

**Client/Sending Facility:**  
Seattle Sperm Bank

4915 25th Ave Ne Ste 204  
SEATTLE, WA 98105  
Ph: (206)588-1484  
Fax: (206) 466-4696 WAB-55

**LCLS Specimen Number:** 306-129-0401-0  
**Patient Name:** 12252, DONOR  
**Date of Birth:** [REDACTED]  
**Gender:** M  
**Patient ID:**  
**Lab Number:** (J17-4120 L  
**Indications:** DONOR

**Account Number:** [REDACTED]  
**Ordering Physician:** J OLLIFFE  
**Specimen Type:** BLOOD  
**Client Reference:**  
**Date Collected:** 11/02/2017  
**Date Received:** 11/03/2017  
**Date Reported:** 11/17/2017

**Test:** Chromosome, Blood, Routine

**Cells Counted:** 15  
**Cells Analyzed:** 5

**Cells Karyotyped:** 2  
**Band Resolution:** 550

**CYTOGENETIC RESULT:** 46,XY

**INTERPRETATION:** NORMAL MALE KARYOTYPE

Cytogenetic analysis of PHA stimulated cultures has revealed a MALE karyotype with an apparently normal GTG banding pattern in all cells observed.

This result does not exclude the possibility of subtle rearrangements below the resolution of cytogenetics or congenital anomalies due to other etiologies.

Chromosome analysis performed by Dianon Pathology CLIA 07D0644713. 1 Forest Parkway Shelton CT, 06484. Laboratory Director, James B Amberson, MD.

