



RESULTS RECIPIENT
SEATTLE SPERM BANK
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 NPI: 1306838271
 Report Date: 08/12/2020

MALE
DONOR 14150
 DOB: ██████████
 Ethnicity: Northern European
 Sample Type: EDTA Blood
 Date of Collection: 08/03/2020
 Date Received: 08/04/2020
 Date Tested: 08/10/2020
 Barcode: 11004512698716
 Accession ID: CSLU3U26VCURFRY
 Indication: Egg or sperm donor

FEMALE
 N/A

Foresight® Carrier Screen

POSITIVE: CARRIER

ABOUT THIS TEST

The **Myriad 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 14150	Partner
Panel Information	Foresight Carrier Screen Universal Panel Fundamental Plus Panel Fundamental Panel (175 conditions tested)	N/A
POSITIVE: CARRIER Metachromatic Leukodystrophy Reproductive Risk: 1 in 630 Inheritance: Autosomal Recessive	+ CARRIER* NM_000487.5(ARSA):c.465+1G>A(aka IVS2+1G>A) 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".
POSITIVE: CARRIER Dysferlinopathy Reproductive Risk: 1 in 780 Inheritance: Autosomal Recessive	+ CARRIER* NM_003494.3(DYSF):c.5302C>T (R1768W) 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".
POSITIVE: CARRIER Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay Reproductive Risk: 1 in 2,000 Inheritance: Autosomal Recessive	+ CARRIER* NM_014363.4(SACS):c.8194_8201del8ins3(S2732Pfs*9) 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".
POSITIVE: CARRIER Nephrotic Syndrome, NPHS2-related Reproductive Risk: 1 in 110,000 Inheritance: Autosomal Recessive	+ CARRIER* NM_014625.2(NPHS2):c.686G>A(R229Q) 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".

†Likely to have a negative impact on gene function.

*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 13.



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FEMALE
N/A

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

Metachromatic Leukodystrophy

Reproductive risk: 1 in 630
 Risk before testing: 1 in 100,000

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

Patient	DONOR 14150	No partner tested
Result	⊕ Carrier	N/A
Variant(s)	NM_000487.5(ARSA):c.465+1G>A(aka IVS2+1G>A) heterozygote	N/A
Methodology	Sequencing with copy number analysis (v3.1)	N/A
Interpretation	This individual is a carrier of metachromatic leukodystrophy. Carriers generally do not experience symptoms. The IVS2+1G>A mutation is associated with the infantile form of this disease.	N/A
Detection rate	>99%	N/A
Exons tested	NM_000487:1-8.	N/A

What Is Metachromatic Leukodystrophy (MLD)?

Metachromatic Leukodystrophy (MLD), a disease caused by mutations in the *ARSA* gene, is the most common disorder in a group of diseases known as leukodystrophies which primarily affect the nervous system. These diseases affect the myelin sheath, a fatty covering that insulates and protects nerve cells. MLD results from a deficiency in an enzyme called arylsulfatase A. The lack of this enzyme causes a fatty substance called sulfatide to build up to toxic levels in the body. This gradually destroys the myelin sheath, without which brain cells die and nerves in the body cannot function properly.

Individuals with MLD will progressively lose intellectual and motor functions. Symptoms may include stiffness and tightness of the muscles (spasticity), seizures, personality changes, and progressive dementia. As the disease progresses, the patient loses the ability to walk, talk, see, and hear, eventually leading to paralysis and unresponsiveness.

MLD can be divided into three forms: infantile (early-onset), juvenile (late-onset), and adult (late-onset). The course of the disease is similar, but the age at which symptoms appear varies, as does the rate at which symptoms progress. The age at which symptoms begin is usually similar among affected family members.

INFANTILE FORM

This is the most common form of MLD, accounting for 50 to 60% of all cases. Symptoms appear between the first and second years of life. Initially, affected children lose any language abilities they have developed and have trouble walking. Gradually their muscles waste away and become rigid. They will lose mental function and often experience seizures and loss of sensation in their limbs. By the final stages of the disease, children with infantile MLD become blind and deaf and require a feeding tube. They are unresponsive to their surroundings and eventually become paralyzed. Infantile MLD is usually fatal by the age of 10.

JUVENILE FORM

In the juvenile form of MLD, symptoms appear after the age of 3 but before adolescence. Approximately 20 to 30% of individuals with MLD have the juvenile form. Initial signs of the disease include difficulties in school and behavioral problems. Clumsiness, slurred speech, incontinence, and strange behavior often prompt parents to seek a diagnosis. As the disease continues, symptoms are similar to infantile MLD but the disease progresses more slowly in the juvenile form. The disease is usually fatal 10 to 20 years after the first symptoms appear.

ADULT FORM

In the adult form of MLD, symptoms appear after puberty and may not appear until an individual is in their forties or fifties. Roughly 15 to 20% of individuals with MLD have the adult form. Early signs of the disease often include personality changes, problems at school or work, numbness in the extremities of one's limbs, muscle weakness, loss of coordination, and psychiatric problems such as delusions, hallucinations, or drug and alcohol abuse. MLD can be initially misdiagnosed as schizophrenia, depression, or multiple sclerosis.

Over time, an affected individual's behavior will become inappropriate and he or she will have trouble making good decisions. Everyday skills become difficult, and movement will grow spastic and awkward. Eventually, an individual affected by the adult form will lose the ability to carry on a conversation. In the final stages of the disease, symptoms are similar to the infantile form: blindness, deafness, unresponsiveness, and paralysis.

This form of the disease progresses more slowly than the other forms. Affected individuals may experience periods of stability or periods of particularly rapid decline. Individuals with the adult form of MLD may live 20 to 30 years after their initial diagnosis.

How Common Is MLD?

Worldwide, the prevalence of MLD varies from 1 in 40,000 to 1 in 160,000 individuals. It is more common among Habbanite Jews in Israel, Israeli Arabs, Christian Israeli Arabs, and individuals in the western parts of the Navajo Nation.

How Is MLD Treated?

There is currently no cure for MLD. Bone-marrow transplantation may be an option for some individuals with MLD. It has shown the most promise in those who are not yet showing symptoms of MLD. At best it slows, but does not stop, the progression of the disease. This is a controversial treatment because of its substantial health risks.

Most treatments aim to manage symptoms of the disease as they arise. Seizures and muscle tightness may be treated with medication. Physical therapy may help preserve movement as long as possible. Walking aids, wheelchairs, feeding tubes, and other supportive devices may also be beneficial.

What Is the Prognosis for an Individual with MLD?

All individuals with MLD will experience mental and motor deterioration, eventually reaching a state of paralysis and unresponsiveness.

