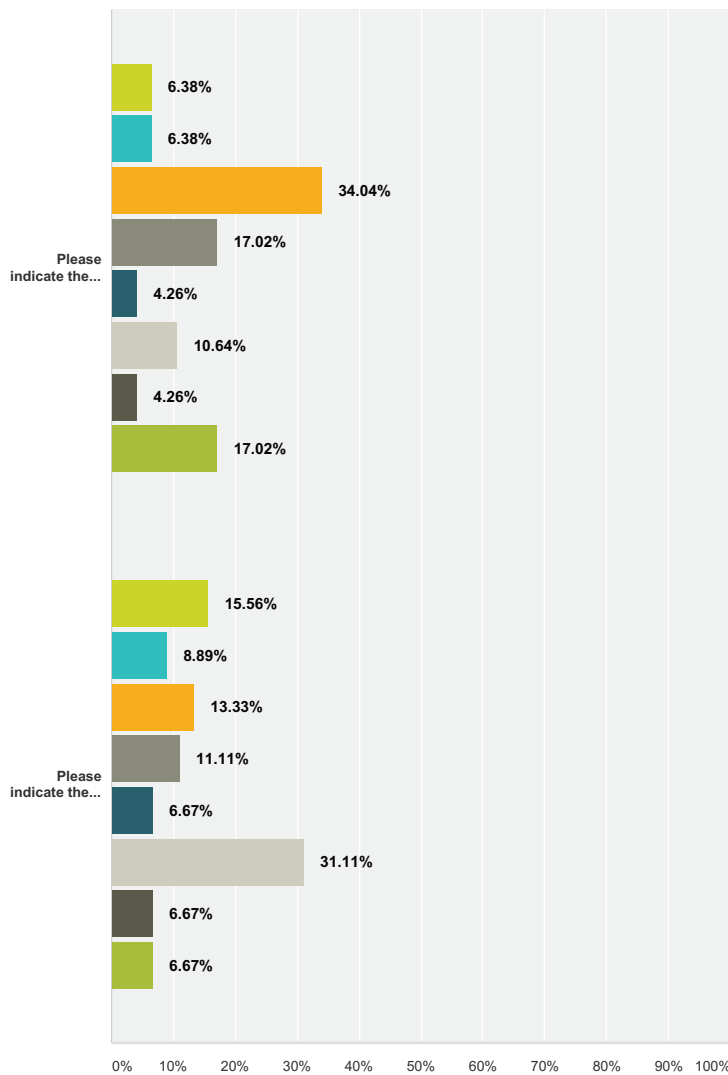


Q1 Please rank the top two sets of terms (#1 and #2) that you find most appropriate to describe allele functional status for DPYD, TPMT, CYP2C19, CYP2D6, CYP2C9, CYP3A5, and UGT1A1. We have provided comments from Survey 2 below to aid in your decision. If you do not know or do not have an informed opinion about this gene, please leave blank and move to the next question. We encourage you to comment about why you chose that set of terms:

Answered: 47 Skipped: 0



- Increased function, normal function, reduced function, no function
- Increased function, normal function, reduced function, non-functional
- Increased function, normal function, decreased function, no function
- Increased function, normal function, decreased function, non-functional
- Increased activity, normal activity, reduced activity, no activity
- Increased activity, normal activity, decreased activity, no activity
- Increased activity, normal activity, reduced activity, inactive
- Increased activity, normal activity, decreased activity, inactive

CPIC Term Standardization for Clinical Pharmacogenetic Test Results: alleles and phenotypes-Survey 3

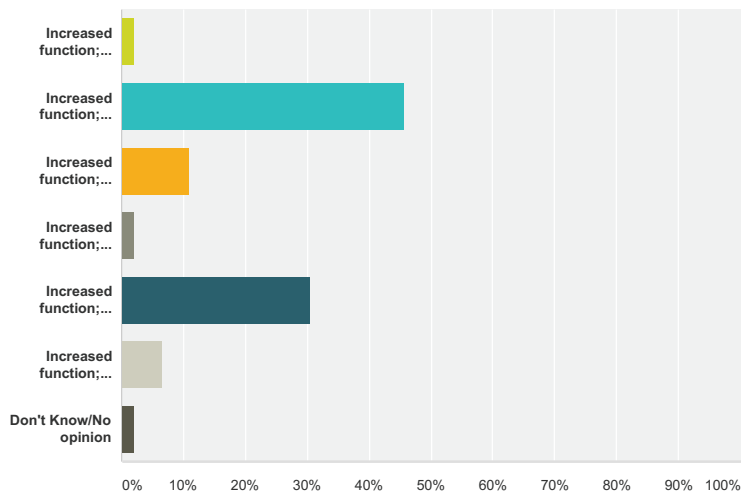
	Increased function, normal function, reduced function, no function	Increased function, normal function, reduced function, non-functional	Increased function, normal function, decreased function, no function	Increased function, normal function, decreased function, non-functional	Increased activity, normal activity, reduced activity, no activity	Increased activity, normal activity, decreased activity, no activity	Increased activity, normal activity, reduced activity, inactive	Increased activity, normal activity, decreased activity, inactive	Total	Weighted Average
Please indicate the 1st most appropriate set of terms	6.38% 3	6.38% 3	34.04% 16	17.02% 8	4.26% 2	10.64% 5	4.26% 2	17.02% 8	47	1.00
Please indicate the 2nd most appropriate set of terms	15.56% 7	8.89% 4	13.33% 6	11.11% 5	6.67% 3	31.11% 14	6.67% 3	6.67% 3	45	2.00