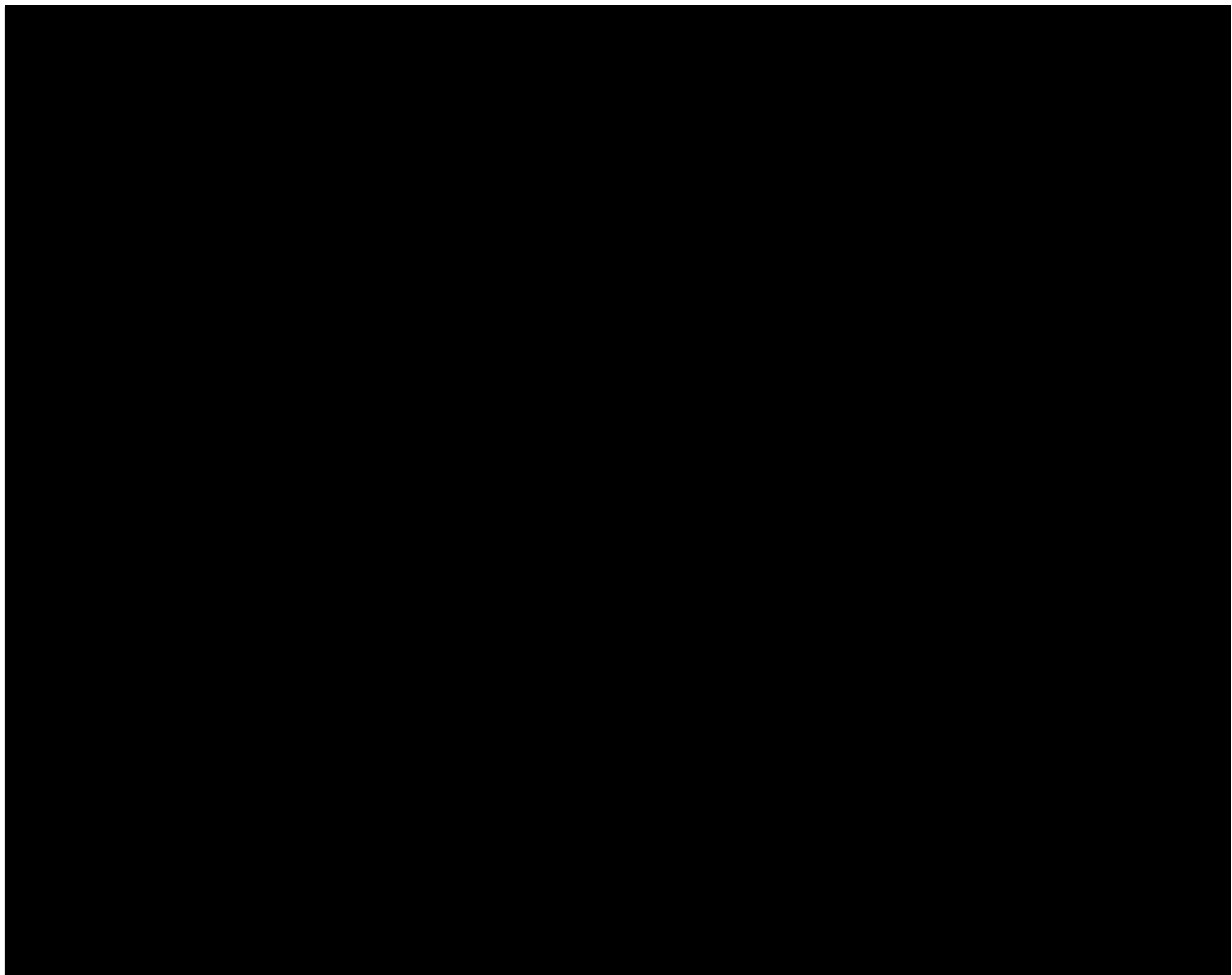


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Hiba Risheg, PhD., FACMG

Patricia Kandalaft, MD  
Medical Director  
Peter Papenhausen, PhD  
National Director of Cytogenetics

Technical component performed by Laboratory Corporation of America Holdings,  
550 17th Ave. Suite 200 , SEATTLE , WA , 98122-5789 (800) 676-8033

Professional Component performed by LabCorp/Dynacare CLIA 50D0632667, 550 17th Ave. Suite 200, Seattle WA 98122-5789. Medical Director, Patricia Kandalaft, MD  
Integrated Genetics is a brand used by Esoterix Genetic Laboratories, LLC, a wholly-owned subsidiary of Laboratory Corporation of America Holdings.

This document contains private and confidential health information **protected by state and federal law.**

RESULTS RECIPIENT  
**SEATTLE SPERM BANK**  
 Attn: Dr. Jeffrey Olliffe  
 4915 25th Ave NE, Suite 204W  
 Seattle, WA 98105  
 Phone: (206) 588-1484  
 Fax: (206) 466-4696  
 NPI: 1306838271  
 Report Date: 11/10/2017

MALE  
**DONOR 12252**  
 DOB: [REDACTED]  
 Ethnicity: Mixed or Other  
 Caucasian  
 Sample Type: EDTA Blood  
 Date of Collection: 11/02/2017  
 Date Received: 11/03/2017  
 Date Tested: 11/10/2017  
 Barcode: 11004212187643  
 Accession ID: CSLXRFQZC2LUZ4  
 Indication: Egg or sperm donor

FEMALE  
 N/A

# Foresight™ Carrier Screen

**POSITIVE: CARRIER**

## 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 12252	Partner
Panel Information	Foresight Carrier Screen Universal Panel Minus X-Linked (102 conditions tested)	N/A
<p><b>POSITIVE: CARRIER</b>  <b>Phenylalanine Hydroxylase Deficiency</b>            Reproductive Risk: 1 in 200            Inheritance: Autosomal Recessive</p>	<p><b>CARRIER*</b>            NM_000277.1(PAH):c.734T&gt;C(V245A)            heterozygote</p>	<p>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".</p>

\*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 7.

## 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**

# Phenylalanine Hydroxylase Deficiency

**Reproductive risk: 1 in 200**  
 Risk before testing: 1 in 10,000

Gene: PAH | Inheritance Pattern: Autosomal Recessive

Patient	DONOR 12252	No partner tested
Result	Carrier	N/A
Variant(s)	NM_000277.1(PAH):c.734T>C(V245A) heterozygote	N/A
Methodology	Sequencing with copy number analysis	N/A
Interpretation	This individual is a carrier of phenylalanine hydroxylase deficiency. Carriers generally do not experience symptoms. The V245A mutation can be associated with variant or non-PKU HPA.	N/A
Detection rate	>99%	N/A
Exons tested	NM_000277:1-13.	N/A

## What is Phenylalanine Hydroxylase Deficiency?

Phenylalanine hydroxylase deficiency is a treatable inherited disease in which the body cannot properly process the amino acid phenylalanine due to a deficient enzyme called phenylalanine hydroxylase. If severe forms of the disease go untreated, the buildup of phenylalanine can be toxic to the brain, causing impaired development and leading to severe and irreversible mental disability. If treated early and consistently however, people with phenylalanine hydroxylase deficiency can lead completely normal lives.

