Counsyl

RESULTS RECIPIENT
SEATTLE SPERM BANK
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NPI: 1306838271
Report Date: 11/17/2018

MALE
DONOR 12195
DOB: [redacted]
Ethnicity: Mixed or Other Caucasian
Sample Type: EDTA Blood
Date of Collection: 11/07/2018
Date Received: 11/09/2018
Date Tested: 11/17/2018
Barcode: 11004212505777
Accession ID: CSLFWCHH3JXNV96
Indication: Egg or sperm donor

FEMALE
N/A

Foresight™ Carrier Screen

NEGATIVE

ABOUT THIS TEST

The **Counsyl Foresight Carrier Screen** utilizes sequencing, maximizing coverage across all DNA regions tested, to help you learn about your chance to have a child with a genetic disease.

RESULTS SUMMARY

Risk Details	DONOR 12195	Partner
Panel Information	Foresight Carrier Screen Mucopolysaccharidosis Type IIIC Panel **(1 condition tested)**	N/A
All conditions tested A complete list of all conditions tested can be found on page 3.	⊖ **NEGATIVE** No disease-causing mutations were detected.	N/A

CLINICAL NOTES

- None

NEXT STEPS

- If necessary, patients can discuss residual risks with their physician or a genetic counselor.

Methods and Limitations

DONOR 12195 [Foresight Carrier Screen]: Sequencing with copy number analysis.

Sequencing with copy number analysis

High-throughput sequencing and read depth-based copy number analysis are used to analyze the listed exons, as well as selected intergenic and intronic regions, of the genes in the Conditions Tested section of the report. The region of interest (ROI) of the test comprises these regions, in addition to the 20 intronic bases flanking each exon. In a minority of cases where genomic features (e.g., long homopolymers) compromise calling fidelity, the affected intronic bases are not included in the ROI. The ROI is sequenced to high coverage and the sequences are compared to standards and references of normal variation. More than 99% of all bases in the ROI are sequenced at greater than the minimum read depth. Mutations may not be detected in areas of lower sequence coverage. Small insertions and deletions may not be as accurately determined as single nucleotide variants. Genes that have closely related pseudogenes may be addressed by a different method. *CFTR* and *DMD* testing includes analysis for both large (exon-level) deletions and duplications with an average sensitivity of 99%, while other genes are only analyzed for large deletions with a sensitivity of >75%. However, the sensitivity may be higher for selected founder deletions. If *GJB2* is tested, two large upstream deletions which overlap *GJB6* and affect the expression of *GJB2*, del(*GJB6*-D13S1830) and del(*GJB6*-D13S1854), are also analyzed. Mosaicism or somatic variants present at low levels may not be detected. If detected, these may not be reported.

Detection rates are determined by using literature to estimate the fraction of disease alleles, weighted by frequency, that the methodology is unable to detect. Detection rates only account for analytical sensitivity and certain variants that have been previously described in the literature may not be reported if there is insufficient evidence for pathogenicity. Detection rates do not account for the disease-specific rates of de novo mutations.

All variants that are a recognized cause of the disease will be reported. In addition, variants that have not previously been established as a recognized cause of disease may be identified. In these cases, only variants classified as "likely" pathogenic are reported. Likely pathogenic variants are described elsewhere in the report as "likely to have a negative impact on gene function". Likely pathogenic variants are evaluated and classified by assessing the nature of the variant and reviewing reports of allele frequencies in cases and controls, functional studies, variant annotation and effect prediction, and segregation studies. Exon level duplications are assumed to be in tandem and are classified according to their predicted effect on the reading frame. Benign variants, variants of uncertain significance, and variants not directly associated with the intended disease phenotype are not reported. Curation summaries of reported variants are available upon request.

Limitations

In an unknown number of cases, nearby genetic variants may interfere with mutation detection. Other possible sources of diagnostic error include sample mix-up, trace contamination, bone marrow transplantation, blood transfusions and technical errors. This test is designed to detect and report germline alterations. While somatic variants present at low levels may be detected, these may not be reported. If more than one variant is detected in a gene, additional studies may be necessary to determine if those variants lie on the same chromosome or different chromosomes. The test does not fully address all inherited forms of intellectual disability, birth defects and genetic disease. A family history of any of these conditions may warrant additional evaluation. Furthermore, not all mutations will be identified in the genes analyzed and additional testing may be beneficial for some patients. For example, individuals of African, Southeast Asian, and Mediterranean ancestry are at increased risk for being carriers for hemoglobinopathies, which can be identified by CBC and hemoglobin electrophoresis or HPLC (*ACOG Practice Bulletin No. 78. Obstet.Gynecol. 2007;109:229-37*).

This test was developed and its performance characteristics determined by Myriad Women's Health, Inc. It has not been cleared or approved by the US Food and Drug Administration (FDA). The FDA does not require this test to go through premarket review. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity clinical testing. These results are adjunctive to the ordering physician's evaluation. CLIA Number: **#05D1102604**.

LABORATORY DIRECTOR

Hyunseok Kang

H. Peter Kang, MD, MS, FCAP

Report content approved by Saurav Guha, PhD, FACMG on Nov 19, 2018

Conditions Tested

Mucopolysaccharidosis Type IIIC - **Gene:** HGSNAT. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_152419:1-18. **Detection Rate:** Mixed or Other Caucasian >99%.

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Barcode: 11004212505777

FEMALE
N/A

Risk Calculations

Below are the risk calculations for all conditions tested. Since negative results do not completely rule out the possibility of being a carrier, the **residual risk** represents the patient's post-test likelihood of being a carrier and the **reproductive risk** represents the likelihood the patient's future children could inherit each disease. These risks are inherent to all carrier screening tests, may vary by ethnicity, are predicated on a negative family history and are present even after a negative test result. Inaccurate reporting of ethnicity may cause errors in risk calculation. The reproductive risk presented is based on a hypothetical pairing with a partner of the same ethnic group.

