



## Donor 5852

### Genetic Testing Summary

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

Last Updated: 02/13/20

Donor Reported Ancestry: Chinese

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 gene sequencing in the CFTR gene	1/1400
Spinal Muscular Atrophy (SMA) carrier screening	Negative for deletions of exon 7 in the SMN1 gene	1/901
Expanded Genetic Disease Carrier Screening Panel attached- 283 diseases by gene sequencing	<p>Carrier: <b>Glutaric Acidemia Type 1 (GCDH)</b></p> <p>Carrier: <b>Leukoencephalopathy with Vanishing White Matter (EIF2B5)</b></p> <p>Negative for other genes sequenced.</p>	Partner testing is recommended before using this donor.

\*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.



**Patient Information**

Name: 5852 Donor  
Date of Birth: [REDACTED]  
Sema4 ID: [REDACTED]  
Client ID: [REDACTED]  
Indication: Carrier Testing

**Specimen Information**

Specimen Type: Blood  
Date Collected: 10/18/2019  
Date Received: 10/19/2019  
Final Report: 11/02/2019

**Referring Provider**

[REDACTED]  
Fairfax Cryobank, Inc.  
[REDACTED]  
[REDACTED]

Expanded Carrier Screen (283) Minus TSE  
Number of genes tested: 283

**SUMMARY OF RESULTS AND RECOMMENDATIONS**

⊕ Positive	⊖ Negative
<p><b>Carrier of Glutaric Acidemia, Type I (AR)</b> Associated gene(s): <i>GCDH</i> Variant(s) Detected: c.533G&gt;A, p.G178E, Likely Pathogenic, Heterozygous (one copy)</p> <p><b>Carrier of Leukoencephalopathy with Vanishing White Matter (AR)</b> Associated gene(s): <i>EIF2B5</i> Variant(s) Detected: c.545C&gt;T, p.T182M, Likely Pathogenic, Heterozygous (one copy)</p>	<p><b>Negative for all other genes tested</b> To view a full list of genes and diseases tested please see Table 1 in this report</p>

AR=Autosomal recessive; XL=X-linked

**Recommendations**

- Testing the partner for the above positive disorder(s) and genetic counseling are recommended.
- Please note that for female carriers of X-linked diseases, follow-up testing of a male partner is not indicated.
- CGG repeat analysis of *FMR1* for fragile X syndrome is not performed on males as repeat expansion of premutation alleles is not expected in the male germline.
- Individuals of Asian, African, Hispanic and Mediterranean ancestry should also be screened for hemoglobinopathies by CBC and hemoglobin electrophoresis.
- Consideration of residual risk by ethnicity after a negative carrier screen is recommended for the other diseases on the panel, especially in the case of a positive family history for a specific disorder.

## Interpretation of positive results

### Glutaric Acidemia, Type I (AR)

#### Results and Interpretation

A heterozygous (one copy) likely pathogenic missense variant, c.533G>A, p.G178E, was detected in the *GCDH* gene (NM\_000159.3). When this variant is present in trans with a pathogenic variant, it is considered to be causative for glutaric acidemia, type I. Therefore, this individual is expected to be at least a carrier for glutaric acidemia, type I. Heterozygous carriers are not expected to exhibit symptoms of this disease.

#### What is Glutaric Acidemia, Type I?

Glutaric acidemia, type 1 is an autosomal recessive disease caused by pathogenic variants in the gene *GCDH*. It is a metabolic disease that prevents the body from properly breaking down proteins, and therefore treatment involves a specialized diet. Babies with glutaric acidemia type 1 are born with, or soon develop, a large head size. Affected individuals have episodes of acute neurological deterioration (also called metabolic crises), which include fever, vomiting, low muscle tone, and seizure-like episodes. Long term symptoms can include developmental delay, rigidity, and motor problems, which may affect ability to walk. Some affected children cannot eat and require feeding tubes. Life expectancy is reduced if affected individuals go untreated during a metabolic crisis. Glutaric acidemia type 1 occurs in people of all ethnic backgrounds but is more common in people who have Amish, Ojibway-Cree Indian, or Swedish ancestry.

### Leukoencephalopathy with Vanishing White Matter (AR)

#### Results and Interpretation

A heterozygous (one copy) likely pathogenic missense variant, c.545C>T, p.T182M, was detected in the *EIF2B5* gene (NM\_003907.2). When this variant is present in trans with a pathogenic variant, it is considered to be causative for leukoencephalopathy with vanishing white matter. Therefore, this individual is expected to be at least a carrier for leukoencephalopathy with vanishing white matter. Heterozygous carriers are not expected to exhibit symptoms of this disease.