The disease can be divided into several categories based on the amount of enzyme deficiency: Classic phenylketonuria (PKU), variant PKU, and non-PKU hyperphenylalaninemia (non-PKU HPA). Since the mid-1960s, it has been standard for hospitals in North America to screen newborns for phenylalanine hydroxylase deficiency using a drop of blood obtained from a heel prick. This is now a routine practice in most developed countries.

It can be difficult to predict how severely affected a child will be based on the particular genetic mutations they carry. Children with any form phenylalanine hydroxylase deficiency should be evaluated by a specialist immediately after birth.

### CLASSIC PKU

Classic PKU is the most common and severe form, resulting from an absence or near absence of the phenylalanine hydroxylase enzyme.

If PKU is not promptly diagnosed and treated with a special diet, mental disability will occur, along with a number of other symptoms including a small head, seizures, behavior problems, a "mousy" or "musty" odor, abnormal gait, low bone density, and eczema (a skin condition). These are all avoidable if the proper diet is instituted shortly after birth.

### VARIANT PKU

Variant PKU is an intermediate form of the disease, less severe than classic PKU but more severe than non-PKU HPA. A child with variant PKU is at risk for developing the symptoms associated with classic PKU. Though the symptoms may be milder, there is still a risk for impaired mental development if the child's intake of phenylalanine is not monitored.

### NON-PKU HYPERPHENYLALANINEMIA

Non-PKU HPA is the mildest form of phenylalanine hydroxylase deficiency. People with non-PKU HPA have a higher level of phenylalanine hydroxylase than do people with classic or variant PKU and are consequently at lower risk for developing brain damage. Some people with non-PKU HPA are able to tolerate a normal diet and do not require treatment. This will vary from person to person and must be determined by a medical professional based on the levels of phenylalanine in the person's blood.

## How common is Phenylalanine Hydroxylase Deficiency?

The frequency of carriers and affected individuals in select populations is listed below.

Ethnic Group	Carrier Rate	Affected Rate
Turkish	1 in 26	1 in 2,600
Irish	1 in 33	1 in 4,500
Caucasian American	1 in 50	1 in 10,000
East Asian	1 in 51	1 in 10,000
Finnish	1 in 200	1 in 160,000
Japanese	1 in 200	1 in 160,000
Ashkenazi Jewish	1 in 225	1 in 200,000

## How is Phenylalanine Hydroxylase Deficiency treated?

The degree of enzyme deficiency varies among people with phenylalanine hydroxylase deficiency, and therefore the treatment must also be individualized based on the levels of phenylalanine in the blood. An infant with any form of phenylalanine hydroxylase deficiency should be evaluated immediately after birth to determine whether or not he or she requires treatment. A blood test can reveal the amount of functioning phenylalanine hydroxylase in the body and this will indicate the amount of phenylalanine the person can safely consume.

While people with classic PKU must adhere to a strict low-phenylalanine diet, others with milder form of the disease are able to safely consume small amounts of the amino acid. For people with non-PKU HPA, treatment may not even be necessary.

Generally speaking, a diet low in protein and free from phenylalanine is important in preserving mental function in a person with classic PKU. Phenylalanine-free formulas are available for infants. Maintaining appropriate levels of phenylalanine in the brain can be achieved through blood testing and diet adjustment. This must be closely supervised by medical professionals. In most cases, this special diet must be maintained for life.

People with any form of phenylalanine hydroxylase deficiency should be conscious to avoid consuming aspartame, an artificial sweetener that contains phenylalanine.

Women with phenylalanine hydroxylase deficiency who become pregnant must be particularly careful to maintain safe levels of phenylalanine in their own bodies in order to avoid birth defects in their children. Ideally this begins prior to conception.