Most children with the infantile form of MLD die by the age of 10. Those with the juvenile form typically develop symptoms between the ages of 3 and 14 and can live 10 to 20 years after the onset of symptoms. The adult form of the disease is more variable, but affected adults may not develop symptoms until their forties or fifties and can live 20 to 30 years after symptoms begin. Death most commonly occurs from pneumonia or other infections.

POSITIVE: CARRIER
Dysferlinopathy

Reproductive risk: 1 in 780
 Risk before testing: 1 in 150,000

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

Patient	DONOR 14150	No partner tested
Result	👤 Carrier	N/A
Variant(s)	NM_003494.3(DYSF):c.5302C>T(R1768W) heterozygote †	N/A
Methodology	Sequencing with copy number analysis (v3.1)	N/A
Interpretation	This individual is a carrier of dysferlinopathy. Carriers generally do not experience symptoms.	N/A
Detection rate	98%	N/A
Exons tested	NM_003494:1-55.	N/A

†Likely to have a negative impact on gene function.

What is Dysferlinopathy?

Dysferlinopathy represents a spectrum of disorders that cause muscle weakness as a result of a deficiency of the protein, dysferlin. Symptoms of the disease vary greatly from person to person, even among people in the same family. Some people with the disease can have a mild course, while others may have severe symptoms that can be fatal. Common presentations of this condition are described below.

LIMB-GIRDLE MUSCULAR DYSTROPHY TYPE 2B

People with limb-girdle muscular dystrophy type 2B (LGMD2B) develop symptoms at variable ages. Symptoms can present at as early as 14 years of age, although onset in adulthood is possible. LGMD2B does not affect intelligence or mental function; the primary symptom is progressive muscle weakness of the hip, shoulder, and abdomen (proximal muscles). The rate at which the muscles weaken can vary greatly, but many experience progressive weakness to a point where a wheelchair becomes necessary.

Many individuals with LGMD2B live well into adulthood with respiratory failure being the most common cause of death. However, a minority of people with LGMD2B experience respiratory complications (~20%) or heart complications (~10%). Involvement of the heart muscles is less common in type 2B than in other forms of limb girdle muscular dystrophy.

MIYOSHI MUSCULAR DYSTROPHY TYPE 1

Miyoshi muscular dystrophy type 1 (MMD1) is also associated with muscle weakness, but the muscles involved are those away from the center of the body (distal muscles), such as the legs and calves. Progression tends to be slower.

OTHER

Other presentations include distal myopathy with anterior tibial onset (initially distal muscle weakness that progresses to the proximal muscles) and scapulo-peroneal syndrome (distal muscle weakness with weakness in the shoulder muscles). A few case reports of congenital muscular dystrophy (severe presentation with extremely poor prognosis) have also been reported.

How common is Dysferlinopathy?

There are numerous types of limb-girdle muscular dystrophy. LGMD has an estimated prevalence of 1 in 15,000 individuals. LGMD2B is thought to account for ~5% of all cases of LGMD, though this varies by region. For example, in Japan, LGMD2B accounts for ~19% of all cases of LGMD and 75% of all cases of Miyoshi muscular dystrophy. In addition, LGMD2B is most commonly found in individuals of Libyan and Caucasus Jewish descent.

How is Dysferlinopathy treated?

There is no cure for dysferlinopathy and few effective treatments. Physical therapy is often recommended to retain muscle strength and mobility for as long as possible. Stretching, mechanical aids, or surgery may aid in that goal. As muscles deteriorate, a ventilator may be required to aid breathing. Those who develop heart problems should consult with a cardiologist for symptomatic treatments.

What is the prognosis for a person with Dysferlinopathy?

The outlook for a person with dysferlinopathy varies. Generally, the earlier symptoms begin, the faster they progress. Some people with the disease experience only mild symptoms, and may have near-normal strength. Others with a mild course may remain able to walk for 30 years or more after symptoms appear. People with more severe disease typically become wheelchair-bound approximately 20 years after their diagnosis.

POSITIVE: CARRIER

Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay

Reproductive risk: 1 in 2,000

Risk before testing: < 1 in 1,000,000

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

Patient	DONOR 14150	No partner tested
Result	⊕ Carrier	N/A
Variants	NM_014363.4(SACS):c.8194_8201del8ins3(S2732Pfs*9) heterozygote †	N/A
Methodology	Sequencing with copy number analysis (v3.1)	N/A
Interpretation	This individual is a carrier of autosomal recessive spastic ataxia of Charlevoix-Saguenay. Carriers generally do not experience symptoms.	N/A
Detection rate	99%	N/A
Exons tested	NM_014363:2-10.	N/A

†Likely to have a negative impact on gene function.

What Is Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay?

Autosomal recessive spastic ataxia of Charlevoix-Saguenay (ARSACS) is a progressive inherited condition that affects the body's ability to create a protein called saccin, normally found in the brain, skin, and muscles. ARSACS is caused by mutations in the *SACS* gene.

The first symptom, unsteady gait, typically appears between 12 and 18 months of age, as toddlers begin to walk. Children also develop speech problems due to weak neck and facial muscles. The condition becomes increasingly worse over time, with muscle tension and spasms, difficulty coordinating movements, involuntary eye movements, and muscle wasting. Some people with ARSACS also lose sensation in their arms and legs as the nerves degenerate.

Other symptoms include incontinence, deformities of the fingers and feet, and buildup of fatty tissue on the retina leading to vision problems. Occasionally, the disease also causes leaks in one of the valves that control blood flow through the heart.

Most people with the condition are of normal intelligence and are able to live independently well into adulthood, although they eventually lose the ability to walk.

How Common Is Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay?

The majority of people with ARSACS have ancestry in the Charlevoix-Saguenay region of Quebec, Canada, where the condition affects approximately 1 in 1,500 to 2,000 people. While patients with ARSACS have been reported in other populations, the worldwide incidence is unknown.



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FEMALE
N/A

How Is Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay Treated?

There is no cure for ARSACS. Treatment focuses on easing the symptoms and postponing major functional disabilities. Physical therapy and anti-spasmodic oral medications can help control muscle spasms, prevent joint and tendon deformities, and preserve muscle function for some time. Low doses of medication can control incontinence. Occupational therapy and adaptive tools such as leg braces can support people with ARSACS in daily tasks such as driving. As the disease progresses, however, people with ARSACS typically lose the ability to perform these tasks. Children with the condition may benefit from speech therapy and other forms of support in school.

What Is the Prognosis for a Person with Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay?

People with ARSACS become wheelchair-bound at an average age of 41 and commonly die in their fifties.