#### What is Leukoencephalopathy with Vanishing White Matter?

Leukoencephalopathy with vanishing white matter is an autosomal, pan-ethnic neurologic disorder caused by pathogenic variants in the gene *EIF2B5*. The age at onset can range from early infancy to adulthood. This disorder is characterized by neurological disease, including progressive movement disorder, spasticity, seizures, and cognitive impairment and behavioral changes associated with the development of brain lesions. Minor head trauma can cause rapid neurologic deterioration. The age of death depends on the age of onset, but can range from infancy to adulthood. Several specific variants have been associated with different ages of onset, and therefore the age of onset may be able to be predicted in some patients.

## Test description

This patient was tested for a panel of diseases using a combination of sequencing, targeted genotyping and copy number analysis. Please note that negative results reduce but do not eliminate the possibility that this individual is a carrier for one or more of the disorders tested. Please see Table 1 for a list of genes and diseases tested, and [go.sema4.com/residualrisk](https://go.sema4.com/residualrisk) for specific detection rates and residual risk by ethnicity. With individuals of mixed ethnicity, it is recommended to use the highest residual risk estimate. Only variants determined to be pathogenic or likely pathogenic are reported in this carrier screening test.



Lisa Edlmann Ph.D., FACMG Laboratory Director

Laboratory Medical Consultant: George A. Diaz, M.D., Ph.D.

## Genes and diseases tested

For specific detection rates and residual risk by ethnicity, please visit [go.sema4.com/residualrisk](https://go.sema4.com/residualrisk)

Table 1: List of genes and diseases tested with detailed results

Disease	Gene	Inheritance Pattern	Status	Detailed Summary
<b>⊕ Positive</b>				
Glutaric Acidemia, Type I	<i>GCDH</i>	AR	Carrier	c.533G>A, p.G178E, Likely Pathogenic, Heterozygous (one copy)
Leukoencephalopathy with Vanishing White Matter	<i>EIF2B5</i>	AR	Carrier	c.545C>T, p.T182M, Likely Pathogenic, Heterozygous (one copy)
<b>⊖ Negative</b>				
3-Beta-Hydroxysteroid Dehydrogenase Type II Deficiency	<i>HSD3B2</i>	AR	Reduced Risk	
3-Methylcrotonyl-CoA Carboxylase Deficiency (MCCC1-Related)	<i>MCCC1</i>	AR	Reduced Risk	
3-Methylcrotonyl-CoA Carboxylase Deficiency (MCCC2-Related)	<i>MCCC2</i>	AR	Reduced Risk	
3-Methylglutaconic Aciduria, Type III	<i>OPA3</i>	AR	Reduced Risk	
3-Phosphoglycerate Dehydrogenase Deficiency	<i>PHGDH</i>	AR	Reduced Risk	
6-Pyruvoyl-Tetrahydropterin Synthase Deficiency	<i>PTS</i>	AR	Reduced Risk	
Abetalipoproteinemia	<i>MTTP</i>	AR	Reduced Risk	
Achromatopsia	<i>CNGB3</i>	AR	Reduced Risk	
Acrodermatitis Enteropathica	<i>SLC39A4</i>	AR	Reduced Risk	
Acute Infantile Liver Failure	<i>TRMU</i>	AR	Reduced Risk	
Acyl-CoA Oxidase I Deficiency	<i>ACOX1</i>	AR	Reduced Risk	
Adenosine Deaminase Deficiency	<i>ADA</i>	AR	Reduced Risk	
Adrenoleukodystrophy, X-Linked	<i>ABCD1</i>	XL	Reduced Risk	
Aicardi-Goutieres Syndrome (SAMHD1-Related)	<i>SAMHD1</i>	AR	Reduced Risk	
Alpha-Mannosidosis	<i>MAN2B1</i>	AR	Reduced Risk	
Alpha-Thalassemia	<i>HBA1/HBA2</i>	AR	Reduced Risk	<i>HBA1</i> Copy Number: 2 <i>HBA2</i> Copy Number: 2 No pathogenic copy number variants detected <i>HBA1/HBA2</i> Sequencing: Negative
Alpha-Thalassemia Mental Retardation Syndrome	<i>ATRX</i>	XL	Reduced Risk	
Alport Syndrome (COL4A3-Related)	<i>COL4A3</i>	AR	Reduced Risk	
Alport Syndrome (COL4A4-Related)	<i>COL4A4</i>	AR	Reduced Risk	
Alport Syndrome (COL4A5-Related)	<i>COL4A5</i>	XL	Reduced Risk	