In late 2007, the medication sapropterin dihydrochloride (brand name: Kuvan) was approved by the FDA for use in people with phenylalanine hydroxylase deficiency. In some, it can enhance the activity of the deficient enzyme and lower levels of phenylalanine in the body, allowing for a relaxation of the dietary restrictions. Some people with the disease do not respond to the drug, however. The people who do respond to this treatment usually have milder forms of the disease.

## What is the prognosis for a person with Phenylalanine Hydroxylase Deficiency?

If a person with classic or variant PKU is treated early and consistently for the disease, the prognosis can be excellent. Many people with PKU have gone on to lead normal lives with normal intelligence and lifespan. If treatment is not begun early or adequately maintained, a person with a more severe form of PKU is at risk for severe and irreversible brain damage.

The prognosis is good for a person with non-PKU HPA. He or she may lead a normal life without treatment.



## Methods and Limitations

**DONOR 12252** [Foresight Carrier Screen]: sequencing with copy number analysis, spinal muscular atrophy, and analysis of homologous regions.

### 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.

### 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. The g.27134T>G SNP is only reported in individuals who have 2 copies of *SMN1*.

### 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**.

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### LAB DIRECTORS



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: Mixed or Other Caucasian 96%.
- ABCC8-related Hyperinsulinism** - Gene: ABCC8. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000352:1-39. Detection Rate: Mixed or Other Caucasian >99%.
- Alkaptonuria** - Gene: HGD. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000187:1-14. Detection Rate: Mixed or Other Caucasian >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 with Copy Number Analysis. Exons: NM\_000295:2-5. Detection Rate: Mixed or Other Caucasian >99%.
- Alpha-mannosidosis** - Gene: MAN2B1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000528:1-23. Detection Rate: Mixed or Other Caucasian >99%.
- Alpha-sarcoglycanopathy** - Gene: SGCA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000023:1-9. Detection Rate: Mixed or Other Caucasian >99%.
- Andermann Syndrome** - Gene: SLC12A6. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_133647:1-25. Detection Rate: Mixed or Other Caucasian >99%.
- ARSACS** - Gene: SACS. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_014363:2-10. Detection Rate: Mixed or Other Caucasian 99%.
- Aspartylglycosaminuria** - Gene: AGA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000027:1-9. Detection Rate: Mixed or Other Caucasian >99%.
- Ataxia with Vitamin E Deficiency** - Gene: TTPA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000370:1-5. Detection Rate: Mixed or Other Caucasian >99%.
- Ataxia-telangiectasia** - Gene: ATM. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000051:2-63. Detection Rate: Mixed or Other Caucasian 98%.
- Bardet-Biedl Syndrome, BBS1-related** - Gene: BBS1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_024649:1-17. Detection Rate: Mixed or Other Caucasian >99%.
- Bardet-Biedl Syndrome, BBS10-related** - Gene: BBS10. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_024685:1-2. Detection Rate: Mixed or Other Caucasian >99%.
- Beta-sarcoglycanopathy** - Gene: SGCB. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000232:1-6. Detection Rate: Mixed or Other Caucasian >99%.
- Biotinidase Deficiency** - Gene: BTBD. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000060:1-4. Detection Rate: Mixed or Other Caucasian >99%.
- Bloom Syndrome** - Gene: BLM. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000057:2-22. Detection Rate: Mixed or Other Caucasian >99%.
- Canavan Disease** - Gene: ASPA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000049:1-6. Detection Rate: Mixed or Other Caucasian 98%.
- Carnitine Palmitoyltransferase IA Deficiency** - Gene: CPT1A. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_001876:2-19. Detection Rate: Mixed or Other Caucasian >99%.
- Carnitine Palmitoyltransferase II Deficiency** - Gene: CPT2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000098:1-5. Detection Rate: Mixed or Other Caucasian >99%.
- Cartilage-hair Hypoplasia** - Gene: RMRP. Autosomal Recessive. Sequencing with Copy Number Analysis. Exon: NR\_003051:1. Detection Rate: Mixed or Other Caucasian >99%.
- Citrullinemia Type 1** - Gene: ASS1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000050:3-16. Detection Rate: Mixed or Other Caucasian >99%.