POSITIVE: CARRIER

Nephrotic Syndrome, NPHS2-related

Reproductive risk: 1 in 110,000

Risk before testing: 1 in 310,000

Gene: NPHS2 | **Inheritance Pattern:** Autosomal Recessive

Patient	DONOR 14150	No partner tested
Result	Carrier	N/A
Variant(s)	NM_014625.2(NPHS2):c.686G>A(R229Q) heterozygote	N/A
Methodology	Sequencing with copy number analysis (v3.1)	N/A
Interpretation	This individual is a carrier of nephrotic syndrome, NPHS2-related. Carriers generally do not experience symptoms. The pathogenicity of R229Q is dependent on the variant observed on the other chromosome.	N/A
Detection rate	>99%	N/A
Exons tested	NM_014625:1-8.	N/A

What Is Nephrotic Syndrome, NPHS2-Related?

Nephrotic syndrome, NPHS2-related is an inherited condition that causes issues with kidney function often leading to kidney failure. Mutations in the *NPHS2* gene cause a form of nephrotic syndrome that is unresponsive to steroid treatment known as steroid-resistant nephrotic syndrome (SRNS). Symptoms of the condition typically begin between 4 and 12 months of age, but in some cases occur later in childhood.

Symptoms of the condition include an excess of protein in the urine (proteinuria), low levels of protein in the blood, kidney failure, and swelling of the body (edema). The swelling can also cause weight gain and high blood pressure. Individuals with nephrotic syndrome are prone to infection due to their inability to retain sufficient amounts of serum antibodies. They are also prone to develop harmful blood clots. Kidney failure typically occurs before the age of 20, and kidney transplantation may allow for a more normal lifespan.

How Common Is Nephrotic Syndrome, NPHS2-Related?

The incidence of all childhood nephrotic syndrome is 2 to 16 per 100,000 individuals worldwide of which 10-20% have SRNS. Approximately 10% of individuals with SRNS carry mutations in the *NPHS2* gene.

How Is Nephrotic Syndrome, NPHS2-Related Treated?

The goal of treatment is to minimize damage to the kidneys. Medication to control blood pressure and high cholesterol may be prescribed. Often children with nephrotic syndrome with protein loss require antibiotics to control for infection. A physician may recommend infusions of protein for children with SRNS to help replace what is lost in the urine. Diuretic drugs may help eliminate excess water and thus reduce swelling while blood thinners may be required to aid in blood clotting. Typically, kidney failure will occur, and a kidney transplant will be required though symptoms of the disease can recur after transplant.



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N/A

What Is the Prognosis for Nephrotic Syndrome, NPHS2-Related?

The prognosis for an individual with nephrotic syndrome, NPHS2-related varies, but with transplantation and careful medical management, affected children can live into adulthood.

Methods and Limitations

DONOR 14150 [Foresight Carrier Screen]: Sequencing with copy number analysis, spinal muscular atrophy, and analysis of homologous regions (DTS v3.1).

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 (Genome Reference Consortium Human Build 37 (GRCh37)/hg19). 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. The breakpoints of copy number variants and exons affected are estimated from probe positions. Only exons known to be included in the copy number variant are provided in the name. In some cases, the copy number variant may be larger or smaller than indicated. If *GJB2* is tested, large upstream deletions involving the genes *GJB6* and/or *CRYL1* that affect the expression of *GJB2* 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.



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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. This test is not designed to detect sex chromosome copy number variations. If present, sex chromosome abnormalities may significantly reduce test sensitivity for X-linked conditions. Residual and reproductive risks provided assume a normal karyotype. Risks for individuals with abnormal karyotypes may be different. 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**.

Resources

GENOME CONNECT | <http://www.genomeconnect.org>

Patients can share their reports via research registries such as Genome Connect, an online research registry working to build the knowledge base about genetics and health. Genome Connect provides patients, physicians, and researchers an opportunity to share genetic information to support the study of the impact of genetic variation on health conditions.

SENIOR LABORATORY DIRECTOR

Jack Ji, PhD, FACMG

Report content approved by Jack Ji, PhD, FACMG on Aug 12, 2020

Conditions Tested

- 11-beta-hydroxylase-deficient Congenital Adrenal Hyperplasia** - Gene: CYP11B1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000497:1-9. **Detection Rate:** Northern European 94%.
- 6-pyruvoyl-tetrahydropterin Synthase Deficiency** - Gene: PTS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000317:1-6. **Detection Rate:** Northern European >99%.
- ABCC8-related Familial Hyperinsulinism** - Gene: ABCC8. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000352:1-39. **Detection Rate:** Northern European >99%.
- Adenosine Deaminase Deficiency** - Gene: ADA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000022:1-12. **Detection Rate:** Northern European >99%.
- Alpha Thalassemia, HBA1/HBA2-related** - 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-mannosidosis** - Gene: MAN2B1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000528:1-23. **Detection Rate:** Northern European >99%.
- Alpha-sarcoglycanopathy** - Gene: SGCA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000023:1-9. **Detection Rate:** Northern European >99%.
- Alstrom Syndrome** - Gene: ALMS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_015120:1-23. **Detection Rate:** Northern European >99%.
- AMT-related Glycine Encephalopathy** - Gene: AMT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000481:1-9. **Detection Rate:** Northern European >99%.
- Andermann Syndrome** - Gene: SLC12A6. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_133647:1-25. **Detection Rate:** Northern European >99%.
- Argininemia** - Gene: ARG1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000045:1-8. **Detection Rate:** Northern European 97%.
- Argininosuccinic Aciduria** - Gene: ASL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001024943:1-16. **Detection Rate:** Northern European >99%.
- Aspartylglucosaminuria** - Gene: AGA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000027:1-9. **Detection Rate:** Northern European >99%.
- Ataxia with Vitamin E Deficiency** - Gene: TTPA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000370:1-5. **Detection Rate:** Northern European >99%.
- Ataxia-telangiectasia** - Gene: ATM. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000051:2-63. **Detection Rate:** Northern European 98%.
- ATP7A-related Disorders** - Gene: ATP7A. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000052:2-23. **Detection Rate:** Northern European 96%.
- Autoimmune Polyglandular Syndrome Type 1** - Gene: AIRE. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000383:1-14. **Detection Rate:** Northern European >99%.
- Autosomal Recessive Osteopetrosis Type 1** - Gene: TCIRG1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_006019:2-20. **Detection Rate:** Northern European >99%.
- Autosomal Recessive Polycystic Kidney Disease, PKHD1-related** - Gene: PKHD1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_138694 2-67. **Detection Rate:** Northern European >99%.
- Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay** - Gene: SACS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_014363 2-10. **Detection Rate:** Northern European 99%.
- Bardet-Biedl Syndrome, BBS1-related** - Gene: BBS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_024649:1-17. **Detection Rate:** Northern European >99%.
- Bardet-Biedl Syndrome, BBS10-related** - Gene: BBS10. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_024685:1-2. **Detection Rate:** Northern European >99%.
- Bardet-Biedl Syndrome, BBS12-related** - Gene: BBS12. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_152618:2. **Detection Rate:** Northern European >99%.
- Bardet-Biedl Syndrome, BBS2-related** - Gene: BBS2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_031885:1-17. **Detection Rate:** Northern European >99%.
- BCS1L-related Disorders** - Gene: BCS1L. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_004328:3-9. **Detection Rate:** Northern European >99%.
- Beta-sarcoglycanopathy** - Gene: SGCB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000232:1-6. **Detection Rate:** Northern European >99%.
- Biotinidase Deficiency** - Gene: BTD. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000060:1-4. **Detection Rate:** Northern European >99%.
- Bloom Syndrome** - Gene: BLM. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000057:2-22. **Detection Rate:** Northern European >99%.
- Calpainopathy** - Gene: CAPN3. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000070:1-24. **Detection Rate:** Northern European >99%.
- Canavan Disease** - Gene: ASPA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000049:1-6. **Detection Rate:** Northern European 98%.
- Carbamoylphosphate Synthetase I Deficiency** - Gene: CPS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001875:1-38. **Detection Rate:** Northern European >99%.
- Carnitine Palmitoyltransferase IA Deficiency** - Gene: CPT1A. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001876:2-19. **Detection Rate:** Northern European >99%.
- Carnitine Palmitoyltransferase II Deficiency** - Gene: CPT2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000098:1-5. **Detection Rate:** Northern European >99%.
- Cartilage-hair Hypoplasia** - Gene: RMRP. Autosomal Recessive. Sequencing with copy number analysis. Exon: NR_003051:1. **Detection Rate:** Northern European >99%.
- Cerebrotendinous Xanthomatosis** - Gene: CYP27A1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000784:1-9. **Detection Rate:** Northern European >99%.
- Citrullinemia Type 1** - Gene: ASS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000050:3-16. **Detection Rate:** Northern European >99%.
- CLN3-related Neuronal Ceroid Lipofuscinosis** - Gene: CLN3. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001042432 2-16. **Detection Rate:** Northern European >99%.
- CLN5-related Neuronal Ceroid Lipofuscinosis** - Gene: CLN5. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_006493:1-4. **Detection Rate:** Northern European >99%.
- CLN6-related Neuronal Ceroid Lipofuscinosis** - Gene: CLN6. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_017882:1-7. **Detection Rate:** Northern European >99%.

