

Donor 2494

Genetic Testing Summary

Fairfax Cryobank recommends reviewing this genetic testing summary with your healthcare provider to determine suitability.

Last Updated: 10/29/24

Donor Reported Ancestry: German Jewish Ancestry: No

Genetic Test*	Result	Comments/Donor's Residual Risk**
---------------	--------	----------------------------------

Chromosome analysis (karyotype)	Normal male karyotype	No evidence of clinically significant chromosome abnormalities
Hemoglobin evaluation	Normal hemoglobin fractionation and MCV/MCH results	Reduced risk to be a carrier for sickle cell anemia, beta thalassemia, alpha thalassemia trait (aa/ and a-/a-) and other hemoglobinopathies
Cystic Fibrosis (CF) carrier screening	Negative by genotyping of 86 mutations in the CFTR gene	1/325

^{*}No single test can screen for all genetic disorders. A negative screening result significantly reduces, but cannot eliminate, the risk for these conditions in a pregnancy.

^{**}Donor residual risk is the chance the donor is still a carrier after testing negative.



Cystic Fib. sis Mutation Analysis

Patient Name: Donor, GLI 2494 VAN 3/24/06

Referring Physician:

Specimen #: Patient ID:

Client #:

DOB: Not Given

Sex: M SSN: Date Collected: 02/17/2005 Date Received: 02/19/2005

Lab ID:

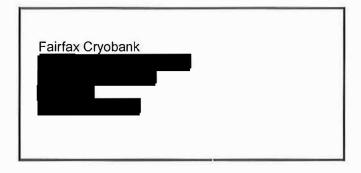
Hospital ID:

Specimen Type: BLDPER

Ethnicity: Caucasian

Indication: Carrier test / Gamete donor

RESULTS: Negative for the 86 mutations analyzed



INTERPRETATION

This individual's risk to be a carrier is reduced from 1/25 (4%) to 1/325 (0.3%), based on these results, a negative family history and the absence of symptoms.

COMMENTS:

Mutation Detection Ra among Ethnic Groups			n patients affected with cystic fibrosis. Among individuals with an atypical or mild erens, pancreatitis) detection rates may vary from those provided here.
Ethnicity	Carrier risk reduction when no family history	Detection rate	References
Caucasian	1/25 to 1/325	92.6%	Genet in Med 3:168, 2001 in conjunction with Genet in Med 4:90, 2002
African American	1/65 to 1/338	81%	Genet in Med 3:168, 2001
Hispanic	1/46 to 1/162	72%	Genet in Med 3:168, 2001
Ashkenazi Jewish	1/26 to 1/834	97%	Am J Hum Genet 51:951, 1994
Jewish, non-Ashkenazi		Varies by country of origin	Genet Testing 5:47, 2001, Genet Testing, 1:35, 1997
Asian		Not Provided	Insufficient data
Other or Mixed Ethnicity		Not Provided	Detection rate not determined and varies with ethnicity

This interpretation is based on the clinical information provided and the current understanding of the molecular genetics of this condition. Although DNA-based testing is highly accurate, rare diagnostic errors may occur. Examples include misinterpretation because of genetic variants, blood transfusion, bone marrow transplantation, or erroneous representation of family relationships or contamination of a fetal sample with maternal cells.

METHOD

DNA is isolated from the sample and tested for the 86 CF mutations listed. Regions of the CFTR gene are amplified enzymatically and hybridized to specific CF mutation oligonucleotide probes. Results are characterized as positive or negative, and specimens with positive results are tested for specific mutation identity using either the same methodology or a solution-phase multiplex allele-specific primer extension with subsequent hybridization to a bead array and fluorescent detection. The assay discriminates between Δ F508 and the following polymorphisms: F508C, I506V, I506M and I507V.

Under the direction of:

Ruth A. Heim. Ph. D.

Date: 02/25/2005

Page 1 of 1



Shromosome Analysis

Patient Name: Donor, OLJ 2494 Donor is Fairfax Brand Referring Ph. Steve Pool, M.D.

