

RESU TS REC P ENT

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: 12/22/2017 MA E

DOB:

DONOR 12267

Ethnicity: South Asian Sample Type: EDTA Blood Date of Collection:

Date Received: 12/15/2017

Date Tested: 12/22/2017 Barcode: 11004212187707 Accession ID: CSLKEVXQFVFVG6G Indication: Egg or sperm donor FEMA E N/A

POSITIVE: CARRIER

Foresight™ Carrier Screen

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 12267	Partner
Panel Information	Foresight Carrier Screen Universal Panel Minus X-Linked (102 conditions tested)	N/A
POSITIVE: CARRIER Citrullinemia Type 1	■ CARRIER * NM_000050.4(ASS1):c.793C>T (R265C) 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".
Reproductive Risk: 1 in 470 Inheritance: Autosomal Recessive	(KZOSC) Neterozygote ·	

[†]Likely to have a negative impact on gene function.

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.

Counsyl has renamed its products effective July 19, 2017. The Family Prep Screen is now the Foresight Carrier Screen. The new names now appear on all communications from Counsyl. If you have any questions, please contact Counsyl directly.

^{*}Carriers generally do not experience symptoms.



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DONOR 12267

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Ethnicity: South Asian Barcode: 11004212187707 FEMA E N/A

POSITIVE: CARRIER
Citrullinemia Type 1

Gene: ASS1 | Inheritance Pattern: Autosomal Recessive

Reproductive risk: 1 in 470 Risk before testing: 1 in 56,000

Patient	DONOR 12267	No partner tested
Result	■ Carrier	N/A
Variant(s)	NM_000050.4(ASS1):c.793C>T(R265C) heterozygote †	N/A
Methodology	Sequencing with copy number analysis	N/A
Interpretation	This individual is a carrier of citrullinemia type 1. Carriers generally do not experience symptoms.	N/A
Detection rate	>99%	N/A
Exons tested	NM_000050:3-16.	N/A

[†]Likely to have a negative impact on gene function.

What is Citrullinemia Type 1?

Citrullinemia type I is a disease in which ammonia and other toxic substances build up in the blood, causing life-threatening complications shortly after birth.

While infants with citrullinemia type I appear normal at birth, within the first week of life, most will become lethargic and display poor feeding, vomiting, and seizures that often lead to unconsciousness, stroke, increased pressure around the brain, and death if untreated.

While there are less severe and later-onset versions of citrullinemia type I, the mutations for which Counsyl screens are associated with the more severe form that affects infants shortly after birth. It is also known as "classic" citrullinemia.

Citrullinemia type I belongs to a group of diseases known as urea cycle disorders. When the body consumes protein, it also produces excess nitrogen. Under normal circumstances, the body converts that nitrogen to urea, which is then excreted in urine. People with citrullinemia type I are deficient in an enzyme known as argininosuccinate synthase which is needed for this vital process, leading to a buildup of ammonia and other urea cycle byproducts in the body. The excess of ammonia is harmful to the nervous system, causing many of the disease's symptoms.

How common is Citrullinemia Type 1?

Scientists estimate that 1 in 57,000 births are affected by Citrullinemia type I.

How is Citrullinemia Type 1 treated?

The goals of treatment for citrullinemia type I are to regulate the amount of ammonia in the blood. Physicians adhere to certain protocols to control the body's ammonia levels. These protocols utilize medication, dialysis, and a specifically prescribed diet. Children with citrullinemia will need to be monitored closely by a physician specializing in metabolic disorders. Physicians will also monitor and attempt to relieve any excess of pressure around the brain.



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What is the prognosis for a person with Citrullinemia Type 1?

The prognosis for a child with citrullinemia type I has not been well established. Without treatment, the longest known survival was 17 days. With treatment, these children can survive for an unknown period of time, however they will have significant mental and neurological impairment.



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Methods and Limitations

DONOR 12267 [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 *HBA11HBA2* 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.



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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

H. Peter Kang, MD, MS, FCAP

Hyunseok Kang



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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: South Asian 88%.

ABCC8-related Hyperinsulinism - **Gene:** ABCC8. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000352:1-39. **Detection Rate:** South Asian >99%.