Disease	DONOR 12195 Residual Risk	Reproductive Risk
Mucopolysaccharidosis Type IIIC	1 in 37,000	< 1 in 1,000,000

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MALE
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Sample Type: EDTA Blood
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Date Received: 06/16/2017
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Barcode: 11004212187648
Indication: Egg or sperm donor

FEMALE
N/A

Family Prep Screen

POSITIVE: CARRIER

ABOUT THIS TEST

The Counsyl Family Prep Screen (version 2.0) utilizes sequencing, maximizing coverage across all DNA regions tested, to help you learn about your chance to have a child with a genetic disease.

RESULTS SUMMARY

Risk Details	DONOR 12195	Partner
Panel Information	Family Prep Screen 2.0 Universal Panel Minus X-Linked **(102 conditions tested)**	N/A
POSITIVE: CARRIER 21-hydroxylase-deficient Congenital Adrenal Hyperplasia **Reproductive Risk: 1 in 230** **Inheritance: Autosomal Recessive**	**CARRIER*** NM_000500.7(CYP21A2):c.293-13C>G heterozygote	The reproductive risk presented is based on a hypothetical pairing with a partner of the same ethnic group. Carrier testing should be considered. See "Next Steps".

*Carriers generally do not experience symptoms.

No disease-causing mutations were detected in any other gene tested. A complete list of all conditions tested can be found on page 6.

CLINICAL NOTES

- None

NEXT STEPS

- Carrier testing should be considered for the diseases specified above for the patient's partner, as both parents must be carriers before a child is at high risk of developing the disease.
- Genetic counseling is recommended and patients may wish to discuss any positive results with blood relatives, as there is an increased chance that they are also carriers.

POSITIVE: CARRIER

21-hydroxylase-deficient Congenital Adrenal Hyperplasia

Reproductive risk: 1 in 230
Risk before testing: 1 in 13,000

Gene: CYP21A2 | **Inheritance Pattern:** Autosomal Recessive

Patient	DONOR 12195	No partner tested
Result	✚ Carrier	N/A
Variant(s)	NM_000500.7(CYP21A2):c.293-13C>G heterozygote	N/A
Methodology	Analysis of homologous regions	N/A
Interpretation	This individual is a carrier of 21-hydroxylase-deficient congenital adrenal hyperplasia. Carriers generally do not experience symptoms. NM_000500.7(CYP21A2):c.293-13C>G is a classic 21-hydroxylase-deficient congenital adrenal hyperplasia mutation.	N/A
Detection rate	96%	N/A
Variants tested	CYP21A2 deletion, CYP21A2 duplication, CYP21A2 triplication, G111Vfs*21, I173N, L308FfsX6, P31L, Q319*, Q319*+CYP21A2dup, R357W, V281L, [I237N;V238E;M240K], c.293-13C>G.	N/A

What is 21-Hydroxylase-Deficient Congenital Adrenal Hyperplasia?

Congenital adrenal hyperplasia (CAH) refers to a group of genetic disorders that affect the body's adrenal glands. The adrenal glands are located above each kidney and regulate essential functions in the body, including the production of several important hormones. CAH occurs when the adrenal glands are unable to produce these hormones properly, resulting in a hormone imbalance.

More than 90% of of CAH cases are caused by deficiency of the 21-hydroxylase enzyme. When this enzyme is missing or present at low levels, the adrenal glands are unable to produce two critical hormones, cortisol and aldosterone. The body responds to this deficiency by producing an excess of male sex hormones, called androgens. Collectively, the excess androgen production and hormone deficiencies can lead to a variety of medical problems, which vary in severity depending on the form of CAH.

There are two major forms of 21-hydroxylase-deficient CAH: classic CAH and non-classic CAH.

CLASSIC

The most severe form, referred to as classic CAH, can be divided into two different subtypes: the salt-wasting type and the simple virilizing type (non salt-wasting type). The classic salt-wasting type is associated with near to complete deficiency of the enzyme, 21-hydroxylase, resulting in the complete inability to produce the hormones, cortisol and aldosterone. In this type, the body cannot retain enough sodium (salt). When too much salt is lost in the urine, it may lead to dehydration, vomiting, diarrhea, failure to thrive, heart rhythm abnormalities (arrhythmias), and shock; if not properly treated, death may occur in some cases. In addition, female newborns often have external genitalia that do not clearly appear either male or female (ambiguous genitalia), whereas male newborns may present with enlarged genitalia. Signs of early puberty (virilization) occur in both males and females with CAH. These symptoms may include: rapid growth and development in early childhood, but shorter than average height in adulthood, abnormal menstruation cycles for females, excess facial hair for females, early facial hair growth for males, severe acne, and infertility in both men and women.

The simple virilizing type of CAH is associated with partial 21-hydroxylase deficiency. Unlike the salt-wasting type, these individuals typically do not experience severe and life-threatening sodium deficiency symptoms as newborns. However, the majority of female newborns with this type will have ambiguous genitalia, and both male and female children may show signs of early puberty.

NON-CLASSIC

The non-classic type (late-onset type) is the the least severe form of CAH and is caused by mild deficiency of the 21-hydroxylase enzyme. Individuals with this type may start experiencing symptoms related to excess androgen production in childhood, adolescence, or adulthood. Both males and females may exhibit rapid growth in childhood, shorter than average stature in adulthood, virilization, and infertility. Additionally, girls may experience symptoms of masculinization and abnormal menstruation. However, some individuals with non-classic CAH may never know they are affected because the symptoms are so mild.

How common is 21-Hydroxylase-Deficient Congenital Adrenal Hyperplasia?

The incidence of CAH varies by type and is more prevalent in certain ethnicities. Classic CAH occurs in approximately 1 in 15,000 births worldwide, while non-classic CAH is much more common, occurring in approximately 1 in 1,000 births. In some populations, namely individuals of Ashkenazi Jewish, Hispanic, Italian, and Yugoslav descent, the prevalence of the non-classic CAH can reach as high as 3-4 percent.

How is 21-Hydroxylase-Deficient Congenital Adrenal Hyperplasia treated?