CLN8-related Neuronal Ceroid Lipofuscinosis - Gene: CLN8. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_018941:2-3. **Detection Rate:** Northern European >99%.

Cohen Syndrome - Gene: VPS13B. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_017890:2-62. **Detection Rate:** Northern European 97%.

COL4A3-related Alport Syndrome - Gene: COL4A3. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000091:1-52. **Detection Rate:** Northern European 97%.

COL4A4-related Alport Syndrome - Gene: COL4A4. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000092:2-48. **Detection Rate:** Northern European 98%.

Combined Pituitary Hormone Deficiency, PROP1-related - Gene: PROP1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_006261:1-3. **Detection Rate:** Northern European >99%.

Congenital Adrenal Hyperplasia, CYP21A2-related - Gene: CYP21A2. Autosomal Recessive. Analysis of homologous regions. Variants (13): CYP21A2 deletion, CYP21A2 duplication, CYP21A2 triplication, G111Vfs*21, I173N, L308Ffs*6, P31L, Q319*, Q319*+CYP21A2dup, R357W, V281L, [I237N;V238E;M240K], c.293-13C>G. **Detection Rate:** Northern European 96%.

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

Congenital Disorder of Glycosylation Type Ic - Gene: ALG6. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_013339:2-15. **Detection Rate:** Northern European >99%.

Congenital Disorder of Glycosylation, MPI-related - Gene: MPI. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_002435:1-8. **Detection Rate:** Northern European >99%.

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

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

D-bifunctional Protein Deficiency - Gene: HSD17B4. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000414:1-24. **Detection Rate:** Northern European 98%.

Delta-sarcoglycanopathy - Gene: SGCD. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000337:2-9. **Detection Rate:** Northern European 99%.

Dihydroloipoamide Dehydrogenase Deficiency - Gene: DLD. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000108:1-14. **Detection Rate:** Northern European >99%.

Dysferlinopathy - Gene: DYSF. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_003494:1-55. **Detection Rate:** Northern European 98%.

Dystrophinopathy (Including Duchenne/Becker Muscular Dystrophy) - Gene: DMD. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_004006:1-79. **Detection Rate:** Northern European >99%.

ERCC6-related Disorders - Gene: ERCC6. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000124:2-21. **Detection Rate:** Northern European 99%.

ERCC8-related Disorders - Gene: ERCC8. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000082:1-12. **Detection Rate:** Northern European 95%.

EVC-related Ellis-van Creveld Syndrome - Gene: EVC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_153717:1-21. **Detection Rate:** Northern European 96%.

EVC2-related Ellis-van Creveld Syndrome - Gene: EVC2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_147127:1-22. **Detection Rate:** Northern European >99%.

Fabry Disease - Gene: GLA. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000169:1-7. **Detection Rate:** Northern European 98%.

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

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

Fanconi Anemia Complementation Group A - Gene: FANCA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000135:1-43. **Detection Rate:** Northern European 92%.

Fanconi Anemia, FANCC-related - Gene: FANCC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000136:2-15. **Detection Rate:** Northern European >99%.

FKRP-related Disorders - Gene: FKRP. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_024301:4. **Detection Rate:** Northern European >99%.

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

Free Sialic Acid Storage Disorders - Gene: SLC17A5. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_012434:1-11. **Detection Rate:** Northern European 98%.

Galactokinase Deficiency - Gene: GALK1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000154:1-8. **Detection Rate:** Northern European >99%.

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

Gamma-sarcoglycanopathy - Gene: SGCG. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000231:2-8. **Detection Rate:** Northern European 88%.

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 with copy number analysis. Exons: NM_004004:1-2. **Detection Rate:** Northern European >99%.

GLB1-related Disorders - Gene: GLB1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000404:1-16. **Detection Rate:** Northern European >99%.

GLDC-related Glycine Encephalopathy - Gene: GLDC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000170:1-25. **Detection Rate:** Northern European 94%.

Glutaric Acidemia, GCDH-related - Gene: GCDH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000159:2-12. **Detection Rate:** Northern European >99%.

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

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

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

GNE Myopathy - Gene: GNE. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001128227:1-12. **Detection Rate:** Northern European >99%.

GNPTAB-related Disorders - Gene: GNPTAB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_024312:1-21. **Detection Rate:** Northern European >99%.

HADHA-related Disorders - Gene: HADHA. Autosomal Recessive. Sequencing with copy number analysis. 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 with copy number analysis. Exons: NM_000518:1-3. **Detection Rate:** Northern European >99%.