#	Comments:	Date
1	1. increased/decreased is better pairing for the adjective. 2. agree that function is a more robust noun than activity. 3. non-functional (or inactive) is inconsistent with the other 3 choices	6/15/2015 11:31 PM
2	agree to standardize noun, therefore function is better increased/decreased is a clear pair, non-functional sounds better	6/15/2015 11:51 AM
3	I just associate enzymes with activity, and physiological systems or biochemical networks with function. I can live with the other if I have to.	6/15/2015 10:44 AM
4	I prefer the term sets that include the adjectives increased/decreased because they pair better than increased and reduced (consistency) and I prefer activity over function but both are acceptable to me.	6/15/2015 10:39 AM
5	Decreased seems to pair better with increased. No activity vs inactive - no activity seems to be a better descriptor than inactive because inactive may imply that something that can be reactivated but no activity may not flow as well as a clinical adjective.	6/15/2015 9:37 AM
6	I prefer "decreased" over "reduced" (better pair for "increased") and "no" over "in-" or "non-" (more consistent form).	6/11/2015 4:46 PM
7	For describing "functional status", "function" appears to be the right term	6/10/2015 11:18 AM
8	No preference on decreased vs reduced function, or non-functional vs no function. Activity is misleading, in my opinion when the cause of the change is expression vs catalytic activity or stability	6/10/2015 11:11 AM
9	Don't feel really strongly that one stands out over others.	6/3/2015 2:16 PM
10	agree that decreased and increased are more consistent compared to reduced and increased. agree that no activity is more consistent in style compared to inactive. Activity is appropriate for enzyme allele functional status.	6/3/2015 2:16 PM
11	I think there could be some confusion between "decreased activity" and "no activity", decreased could be interpreted as no activity. "Reduced activity" is more clear.	6/2/2015 4:06 PM
12	I think "activity" is still relevant to a transporter	6/2/2015 3:50 PM
13	chose non-functional because it flows better in written and spoken language	5/29/2015 1:31 PM
14	I agree with the comments listed in past, decreased is the opposite of increased so it would be a better option than reduced	5/29/2015 11:21 AM
15	prefer function to activity for the alleles status; though could imagine if standardizing across genes and transporters, activity may be better "noun". I like non-functional over no function, but could see having same noun "function" for all. Tend to like reduced over decreased, but can live with decreased.	5/29/2015 8:58 AM
16	No "second choice"	5/28/2015 11:20 AM
17	The average physician will have the same response to any of these sets of terms. I picked the ones I thought sounded the nicest. I don't like using "normal" for highly polymorphic loci, though.	5/27/2015 5:03 PM

CPIC Term Standardization for Clinical Pharmacogenetic Test Results: alleles and phenotypes-Survey 3

Q2 Please indicate ONE set of terms that you find most appropriate to describe SLCO1B1 and VKORC1 allele functional status. We encourage you to comment about why you chose that set of terms:

Answered: 46 Skipped: 1



Answer Choices	Responses
Increased function; normal function; low function; no function	2.17% 1
Increased function; normal function; decreased function; no function	45.65% 21
Increased function; normal function; reduced function; no function	10.87% 5
Increased function; normal function; low function; non-functional	2.17% 1
Increased function; normal function; decreased function; non-functional	30.43% 14
Increased function; normal function; reduced function; non-functional	6.52% 3
Don't Know/No opinion	2.17% 1
Total	46

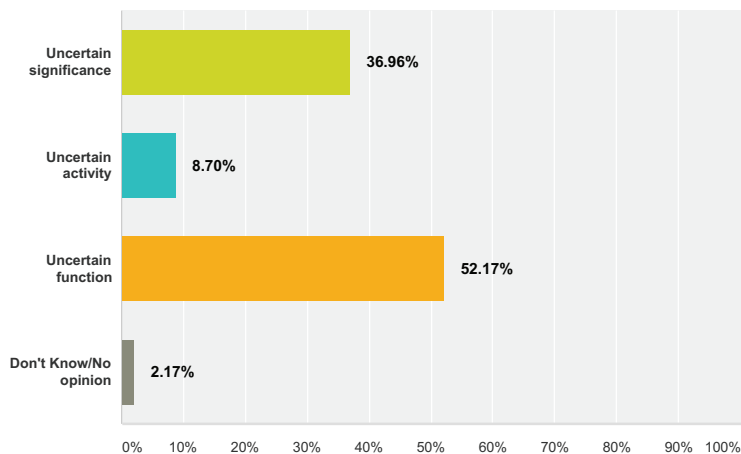
#	Comment	Date
1	increased/decreased is a logical pair. same noun throughout.	6/15/2015 11:32 PM
2	same as before	6/15/2015 11:51 AM
3	I can live with any of these.	6/15/2015 10:46 AM
4	I prefer increased/decreased for the adjective for the sake of consistency and for the same reason I prefer 'no function' over non-functional.	6/15/2015 10:41 AM
5	Same rationale as for Q1	6/11/2015 4:47 PM
6	For consistency with the previous question, I favour increased, decreased and no function	6/10/2015 11:19 AM
7	I think that 'function' relates to overall performance of the enzyme or transporter and that decreased is more opposite of increased	6/10/2015 11:14 AM
8	I haven't had as much experience with this gene yet so I don't have a strong opinion other than these should be as consistent as possible with the other terms. Consistency of terms will help with educational efforts.	6/9/2015 12:18 PM
9	I still don't think VKORC1 D36Y falls into this category. And in the table below it now shows alleles for SLCO1B1 but genotypes for VKORC1, which is inconsistent. Would leave the -1639A allele as reduced function (or activity), but leave out D36Y altogether, and genotype interpretation should be consistent with the P450 diplotype categories.	6/5/2015 11:24 AM
10	no function is more consistent in style with increased function	6/3/2015 2:23 PM
11	Do not like the term low function; don't feel strongly about reduced fxn vs decreased fxn	6/3/2015 2:19 PM
12	Reduced is more descriptive of an intermediate function than decreased, which could be confused with no function.	6/2/2015 4:07 PM
13	I think the prior terms work fine for these two genes as well	6/2/2015 3:53 PM
14	chose this set of terms to be consistent with Q1	5/29/2015 1:31 PM