- CLN3-related Neuronal Ceroid Lipofuscinosis** - Gene: CLN3. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_001042432:2-16. Detection Rate: Mixed or Other Caucasian >99%.
- CLN5-related Neuronal Ceroid Lipofuscinosis** - Gene: CLN5. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_006493:1-4. Detection Rate: Mixed or Other Caucasian >99%.
- CNGB3-related Achromatopsia** - Gene: CNGB3. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_019098:1-18. Detection Rate: Mixed or Other Caucasian >99%.
- Cohen Syndrome** - Gene: VPS13B. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_017890:2-62. Detection Rate: Mixed or Other Caucasian 97%.
- Congenital Disorder of Glycosylation Type Ia** - Gene: PMM2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000303:1-8. Detection Rate: Mixed or Other Caucasian >99%.
- Congenital Disorder of Glycosylation Type Ib** - Gene: MPI. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_002435:1-8. Detection Rate: Mixed or Other Caucasian >99%.
- Congenital Finnish Nephrosis** - Gene: NPHS1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_004646:1-29. Detection Rate: Mixed or Other Caucasian >99%.
- Costeff Optic Atrophy Syndrome** - Gene: OPA3. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_025136:1-2. Detection Rate: Mixed or Other Caucasian >99%.
- Cystic Fibrosis** - Gene: CFTR. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000492:1-27. IVS5-5T allele analysis is only reported in the presence of the R117H mutation. Detection Rate: Mixed or Other Caucasian >99%.
- Cystinosis** - Gene: CTNS. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_004937:3-12. Detection Rate: Mixed or Other Caucasian >99%.
- D-bifunctional Protein Deficiency** - Gene: HSD17B4. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000414:1-24. Detection Rate: Mixed or Other Caucasian 98%.
- Dihydropyrimidine Dehydrogenase Deficiency** - Gene: DPYD. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000110:1-23. Detection Rate: Mixed or Other Caucasian 98%.
- Factor XI Deficiency** - Gene: F11. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000128:2-15. Detection Rate: Mixed or Other Caucasian >99%.
- Familial Dysautonomia** - Gene: IKBKAP. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_003640:2-37. Detection Rate: Mixed or Other Caucasian >99%.
- Familial Mediterranean Fever** - Gene: MEFV. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000243:1-10. Detection Rate: Mixed or Other Caucasian >99%.
- Fanconi Anemia Type C** - Gene: FANCC. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000136:2-15. Detection Rate: Mixed or Other Caucasian >99%.
- FKTN-related Disorders** - Gene: FKTN. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_001079802:3-11. Detection Rate: Mixed or Other Caucasian >99%.
- Galactosemia** - Gene: GALT. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000155:1-11. Detection Rate: Mixed or Other Caucasian >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: Mixed or Other Caucasian 60%.
- GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness** - Gene: GJB2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_004004:1-2. Detection Rate: Mixed or Other Caucasian >99%.
- Glutaric Acidemia Type 1** - Gene: GCDH. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000159:2-12. Detection Rate: Mixed or Other Caucasian >99%.



**Glycogen Storage Disease Type Ia** - Gene: G6PC. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000151:1-5. Detection Rate: Mixed or Other Caucasian >99%.

**Glycogen Storage Disease Type Ib** - Gene: SLC37A4. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_001164277:3-11. Detection Rate: Mixed or Other Caucasian >99%.

**Glycogen Storage Disease Type III** - Gene: AGL. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000642:2-34. Detection Rate: Mixed or Other Caucasian >99%.

**Glycogen Storage Disease Type V** - Gene: PYGM. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_005609:1-20. Detection Rate: Mixed or Other Caucasian >99%.

**GRACILE Syndrome** - Gene: BCS1L. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_004328:3-9. Detection Rate: Mixed or Other Caucasian >99%.

**HADHA-related Disorders** - Gene: HADHA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000182:1-20. Detection Rate: Mixed or Other Caucasian >99%.

**Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease)** - Gene: HBB. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000518:1-3. Detection Rate: Mixed or Other Caucasian >99%.

**Hereditary Fructose Intolerance** - Gene: ALDOB. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000035:2-9. Detection Rate: Mixed or Other Caucasian >99%.