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

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

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

HMG-CoA Lyase Deficiency - Gene: HMGCL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000191:1-9. **Detection Rate:** Northern European 98%.

Holocarboxylase Synthetase Deficiency - Gene: HLCS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000411:4-12. **Detection Rate:** Northern European >99%.

Homocystinuria, CBS-related - Gene: CBS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000071:3-17. **Detection Rate:** Northern European >99%.

Hydrolethalus Syndrome - Gene: HYL51. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_145014:4. **Detection Rate:** Northern European >99%.

Hypophosphatasia - Gene: ALPL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000478:2-12. **Detection Rate:** Northern European >99%.

Isovaleric Acidemia - Gene: IVD. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_002225:1-12. **Detection Rate:** Northern European >99%.

Joubert Syndrome 2 - Gene: TMEM216. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001173990:1-5. **Detection Rate:** Northern European >99%.

Junctional Epidermolysis Bullosa, LAMA3-related - Gene: LAMA3. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000227:1-38. **Detection Rate:** Northern European >99%.

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

KCNJ11-related Familial Hyperinsulinism - Gene: KCNJ11. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_000525:1. **Detection Rate:** Northern European >99%.

Krabbe Disease - Gene: GALC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000153:1-17. **Detection Rate:** Northern European >99%.

LAMA2-related Muscular Dystrophy - Gene: LAMA2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000426:1-65. **Detection Rate:** Northern European >99%.

Leigh Syndrome, French-Canadian Type - Gene: LRPPRC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_133259:1-38. **Detection Rate:** Northern European >99%.

Lipoid Congenital Adrenal Hyperplasia - Gene: STAR. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000349:1-7. **Detection Rate:** Northern European >99%.

Lysosomal Acid Lipase Deficiency - Gene: LIPA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000235:2-10. **Detection Rate:** Northern European >99%.

Maple Syrup Urine Disease Type Ia - Gene: BCKDHA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000709:1-9. **Detection Rate:** Northern European >99%.

Maple Syrup Urine Disease Type Ib - Gene: BCKDHB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_183050:1-10. **Detection Rate:** Northern European >99%.

Maple Syrup Urine Disease Type II - Gene: DBT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001918:1-11. **Detection Rate:** Northern European 96%.

Medium Chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADM. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000016:1-12. **Detection Rate:** Northern European >99%.

Megalencephalic Leukoencephalopathy with Subcortical Cysts - Gene: MLC1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_015166 2-12. **Detection Rate:** Northern European >99%.

Metachromatic Leukodystrophy - Gene: ARSA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000487:1-8. **Detection Rate:** Northern European >99%.

Methylmalonic Acidemia, cblA Type - Gene: MMAA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_172250:2-7. **Detection Rate:** Northern European >99%.

Methylmalonic Acidemia, cblB Type - Gene: MMAB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_052845:1-9. **Detection Rate:** Northern European >99%.

Methylmalonic Aciduria and Homocystinuria, cblC Type - Gene: MMACHC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_015506:1-4. **Detection Rate:** Northern European >99%.

MKS1-related Disorders - Gene: MKS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_017777:1-18. **Detection Rate:** Northern European >99%.

Mucopolipidosis III Gamma - Gene: GNPTG. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_032520:1-11. **Detection Rate:** Northern European >99%.

Mucopolipidosis IV - Gene: MCOLN1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_020533:1-14. **Detection Rate:** Northern European >99%.

Mucopolysaccharidosis Type I - Gene: IDUA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000203:1-14. **Detection Rate:** Northern European >99%.

Mucopolysaccharidosis Type II - Gene: IDS. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000202:1-9. **Detection Rate:** Northern European 88%.

Mucopolysaccharidosis Type IIIA - Gene: SGSH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000199:1-8. **Detection Rate:** Northern European >99%.

Mucopolysaccharidosis Type IIIB - Gene: NAGLU. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000263:1-6. **Detection Rate:** Northern European >99%.

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

MUT-related Methylmalonic Acidemia - Gene: MUT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000255:2-13. **Detection Rate:** Northern European >99%.

MYO7A-related Disorders - Gene: MYO7A. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000260:2-49. **Detection Rate:** Northern European >99%.

NEB-related Nemaline Myopathy - Gene: NEB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001271208:3-80,117-183. **Detection Rate:** Northern European 92%.

Nephrotic Syndrome, NPHS1-related - Gene: NPHS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_004646:1-29. **Detection Rate:** Northern European >99%.

Nephrotic Syndrome, NPHS2-related - Gene: NPHS2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_014625:1-8. **Detection Rate:** Northern European >99%.

Niemann-Pick Disease Type C1 - Gene: NPC1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000271:1-25. **Detection Rate:** Northern European >99%.

Niemann-Pick Disease Type C2 - Gene: NPC2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_006432:1-5. **Detection Rate:** Northern European >99%.

Niemann-Pick Disease, SMPD1-related - Gene: SMPD1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000543:1-6. **Detection Rate:** Northern European >99%.

Nijmegen Breakage Syndrome - Gene: NBN. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_002485:1-16. **Detection Rate:** Northern European >99%.

Ornithine Transcarbamylase Deficiency - Gene: OTC. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000531:1-10. **Detection Rate:** Northern European 97%.

PCCA-related Propionic Acidemia - Gene: PCCA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000282:1-24. **Detection Rate:** Northern European 95%.

PCCB-related Propionic Acidemia - Gene: PCCB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000532:1-15. **Detection Rate:** Northern European >99%.

PCDH15-related Disorders - Gene: PCDH15. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_033056:2-33. **Detection Rate:** Northern European 93%.

Pended Syndrome - Gene: SLC26A4. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000441:2-21. **Detection Rate:** Northern European >99%.

Peroxisome Biogenesis Disorder Type 1 - Gene: PEX1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000466:1-24. **Detection Rate:** Northern European >99%.

Peroxisome Biogenesis Disorder Type 3 - Gene: PEX12. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000286:1-3. **Detection Rate:** Northern European >99%.

Peroxisome Biogenesis Disorder Type 4 - Gene: PEX6. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000287:1-17. **Detection Rate:** Northern European 97%.

Peroxisome Biogenesis Disorder Type 5 - Gene: PEX2. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_000318:4. **Detection Rate:** Northern European >99%.

Peroxisome Biogenesis Disorder Type 6 - Gene: PEX10. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_153818:1-6. **Detection Rate:** Northern European >99%.

Phenylalanine Hydroxylase Deficiency - Gene: PAH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000277:1-13. **Detection Rate:** Northern European >99%.

POMGNT-related Disorders - Gene: POMGNT1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_017739:2-22. **Detection Rate:** Northern European 96%.

Pompe Disease - Gene: GAA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000152:2-20. **Detection Rate:** Northern European 98%.