Alstrom Syndrome	ALMS1	AR	Reduced Risk
Andermann Syndrome	SLC12A6	AR	Reduced Risk
Argininosuccinic Aciduria	ASL	AR	Reduced Risk
Aromatase Deficiency	CYP19A1	AR	Reduced Risk
Arthrogryposis, Mental Retardation, and Seizures	SLC35A3	AR	Reduced Risk
Asparagine Synthetase Deficiency	ASNS	AR	Reduced Risk
Aspartylglycosaminuria	AGA	AR	Reduced Risk
Ataxia With Isolated Vitamin E Deficiency	TTPA	AR	Reduced Risk
Ataxia-Telangiectasia	ATM	AR	Reduced Risk
Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay	SACS	AR	Reduced Risk
Bardet-Biedl Syndrome (BBS10-Related)	BBS10	AR	Reduced Risk
Bardet-Biedl Syndrome (BBS12-Related)	BBS12	AR	Reduced Risk
Bardet-Biedl Syndrome (BBS1-Related)	BBS1	AR	Reduced Risk
Bardet-Biedl Syndrome (BBS2-Related)	BBS2	AR	Reduced Risk
Bare Lymphocyte Syndrome, Type II	CIITA	AR	Reduced Risk
Barter Syndrome, Type 4A	BSND	AR	Reduced Risk
Bernard-Soulier Syndrome, Type A1	GP1BA	AR	Reduced Risk
Bernard-Soulier Syndrome, Type C	GP9	AR	Reduced Risk
Beta-Globin-Related Hemoglobinopathies	HBB	AR	Reduced Risk
Beta-Ketothiolase Deficiency	ACAT1	AR	Reduced Risk
Bilateral Frontoparietal Polymicrogyria	GPR56	AR	Reduced Risk
Biotinidase Deficiency	BTD	AR	Reduced Risk
Bloom Syndrome	BLM	AR	Reduced Risk
Canavan Disease	ASPA	AR	Reduced Risk
Carbamoylphosphate Synthetase I Deficiency	CPS1	AR	Reduced Risk
Carnitine Palmitoyltransferase IA Deficiency	CPT1A	AR	Reduced Risk
Carnitine Palmitoyltransferase II Deficiency	CPT2	AR	Reduced Risk
Carpenter Syndrome	RAB23	AR	Reduced Risk
Cartilage-Hair Hypoplasia	RMRP	AR	Reduced Risk
Cerebral Creatine Deficiency Syndrome 1	SLC6A8	XL	Reduced Risk
Cerebral Creatine Deficiency Syndrome 2	GAMT	AR	Reduced Risk
Cerebrotendinous Xanthomatosis	CYP27A1	AR	Reduced Risk
Charcot-Marie-Tooth Disease, Type 4D	NDRG1	AR	Reduced Risk
Charcot-Marie-Tooth Disease, Type 5 / Arts Syndrome	PRPS1	XL	Reduced Risk
Charcot-Marie-Tooth Disease, X-Linked	GJB1	XL	Reduced Risk