**Herlitz Junctional Epidermolysis Bullosa, LAMA3-related** - Gene: LAMA3. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000227:1-38. Detection Rate: Mixed or Other Caucasian >99%.

**Herlitz Junctional Epidermolysis Bullosa, LAMB3-related** - Gene: LAMB3. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000228:2-23. Detection Rate: Mixed or Other Caucasian >99%.

**Herlitz Junctional Epidermolysis Bullosa, LAMC2-related** - Gene: LAMC2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_005562:1-23. Detection Rate: Mixed or Other Caucasian >99%.

**Hexosaminidase A Deficiency (Including Tay-Sachs Disease)** - Gene: HEXA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000520:1-14. Detection Rate: Mixed or Other Caucasian >99%.

**Homocystinuria Caused by Cystathionine Beta-synthase Deficiency** - Gene: CBS. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000071:3-17. Detection Rate: Mixed or Other Caucasian >99%.

**Hypophosphatasia, Autosomal Recessive** - Gene: ALPL. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000478:2-12. Detection Rate: Mixed or Other Caucasian >99%.

**Inclusion Body Myopathy 2** - Gene: GNE. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_001128227:1-12. Detection Rate: Mixed or Other Caucasian >99%.

**Isovaleric Acidemia** - Gene: IVD. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_002225:1-12. Detection Rate: Mixed or Other Caucasian >99%.

**Joubert Syndrome 2** - Gene: TMEM216. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_001173990:1-5. Detection Rate: Mixed or Other Caucasian >99%.

**Krabbe Disease** - Gene: GALC. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000153:1-17. Detection Rate: Mixed or Other Caucasian >99%.

**Lipoamide Dehydrogenase Deficiency** - Gene: DLD. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000108:1-14. Detection Rate: Mixed or Other Caucasian >99%.

**Maple Syrup Urine Disease Type 1B** - Gene: BCKDHB. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_183050:1-10. Detection Rate: Mixed or Other Caucasian >99%.

**Medium Chain Acyl-CoA Dehydrogenase Deficiency** - Gene: ACADM. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000016:1-12. Detection Rate: Mixed or Other Caucasian >99%.

**Megalencephalic Leukoencephalopathy with Subcortical Cysts** - Gene: MLC1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_015166:2-12. Detection Rate: Mixed or Other Caucasian >99%.

**Metachromatic Leukodystrophy** - Gene: ARSA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000487:1-8. Detection Rate: Mixed or Other Caucasian >99%.

**Mucopolipidosis IV** - Gene: MCOLN1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_020533:1-14. Detection Rate: Mixed or Other Caucasian >99%.

**Mucopolysaccharidosis Type I** - Gene: IDUA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000203:1-14. Detection Rate: Mixed or Other Caucasian >99%.

**Muscle-eye-brain Disease** - Gene: POMGNT1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_017739:2-22. Detection Rate: Mixed or Other Caucasian 96%.

**NEB-related Nemaline Myopathy** - Gene: NEB. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_001271208:3-80,117-183. Detection Rate: Mixed or Other Caucasian 92%.

**Niemann-Pick Disease Type C** - Gene: NPC1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000271:1-25. Detection Rate: Mixed or Other Caucasian >99%.

**Niemann-Pick Disease, SMPD1-associated** - Gene: SMPD1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000543:1-6. Detection Rate: Mixed or Other Caucasian >99%.

**Nijmegen Breakage Syndrome** - Gene: NBN. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_002485:1-16. Detection Rate: Mixed or Other Caucasian >99%.

**Northern Epilepsy** - Gene: CLN8. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_018941:2-3. Detection Rate: Mixed or Other Caucasian >99%.

**PCDH15-related Disorders** - Gene: PCDH15. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_033056:2-33. Detection Rate: Mixed or Other Caucasian 93%.

**Pendred Syndrome** - Gene: SLC26A4. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000441:2-21. Detection Rate: Mixed or Other Caucasian >99%.

**PEX1-related Zellweger Syndrome Spectrum** - Gene: PEX1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000466:1-24. Detection Rate: Mixed or Other Caucasian >99%.