Specimen #_____ Patient ID: Client #

DOB: Not Given

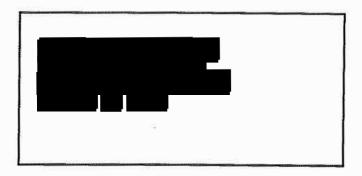
SSN:

Date Collected: 03/14/2005 Date Re-----5/2005

Lab ID:

Hospital ID:

Specimen Type: Peripheral Blood



Indication: Gamete donor

Metaphases Counted: Metaphases Analyzed:

Metaphases Karyotyped:

20 5

Number of Cultures: 2

Banding Technique:

GTW

Banding Resolution:

500

Dept. Section:

В1

RESULTS: 46,XY

Male karyotype

INTERPRETATION:

This analysis shows no evidence of clinically significant numerical or structural chromosome abnormalities. The standard cytogenetic methodology utilized in this analysis does not routinely detect small rearrangements and low level mosaicism, and cannot detect microdeletions.

Signed:

ay W. Moore, Ph.D. FFACMG

Date: 03/24/2005

Page 1 of 1

RATORY REPORT



D. DONOR#2494 P JUGGA ROOM NO. AGE SEX LAB REF. # 82172005 TEOO 3. 20 SOAM 62172005 65212005 REMARKS # 2494

CENTRAL TIME

) FASTING:	U
REPORT STATUS FINAL TEST		SULT OUT OF HANGE	STINU	REFERENCE RANGE	SITE CODE
ate of Birth: NG		/ 1	1/2/10/		
EMOGLOBINOPATHY EVALUATION	/	at	119911/		
RED BLOOD CELL COUNT	4.78	<i>//</i> //	MILLIMOL	4. 20-5. 10	СВ
HEMOGLOBIN	(15. 6 H	G/DL	13. 2-15. 5	
HEMATOCRIT	44. 3		1.	38.5-45.0	
MCV	92.9		FL	80.0-100.0	
MCH RDW	32.6		PG	27.0-33.0	
HEMOGLOBIN A1	12. 7 97. 5		% *,	11.0-15.0	
FETAL HEMOGLOBIN	<1.0		% %	`⊃96. 0 <2. 0	CB
HEMOGLOBIN A2 (QUANT)	2.5		",	1.8-3.5	
INTERPRETATION	_, _		· /#	1. t3 tJ, t/	
en e	NORMAL PH	IENOTYPE.	•		
NORMAL HEMOGLOBIN DISTRIB		Hes, Hec	OR		
OTHER ABNORMAL HEMOGLOBIN	OBSERVED.				
HOLESTEROL, TOTAL	187		Man 2m)	a pag pag pag	
ST	19		MG/DL U/L	<200 2-50	CB
-,	* /		. V /L	2-30	CB
BC (INCLUDES DIFF/PLT)					св
WHITE BLOOD CELL COUNT	5. 9		THOUS/MCL	3.8-10.8	
RED BLOOD CELL COUNT	4. 78		MILL/MCL	4. 20-5. 10	
HEMOGLOBIN		15.6 H	G/DL	13. 2-15. 5	
HEMATOCRIT	44. 3		%	38.5-45.0	
MCV MCH	92. 9		FL	80.0-100.0	
MCHC	32. 6 35. 1		PG G/DL	27. 0-33. 0	
RDW	12.7		. <i>G7 D</i> L %	32.0-36.0 11.0-15.0	
PLATELET COUNT	500		THOUS/MCL	140-400	
ABSOLUTE NEUTROPHILS	3552		CELLS/MCL	1500-7800	
ABSOLUTE LYMPHOCYTES	1971		CELLS/MCL	850-3900	
ABSOLUTE MONOCYTES	325		CELLS/MCL	200-950	
ABSOLUTE EOSINOPHILS	35		CELLS/MCL	15-500	
ABSOLUTE BASOPHILS	18		CELLS/MCL	0-200	
NEUTROPHILS LYMPHOCYTES	60. 2		%		
MONOCYTES	33. 4		7.		
EOSINOPHILS	5. 5 0. 6		% %		95
BASOPHILS	0.3		%		
	- 		••		