Choreoacanthocytosis	VPS13A	AR	Reduced Risk	
Choroideremia	CHM	XL	Reduced Risk	
Chronic Granulomatous Disease (CYBA-Related)	CYBA	AR	Reduced Risk	
Chronic Granulomatous Disease (CYBB-Related)	CYBB	XL	Reduced Risk	
Citrin Deficiency	SLC25A13	AR	Reduced Risk	
Citrullinemia, Type 1	ASS1	AR	Reduced Risk	
Cohen Syndrome	VPS13B	AR	Reduced Risk	
Combined Malonic and Methylmalonic Aciduria	ACSF3	AR	Reduced Risk	
Combined Oxidative Phosphorylation Deficiency 1	GFM1	AR	Reduced Risk	
Combined Oxidative Phosphorylation Deficiency 3	TSFM	AR	Reduced Risk	
Combined Pituitary Hormone Deficiency 2	PROP1	AR	Reduced Risk	
Combined Pituitary Hormone Deficiency 3	LHX3	AR	Reduced Risk	
Combined SAP Deficiency	PSAP	AR	Reduced Risk	
Congenital Adrenal Hyperplasia due to 17-Alpha-Hydroxylase Deficiency	CYP17A1	AR	Reduced Risk	
Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency	CYP21A2	AR	Reduced Risk	CYP21A2 copy number: 2 CYP21A2 sequencing: Negative
Congenital Amegakaryocytic Thrombocytopenia	MPL	AR	Reduced Risk	
Congenital Disorder of Glycosylation, Type Ia	PMM2	AR	Reduced Risk	
Congenital Disorder of Glycosylation, Type Ib	MPI	AR	Reduced Risk	
Congenital Disorder of Glycosylation, Type Ic	ALG6	AR	Reduced Risk	
Congenital Insensitivity to Pain with Anhidrosis	NTRK1	AR	Reduced Risk	
Congenital Myasthenic Syndrome (CHRNE-Related)	CHRNE	AR	Reduced Risk	
Congenital Myasthenic Syndrome (RAPSN-Related)	RAPSN	AR	Reduced Risk	
Congenital Neutropenia (HAX1-Related)	HAX1	AR	Reduced Risk	
Congenital Neutropenia (VPS45-Related)	VPS45	AR	Reduced Risk	
Corneal Dystrophy and Perceptive Deafness	SLC4A11	AR	Reduced Risk	
Corticosterone Methyloxidase Deficiency	CYP11B2	AR	Reduced Risk	
Cystic Fibrosis	CFTR	AR	Reduced Risk	
Cystinosis	CTNS	AR	Reduced Risk	
D-Bifunctional Protein Deficiency	HSD17B4	AR	Reduced Risk	
Deafness, Autosomal Recessive 77	LOXHD1	AR	Reduced Risk	
Duchenne Muscular Dystrophy / Becker Muscular Dystrophy	DMD	XL	Reduced Risk	
Dyskeratosis Congenita (RTEL1-Related)	RTEL1	AR	Reduced Risk	
Dystrophic Epidermolysis Bullosa	COL7A1	AR	Reduced Risk	
Ehlers-Danlos Syndrome, Type VIIC	ADAMTS2	AR	Reduced Risk	



Ellis-van Creveld Syndrome (EVC-Related)	EVC	AR	Reduced Risk	
Emery-Dreifuss Myopathy 1	EMD	XL	Reduced Risk	
Enhanced S-Cone Syndrome	NR2E3	AR	Reduced Risk	
Ethylmalonic Encephalopathy	ETHE1	AR	Reduced Risk	
Fabry Disease	GLA	XL	Reduced Risk	
Factor IX Deficiency	F9	XL	Reduced Risk	
Factor XI Deficiency	F11	AR	Reduced Risk	
Familial Autosomal Recessive Hypercholesterolemia	LDLRAP1	AR	Reduced Risk	
Familial Dysautonomia	IKBKAP	AR	Reduced Risk	
Familial Hypercholesterolemia	LDLR	AR	Reduced Risk	
Familial Hyperinsulinism (ABCC8-Related)	ABCC8	AR	Reduced Risk	
Familial Hyperinsulinism (KCNJ11-Related)	KCNJ11	AR	Reduced Risk	
Familial Mediterranean Fever	MEFV	AR	Reduced Risk	
Fanconi Anemia, Group A	FANCA	AR	Reduced Risk	
Fanconi Anemia, Group C	FANCC	AR	Reduced Risk	
Fanconi Anemia, Group G	FANCG	AR	Reduced Risk	
Fragile X Syndrome	FMR1	XL	Reduced Risk	FMR1 CGG repeat sizes: Not Performed FMR1 Sequencing: Negative Fragile X CGG triplet repeat expansion testing was not performed at this time, as the patient has either been previously tested or is a male.
Fumarase Deficiency	FH	AR	Reduced Risk	
GRACILE Syndrome and Other BCS1L-Related Disorders	BCS1L	AR	Reduced Risk	
Galactokinase Deficiency	GALK1	AR	Reduced Risk	
Galactosemia	GALT	AR	Reduced Risk	
Gaucher Disease	GBA	AR	Reduced Risk	
Gitelman Syndrome	SLC12A3	AR	Reduced Risk	
Glutaric Acidemia, Type Ia	ETFA	AR	Reduced Risk	
Glutaric Acidemia, Type Ic	ETFDH	AR	Reduced Risk	
Glycine Encephalopathy (AMT-Related)	AMT	AR	Reduced Risk	
Glycine Encephalopathy (GLDC-Related)	GLDC	AR	Reduced Risk	
Glycogen Storage Disease, Type II	GAA	AR	Reduced Risk	
Glycogen Storage Disease, Type III	AGL	AR	Reduced Risk	
Glycogen Storage Disease, Type IV / Adult Polyglucosan Body Disease	GBE1	AR	Reduced Risk	
Glycogen Storage Disease, Type Ia	G6PC	AR	Reduced Risk	
Glycogen Storage Disease, Type Ib	SLC37A4	AR	Reduced Risk	
Glycogen Storage Disease, Type V	PYGM	AR	Reduced Risk	