Currently, there is no cure for CAH. However, treatments are available to address some of the associated symptoms. Patients benefit from taking hormone replacement medications, which work to increase levels of deficient hormones and suppress the overproduction of male hormones. Most people with classic CAH will need to take hormone medications for the rest of their life. Those with the less severe forms of CAH are sometimes able to stop taking these medications in adulthood and are typically treated with lower doses. Some individuals with non-classic CAH do not require any treatment. A multidisciplinary team of physicians, including an endocrinologist, will need to monitor the medication dosage, medication side effects, growth, and sexual development of patients who continue to receive treatment.

Newborn females with ambiguous genitalia may need surgery to correct the function and appearance of the external genitalia. Surgery, if needed, is most often performed during infancy, but can be performed later in life.

Treatments provided during pregnancy may reduce the degree of virilization in female fetuses. However, because the long term safety of prenatal treatment is unknown, these therapies are considered experimental and are not recommended by professional guidelines.

What is the prognosis for a person with 21-Hydroxylase-Deficient Congenital Adrenal Hyperplasia?

With early diagnosis and proper medication management, most individuals with CAH will have a normal life expectancy. Early death can occur during periods of significant sodium loss (salt crises) if medication dosage is not adequately adjusted, especially during times of illness or trauma. Problems with growth and development, infertility, ambiguous genitalia, and virilization are monitored by physicians on an ongoing basis.

Methods and Limitations

DONOR 12195 [Family Prep Screen 2.0]: sequencing, targeted genotyping, spinal muscular atrophy, and analysis of homologous regions.

Sequencing

High-throughput sequencing is used to analyze the listed exons, as well as selected intergenic and intronic regions, of the genes in the Conditions Tested section of the report. These regions are sequenced to high coverage and the sequences are compared to standards and references of normal variation. Mutations may not be detected in areas of lower sequence coverage. On average, more than 99% of all bases in the exons listed for each gene are sequenced at the minimum read depth. Variants discovered in other exons of these genes will also be reported if they meet quality control criteria. Triplet repeats and large deletions and duplications may not be detected. Small insertions and deletions may not be as accurately determined as single nucleotide variants. Genes that have closely related pseudogenes are not well analyzed by this method.

Detection rates are calculated by estimating from literature the fraction of disease alleles that the methodology is unable to detect.

All variants that are a recognized cause of the disease will be reported. In addition, variants that have not previously been established as a recognized cause of disease may be identified. In these cases, only variants classified as "predicted" or "likely" pathogenic are reported. Predicted/likely pathogenic variants are described elsewhere in the report as "predicted/likely to have a negative impact on gene function". In general, predicted pathogenic variants are those which are predicted to be pathogenic based on the nature of the sequence change, while likely pathogenic variants are evaluated by reviewing reports of allele frequencies in cases and controls, functional studies, variant annotation and effect prediction, and segregation studies. Benign variants, variants of uncertain significance, and variants not directly associated with the intended disease phenotype are not reported. Literature citations validating reported variants are available upon request.

Targeted genotyping

Targeted DNA mutation analysis is used to determine the genotypes of the listed variants in the Conditions Tested section of the report.

Spinal muscular atrophy

Targeted copy number analysis is used to determine the copy number of exon 7 of the *SMN1* gene relative to other genes. Other mutations may interfere with this analysis. Some individuals with two copies of *SMN1* are carriers with two *SMN1* genes on one chromosome and a *SMN1* deletion on the other chromosome. This is more likely in individuals who have 2 copies of the *SMN1* gene and are positive for the g.27134T>G SNP, which affects the reported residual risk; Ashkenazi Jewish or Asian patients with this genotype have a high post-test likelihood of being carriers for SMA and are reported as carriers.

Analysis of homologous regions

A combination of high-throughput sequencing, read depth-based copy number analysis, and targeted genotyping is used to determine the number of functional gene copies and/or the presence of selected loss of function mutations in certain genes that have homology to other regions. The precise breakpoints of large deletions in these genes cannot be determined, but are estimated from copy number analysis. High numbers of pseudogene copies may interfere with this analysis.

If *CYP21A2* is tested, patients who have one or more additional copies of the *CYP21A2* gene and a loss of function mutation may not actually be a carrier of 21-hydroxylase-deficient congenital adrenal hyperplasia (CAH). Because the true incidence of non-classic CAH is unknown, the residual carrier and reproductive risk numbers on the report are only based on published incidences for classic CAH. However, the published prevalence of non-classic CAH is highest in individuals of Ashkenazi Jewish, Hispanic, Italian, and Yugoslav descent. Therefore, the residual and reproductive risks are likely an underestimate of overall chances for 21-hydroxylase-deficient CAH, especially in the aforementioned populations, as they do not account for non-classic CAH. If *HBA1*/*HBA2* are tested, some individuals with four alpha globin genes may be carriers, with three genes on one chromosome and a deletion on the other chromosome. This and similar, but rare, carrier states, where complementary changes exist in both the gene and a pseudogene, may not be detected by the assay.

Limitations

In an unknown number of cases, nearby genetic variants may interfere with mutation detection. Other possible sources of diagnostic error include sample mix-up, trace contamination, bone marrow transplantation, blood transfusions and technical errors. This test is designed to detect and report germline alterations. While somatic variants present at low levels may be detected, these may not be reported. If more than one variant is detected in a gene, additional studies may be necessary to determine if those variants lie on the same chromosome or different chromosomes. The test does not fully address all inherited forms of intellectual disability, birth defects and genetic disease. A family history of any of these conditions may warrant additional evaluation. Furthermore, not all mutations will be identified in the genes analyzed and additional testing may be beneficial for some patients. For example, individuals of African, Southeast Asian, and Mediterranean ancestry are at increased risk for being carriers for hemoglobinopathies, which can be identified by CBC and hemoglobin electrophoresis or HPLC (*ACOG Practice Bulletin No. 78. Obstet.Gynecol. 2007;109:229-37*).

This test was developed and its performance characteristics determined by Counsyl, Inc. It has not been cleared or approved by the US Food and Drug Administration (FDA). The FDA does not require this test to go through premarket review. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity clinical testing. These results are adjunctive to the ordering physician's evaluation. CLIA Number: **#05D1102604**.

