

## Patient, Sample

DOB: 7/22/1984  
Order Number: 219  
Report Date: 10/10/2019  
Clinician: Sample Clinician  
Reference: 1456CIP

Questions? Call 855.891.9415 or email [medinfo@assurexhealth.com](mailto:medinfo@assurexhealth.com)

**NORMAL**  
**FOLIC ACID CONVERSION**

**REDUCED**  
**FOLIC ACID CONVERSION**

**SIGNIFICANTLY REDUCED**  
**FOLIC ACID CONVERSION**

**Note:** Serum levels of folate may be too low. Folate supplementation or higher daily intake of folic acid may be required.

## PATIENT GENOTYPE AND PHENOTYPE

MTHFR	Reduced Activity	T/T
This individual is homozygous for the T allele of the C677T polymorphism in the MTHFR gene. This genotype is associated with significantly reduced folic acid metabolism, significantly decreased serum folate levels, and significantly increased homocysteine levels.		

## TEST INFORMATION

The buccal swab sample was collected on 10/8/2019 and received in the laboratory on 10/9/2019. Genomic DNA was isolated and the relevant genomic regions were amplified by polymerase chain reaction (PCR). Analysis of MTHFR was completed by using iPLEX MassARRAY® technology (Agena Bioscience). The following genetic variant may be detected in the assay: MTHFR 677C>T (NM\_005957.4:c.665C>T).

This test was developed and its performance characteristics determined by Assurex Health. It has not been cleared or approved by the U.S. Food and Drug Administration.

These interpretations are based upon data available in scientific literature and prescribing information for the relevant drugs. Interpretations are, in some instances, based on data regarding the pharmacokinetic, pharmacodynamic and pharmacogenomics properties of a drug derived from non-clinical studies (e.g. *in vitro* studies). Findings from studies performed in a non-clinical setting or clinical studies involving healthy subjects are not necessarily indicative of clinical performance in a particular patient.

This report was reviewed and verified on 10/10/2019 by:

Nina E. King, PhD, HCLD(ABB), CC(NRCC), CQ(NYSDOH)

### Disclaimer of Liability

The information contained in this report is provided as a service and does not constitute medical advice. At the time of report generation this information is believed to be current and is based upon published research; however, research data evolves and amendments to the prescribing information of the drugs listed will change over time. While this report is believed to be accurate and complete as of the date issued, THE DATA IS PROVIDED "AS IS", WITHOUT WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. As medical advice must be tailored to the specific circumstances of each case, the treating healthcare provider has ultimate responsibility for all treatment decisions made with regard to a patient including any made on the basis of a patient's genotype.

Genetic testing was completed by a CLIA and CAP accredited laboratory in the United States located at:  
6000 Mason-Montgomery Road  
Mason, OH 45040

### Customer Service

Please contact 855.891.9415 or [medinfo@assurexhealth.com](mailto:medinfo@assurexhealth.com) for assistance with report interpretation. For all other inquiries please contact 866.757.9204 or [support@assurexhealth.com](mailto:support@assurexhealth.com).

**GeneSight MTHFR Test Version: 1.0**