CPIC Term Standardization for Clinical Pharmacogenetic Test Results: alleles and phenotypes-Survey 3

15	I like non-functional over no function, but could see having same noun "function" for all. Tend to like reduced over decreased, but can live with decreased.	5/29/2015 8:58 AM
16	standardization	5/27/2015 3:30 PM

Q3 Please indicate ONE term that you find most appropriate to describe allele function where the literature supporting the function is conflicting. We have provided comments from Survey 2 below to aid in your decision. We encourage you to comment about why you chose that term:

Answered: 46 Skipped: 1



Answer Choices	Responses
Uncertain significance	36.96% 17
Uncertain activity	8.70% 4
Uncertain function	52.17% 24
Don't Know/No opinion	2.17% 1
Total	46

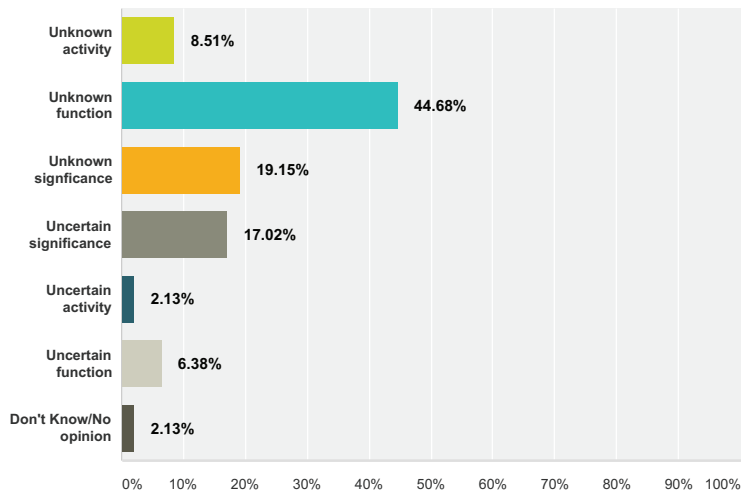
#	Comments	Date
1	Chose this mainly for consistency. If I could start the whole process over, I might suggest "uncertain effect."	6/15/2015 11:34 PM
2	fits to other terms	6/15/2015 11:53 AM
3	I also agree that it would be a good idea to use ACMG terminology.	6/15/2015 10:42 AM
4	I prefer "function" because it is more broad than "activity". "Significance" is ambiguous, since it may imply an effect at the clinical (rather than molecular) level. A pathogenic variant may not be clinically significant if a copy of a "normal" allele can compensate and produce a "normal" phenotype. Finally, allele function could depend on factors other than molecular sequence (e.g., substrate) so it may be possible for an allele to have a known affect in one case but have conflicting evidence in another. (Note: The choice of "activity" vs "function" should be consistent with previous questions.)	6/11/2015 5:02 PM
5	I think significance is the better wording, since when using uncertain with activity or function it could be misinterpreted to imply the activity or function may be completely different rather than being uncertain about the level of function or activity. Could use uncertain level of activity or function.	6/10/2015 4:35 PM
6	Significance is more broad than "function" and so could be generalized to cover activity, function, expression, stability, substrate affinity, etc.	6/10/2015 11:16 AM
7	I would avoid activity. These tests results will be used primarily by non geneticists providers (most geneticists don't routinely prescribe medications) so it is less important to stay with ACMG.	6/9/2015 12:19 PM
8	Either uncertain activity or uncertain function would be ok. Agree with comments below that significance goes beyond functional effects	6/3/2015 2:22 PM
9	I support the comments of proposing 'uncertain significance conflicting evidence from literature', which is more explicit than all above choices.	6/1/2015 1:08 PM
10	chose function for consistency with my choices for Q1+2	5/29/2015 1:32 PM
11	uncertain function goes better with the options previously chosen for the other genes in this survey (function as the noun). I would be OK with uncertain significance too.	5/29/2015 11:21 AM
12	prefer function to activity for the alleles status; though could imagine if standardizing using activity.	5/29/2015 9:15 AM
13	None of these are particularly confusing, so why not stick with what ACMG has already established?	5/27/2015 5:09 PM

CPIC Term Standardization for Clinical Pharmacogenetic Test Results: alleles and phenotypes-Survey 3