LAB DIRECTORS

Hyunseok Kang

H. Peter Kang, MD, MS, FCAP

Conditions Tested

21-hydroxylase-deficient Congenital Adrenal Hyperplasia - **Gene:** CYP21A2. Autosomal Recessive. Analysis of Homologous Regions. **Variants (13):** CYP21A2 deletion, CYP21A2 duplication, CYP21A2 triplication, G111Vfs*21, I173N, L308FfsX6, P31L, Q319*, Q319*+CYP21A2dup, R357W, V281L, [I237N;V238E;M240K], c.293-13C>G. **Detection Rate:** Northern European 96%.

ABCC8-related Hyperinsulinism - **Gene:** ABCC8. Autosomal Recessive. Sequencing. **Exons:** NM_000352:1-39. **Detection Rate:** Northern European >99%.

Achromatopsia - **Gene:** CNGB3. Autosomal Recessive. Sequencing. **Exons:** NM_019098:1-18. **Detection Rate:** Northern European >99%.

Alkaptonuria - **Gene:** HGD. Autosomal Recessive. Sequencing. **Exons:** NM_000187:1-14. **Detection Rate:** Northern European >99%.

Alpha Thalassemia - **Genes:** HBA1, HBA2. Autosomal Recessive. Analysis of Homologous Regions. **Variants (13):** -(alpha)20.5, --BRIT, --MEDI, --MEDII, --SEA, --THAI or --FIL, -alpha3.7, -alpha4.2, HBA1+HBA2 deletion, Hb Constant Spring, anti3.7, anti4.2, del HS-40. **Detection Rate:** Unknown due to rarity of disease.

Alpha-1 Antitrypsin Deficiency - **Gene:** SERPINA1. Autosomal Recessive. Sequencing. **Exons:** NM_000295:2-5. **Detection Rate:** Northern European >99%.

Alpha-mannosidosis - **Gene:** MAN2B1. Autosomal Recessive. Sequencing. **Exons:** NM_000528:1-15,17-24. **Detection Rate:** Northern European >99%.

Alpha-sarcoglycanopathy - **Gene:** SGCA. Autosomal Recessive. Sequencing. **Exons:** NM_000023:1-9. **Detection Rate:** Northern European 99%.

Andermann Syndrome - **Gene:** SLC12A6. Autosomal Recessive. Sequencing. **Exons:** NM_133647:1-25. **Detection Rate:** Northern European >99%.

ARSACS - **Gene:** SACS. Autosomal Recessive. Sequencing. **Exons:** NM_014363:2-10. **Detection Rate:** Northern European 97%.

Aspartylglycosaminuria - **Gene:** AGA. Autosomal Recessive. Sequencing. **Exons:** NM_000027:1-9. **Detection Rate:** Northern European >99%.

Ataxia with Vitamin E Deficiency - **Gene:** TTPA. Autosomal Recessive. Sequencing. **Exons:** NM_000370:1-5. **Detection Rate:** Northern European >99%.

Ataxia-telangiectasia - **Gene:** ATM. Autosomal Recessive. Sequencing. **Exons:** NM_000051:2-63. **Detection Rate:** Northern European 92%.

Bardet-Biedl Syndrome, BBS1-related - **Gene:** BBS1. Autosomal Recessive. Sequencing. **Exons:** NM_024649:1-17. **Detection Rate:** Northern European >99%.

Bardet-Biedl Syndrome, BBS10-related - **Gene:** BBS10. Autosomal Recessive. Sequencing. **Exons:** NM_024685:1-2. **Detection Rate:** Northern European >99%.

Beta-sarcoglycanopathy - **Gene:** SGCB. Autosomal Recessive. Sequencing. **Exons:** NM_000232:1-6. **Detection Rate:** Northern European >99%.

Biotinidase Deficiency - **Gene:** BTD. Autosomal Recessive. Sequencing. **Exons:** NM_000060:1-4. **Detection Rate:** Northern European >99%.

Bloom Syndrome - **Gene:** BLM. Autosomal Recessive. Sequencing. **Exons:** NM_000057:2-22. **Detection Rate:** Northern European 96%.

Canavan Disease - **Gene:** ASPA. Autosomal Recessive. Sequencing. **Exons:** NM_000049:1-6. **Detection Rate:** Northern European 94%.

Carnitine Palmitoyltransferase IA Deficiency - **Gene:** CPT1A. Autosomal Recessive. Sequencing. **Exons:** NM_001876:2-19. **Detection Rate:** Northern European 98%.

Carnitine Palmitoyltransferase II Deficiency - **Gene:** CPT2. Autosomal Recessive. Sequencing. **Exons:** NM_000098:1-5. **Detection Rate:** Northern European >99%.

Cartilage-hair Hypoplasia - **Gene:** RMRP. Autosomal Recessive. Sequencing. **Exon:** NR_003051:1. **Detection Rate:** Northern European >99%.

Citrullinemia Type 1 - **Gene:** ASS1. Autosomal Recessive. Sequencing. **Exons:** NM_000050:3-16. **Detection Rate:** Northern European >99%.

CLN3-related Neuronal Ceroid Lipofuscinosis - **Gene:** CLN3. Autosomal Recessive. Sequencing. **Exons:** NM_001042432:2-16. **Detection Rate:** Northern European >99%.

CLN5-related Neuronal Ceroid Lipofuscinosis - **Gene:** CLN5. Autosomal Recessive. Sequencing. **Exons:** NM_006493:1-4. **Detection Rate:** Northern European 98%.

Cohen Syndrome - **Gene:** VPS13B. Autosomal Recessive. Sequencing. **Exons:** NM_017890:2-62. **Detection Rate:** Northern European 90%.

Congenital Disorder of Glycosylation Type Ia - **Gene:** PMM2. Autosomal Recessive. Sequencing. **Exons:** NM_000303:1-8. **Detection Rate:** Northern European >99%.

Congenital Disorder of Glycosylation Type Ib - **Gene:** MPI. Autosomal Recessive. Sequencing. **Exons:** NM_002435:1-8. **Detection Rate:** Northern European >99%.