**Phenylalanine Hydroxylase Deficiency** - Gene: PAH. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000277:1-13. Detection Rate: Mixed or Other Caucasian >99%.

**PKHD1-related Autosomal Recessive Polycystic Kidney Disease** - Gene: PKHD1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_138694:2-67. Detection Rate: Mixed or Other Caucasian >99%.

**Polyglandular Autoimmune Syndrome Type 1** - Gene: AIRE. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000383:1-14. Detection Rate: Mixed or Other Caucasian >99%.

**Pompe Disease** - Gene: GAA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000152:2-20. Detection Rate: Mixed or Other Caucasian 98%.

**PPT1-related Neuronal Ceroid Lipofuscinosis** - Gene: PPT1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000310:1-9. Detection Rate: Mixed or Other Caucasian >99%.

**Primary Carnitine Deficiency** - Gene: SLC22A5. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_003060:1-10. Detection Rate: Mixed or Other Caucasian >99%.

**Primary Hyperoxaluria Type 1** - Gene: AGXT. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000030:1-11. Detection Rate: Mixed or Other Caucasian >99%.

**Primary Hyperoxaluria Type 2** - Gene: GRHPR. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_012203:1-9. Detection Rate: Mixed or Other Caucasian >99%.

**PROP1-related Combined Pituitary Hormone Deficiency** - Gene: PROP1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_006261:1-3. Detection Rate: Mixed or Other Caucasian >99%.

**Pseudocholinesterase Deficiency** - Gene: BCHE. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000055:2-4. Detection Rate: Mixed or Other Caucasian >99%.

**Pycnodysostosis** - Gene: CTSK. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000396:2-8. Detection Rate: Mixed or Other Caucasian >99%.

**Rhizomelic Chondrodysplasia Punctata Type 1** - Gene: PEX7. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000288:1-10. Detection Rate: Mixed or Other Caucasian >99%.

**Salla Disease** - Gene: SLC17A5. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_012434:1-11. Detection Rate: Mixed or Other Caucasian 98%.

**Segawa Syndrome** - Gene: TH. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000360:1-13. Detection Rate: Mixed or Other Caucasian >99%.

**Short Chain Acyl-CoA Dehydrogenase Deficiency** - Gene: ACADS. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000017:1-10. Detection Rate: Mixed or Other Caucasian >99%.

**Sjogren-Larsson Syndrome** - Gene: ALDH3A2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000382:1-10. Detection Rate: Mixed or Other Caucasian 97%.

**Smith-Lemli-Opitz Syndrome** - Gene: DHCR7. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_001360:3-9. Detection Rate: Mixed or Other Caucasian >99%.

**Spinal Muscular Atrophy** - Gene: SMN1. Autosomal Recessive. Spinal Muscular Atrophy. Variant (1): SMN1 copy number. Detection Rate: Mixed or Other Caucasian 95%.

**Steroid-resistant Nephrotic Syndrome** - Gene: NPHS2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_014625:1-8. Detection Rate: Mixed or Other Caucasian >99%.

**Sulfate Transporter-related Osteochondrodysplasia** - Gene: SLC26A2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000112:2-3. Detection Rate: Mixed or Other Caucasian >99%.

**TPP1-related Neuronal Ceroid Lipofuscinosis** - Gene: TPP1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000391:1-13. Detection Rate: Mixed or Other Caucasian >99%.

**Tyrosinemia Type I** - Gene: FAH. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000137:1-14. Detection Rate: Mixed or Other Caucasian >99%.

**Usher Syndrome Type 3** - Gene: CLRN1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_174878:1-3. Detection Rate: Mixed or Other Caucasian >99%.

**Very Long Chain Acyl-CoA Dehydrogenase Deficiency** - Gene: ACADVL. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000018:1-20. Detection Rate: Mixed or Other Caucasian >99%.