Alkaptonuria - **Gene**: HGD. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_000187:1-14. **Detection Rate**: South Asian >99%.

Alpha Thalassemia - **Genes**: HBA1, HBA2. Autosomal Recessive. Analysis of Homologous Regions. **Variants (13)**: -(alpha)20.5, --BRIT, --MEDI, --MEDI, --SEA, -- THAI or --FIL, -alpha3.7, -alpha4.2, HBA1+HBA2 deletion, Hb Constant Spring, anti3.7, anti4.2. del HS-40. **Detection Rate**: South Asian 90%.

Alpha-1 Antitrypsin Deficiency - **Gene**: SERPINA1. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_000295:2-5. **Detection Rate**: South Asian >99%.

Alpha-mannosidosis - Gene: MAN2B1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000528:1-23. Detection Rate: South Asian >99%. Alpha-sarcoglycanopathy - Gene: SGCA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000023:1-9. Detection Rate: South Asian >99%. Andermann Syndrome - Gene: SLC12A6. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_133647:1-25. Detection Rate: South Asian >99%. >99%.

ARSACS - Gene: SACS. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_014363:2-10. Detection Rate: South Asian 99%.
Aspartylglycosaminuria - Gene: AGA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000027:1-9. Detection Rate: South Asian >99%.

Ataxia with Vitamin E Deficiency - Gene: TTPA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000370:1-5. Detection Rate: South Asian >99%.

Ataxia-telangiectasia - Gene: ATM. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000051:2-63. Detection Rate: South Asian >99%. Bardet-Biedl Syndrome, BBS1-related - Gene: BBS1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_024649:1-17. Detection Rate: South Asian >99%

Bardet-Biedl Syndrome, BBS10-related - **Gene:** BBS10. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_024685:1-2. **Detection Rate:** South Asian >99%.

Beta-sarcoglycanopathy - Gene: SGCB. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000232:1-6. Detection Rate: South Asian >99%. Biotinidase Deficiency - Gene: BTD. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000060:1-4. Detection Rate: South Asian >99%. Bloom Syndrome - Gene: BLM. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000057:2-22. Detection Rate: South Asian >99%. Canavan Disease - Gene: ASPA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000049:1-6. Detection Rate: South Asian 98%. Carnitine Palmitoyltransferase IA Deficiency - Gene: CPT1A. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_001876:2-19.

Detection Rate: South Asian >99%. **Carnitine Palmitoyltransferase II Deficiency** - **Gene:** CPT2. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000098:1-5. **Detection Rate:** South Asian >99%.

Cartilage-hair Hypoplasia - Gene: RMRP. Autosomal Recessive. Sequencing with Copy Number Analysis. Exon: NR_003051:1. Detection Rate: South Asian >99%. Citrullinemia Type 1 - Gene: ASS1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000050:3-16. Detection Rate: South Asian >99%. CLN3-related Neuronal Ceroid Lipofuscinosis - Gene: CLN3. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_001042432:2-16. Detection Rate: South Asian >99%.

CLN5-related Neuronal Ceroid Lipofuscinosis - Gene: CLN5. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_006493:1-4. **Detection Rate**: South Asian >99%.

CNGB3-related Achromatopsia - Gene: CNGB3. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_019098:1-18. Detection Rate: South Asian >99%

Cohen Syndrome - Gene: VPS13B. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_017890:2-62. Detection Rate: South Asian 97%. Congenital Disorder of Glycosylation Type Ia - Gene: PMM2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000303:1-8. Detection Rate: South Asian >99%.

Congenital Disorder of Glycosylation Type Ib - Gene: MPI. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_002435:1-8. Detection Rate: South Asian >99%.

Congenital Finnish Nephrosis - **Gene**: NPHS1. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_004646:1-29. **Detection Rate**: South Asian >99%.

Costeff Optic Atrophy Syndrome - **Gene**: OPA3. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_025136:1-2. **Detection Rate:** South Asian >99%.

Cystic Fibrosis - **Gene**: CFTR. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_000492:1-27. IVS8-5T allele analysis is only reported in the presence of the R117H mutation. **Detection Rate**: South Asian >99%.