PPT1-related Neuronal Ceroid Lipofuscinosis - Gene: PPT1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000310:1-9. **Detection Rate:** Northern European >99%.

Primary Carnitine Deficiency - Gene: SLC22A5. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_003060:1-10. **Detection Rate:** Northern European >99%.

Primary Hyperoxaluria Type 1 - Gene: AGXT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000030:1-11. **Detection Rate:** Northern European >99%.

Primary Hyperoxaluria Type 2 - Gene: GRHPR. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_012203:1-9. **Detection Rate:** Northern European >99%.

Primary Hyperoxaluria Type 3 - Gene: HOGA1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_138413:1-7. **Detection Rate:** Northern European >99%.

Pycnodysostosis - Gene: CTSK. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000396:2-8. **Detection Rate:** Northern European >99%.

Pyruvate Carboxylase Deficiency - Gene: PC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000920:3-22. **Detection Rate:** Northern European >99%.

Rhizomelic Chondrodysplasia Punctata Type 1 - Gene: PEX7. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000288:1-10. **Detection Rate:** Northern European >99%.

RTEL1-related Disorders - Gene: RTEL1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_032957:2-35. **Detection Rate:** Northern European >99%.

Sandhoff Disease - Gene: HEXB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000521:1-14. **Detection Rate:** Northern European >99%.

Short-chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000017:1-10. **Detection Rate:** Northern European >99%.

Sjogren-Larsson Syndrome - Gene: ALDH3A2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000382:1-10. **Detection Rate:** Northern European 96%.

SLC26A2-related Disorders - Gene: SLC26A2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000112:2-3. **Detection Rate:** Northern European >99%.

Smith-Lemli-Opitz Syndrome - Gene: DHCR7. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001360:3-9. **Detection Rate:** Northern European >99%.

Spastic Paraplegia Type 15 - Gene: ZFYVE26. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_015346:2-42. **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%.

Spondylothoracic Dysostosis - Gene: MESP2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001039958:1-2. **Detection Rate:** Northern European >99%.

TGM1-related Autosomal Recessive Congenital Ichthyosis - Gene: TGM1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000359 2-15. **Detection Rate:** Northern European >99%.

TPP1-related Neuronal Ceroid Lipofuscinosis - Gene: TPP1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000391:1-13. **Detection Rate:** Northern European >99%.

Tyrosine Hydroxylase Deficiency - Gene: TH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_199292:1-14. **Detection Rate:** Northern European >99%.

Tyrosinemia Type I - Gene: FAH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000137:1-14. **Detection Rate:** Northern European >99%.

Tyrosinemia Type II - Gene: TAT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000353:2-12. **Detection Rate:** Northern European >99%.

USH1C-related Disorders - Gene: USH1C. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_005709:1-21. **Detection Rate:** Northern European >99%.

USH2A-related Disorders - Gene: USH2A. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_206933:2-72. **Detection Rate:** Northern European 94%.

Usher Syndrome Type 3 - Gene: CLRN1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_174878:1-3. **Detection Rate:** Northern European >99%.

Very-long-chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADVL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000018:1-20. **Detection Rate:** Northern European >99%.



RESULTS RECIPIENT
SEATTLE SPERM BANK
Attn: Jeffrey Olliffe
NPI: 1306838271
Report Date: 08/12/2020

MALE
DONOR 14150
DOB: [REDACTED]
Ethnicity: Northern European
Barcode: 11004512698716

FEMALE
N/A

Wilson Disease - Gene: ATP7B. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000053:1-21. **Detection Rate:** Northern European >99%.

X-linked Adrenoleukodystrophy - Gene: ABCD1. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000033:1-6. **Detection Rate:** Northern European 77%.

X-linked Alport Syndrome - Gene: COL4A5. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000495:1-51. **Detection Rate:** Northern European 95%.

X-linked Congenital Adrenal Hypoplasia - Gene: NR0B1. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000475:1-2. **Detection Rate:** Northern European 99%.

X-linked Juvenile Retinoschisis - Gene: RS1. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000330:1-6. **Detection Rate:** Northern European 98%.

X-linked Myotubular Myopathy - Gene: MTM1. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000252:2-15. **Detection Rate:** Northern European 98%.

X-linked Severe Combined Immunodeficiency - Gene: IL2RG. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000206:1-8. **Detection Rate:** Northern European >99%.

Xeroderma Pigmentosum Group A - Gene: XPA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000380:1-6. **Detection Rate:** Northern European >99%.

Xeroderma Pigmentosum Group C - Gene: XPC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_004628:1-16. **Detection Rate:** Northern European 97%.

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 14150 Residual Risk	Reproductive Risk
11-beta-hydroxylase-deficient Congenital Adrenal Hyperplasia	1 in 3,800	< 1 in 1,000,000
6-pyruvoyl-tetrahydropterin Synthase Deficiency	< 1 in 50,000	< 1 in 1,000,000
ABCC8-related Familial Hyperinsulinism	1 in 17,000	< 1 in 1,000,000
Adenosine Deaminase Deficiency	1 in 22,000	< 1 in 1,000,000
Alpha Thalassemia, HBA1/HBA2-related	Alpha globin status: aa/aa.	Not calculated
Alpha-mannosidosis	1 in 35,000	< 1 in 1,000,000
Alpha-sarcoglycanopathy	< 1 in 50,000	< 1 in 1,000,000
Alstrom Syndrome	< 1 in 50,000	< 1 in 1,000,000
AMT-related Glycine Encephalopathy	1 in 22,000	< 1 in 1,000,000
Andermann Syndrome	< 1 in 50,000	< 1 in 1,000,000
Argininemia	< 1 in 17,000	< 1 in 1,000,000
Argininosuccinic Aciduria	1 in 13,000	< 1 in 1,000,000
Aspartylglucosaminuria	< 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 11,000	< 1 in 1,000,000
ATP7A-related Disorders	< 1 in 1,000,000	1 in 600,000
Autoimmune Polyglandular Syndrome Type 1	1 in 15,000	< 1 in 1,000,000
Autosomal Recessive Osteopetrosis Type 1	1 in 35,000	< 1 in 1,000,000
Autosomal Recessive Polycystic Kidney Disease, PKHD1-related	1 in 8,100	< 1 in 1,000,000
Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay	NM_014363.4(SACS):c.8194_8201del8ins3(S2732Pfs*9) heterozygote †	1 in 2,000
Bardet-Biedl Syndrome, BBS1-related	1 in 32,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS10-related	1 in 42,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS12-related	< 1 in 50,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS2-related	< 1 in 50,000	< 1 in 1,000,000
BCS1L-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Beta-sarcoglycanopathy	1 in 39,000	< 1 in 1,000,000
Biotinidase Deficiency	1 in 13,000	1 in 650,000
Bloom Syndrome	< 1 in 50,000	< 1 in 1,000,000
Calpainopathy	1 in 13,000	< 1 in 1,000,000
Canavan Disease	1 in 9,700	< 1 in 1,000,000
Carbamoylphosphate Synthetase I Deficiency	< 1 in 57,000	< 1 in 1,000,000
Carnitine Palmitoyltransferase IA Deficiency	< 1 in 50,000	< 1 in 1,000,000
Carnitine Palmitoyltransferase II Deficiency	1 in 25,000	< 1 in 1,000,000
Cartilage-hair Hypoplasia	< 1 in 50,000	< 1 in 1,000,000
Cerebrotendinous Xanthomatosis	1 in 11,000	< 1 in 1,000,000
Citrullinemia Type 1	1 in 14,000	< 1 in 1,000,000
CLN3-related Neuronal Ceroid Lipofuscinosis	1 in 8,600	< 1 in 1,000,000
CLN5-related Neuronal Ceroid Lipofuscinosis	< 1 in 50,000	< 1 in 1,000,000
CLN6-related Neuronal Ceroid Lipofuscinosis	1 in 43,000	< 1 in 1,000,000
CLN8-related Neuronal Ceroid Lipofuscinosis	< 1 in 50,000	< 1 in 1,000,000
Cohen Syndrome	< 1 in 15,000	< 1 in 1,000,000
COL4A3-related Alport Syndrome	1 in 6,200	< 1 in 1,000,000
COL4A4-related Alport Syndrome	1 in 12,000	< 1 in 1,000,000
Combined Pituitary Hormone Deficiency, PROP1-related	1 in 6,100	< 1 in 1,000,000
Congenital Adrenal Hyperplasia, CYP21A2-related	1 in 1,300	1 in 280,000
Congenital Disorder of Glycosylation Type Ia	1 in 16,000	< 1 in 1,000,000
Congenital Disorder of Glycosylation Type Ic	< 1 in 50,000	< 1 in 1,000,000
Congenital Disorder of Glycosylation, MPI-related	< 1 in 50,000	< 1 in 1,000,000