**Wilson Disease** - Gene: ATP7B. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM\_000053:1-21. Detection Rate: Mixed or Other Caucasian >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 12252 Residual Risk	Reproductive Risk
21-hydroxylase-deficient Congenital Adrenal Hyperplasia	1 in 1,400	1 in 310,000
ABCC8-related Hyperinsulinism	1 in 11,000	< 1 in 1,000,000
Alkaptonuria	1 in 6,800	< 1 in 1,000,000
Alpha Thalassemia	Alpha globin status: aa/aa.	Not calculated
Alpha-1 Antitrypsin Deficiency	1 in 2,700	1 in 300,000
Alpha-mannosidosis	1 in 35,000	< 1 in 1,000,000
Alpha-sarcoglycanopathy	1 in 45,000	< 1 in 1,000,000
Andermann Syndrome	< 1 in 50,000	< 1 in 1,000,000
ARSACS	< 1 in 44,000	< 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 8,200	< 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 13,000	< 1 in 1,000,000
Bloom Syndrome	< 1 in 50,000	1 in 670,000
Canavan Disease	< 1 in 31,000	< 1 in 1,000,000
Carnitine Palmitoyltransferase IA Deficiency	< 1 in 50,000	< 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 50,000	< 1 in 1,000,000
CNGB3-related Achromatopsia	1 in 11,000	< 1 in 1,000,000
Cohen Syndrome	< 1 in 15,000	< 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 2,700	< 1 in 1,000,000
Cystinosis	1 in 22,000	1 in 290,000
D-bifunctional Protein Deficiency	1 in 9,000	< 1 in 1,000,000
Dihydropyrimidine Dehydrogenase Deficiency	< 1 in 29,000	< 1 in 1,000,000
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 50,000	< 1 in 1,000,000
FKTN-related Disorders	1 in 16,000	< 1 in 1,000,000
Galactosemia	< 1 in 50,000	< 1 in 1,000,000
Gaucher Disease	1 in 8,600	< 1 in 1,000,000
GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness	1 in 280	1 in 120,000
Glutaric Acidemia Type 1	1 in 3,200	1 in 420,000
Glycogen Storage Disease Type Ia	1 in 10,000	< 1 in 1,000,000
Glycogen Storage Disease Type Ib	1 in 18,000	< 1 in 1,000,000
Glycogen Storage Disease Type III	1 in 35,000	< 1 in 1,000,000
Glycogen Storage Disease Type V	1 in 16,000	< 1 in 1,000,000
GRACILE Syndrome	1 in 16,000	< 1 in 1,000,000
	< 1 in 50,000	< 1 in 1,000,000

Disease	DONOR 12252 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 5,000	1 in 990,000
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
Mucopolipidosis IV	< 1 in 50,000	< 1 in 1,000,000
Mucopolysaccharidosis Type I	1 in 16,000	< 1 in 1,000,000
Muscle-eye-brain Disease	< 1 in 12,000	< 1 in 1,000,000
NEB-related Nemaline Myopathy	< 1 in 6,700	< 1 in 1,000,000
Niemann-Pick Disease Type C	1 in 19,000	< 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 5,300	< 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	NM_000277.1(PAH):c.734T>C(V245A) heterozygote †	1 in 200
PKHD1-related Autosomal Recessive Polycystic Kidney Disease	1 in 6,100	< 1 in 1,000,000
Polyglandular Autoimmune Syndrome Type 1	1 in 14,000	< 1 in 1,000,000
Pompe Disease	1 in 6,300	< 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 1,000,000
Pycnodysostosis	< 1 in 50,000	1 in 300,000
Rhizomelic Chondrodysplasia Punctata Type 1	1 in 16,000	< 1 in 1,000,000
Salla Disease	< 1 in 30,000	< 1 in 1,000,000
Segawa Syndrome	< 1 in 50,000	< 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 9,100	< 1 in 1,000,000
Smith-Lemli-Opitz Syndrome	1 in 4,900	1 in 970,000
Spinal Muscular Atrophy	Negative for g.27134T>G SNP SMN1: 2 copies	1 in 110,000
Steroid-resistant Nephrotic Syndrome	1 in 770	< 1 in 1,000,000
Sulfate Transporter-related Osteochondrodysplasia	1 in 40,000	< 1 in 1,000,000
TPP1-related Neuronal Ceroid Lipofuscinosis	1 in 11,000	< 1 in 1,000,000
Tyrosinemia Type I	1 in 30,000	< 1 in 1,000,000
Usher Syndrome Type 1	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