Cystinosis - **Gene:** CTNS. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_004937:3-12. **Detection Rate:** South Asian >99%.

D-bifunctional Protein Deficiency - **Gene**: HSD17B4. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_000414:1-24. **Detection Rate**: South Asian 98%.

Dihydropyrimidine Dehydrogenase Deficiency - **Gene:** DPYD. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000110:1-23. **Detection Rate:** South Asian 98%.

Factor XI Deficiency - Gene: F11. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000128:2-15. Detection Rate: South Asian >99%. Familial Dysautonomia - Gene: IKBKAP. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_003640:2-37. Detection Rate: South Asian >99%.

Familial Mediterranean Fever - Gene: MEFV. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000243:1-10. Detection Rate: South Asian

Fanconi Anemia Type C - **Gene:** FANCC. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000136:2-15. **Detection Rate:** South Asian >99%.

FKTN-related Disorders - **Gene**: FKTN. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_001079802:3-11. **Detection Rate**: South Asian >99%. **Galactosemia** - **Gene**: GALT. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_000155:1-11. **Detection Rate**: South Asian >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**: South Asian 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:** South Asian >99%.

Glutaric Acidemia Type 1 - **Gene:** GCDH. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000159:2-12. **Detection Rate:** South Asian >99%

Glycogen Storage Disease Type Ia - Gene: G6PC. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000151:1-5. **Detection Rate:** South Asian

Glycogen Storage Disease Type Ib - **Gene**: SLC37A4. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_001164277:3-11. **Detection Rate**: South Asian >99%

Glycogen Storage Disease Type III - Gene: AGL. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_000642:2-34. **Detection Rate**: South Asian >99%

Glycogen Storage Disease Type V - Gene: PYGM. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_005609:1-20. **Detection Rate**: South Asian >99%.



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GRACILE Syndrome - **Gene**: BCS1L. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_004328:3-9. **Detection Rate**: South Asian >99%. **HADHA-related Disorders** - **Gene**: HADHA. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_000182:1-20. **Detection Rate**: South Asian

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: South Asian >99%. Hereditary Fructose Intolerance - Gene: ALDOB. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000035:2-9. Detection Rate: South Asian >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMA3-related - Gene: LAMA3. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000227:1-38. **Detection Rate:** South Asian >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMB3-related - Gene: LAMB3. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM 000228:2-23. Detection Rate: South Asian >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMC2-related - Gene: LAMC2. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_005562:1-23. **Detection Rate:** South Asian >99%.

Hexosaminidase A Deficiency (Including Tay-Sachs Disease) - **Gene:** HEXA. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000520:1-14. **Detection Rate:** South Asian >99%.

Homocystinuria Caused by Cystathionine Beta-synthase Deficiency - Gene: CBS. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000071:3-17. Detection Rate: South Asian >99%.

Hypophosphatasia, Autosomal Recessive - Gene: ALPL. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000478:2-12. **Detection Rate:** South Asian >99%.

Inclusion Body Myopathy 2 - Gene: GNE. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_001128227:1-12. Detection Rate: South Asian

Isovaleric Acidemia - Gene: IVD. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_002225:1-12. Detection Rate: South Asian >99%. Joubert Syndrome 2 - Gene: TMEM216. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_001173990:1-5. Detection Rate: South Asian >99%

Krabbe Disease - **Gene**: GALC. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM 000153:1-17. **Detection Rate**: South Asian >99%.

Lipoamide Dehydrogenase Deficiency - Gene: DLD. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000108:1-14. **Detection Rate:** South Asian >99%.

Maple Syrup Urine Disease Type 1B - Gene: BCKDHB. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_183050:1-10. **Detection Rate**: South Asian >99%.

Medium Chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADM. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000016:1-12. Detection Rate: South Asian >99%.

Megalencephalic Leukoencephalopathy with Subcortical Cysts - Gene: MLC1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_015166:2-12. Detection Rate: South Asian >99%.

Metachromatic Leukodystrophy - **Gene**: ARSA. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_000487:1-8. **Detection Rate**: South Asian >99%.