14	is more descriptive of allelic function instead significance for varaints or activity	5/27/2015 3:34 PM
----	---	-------------------

Q4 Please indicate ONE term that you find most appropriate to describe allele function where there is no literature describing function OR the allele is novel. We have provided comments from survey 2 below to aid in your decision. We encourage you to comment about why you chose that term:

Answered: 47 Skipped: 0



Answer Choices	Responses
Unknown activity	8.51% 4
Unknown function	44.68% 21
Unknown significance	19.15% 9
Uncertain significance	17.02% 8
Uncertain activity	2.13% 1
Uncertain function	6.38% 3
Don't Know/No opinion	2.13% 1
Total	47

#	Comments:	Date
1	Unknown is precise terminology: we don't know. Uncertain implies conflicting data. Function is consistent with prior answers.	6/15/2015 11:37 PM
2	if there is no information its clearly unknown, not uncertain	6/15/2015 11:54 AM
3	I agree with the commenter that 'unknown' captures the fact that no literature is available. This distinguishes it from "uncertain" which implies that there may be literature describing the variant but that the information is conflicting or limited.	6/15/2015 10:45 AM
4	There could be circumstances where there is no literature but perhaps prediction algorithms to suggest certain activity/function in which case the significance is still uncertain yet not completely unknown.	6/15/2015 9:42 AM
5	Agree with comments below. Uncertain = conflicting data. Unknown = no data.	6/15/2015 9:41 AM
6	"Unknown" more accurately captures the concept we're trying to convey, whereas "uncertain" means some evidence exists but it is weak or conflicting. I prefer "function" over "activity" (and both over "significance") for reasons expressed in comments on previous questions.	6/11/2015 5:06 PM
7	Uncertain implies there are some data available, where unknown	6/10/2015 5:31 PM
8	consistency and clarity are very important. Not everyone will understand the difference between uncertain and unknown. Using different terms just creates a different category and increases confusion. Details about no information available or conflicting data should be included in the report.	6/10/2015 4:41 PM
9	To describe functional status, "function" and not activity appears to me as the right term.	6/10/2015 11:20 AM
10	Activity should be avoided. Either unknown function or significance are acceptable. Uncertain should be avoided.	6/9/2015 12:20 PM
11	uncertain significance is better	6/9/2015 11:26 AM

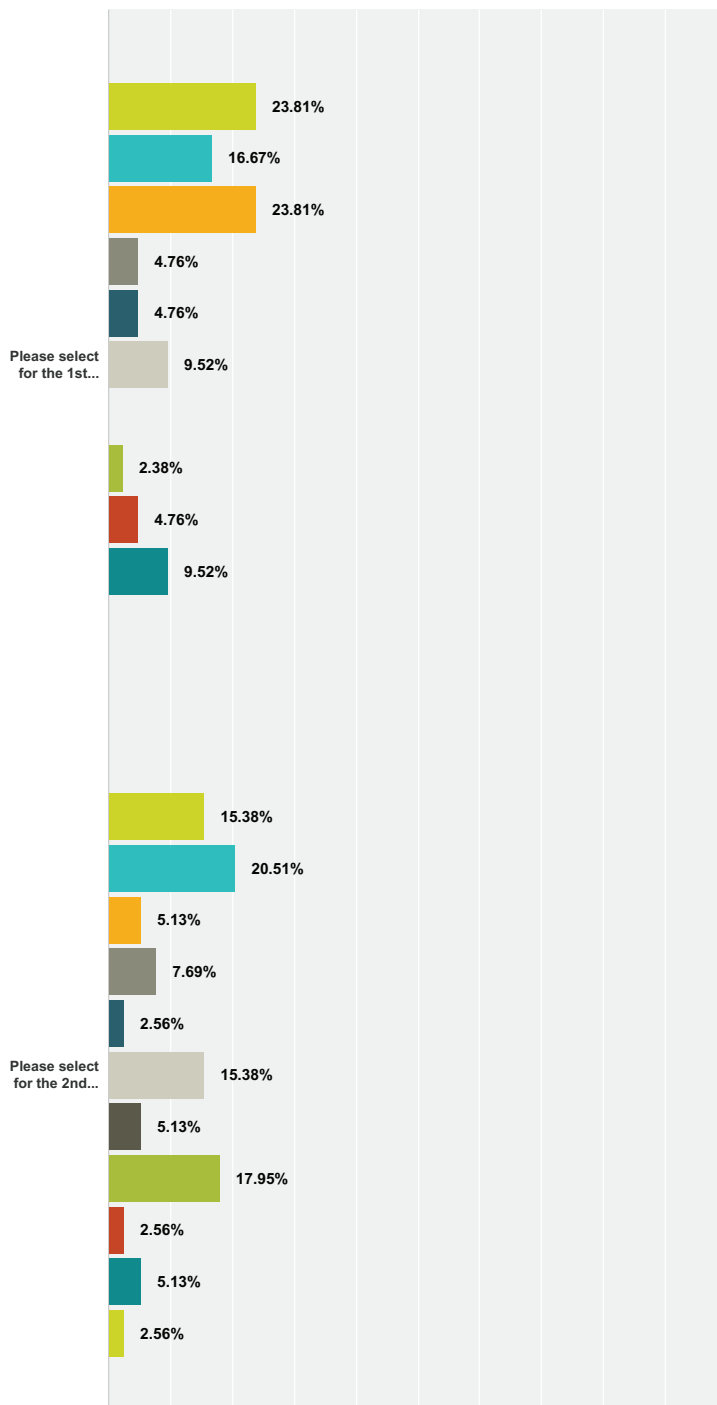
CPIC Term Standardization for Clinical Pharmacogenetic Test Results: alleles and phenotypes-Survey 3