RESULTS RECIPIENT
 SEATTLE SPERM BANK
 Attn: Jeffrey Olliffe
 NPI: 1306838271
 Report Date: 08/12/2020

MALE
 DONOR 14150
 DOB: [REDACTED]
 Ethnicity: Northern European
 Barcode: 11004512698716

FEMALE
 N/A

Disease	DONOR 14150 Residual Risk	Reproductive Risk
Costeff Optic Atrophy Syndrome	< 1 in 50,000	< 1 in 1,000,000
Cystic Fibrosis	1 in 3,000	1 in 360,000
Cystinosis	1 in 22,000	< 1 in 1,000,000
D-bifunctional Protein Deficiency	1 in 9,000	< 1 in 1,000,000
Delta-sarcoglycanopathy	< 1 in 40,000	< 1 in 1,000,000
Dihydrolipoamide Dehydrogenase Deficiency	< 1 in 50,000	< 1 in 1,000,000
Dysferlinopathy	NM_003494.3(DYSF):c.5302C>T(R1768W) heterozygote †	1 in 780
Dystrophinopathy (Including Duchenne/Becker Muscular Dystrophy)	Not calculated	Not calculated
ERCC6-related Disorders	1 in 26,000	< 1 in 1,000,000
ERCC8-related Disorders	< 1 in 9,900	< 1 in 1,000,000
EVC-related Ellis-van Creveld Syndrome	1 in 7,500	< 1 in 1,000,000
EVC2-related Ellis-van Creveld Syndrome	< 1 in 50,000	< 1 in 1,000,000
Fabry Disease	< 1 in 1,000,000	1 in 80,000
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 Complementation Group A	1 in 2,800	< 1 in 1,000,000
Fanconi Anemia, FANCC-related	< 1 in 50,000	< 1 in 1,000,000
FKRP-related Disorders	1 in 16,000	< 1 in 1,000,000
FKTN-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Free Sialic Acid Storage Disorders	< 1 in 30,000	< 1 in 1,000,000
Galactokinase Deficiency	1 in 10,000	< 1 in 1,000,000
Galactosemia	1 in 8,600	< 1 in 1,000,000
Gamma-sarcoglycanopathy	1 in 3,000	< 1 in 1,000,000
Gaucher Disease	1 in 260	1 in 110,000
GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness	1 in 2,500	1 in 260,000
GLB1-related Disorders	1 in 19,000	< 1 in 1,000,000
GLDC-related Glycine Encephalopathy	1 in 2,800	< 1 in 1,000,000
Glutaric Acidemia, GCDH-related	1 in 16,000	< 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
GNE Myopathy	1 in 23,000	< 1 in 1,000,000
GNPTAB-related Disorders	1 in 32,000	< 1 in 1,000,000
HADHA-related Disorders	1 in 20,000	< 1 in 1,000,000
Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease)	1 in 3,100	1 in 390,000
Hereditary Fructose Intolerance	1 in 7,900	< 1 in 1,000,000
Herlitz Junctional Epidermolysis Bullosa, LAMB3-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
HMG-CoA Lyase Deficiency	< 1 in 33,000	< 1 in 1,000,000
Holocarboxylase Synthetase Deficiency	1 in 15,000	< 1 in 1,000,000
Homocystinuria, CBS-related	1 in 9,400	< 1 in 1,000,000
Hydrolethalus Syndrome	< 1 in 50,000	< 1 in 1,000,000
Hypophosphatasia	1 in 27,000	< 1 in 1,000,000
Isovaleric Acidemia	1 in 32,000	< 1 in 1,000,000
Joubert Syndrome 2	< 1 in 50,000	< 1 in 1,000,000
Junctional Epidermolysis Bullosa, LAMA3-related	< 1 in 50,000	< 1 in 1,000,000
Junctional Epidermolysis Bullosa, LAMC2-related	< 1 in 50,000	< 1 in 1,000,000
KCNJ11-related Familial Hyperinsulinism	< 1 in 50,000	< 1 in 1,000,000
Krabbe Disease	1 in 14,000	< 1 in 1,000,000
LAMA2-related Muscular Dystrophy	1 in 34,000	< 1 in 1,000,000
Leigh Syndrome, French-Canadian Type	< 1 in 50,000	< 1 in 1,000,000
Lipoid Congenital Adrenal Hyperplasia	< 1 in 50,000	< 1 in 1,000,000
Lysosomal Acid Lipase Deficiency	1 in 18,000	< 1 in 1,000,000
Maple Syrup Urine Disease Type Ia	1 in 42,000	< 1 in 1,000,000
Maple Syrup Urine Disease Type Ib	1 in 39,000	< 1 in 1,000,000
Maple Syrup Urine Disease Type II	1 in 13,000	< 1 in 1,000,000
Medium Chain Acyl-CoA Dehydrogenase Deficiency	1 in 4,400	1 in 790,000
Megalencephalic Leukoencephalopathy with Subcortical Cysts	< 1 in 50,000	< 1 in 1,000,000
Metachromatic Leukodystrophy	IVS2+1G>A heterozygote †	1 in 630
Methylmalonic Acidemia, cblA Type	< 1 in 50,000	< 1 in 1,000,000