Mucolipidosis IV - Gene: MCOLN1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_020533:1-14. Detection Rate: South Asian >99%. Mucopolysaccharidosis Type I - Gene: IDUA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000203:1-14. Detection Rate: South Asian >99%.

Muscle-eye-brain Disease - **Gene**: POMGNT1. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_017739:2-22. **Detection Rate**: South Asian 96%.

NEB-related Nemaline Myopathy - **Gene:** NEB. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_001271208:3-80,117-183. **Detection Rate:** South Asian 92%.

Niemann-Pick Disease Type C - **Gene**: NPC1. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_000271:1-25. **Detection Rate**: South Asian >99%.

Niemann-Pick Disease, SMPD1-associated - **Gene**: SMPD1. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_000543:1-6. **Detection Rate**: South Asian >99%.

Nijmegen Breakage Syndrome - Gene: NBN. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_002485:1-16. **Detection Rate**: South Asian >99%.

Northern Epilepsy - Gene: CLN8. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_018941:2-3. Detection Rate: South Asian >99%. PCDH15-related Disorders - Gene: PCDH15. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_033056:2-33. Detection Rate: South Asian 93%. Pendred Syndrome - Gene: SLC26A4. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000441:2-21. Detection Rate: South Asian >99%. PEX1-related Zellweger Syndrome Spectrum - Gene: PEX1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000466:1-24. Detection Rate: South Asian >99%.

Phenylalanine Hydroxylase Deficiency - Gene: PAH. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000277:1-13. Detection Rate: South Asian >99%.

PKHD1-related Autosomal Recessive Polycystic Kidney Disease - Gene: PKHD1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_138694:2-67. Detection Rate: South Asian >99%.

Polyglandular Autoimmune Syndrome Type 1 - **Gene**: AIRE. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_000383:1-14. **Detection Rate**: South Asian >99%.

Pompe Disease - **Gene:** GAA. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000152:2-20. **Detection Rate:** South Asian >99%.

PPT1-related Neuronal Ceroid Lipofuscinosis - Gene: PPT1. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_000310:1-9. **Detection Rate**: South Asian >99%.

Primary Carnitine Deficiency - Gene: SLC22A5. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons**: NM_003060:1-10. **Detection Rate**: South Asian >99%

Primary Hyperoxaluria Type 1 - Gene: AGXT. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000030:1-11. **Detection Rate:** South Asian >99%.

Primary Hyperoxaluria Type 2 - Gene: GRHPR. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_012203:1-9. **Detection Rate:** South Asian >99%

PROP1-related Combined Pituitary Hormone Deficiency - Gene: PROP1. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_006261:1-3. **Detection Rate:** South Asian >99%.

Pseudocholinesterase Deficiency - Gene: BCHE. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000055:2-4. **Detection Rate:** South Asian

Pycnodysostosis - Gene: CTSK. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000396:2-8. Detection Rate: South Asian >99%. Rhizomelic Chondrodysplasia Punctata Type 1 - Gene: PEX7. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000288:1-10. Detection Rate: South Asian >99%.

Salla Disease - Gene: SLC17A5. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_012434:1-11. Detection Rate: South Asian 98%. Segawa Syndrome - Gene: TH. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000360:1-13. Detection Rate: South Asian >99%. Short Chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADS. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000017:1-10. Detection Rate: South Asian >99%.

Sjogren-Larsson Syndrome - Gene: ALDH3A2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000382:1-10. Detection Rate: South Asian 97%

Smith-Lemli-Opitz Syndrome - Gene: DHCR7. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_001360:3-9. Detection Rate: South Asian >99%.

Spinal Muscular Atrophy - Gene: SMN1. Autosomal Recessive. Spinal Muscular Atrophy. Variant (1): SMN1 copy number. Detection Rate: South Asian 93%. Steroid-resistant Nephrotic Syndrome - Gene: NPHS2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_014625:1-8. Detection Rate: South Asian >99%.

Sulfate Transporter-related Osteochondrodysplasia - Gene: SLC26A2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000112:2-3. Detection Rate: South Asian >99%.