12	I know I'm in the minority when it comes to this in CPIC but I believe strongly that uncertain significance can be used for both conflicting literature and when there is no literature available. It is commonly used today in most clinical labs and I doubt that there would be widespread adoption of two separate but similar terms for the two scenarios.	6/5/2015 11:26 AM
13	Agree with comments below that unknown is most appropriate when there is no literature whereas uncertain would apply to conflicting data	6/3/2015 2:24 PM
14	Prefer ACMG term. I can't see why there is a clinical reason to distinguish between conflicting and lack of information.	6/3/2015 2:24 PM
15	I think 'unknown' is a statement closer to truth than 'uncertain'. Note that unknown is temporary. Later we would know something about this allele. So maybe 'currently unknown' is a better phrase.	6/1/2015 1:09 PM
16	unknown reflects best that there is no information; uncertain in my opinion indicates that there is at least some information.	5/29/2015 1:33 PM
17	I would be OK with unknown significance too.	5/29/2015 11:21 AM
18	OK with using uncertain, too.	5/29/2015 9:16 AM
19	There's a clear linguistic difference between "unknown" and "uncertain," and I'll stick with "significance" because I chose it for the last question to stick with ACMG.	5/27/2015 5:12 PM
20	function is truly unknown (different from uncertain which indicates that something is know but conflicting or limited).	5/27/2015 3:35 PM

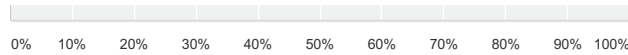
Q5 Please rank the top two sets of terms (#1 and #2) that you find most appropriate to describe phenotype for CYP2D6/CYP2C19/CYP2C9/CYP3A5/DPYD/T PMT/UGT1A1. We have provided comments from survey 2 below to aid in your decision.

If you do not know or do not have an informed opinion about this gene, please leave blank and move to the next question. We encourage you to comment about why you chose that set of terms:

Answered: 42 Skipped: 5



CPIC Term Standardization for Clinical Pharmacogenetic Test Results: alleles and phenotypes-Survey 3



- Ultra-rapid metabolizer, rapid metabolizer, normal metabolizer, decreased metabolizer, poor ...
- Ultra-rapid metabolizer, rapid metabolizer, normal metabolizer, reduced metabolizer, poor ...
- Ultra-rapid metabolizer, rapid metabolizer, normal metabolizer, intermediate metabolizer, ...
- Ultrarapid activity, rapid activity, normal activity, decreased activity, no activity
- Ultrarapid activity, rapid activity, normal activity, reduced activity, no activity
- Highly increased activity, increased activity, normal activity, decreased activity, no act...
- Highly increased activity, increased activity, normal activity, reduced activity, no activ...
- Ultrarapid activity, rapid activity, normal activity, decreased activity, poor activity (a...
- Ultrarapid activity, rapid activity, normal activity, reduced activity, poor activity (add...
- Highly increased activity, increased activity, normal activity, decreased activity, poor a...
- Highly increased activity, increased activity, normal activity, reduced activity, poor act...

	Ultra-rapid metabolizer, rapid metabolizer, normal metabolizer, decreased metabolizer, poor metabolizer	Ultra-rapid metabolizer, rapid metabolizer, normal metabolizer, reduced metabolizer, poor metabolizer	Ultra-rapid metabolizer, rapid metabolizer, normal metabolizer, intermediate metabolizer, poor metabolizer	Ultrarapid activity, rapid activity, normal activity, decreased activity, no activity	Ultrarapid activity, rapid activity, normal activity, reduced activity, no activity	Highly increased activity, increased activity, normal activity, decreased activity, no activity	Highly increased activity, increased activity, normal activity, reduced activity, no activity	Ultrarapid activity, rapid activity, normal activity, decreased activity, poor activity (added based on comments that "no" will not suffice some genes- e.g., UGT1A1)	Ultrarapid activity, rapid activity, normal activity, reduced activity, poor activity (added based on comments that "no" will not suffice some genes- e.g., UGT1A1)	Highly increased activity, increased activity, normal activity, decreased activity, poor activity (added based on comments that "no" will not suffice some genes- e.g., UGT1A1)	Highly increased activity, increased activity, normal activity, reduced activity, poor activity (added based on comments that "no" will not suffice some genes- e.g., UGT1A1)	Total	Weighted Average
Please select for the 1st most appropriate set of terms	23.81% 10	16.67% 7	23.81% 10	4.76% 2	4.76% 2	9.52% 4	0.00% 0	2.38% 1	4.76% 2	9.52% 4	0.00% 0	42	1.00
Please select for the 2nd most appropriate set of terms	15.38% 6	20.51% 8	5.13% 2	7.69% 3	2.56% 1	15.38% 6	5.13% 2	17.95% 7	2.56% 1	5.13% 2	2.56% 1	39	2.00