Congenital Finnish Nephrosis - **Gene:** NPHS1. Autosomal Recessive. Sequencing. **Exons:** NM_004646:2-23,26-27,29. **Detection Rate:** Northern European >99%.

Costeff Optic Atrophy Syndrome - **Gene:** OPA3. Autosomal Recessive. Sequencing. **Exons:** NM_025136:1-2. **Detection Rate:** Northern European >99%.

Cystic Fibrosis - **Gene:** CFTR. Autosomal Recessive. Sequencing. **Exons:** NM_000492:1-27. IVS8-5T allele analysis is only reported in the presence of the R117H mutation. **Detection Rate:** Northern European 97%.

Cystinosis - **Gene:** CTNS. Autosomal Recessive. Sequencing. **Exons:** NM_004937:3-12. **Detection Rate:** Northern European >99%.

D-bifunctional Protein Deficiency - **Gene:** HSD17B4. Autosomal Recessive. Sequencing. **Exons:** NM_000414:1-24. **Detection Rate:** Northern European 94%.

Dihydropyrimidine Dehydrogenase Deficiency - **Gene:** DPYD. Autosomal Recessive. Sequencing. **Exons:** NM_000110:1-23. **Detection Rate:** Northern European 93%.

Factor XI Deficiency - **Gene:** F11. Autosomal Recessive. Sequencing. **Exons:** NM_000128:2-15. **Detection Rate:** Northern European >99%.

Familial Dysautonomia - **Gene:** IKBKAP. Autosomal Recessive. Sequencing. **Exons:** NM_003640:2-37. **Detection Rate:** Northern European >99%.

Familial Mediterranean Fever - **Gene:** MEFV. Autosomal Recessive. Sequencing. **Exons:** NM_000243:1-10. **Detection Rate:** Northern European >99%.

Fanconi Anemia Type C - **Gene:** FANCC. Autosomal Recessive. Sequencing. **Exons:** NM_000136:2-15. **Detection Rate:** Northern European >99%.

FKTN-related Disorders - **Gene:** FKTN. Autosomal Recessive. Sequencing. **Exons:** NM_001079802:3-11. **Detection Rate:** Northern European >99%.

Galactosemia - **Gene:** GALT. Autosomal Recessive. Sequencing. **Exons:** NM_000155:1-11. **Detection Rate:** Northern European >99%.

Gaucher Disease - **Gene:** GBA. Autosomal Recessive. Analysis of Homologous Regions. **Variants (10):** D409V, D448H, IVS2+1G>A, L444P, N370S, R463C, R463H, R496H, V394L, p.L29Afs*18. **Detection Rate:** Northern European 60%.

GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness - **Gene:** GJB2. Autosomal Recessive. Sequencing. **Exons:** NM_004004:1-2. **Detection Rate:** Northern European 98%.

Glutaric Acidemia Type 1 - **Gene:** GCDH. Autosomal Recessive. Sequencing. **Exons:** NM_000159:2-12. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type Ia - **Gene:** G6PC. Autosomal Recessive. Sequencing. **Exons:** NM_000151:1-5. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type Ib - **Gene:** SLC37A4. Autosomal Recessive. Sequencing. **Exons:** NM_001164277:3-11. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type III - **Gene:** AGL. Autosomal Recessive. Sequencing. **Exons:** NM_000642:2-34. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type V - **Gene:** PYGM. Autosomal Recessive. Sequencing. **Exons:** NM_005609:1-20. **Detection Rate:** Northern European >99%.

GRACILE Syndrome - **Gene:** BCS1L. Autosomal Recessive. Sequencing. **Exons:** NM_004328:3-9. **Detection Rate:** Northern European >99%.

HADHA-related Disorders - **Gene:** HADHA. Autosomal Recessive. Sequencing. **Exons:** NM_000182:1-20. **Detection Rate:** Northern European >99%.

Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease) - **Gene:** HBB. Autosomal Recessive. Sequencing. **Exons:** NM_000518:1-3. **Detection Rate:** Northern European 96%.

Hereditary Fructose Intolerance - **Gene:** ALDOB. Autosomal Recessive. Sequencing. **Exons:** NM_000035:2-9. **Detection Rate:** Northern European >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMA3-related - **Gene:** LAMA3. Autosomal Recessive. Sequencing. **Exons:** NM_000227:1-16,18-38. **Detection Rate:** Northern European >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMB3-related - **Gene:** LAMB3. Autosomal Recessive. Sequencing. **Exons:** NM_000228:2-23. **Detection Rate:** Northern European >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMC2-related - **Gene:** LAMC2. Autosomal Recessive. Sequencing. **Exons:** NM_005562:1-23. **Detection Rate:** Northern European >99%.

Hexosaminidase A Deficiency (Including Tay-Sachs Disease) - **Gene:** HEXA. Autosomal Recessive. Sequencing. **Exons:** NM_000520:1-14. **Detection Rate:** Northern European >99%.