RESU TS REC P ENT **SEATTLE SPERM BANK** Attn: Dr. Jeffrey Olliffe

NPI: 1306838271 Report Date: 12/22/2017

MA E **DONOR 12267** DOB Ethnicity: South Asian

Barcode: 11004212187707

FEMA E N/A

TPP1-related Neuronal Ceroid Lipofuscinosis - **Gene**: TPP1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000391:1-13. Detection Rate: South Asian >99%.

Tyrosinemia Type I - Gene: FAH. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000137:1-14. Detection Rate: South Asian >99%. Usher Syndrome Type 3 - Gene: CLRN1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_174878:1-3. Detection Rate: South Asian >99%. Very Long Chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADVL. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000018:1-20. **Detection Rate:** South Asian >99%.

Wilson Disease - Gene: ATP7B. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000053:1-21. Detection Rate: South Asian >99%.



MA E

DONOR 12267

DOB: Ethnicity: South Asian

Barcode: 11004212187707

FEMA E 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.

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

Disease	DONOR 12267 Residual Risk	Reproductive Risk
21-hydroxylase-deficient Congenital Adrenal Hyperplasia	1 in 360	1 in 60,000
ABCC8-related Hyperinsulinism	1 in 11,000	< 1 in 1,000,000
Alkaptonuria	1 in 39,000	< 1 in 1,000,000
Alpha Thalassemia	Alpha globin status: aa/aa.	Not calculated
Alpha-1 Antitrypsin Deficiency	< 1 in 50,000	< 1 in 1,000,000
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 16,000	< 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 17,000	< 1 in 1,000,000
Bloom Syndrome	<1 in 50,000	< 1 in 1,000,000
Canavan Disease	<1 in 31,000	< 1 in 1,000,000
Carnitine Palmitoyltransferase IA Deficiency	<1 in 50,000	< 1 in 1,000,000
arnitine Palmitoyltransferase II Deficiency	< 1 in 50,000	< 1 in 1,000,000
artilage-hair Hypoplasia	< 1 in 50,000	< 1 in 1,000,000
itrullinemia Type 1	NM_000050.4(ASS1):c.793C>T(R265C) heterozygote †	1 in 470
,,	1 in 22,000	
LN3-related Neuronal Ceroid Lipofuscinosis	·	< 1 in 1,000,000
CLN5-related Neuronal Ceroid Lipofuscinosis	<1 in 50,000	< 1 in 1,000,000
NGB3-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 8,600	< 1 in 1,000,000
Cystinosis	1 in 22,000	< 1 in 1,000,000
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
actor XI Deficiency	< 1 in 50,000	< 1 in 1,000,000
amilial Dysautonomia	< 1 in 50,000	< 1 in 1,000,000
amilial Mediterranean Fever	< 1 in 50,000	< 1 in 1,000,000
anconi Anemia Type C	1 in 16,000	< 1 in 1,000,000
KTN-related Disorders	< 1 in 50,000	< 1 in 1,000,000
ialactosemia	< 1 in 50,000	< 1 in 1,000,000
Gaucher Disease	1 in 280	1 in 120,000
iJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness	1 in 10,000	< 1 in 1,000,000
ilutaric Acidemia Type 1	1 in 10,000	< 1 in 1,000,000
ilycogen Storage Disease Type Ia	1 in 18,000	< 1 in 1,000,000
Slycogen 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



MA E **DONOR 12267 DOB:**

Ethnicity: South Asian Barcode: 11004212187707 FEMA E N/A

Disease	DONOR 12267 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 4,400	1 in 790,000
Hereditary Fructose Intolerance	< 1 in 50,000	< 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 11,000	< 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 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 35,000	< 1 in 1,000,000
Phenylalanine Hydroxylase Deficiency	1 in 5,000	1 in 990,000
PKHD1-related Autosomal Recessive Polycystic Kidney Disease	< 1 in 50,000	< 1 in 1,000,000
Polyglandular Autoimmune Syndrome Type 1	< 1 in 50,000	< 1 in 1,000,000
Pompe Disease	1 in 16,000	< 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 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 50,000	< 1 in 1,000,000
Spinal Muscular Atrophy	Negative for g.27134T>G SNP SMN1: 2 copies 1 in 700	1 in 140,000
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