#	Comments:	Date
1	Highly & increased are more straightforward than ultrarapid and rapid. Decreased is the antonym of increased. Don't like "poor activity" because it may be confused with decreased or reduced activity. An alternative to "poor activity" could be "very decreased" or "markedly decreased." For consistency, the word "highly" could also be replaced with "very" or "markedly"	6/15/2015 11:44 PM
2	I don't answer this question because think the creation of an extra phenotype for CYP2C19 (rapid metabolizer) is odd and not justified; 4 phenotypes are sufficient; its only confusing	6/15/2015 12:02 PM
3	metabolizer is a more understandable clinical term	6/15/2015 9:48 AM
4	I understand that "intermediate" strongly implies the need to know what is above and what is below, but the same criticism could be applied to "decreased" or "reduced" (from what?).	6/14/2015 11:09 AM
5	I strongly prefer "activity" over "metabolizer" because the phenotype should be consistent with the terms we use for allele functional status and because these terms should describe molecular phenotype, not the patient's overall phenotype (which could be affected by other factors). I like options with "decreased" over those with "reduced" because it is more consistent with "increased". I think if we need two categories for "increased" above "normal" (highly increased, increased) we should have two categories on the other side (decreased, highly/strongly decreased). The term "no" is not equivalent to "poor"; if "no" is needed then it should be added to all options. "Poor" would be a non-optimal synonym for highly/strongly decreased, IMO.	6/11/2015 5:16 PM
6	distinction between reduced or decreased and poor seems to be unclear	6/10/2015 4:51 PM
7	Intermediate is indeed, misleading. I agree with the comment that the choice of metabolizer or activity depends on the context in which the terms are used. Metabolizer refers to people, activity to enzymes. The form does not include the option of NOT answering this question, which is my option considering the ambivalence of the question.	6/10/2015 11:33 AM

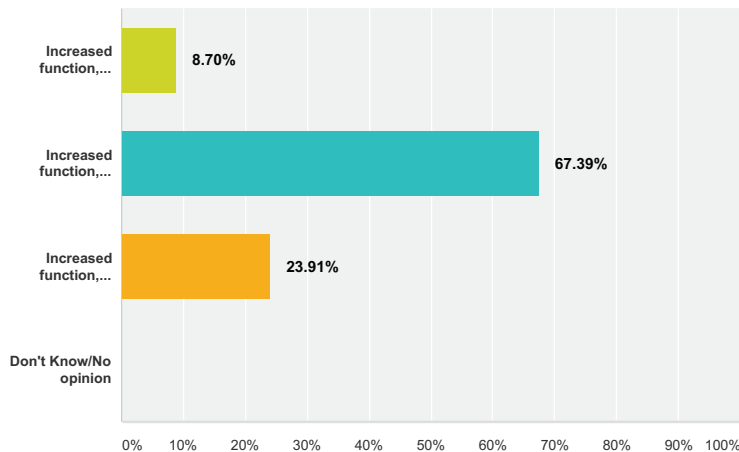
CPIC Term Standardization for Clinical Pharmacogenetic Test Results: alleles and phenotypes-Survey 3

8	For genes like TPMT, DPYD, MTHFR, COMT we should still go with "Activity" phenotype instead of "Metabolizer" phenotype. For example in case of DPYD *2A/*2A patients have complete dihydropyrimidine dehydrogenase deficiency - So DPYD No Activity Makes sense instead of DPYD Poor Metabolizer.	6/9/2015 1:38 PM
9	Metabolizer is easy for patients to understand. When counseling patients, most understand "just like how we metabolize our food, we metabolize or process medications".	6/9/2015 12:22 PM
10	I think it might be hard to differentiate between "decreased activity" and "poor activity"	6/3/2015 2:37 PM
11	Conventionally, I think of metabolizer as the noun for CYP enzymes and activity as the noun fro DPYD, TPMT, UGT1A1. Hard for me to reconcile using same noun for both types of enzymes. If you are to use the same noun for both, think activity is best	6/3/2015 2:31 PM
12	Since metabolizer has been in the literature for years, and there is some familiarity with these terms among clinicians, would suggest we keep to these terms.	6/3/2015 2:30 PM
13	my top choices were dictated for consistency across terms while utilizing established terms	5/29/2015 1:35 PM
14	prefer keeping with the metabolizer noun	5/29/2015 9:17 AM

CPIC Term Standardization for Clinical Pharmacogenetic Test Results: alleles and phenotypes-Survey 3

Q6 Please indicate ONE term that you find most appropriate to describe phenotype for SLCO1B1 and VKORC1. We have provided comments from survey 2 below to aid in your decision. We encourage you to comment about why you chose that term:

Answered: 46 Skipped: 1

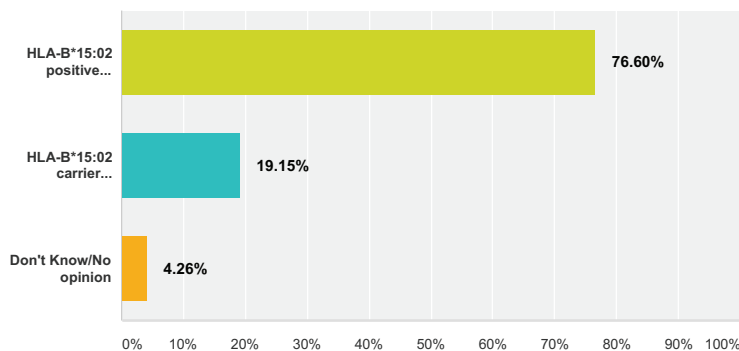


Answer Choices	Responses
Increased function, normal function, intermediate function, poor function	8.70% 4
Increased function, normal function, decreased function, poor function	67.39% 31
Increased function, normal function, reduced function, poor function	23.91% 11
Don't Know/No opinion	0.00% 0
Total	46