Homocystinuria Caused by Cystathionine Beta-synthase Deficiency - **Gene:** CBS. Autosomal Recessive. Sequencing. **Exons:** NM_000071:3-17. **Detection Rate:** Northern European >99%.
Hypophosphatasia, Autosomal Recessive - **Gene:** ALPL. Autosomal Recessive. Sequencing. **Exons:** NM_000478:2-12. **Detection Rate:** Northern European >99%.
Inclusion Body Myopathy 2 - **Gene:** GNE. Autosomal Recessive. Sequencing. **Exons:** NM_001128227:3-12. **Detection Rate:** Northern European >99%.
Isovaleric Acidemia - **Gene:** IVD. Autosomal Recessive. Sequencing. **Exons:** NM_002225:1-12. **Detection Rate:** Northern European >99%.
Joubert Syndrome 2 - **Gene:** TMEM216. Autosomal Recessive. Sequencing. **Exons:** NM_001173990:1-5. **Detection Rate:** Northern European >99%.
Krabbe Disease - **Gene:** GALC. Autosomal Recessive. Sequencing. **Exons:** NM_000153:1-17. **Detection Rate:** Northern European >99%.
Lipoamide Dehydrogenase Deficiency - **Gene:** DLD. Autosomal Recessive. Sequencing. **Exons:** NM_000108:1-14. **Detection Rate:** Northern European >99%.
Maple Syrup Urine Disease Type 1B - **Gene:** BCKDHB. Autosomal Recessive. Sequencing. **Exons:** NM_183050:1-10. **Detection Rate:** Northern European >99%.
Medium Chain Acyl-CoA Dehydrogenase Deficiency - **Gene:** ACADM. Autosomal Recessive. Sequencing. **Exons:** NM_000016:1-12. **Detection Rate:** Northern European >99%.
Megalencephalic Leukoencephalopathy with Subcortical Cysts - **Gene:** MLC1. Autosomal Recessive. Sequencing. **Exons:** NM_015166:2-12. **Detection Rate:** Northern European >99%.
Metachromatic Leukodystrophy - **Gene:** ARSA. Autosomal Recessive. Sequencing. **Exons:** NM_000487:1-8. **Detection Rate:** Northern European >99%.
Mucolipidosis IV - **Gene:** MCOLN1. Autosomal Recessive. Sequencing. **Exons:** NM_020533:1-14. **Detection Rate:** Northern European >99%.
Mucopolysaccharidosis Type I - **Gene:** IDUA. Autosomal Recessive. Targeted Genotyping. **Variants (2):** Q70*, W402*. **Detection Rate:** Northern European 67%.
Muscle-eye-brain Disease - **Gene:** POMGNT1. Autosomal Recessive. Sequencing. **Exons:** NM_017739:2-22. **Detection Rate:** Northern European 90%.
NEB-related Nemaline Myopathy - **Gene:** NEB. Autosomal Recessive. Sequencing. **Exons:** NM_001271208:3-80,117-183. **Detection Rate:** Northern European 91%.
Niemann-Pick Disease Type C - **Gene:** NPC1. Autosomal Recessive. Sequencing. **Exons:** NM_000271:1-25. **Detection Rate:** Northern European 96%.
Niemann-Pick Disease, SMPD1-associated - **Gene:** SMPD1. Autosomal Recessive. Sequencing. **Exons:** NM_000543:1-6. **Detection Rate:** Northern European >99%.
Nijmegen Breakage Syndrome - **Gene:** NBN. Autosomal Recessive. Sequencing. **Exons:** NM_002485:1-16. **Detection Rate:** Northern European >99%.
Northern Epilepsy - **Gene:** CLN8. Autosomal Recessive. Sequencing. **Exons:** NM_018941:2-3. **Detection Rate:** Northern European >99%.
PCDH15-related Disorders - **Gene:** PCDH15. Autosomal Recessive. Sequencing. **Exons:** NM_033056:2-33. **Detection Rate:** Northern European 85%.
Pendred Syndrome - **Gene:** SLC26A4. Autosomal Recessive. Sequencing. **Exons:** NM_000441:2-21. **Detection Rate:** Northern European >99%.
PEX1-related Zellweger Syndrome Spectrum - **Gene:** PEX1. Autosomal Recessive. Sequencing. **Exons:** NM_000466:1-24. **Detection Rate:** Northern European >99%.
Phenylalanine Hydroxylase Deficiency - **Gene:** PAH. Autosomal Recessive. Sequencing. **Exons:** NM_000277:1-13. **Detection Rate:** Northern European 98%.
PKHD1-related Autosomal Recessive Polycystic Kidney Disease - **Gene:** PKHD1. Autosomal Recessive. Sequencing. **Exons:** NM_138694:2-67. **Detection Rate:** Northern European 98%.
Polyglandular Autoimmune Syndrome Type 1 - **Gene:** AIRE. Autosomal Recessive. Sequencing. **Exons:** NM_000383:1-14. **Detection Rate:** Northern European >99%.
Pompe Disease - **Gene:** GAA. Autosomal Recessive. Sequencing. **Exons:** NM_000152:2-20. **Detection Rate:** Northern European 90%.
PPT1-related Neuronal Ceroid Lipofuscinosis - **Gene:** PPT1. Autosomal Recessive. Sequencing. **Exons:** NM_000310:1-9. **Detection Rate:** Northern European >99%.
Primary Carnitine Deficiency - **Gene:** SLC22A5. Autosomal Recessive. Sequencing. **Exons:** NM_003060:1-10. **Detection Rate:** Northern European >99%.
Primary Hyperoxaluria Type 1 - **Gene:** AGXT. Autosomal Recessive. Sequencing. **Exons:** NM_000030:1-11. **Detection Rate:** Northern European >99%.
Primary Hyperoxaluria Type 2 - **Gene:** GRHPR. Autosomal Recessive. Sequencing. **Exons:** NM_012203:1-9. **Detection Rate:** Northern European >99%.
PROP1-related Combined Pituitary Hormone Deficiency - **Gene:** PROP1. Autosomal Recessive. Sequencing. **Exons:** NM_006261:1-3. **Detection Rate:** Northern European >99%.
Pseudocholinesterase Deficiency - **Gene:** BCHE. Autosomal Recessive. Sequencing. **Exons:** NM_000055:2-4. **Detection Rate:** Northern European >99%.
Pycnodysostosis - **Gene:** CTSK. Autosomal Recessive. Sequencing. **Exons:** NM_000396:2-8. **Detection Rate:** Northern European >99%.
Rhizomelic Chondrodysplasia Punctata Type 1 - **Gene:** PEX7. Autosomal Recessive. Sequencing. **Exons:** NM_000288:1-10. **Detection Rate:** Northern European >99%.
Salla Disease - **Gene:** SLC17A5. Autosomal Recessive. Sequencing. **Exons:** NM_012434:1-11. **Detection Rate:** Northern European 93%.
Segawa Syndrome - **Gene:** TH. Autosomal Recessive. Sequencing. **Exons:** NM_000360:1-13. **Detection Rate:** Northern European 96%.
Short Chain Acyl-CoA Dehydrogenase Deficiency - **Gene:** ACADS. Autosomal Recessive. Sequencing. **Exons:** NM_000017:1-10. **Detection Rate:** Northern European >99%.
Sjogren-Larsson Syndrome - **Gene:** ALDH3A2. Autosomal Recessive. Sequencing. **Exons:** NM_000382:1-10. **Detection Rate:** Northern European 92%.
Smith-Lemli-Opitz Syndrome - **Gene:** DHCR7. Autosomal Recessive. Sequencing. **Exons:** NM_001360:3-9. **Detection Rate:** Northern European >99%.
Spinal Muscular Atrophy - **Gene:** SMN1. Autosomal Recessive. Spinal Muscular Atrophy. **Variant (1):** SMN1 copy number. **Detection Rate:** Northern European 95%.
Steroid-resistant Nephrotic Syndrome - **Gene:** NPHS2. Autosomal Recessive. Sequencing. **Exons:** NM_014625:1-8. **Detection Rate:** Northern European >99%.
Sulfate Transporter-related Osteochondrodysplasia - **Gene:** SLC26A2. Autosomal Recessive. Sequencing. **Exons:** NM_000112:2-3. **Detection Rate:** Northern European >99%.
TPP1-related Neuronal Ceroid Lipofuscinosis - **Gene:** TPP1. Autosomal Recessive. Sequencing. **Exons:** NM_000391:1-13. **Detection Rate:** Northern European >99%.
Tyrosinemia Type I - **Gene:** FAH. Autosomal Recessive. Sequencing. **Exons:** NM_000137:1-14. **Detection Rate:** Northern European >99%.
Usher Syndrome Type 3 - **Gene:** CLRN1. Autosomal Recessive. Sequencing. **Exons:** NM_174878:1-3. **Detection Rate:** Northern European >99%.
Very Long Chain Acyl-CoA Dehydrogenase Deficiency - **Gene:** ACADVL. Autosomal Recessive. Sequencing. **Exons:** NM_000018:1-20. **Detection Rate:** Northern European >99%.
Wilson Disease - **Gene:** ATP7B. Autosomal Recessive. Sequencing. **Exons:** NM_000053:1-21. **Detection Rate:** Northern European >99%.

