F2*3 variant

☐ **2nd line-testing** (OPL code: ***PGX01***)
- Comprehensive *VKORC1* gene analysis
- Comprehensive *CYP2C9* gene analysis, including 2nd line variants (RNPGx):
  CYP2C9*12, *13, *15, *24, *25, *33, *35, *39, *42, *43, *45, *42

SLCO1B1, CYP2C9 AND *ABCG2* GENOTYPING

☐ **1st line-testing** (OPL code: ***VERID***)
- Analysis of SLCO1B1*5 variant
- Analysis of CYP2C9*2, *3, *5, *6, *8, *11 variants

☐ **2nd line-testing** (OPL code: ***PGX01***)
- Comprehensive *SLCO1B1* gene analysis, including 1st- and 2nd-line variants (RNPGx):
  SLCO1B1*5, *9, *14, *15, *23, *31, *37, *46, *47 et p. (Val174Glu)
- Comprehensive *CYP2C9* gene analysis, including 2nd-line variants (RNPGx) :
  CYP2C9*12, *13, *15, *24, *25, *33, *35, *39, *42, *43, *45, *42
- Comprehensive *ABCG2* gene analysis,
  including the ABCG2(NM_004827.3): c.421C>T p. (Gln141Ter)

CYP2C19 GENOTYPING

☐ **1st line-testing** (OPL code: ***2C19***)
- Analysis of CYP2C19*2, *3, *17 variants

☐ **2nd line-testing** (OPL code: ***PGX01***)
- Comprehensive gene analysis, including 2nd-line variants (RNPGx):
  CYP2C19*4, CYP2C19*5, *6, *7, *8, *9, *10, *22, *33, *35, *39, *42, *43, *45, *52

CYP2D6 GENOTYPING

☐ **Analysis of 1st- and 2nd-line variants** (OPL code: ***VERID***)
CYP2D6*1xN, 6*2, 6*3, 6*4, *6, *9, *10, *17, *29, *41
CYP2D6*7, *8, *12, *14, *15, *21, *30, *31, *40, *42, *49, *53, *54, *56, *58, *59

☐ **Comprehensive gene analysis** (OPL code: ***PGX01***)

NAT2 GENOTYPING

☐ **Comprehensive gene analysis, including 1st-line variants** (RNPGx) (OPL code: ***PGX01***)
NAT2*4, *16, *12, *5, *16, *6, *7, *14, *12D, *17, *19, *11, *12A, B, C, *12A, B, C *13, *18

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CONSULTATION CERTIFICATE / CONSENT

PHARMACOGENETICS OF CARDIOVASCULAR DRUGS

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Consultation certificate and Prescriber Information

I, the undersigned, Dr/Pr [*First name, Last name*] ..... ,

Certify that I have received for consultation today:

Mrs/Mr [*First name, Last name*]……,

Born on [*Date of birth*]……..

Certifiy that I have provided him/her (or the person with parental authority or his/her guardian) with all the information mentioned in articles R. 1131-4 and R. 1131-20-1 et seq. of the French Public Health Code, as well as under the terms of the texts adopted for their application

Information and Consent of a Person's Genetic tests

I, the undersigned, Mrs/Mr [First name, Last name] ……, certify that I have received from the above-mentioned doctor, during today's medical consultation information concerning the genetic characteristics examination proposed to me, to which I consent, and which will be carried out based on the biological sample(s) collected from me and which will be carried out in order to adapt my medical and therapeutic care.

I have been informed::

- All the information contained in the medical consultation certificate
- Of my right to have this request for examination(s) stopped at any time, to have the results not communicated to me, or to have the retained samples destroyed.
- That the result is confidential. It will be returned to me and explained in consultation by the prescriber

I consent to the collection of the sample(s) and to the performance of the examination as part of my medical and therapeutic care.

This (or these) examination(s) will be carried out in a medical biology laboratory authorized by the Agence Régionale de Santé to perform them. The original of this document is kept in my medical file. A copy of this document is given to me and to the practitioner who will carry out the examinations. The medical biology laboratory in which the practitioner who carried out the examinations works keeps this document under the same conditions as the examination report. I have had the opportunity to ask any questions I may have had to the geneticist or genetic counsellor who prescribed this examination, and I have received full and adequate answers..

Done in …… , on ……

PATIENT ID (***Signature)***	LEGAL REPRESENTATIVE ID	PRESCRIBER(***Signature)***
Last name, First name, Date of birth:	*Last name, First name, Date of birth:* *Last name, First name, Date of birth:* If the patient is minor or an adult under guardianship, relationship to the patient:	*Last name, First name*