#	Comments:	Date
1	Intermediate is too vague. Decreased is the antonym of increased.	6/15/2015 11:45 PM
2	see above	6/15/2015 12:03 PM
3	Not comfortable with application to VKORC1; is increased function the same as resistance? We have tended to use the latter term for individuals that exceed typical doses to inhibit VKOR. Are very low doses that result in a therapeutic INR going to be classified as poor? I just think we need to decide that VKOR is a target rather than a metabolic enzyme.	6/15/2015 10:58 AM
4	I prefer intermediate but can live with "decreased"	6/14/2015 11:11 AM
5	The corresponding term for "increased" is "decreased"	6/11/2015 5:17 PM
6	will it be understood the difference between decreased/reduced/intermediate and poor	6/10/2015 4:53 PM
7	2nd choice is reduced function	6/10/2015 2:20 PM
8	Decreased flows better with increased. This would help when explaining this to providers or patients.	6/9/2015 12:24 PM
9	using decreased is more appropriate as it is opposite to increased and not equal to normal as intermediate may give this impression.	6/9/2015 11:36 AM
10	As stated, I won't be using increased function for D36Y on reports. Also, I'll be using the ACMG guidelines for VKORC1 that reflect warfarin sensitivity, unless they come out with updated guidelines or endorse these.	6/5/2015 11:35 AM
11	I think it might be hard to differentiate between "decreased function" and "poor function"	6/3/2015 2:37 PM
12	Agree that Intermediate is confusing, and prefer decreased/reduced function. Actually I really prefer Low Function to either decreased or reduced.	6/3/2015 2:32 PM
13	chose terms for consistency	5/29/2015 1:36 PM
14	prefer reduced over decreased...though decreased is OK	5/29/2015 9:18 AM

Q7 Currently, there are 3 HLA-B alleles that are subject of CPIC guidelines and strongly associated with specific adverse effects to drugs (HLA-B*57:01 for abacavir hypersensitivity; HLA-B*58:01 for allopurinol cutaneous reactions, and HLA-B*15:02 for carbamazepine and phenytoin cutaneous reactions). Based on responses from survey 1, we are assuming that the PRESENCE and ABSENCE of each high risk allele should be documented. Please indicate ONE term that you find most appropriate to describe phenotype for HLA-B. We have provided comments from survey 2 below to aid in your decision. We encourage you to comment about why you chose that term:

Answered: 47 Skipped: 0



Answer Choices	Responses
HLA-B*15:02 positive /HLA-B*15:02 negative	76.60% 36
HLA-B*15:02 carrier /HLA-B*15:02 non-carrier	19.15% 9
Don't Know/No opinion	4.26% 2
Total	47

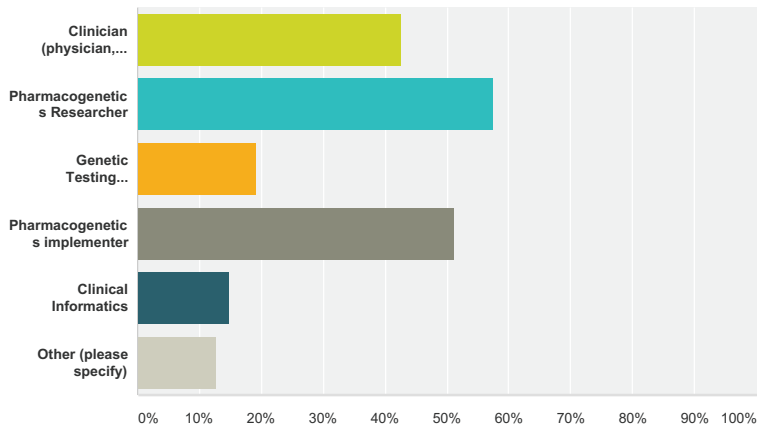
#	Comment:	Date
1	For those who have learned traditional genetic terminology, the word carrier could imply heterozygosity for a recessive trait and that there is no clinical affect for the proband. Positive and negative are clear and unambiguous.	6/15/2015 11:48 PM
2	for non-specialists, positive/negative seems more intuitive than "carrier"	6/15/2015 12:04 PM
3	Positive/negative have been the traditional interpretation words used from CLIA labs in my experience. This is easier to explain to patients, since "carrier" is often associated by the lay public as no risk of disease/trait to themselves, only a risk to pass on the trait.	6/15/2015 10:03 AM
4	"Carrier" may imply a recessive mode of inheritance, whereas the adverse reactions we're trying to avoid manifest in a dominant manner.	6/11/2015 5:21 PM
5	carrier should be used for recessive conditions and implies there is no significance to the individual (though we know this is not completely true), but has potential impact on offspring	6/10/2015 4:55 PM
6	Carrier has no interpretive value for many physicians, or patients.	6/10/2015 2:23 PM
7	The carrier term could be confusing to providers and patients based on the use of the term carrier for Mendelian disorders.	6/9/2015 12:24 PM
8	positive and negative is better to use	6/9/2015 11:38 AM
9	Could also say "risk allele present" or "risk allele absent"	6/3/2015 2:35 PM
10	Positive and Negative are more easily understood, and do not require as much explanation.	6/3/2015 2:34 PM
11	slightly lean towards positive/negative, but carrier/non-carrier is equally acceptable	5/29/2015 1:37 PM