Risk Calculations

Below are the risk calculations for all conditions tested. Since negative results do not completely rule out the possibility of being a carrier, the **residual risk** represents the patient's post-test likelihood of being a carrier and the **reproductive risk** represents the likelihood the patient's future children could inherit each disease. These risks are inherent to all carrier screening tests, may vary by ethnicity, are predicated on a negative family history and are present even after a negative test result. Inaccurate reporting of ethnicity may cause errors in risk calculation. The reproductive risk presented is based on a hypothetical pairing with a partner of the same ethnic group.

†Indicates a positive result. See the full clinical report for interpretation and details.

Disease	DONOR 12195 Residual Risk	Reproductive Risk
21-hydroxylase-deficient Congenital Adrenal Hyperplasia	NM_000500.7(CYP21A2):c.293-13C>G heterozygote †	1 in 230
ABCC8-related Hyperinsulinism	1 in 11,000	< 1 in 1,000,000
Achromatopsia	1 in 8,600	< 1 in 1,000,000
Alkaptonuria	< 1 in 50,000	< 1 in 1,000,000
Alpha Thalassemia	Alpha globin status: aa/aa.	Not calculated
Alpha-1 Antitrypsin Deficiency	1 in 3,400	1 in 460,000
Alpha-mannosidosis	1 in 35,000	< 1 in 1,000,000
Alpha-sarcoglycanopathy	1 in 31,000	< 1 in 1,000,000
Andermann Syndrome	< 1 in 50,000	< 1 in 1,000,000
ARSACS	< 1 in 18,000	< 1 in 1,000,000
Aspartylglycosaminuria	< 1 in 50,000	< 1 in 1,000,000
Ataxia with Vitamin E Deficiency	< 1 in 50,000	< 1 in 1,000,000
Ataxia-telangiectasia	1 in 2,100	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS1-related	1 in 16,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS10-related	1 in 16,000	< 1 in 1,000,000
Beta-sarcoglycanopathy	< 1 in 50,000	< 1 in 1,000,000
Biotinidase Deficiency	1 in 12,000	< 1 in 1,000,000
Bloom Syndrome	< 1 in 12,000	< 1 in 1,000,000
Canavan Disease	< 1 in 7,700	< 1 in 1,000,000
Carnitine Palmitoyltransferase IA Deficiency	< 1 in 31,000	< 1 in 1,000,000
Carnitine Palmitoyltransferase II Deficiency	< 1 in 50,000	< 1 in 1,000,000
Cartilage-hair Hypoplasia	< 1 in 50,000	< 1 in 1,000,000
Citrullinemia Type 1	1 in 12,000	< 1 in 1,000,000
CLN3-related Neuronal Ceroid Lipofuscinosis	1 in 22,000	< 1 in 1,000,000
CLN5-related Neuronal Ceroid Lipofuscinosis	< 1 in 23,000	< 1 in 1,000,000
Cohen Syndrome	< 1 in 5,200	< 1 in 1,000,000
Congenital Disorder of Glycosylation Type Ia	1 in 16,000	< 1 in 1,000,000
Congenital Disorder of Glycosylation Type Ib	< 1 in 50,000	< 1 in 1,000,000
Congenital Finnish Nephrosis	< 1 in 50,000	< 1 in 1,000,000
Costeff Optic Atrophy Syndrome	< 1 in 50,000	< 1 in 1,000,000
Cystic Fibrosis	1 in 910	1 in 99,000
Cystinosis	1 in 22,000	< 1 in 1,000,000
D-bifunctional Protein Deficiency	1 in 2,900	< 1 in 1,000,000
Dihydropyrimidine Dehydrogenase Deficiency	1 in 1,400	1 in 570,000
Factor XI Deficiency	< 1 in 50,000	< 1 in 1,000,000
Familial Dysautonomia	< 1 in 50,000	< 1 in 1,000,000
Familial Mediterranean Fever	< 1 in 50,000	< 1 in 1,000,000
Fanconi Anemia Type C	1 in 16,000	< 1 in 1,000,000
FKTN-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Galactosemia	1 in 8,600	< 1 in 1,000,000
Gaucher Disease	1 in 280	1 in 120,000
GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness	1 in 1,700	1 in 220,000
Glutaric Acidemia Type 1	1 in 10,000	< 1 in 1,000,000
Glycogen Storage Disease Type Ia	1 in 18,000	< 1 in 1,000,000
Glycogen Storage Disease Type Ib	1 in 35,000	< 1 in 1,000,000
Glycogen Storage Disease Type III	1 in 16,000	< 1 in 1,000,000
Glycogen Storage Disease Type V	1 in 16,000	< 1 in 1,000,000
GRACILE Syndrome	< 1 in 50,000	< 1 in 1,000,000