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MALE
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 Ethnicity: Northern European
 Barcode: 11004512698716

FEMALE
 N/A

Disease	DONOR 14150 Residual Risk	Reproductive Risk
Methylmalonic Acidemia, cblB Type	1 in 48,000	< 1 in 1,000,000
Methylmalonic Aciduria and Homocystinuria, cblC Type	1 in 16,000	< 1 in 1,000,000
MKS1-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Mucopolipidosis III Gamma	< 1 in 50,000	< 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
Mucopolysaccharidosis Type II	1 in 600,000	1 in 150,000
Mucopolysaccharidosis Type IIIA	1 in 12,000	< 1 in 1,000,000
Mucopolysaccharidosis Type IIIB	1 in 25,000	< 1 in 1,000,000
Mucopolysaccharidosis Type IIIC	1 in 37,000	< 1 in 1,000,000
MUT-related Methylmalonic Acidemia	1 in 26,000	< 1 in 1,000,000
MYO7A-related Disorders	1 in 15,000	< 1 in 1,000,000
NEB-related Nematine Myopathy	1 in 1,200	1 in 400,000
Nephrotic Syndrome, NPHS1-related	< 1 in 50,000	< 1 in 1,000,000
Nephrotic Syndrome, NPHS2-related	NM_014625.2(NPHS2):c.686G>A(R229Q) heterozygote †	1 in 110,000
Niemann-Pick Disease Type C1	1 in 19,000	< 1 in 1,000,000
Niemann-Pick Disease Type C2	< 1 in 50,000	< 1 in 1,000,000
Niemann-Pick Disease, SMPD1-related	1 in 25,000	< 1 in 1,000,000
Nijmegen Breakage Syndrome	1 in 15,000	< 1 in 1,000,000
Ornithine Transcarbamylase Deficiency	< 1 in 1,000,000	1 in 140,000
PCCA-related Propionic Acidemia	1 in 4,200	< 1 in 1,000,000
PCCB-related Propionic Acidemia	1 in 22,000	< 1 in 1,000,000
PCDH15-related Disorders	1 in 3,300	< 1 in 1,000,000
Pendred Syndrome	1 in 8,200	< 1 in 1,000,000
Peroxisome Biogenesis Disorder Type 1	1 in 16,000	< 1 in 1,000,000
Peroxisome Biogenesis Disorder Type 3	1 in 44,000	< 1 in 1,000,000
Peroxisome Biogenesis Disorder Type 4	1 in 9,300	< 1 in 1,000,000
Peroxisome Biogenesis Disorder Type 5	< 1 in 71,000	< 1 in 1,000,000
Peroxisome Biogenesis Disorder Type 6	< 1 in 50,000	< 1 in 1,000,000
Phenylalanine Hydroxylase Deficiency	1 in 4,800	1 in 940,000
POMGNT-related Disorders	< 1 in 12,000	< 1 in 1,000,000
Pompe Disease	1 in 4,000	< 1 in 1,000,000
PPT1-related Neuronal Ceroid Lipofuscinosis	1 in 7,700	< 1 in 1,000,000
Primary Carnitine Deficiency	1 in 11,000	< 1 in 1,000,000
Primary Hyperoxaluria Type 1	1 in 17,000	< 1 in 1,000,000
Primary Hyperoxaluria Type 2	< 1 in 50,000	< 1 in 1,000,000
Primary Hyperoxaluria Type 3	1 in 13,000	< 1 in 1,000,000
Pycnodysostosis	1 in 43,000	< 1 in 1,000,000
Pyruvate Carboxylase Deficiency	1 in 25,000	< 1 in 1,000,000
Rhizomelic Chondrodysplasia Punctata Type 1	1 in 16,000	< 1 in 1,000,000
RTEL1-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Sandhoff Disease	1 in 32,000	< 1 in 1,000,000
Short-chain Acyl-CoA Dehydrogenase Deficiency	1 in 11,000	< 1 in 1,000,000
Sjogren-Larsson Syndrome	< 1 in 12,000	< 1 in 1,000,000
SLC26A2-related Disorders	1 in 16,000	< 1 in 1,000,000
Smith-Lemli-Opitz Syndrome	1 in 9,400	< 1 in 1,000,000
Spastic Paraplegia Type 15	< 1 in 50,000	< 1 in 1,000,000
Spinal Muscular Atrophy	Negative for g.27134T>G SNP SMN1: 2 copies 1 in 770	1 in 110,000
Spondylothoracic Dysostosis	< 1 in 50,000	< 1 in 1,000,000
TGM1-related Autosomal Recessive Congenital Ichthyosis	1 in 22,000	< 1 in 1,000,000
TPP1-related Neuronal Ceroid Lipofuscinosis	1 in 30,000	< 1 in 1,000,000
Tyrosine Hydroxylase Deficiency	< 1 in 50,000	< 1 in 1,000,000
Tyrosinemia Type I	1 in 16,000	< 1 in 1,000,000
Tyrosinemia Type II	1 in 25,000	< 1 in 1,000,000
USH1C-related Disorders	1 in 35,000	< 1 in 1,000,000
USH2A-related Disorders	1 in 2,200	< 1 in 1,000,000
Usher Syndrome Type 3	1 in 41,000	< 1 in 1,000,000
Very-long-chain Acyl-CoA Dehydrogenase Deficiency	1 in 18,000	< 1 in 1,000,000
Wilson Disease	1 in 6,500	< 1 in 1,000,000



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FEMALE
 N/A

Disease	DONOR 14150 Residual Risk	Reproductive Risk
X-linked Adrenoleukodystrophy	1 in 90,000	1 in 42,000
X-linked Alport Syndrome	Not calculated	Not calculated
X-linked Congenital Adrenal Hypoplasia	< 1 in 1,000,000	< 1 in 1,000,000
X-linked Juvenile Retinoschisis	< 1 in 1,000,000	1 in 40,000
X-linked Myotubular Myopathy	Not calculated	Not calculated
X-linked Severe Combined Immunodeficiency	< 1 in 1,000,000	1 in 200,000
Xeroderma Pigmentosum Group A	< 1 in 50,000	< 1 in 1,000,000
Xeroderma Pigmentosum Group C	1 in 7,300	< 1 in 1,000,000