CPIC Term Standardization for Clinical Pharmacogenetic Test Results: alleles and phenotypes-Survey 3

12	pos and neg standardizes with most medical language. Note some assays do not differentiate if carrier or homozygous positive. Carrier in genetics has been confused by some for a long time.	5/29/2015 9:20 AM
13	"Carrier" often implies an unaffected individual with the ability to have affected offspring, which is not the case here, even though it's a technically correct term.	5/27/2015 5:18 PM

Q8 What capacity are you involved in clinical pharmacogenetics (choose all that apply)?

Answered: 47 Skipped: 0

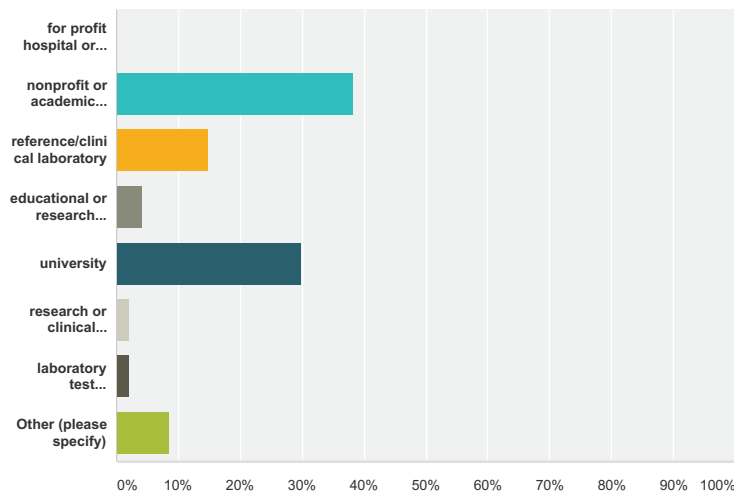


Answer Choices	Responses
Clinician (physician, pharmacist, nurse, etc.)	42.55% 20
Pharmacogenetics Researcher	57.45% 27
Genetic Testing Laboratory Staff	19.15% 9
Pharmacogenetics implementer	51.06% 24
Clinical Informatics	14.89% 7
Other (please specify)	12.77% 6
Total Respondents: 47	

#	Other (please specify)	Date
1	Scientific Curator at PharmGKB	6/15/2015 10:50 AM
2	Note for Q9: Radio button allows selection of only 1 option, whereas question says "choose all that apply"	6/11/2015 5:23 PM
3	Associate Director - Clinical Lab Operations	6/9/2015 1:41 PM
4	Assistant Director, Genetic Counselor	6/9/2015 12:26 PM
5	ontologist	6/1/2015 1:09 PM
6	Research	5/27/2015 3:39 PM

Q9 Which of the following describes your workplace setting (choose all that apply)?

Answered: 47 Skipped: 0

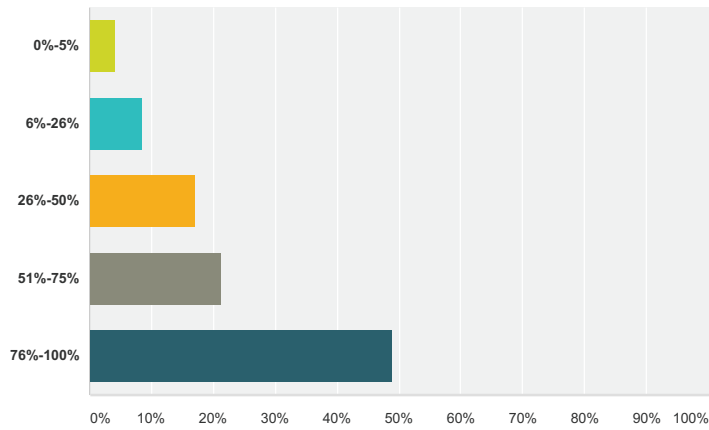


Answer Choices	Responses
for profit hospital or clinic	0.00% 0
nonprofit or academic hospital or clinic	38.30% 18
reference/clinical laboratory	14.89% 7
educational or research resource	4.26% 2
university	29.79% 14
research or clinical institute	2.13% 1
laboratory test interpretation sevice	2.13% 1
Other (please specify)	8.51% 4
Total	47

#	Other (please specify)	Date
1	VA	6/15/2015 11:01 AM
2	Pharmacogenetics manufacturer	6/11/2015 8:51 PM
3	Would now allow multiple choices. Here are my full set: Nonprofit, reference/clin lab, educational resource	6/2/2015 4:02 PM
4	private group practice and ambulatory clinic with clinical research	5/27/2015 3:39 PM

Q10 What percentage of time do you devote to pharmacogenetics (i.e. research time, clinic time, etc.)?

Answered: 47 Skipped: 0



Answer Choices	Responses	Count
0%-5%	4.26%	2
6%-26%	8.51%	4
26%-50%	17.02%	8
51%-75%	21.28%	10
76%-100%	48.94%	23
Total		47