Disease	DONOR 12195 Residual Risk	Reproductive Risk
HADHA-related Disorders	1 in 15,000	< 1 in 1,000,000
Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease)	1 in 1,200	1 in 240,000
Hereditary Fructose Intolerance	1 in 8,000	< 1 in 1,000,000
Herlitz Junctional Epidermolysis Bullosa, LAMA3-related	< 1 in 50,000	< 1 in 1,000,000
Herlitz Junctional Epidermolysis Bullosa, LAMB3-related	< 1 in 50,000	< 1 in 1,000,000
Herlitz Junctional Epidermolysis Bullosa, LAMC2-related	< 1 in 50,000	< 1 in 1,000,000
Hexosaminidase A Deficiency (Including Tay-Sachs Disease)	1 in 30,000	< 1 in 1,000,000
Homocystinuria Caused by Cystathionine Beta-synthase Deficiency	1 in 25,000	< 1 in 1,000,000
Hypophosphatasia, Autosomal Recessive	1 in 16,000	< 1 in 1,000,000
Inclusion Body Myopathy 2	< 1 in 50,000	< 1 in 1,000,000
Isovaleric Acidemia	1 in 25,000	< 1 in 1,000,000
Joubert Syndrome 2	< 1 in 50,000	< 1 in 1,000,000
Krabbe Disease	1 in 15,000	< 1 in 1,000,000
Lipoamide Dehydrogenase Deficiency	< 1 in 50,000	< 1 in 1,000,000
Maple Syrup Urine Disease Type 1B	1 in 25,000	< 1 in 1,000,000
Medium Chain Acyl-CoA Dehydrogenase Deficiency	1 in 5,900	< 1 in 1,000,000
Megalencephalic Leukoencephalopathy with Subcortical Cysts	< 1 in 50,000	< 1 in 1,000,000
Metachromatic Leukodystrophy	1 in 20,000	< 1 in 1,000,000
Mucolipidosis IV	< 1 in 50,000	< 1 in 1,000,000
Mucopolysaccharidosis Type I	1 in 480	1 in 300,000
Muscle-eye-brain Disease	< 1 in 5,000	< 1 in 1,000,000
NEB-related Nemaline Myopathy	< 1 in 5,500	< 1 in 1,000,000
Niemann-Pick Disease Type C	1 in 5,400	< 1 in 1,000,000
Niemann-Pick Disease, SMPD1-associated	1 in 25,000	< 1 in 1,000,000
Nijmegen Breakage Syndrome	1 in 16,000	< 1 in 1,000,000
Northern Epilepsy	< 1 in 50,000	< 1 in 1,000,000
PCDH15-related Disorders	1 in 2,300	< 1 in 1,000,000
Pendred Syndrome	1 in 7,000	< 1 in 1,000,000
PEX1-related Zellweger Syndrome Spectrum	1 in 11,000	< 1 in 1,000,000
Phenylalanine Hydroxylase Deficiency	1 in 3,000	1 in 600,000
PKHD1-related Autosomal Recessive Polycystic Kidney Disease	1 in 4,100	1 in 990,000
Polyglandular Autoimmune Syndrome Type 1	1 in 14,000	< 1 in 1,000,000
Pompe Disease	1 in 1,600	< 1 in 1,000,000
PPT1-related Neuronal Ceroid Lipofuscinosis	< 1 in 50,000	< 1 in 1,000,000
Primary Carnitine Deficiency	< 1 in 50,000	< 1 in 1,000,000
Primary Hyperoxaluria Type 1	1 in 35,000	< 1 in 1,000,000
Primary Hyperoxaluria Type 2	< 1 in 50,000	< 1 in 1,000,000
PROP1-related Combined Pituitary Hormone Deficiency	1 in 11,000	< 1 in 1,000,000
Pseudocholinesterase Deficiency (Mild Condition)	1 in 2,700	1 in 300,000
Pycnodysostosis	< 1 in 50,000	< 1 in 1,000,000
Rhizomelic Chondrodysplasia Punctata Type 1	1 in 16,000	< 1 in 1,000,000
Salla Disease	< 1 in 7,500	< 1 in 1,000,000
Segawa Syndrome	< 1 in 13,000	< 1 in 1,000,000
Short Chain Acyl-CoA Dehydrogenase Deficiency	1 in 16,000	< 1 in 1,000,000
Sjogren-Larsson Syndrome	1 in 3,100	< 1 in 1,000,000
Smith-Lemli-Opitz Syndrome	1 in 4,900	1 in 970,000
Spinal Muscular Atrophy	NM_000344.3(SMN1):g.27134T= homozygote SMN1: 2 copies 1 in 770	1 in 110,000
Steroid-resistant Nephrotic Syndrome	1 in 40,000	< 1 in 1,000,000
Sulfate Transporter-related Osteochondrodysplasia	1 in 11,000	< 1 in 1,000,000
TPP1-related Neuronal Ceroid Lipofuscinosis	1 in 30,000	< 1 in 1,000,000
Tyrosinemia Type I	1 in 17,000	< 1 in 1,000,000
Usher Syndrome Type 3	< 1 in 50,000	< 1 in 1,000,000
Very Long Chain Acyl-CoA Dehydrogenase Deficiency	1 in 8,800	< 1 in 1,000,000
Wilson Disease	1 in 8,600	< 1 in 1,000,000