Glycogen Storage Disease, Type VII	<i>PFKM</i>	AR	Reduced Risk
HMG-CoA Lyase Deficiency	<i>HMGCL</i>	AR	Reduced Risk
Hemochromatosis, Type 2A	<i>HFE2</i>	AR	Reduced Risk
Hemochromatosis, Type 3	<i>TFR2</i>	AR	Reduced Risk
Hereditary Fructose Intolerance	<i>ALDOB</i>	AR	Reduced Risk
Hereditary Spastic Paraparesis 49	<i>TECPR2</i>	AR	Reduced Risk
Hermansky-Pudlak Syndrome, Type 1	<i>HPS1</i>	AR	Reduced Risk
Hermansky-Pudlak Syndrome, Type 3	<i>HPS3</i>	AR	Reduced Risk
Holocarboxylase Synthetase Deficiency	<i>HLCS</i>	AR	Reduced Risk
Homocystinuria (CBS-Related)	<i>CBS</i>	AR	Reduced Risk
Homocystinuria due to <i>MTHFR</i> Deficiency	<i>MTHFR</i>	AR	Reduced Risk
Homocystinuria, cbIE Type	<i>MTRR</i>	AR	Reduced Risk
Hydroletharus Syndrome	<i>HYLS1</i>	AR	Reduced Risk
Hyperornithinemia-Hyperammonemia-Homocitrullinuria Syndrome	<i>SLC25A15</i>	AR	Reduced Risk
Hypohidrotic Ectodermal Dysplasia 1	<i>EDA</i>	XL	Reduced Risk
Hypophosphatasia	<i>ALPL</i>	AR	Reduced Risk
Inclusion Body Myopathy 2	<i>GNE</i>	AR	Reduced Risk
Infantile Cerebral and Cerebellar Atrophy	<i>MED17</i>	AR	Reduced Risk
Isovaleric Acidemia	<i>IVD</i>	AR	Reduced Risk
Joubert Syndrome 2	<i>TMEM216</i>	AR	Reduced Risk
Joubert Syndrome 7 / Meckel Syndrome 5 / COACH Syndrome	<i>RPGRIP1L</i>	AR	Reduced Risk
Junctional Epidermolysis Bullosa ( <i>LAMA3</i> -Related)	<i>LAMA3</i>	AR	Reduced Risk
Junctional Epidermolysis Bullosa ( <i>LAMB3</i> -Related)	<i>LAMB3</i>	AR	Reduced Risk
Junctional Epidermolysis Bullosa ( <i>LAMC2</i> -Related)	<i>LAMC2</i>	AR	Reduced Risk
Krabbe Disease	<i>GALC</i>	AR	Reduced Risk
Lamellar Ichthyosis, Type 1	<i>TGM1</i>	AR	Reduced Risk
Leber Congenital Amaurosis 10 and Other CEP290-Related Ciliopathies	<i>CEP290</i>	AR	Reduced Risk
Leber Congenital Amaurosis 13	<i>RDH12</i>	AR	Reduced Risk
Leber Congenital Amaurosis 2 / Retinitis Pigmentosa 20	<i>RPE65</i>	AR	Reduced Risk
Leber Congenital Amaurosis 5	<i>LCA5</i>	AR	Reduced Risk
Leber Congenital Amaurosis 8 / Retinitis Pigmentosa 12 / Pigmented Paravenous Chorioretinal Atrophy	<i>CRB1</i>	AR	Reduced Risk
Leigh Syndrome, French-Canadian Type	<i>LRPPRC</i>	AR	Reduced Risk
Lethal Congenital Contracture Syndrome 1 / Lethal Arthrogryposis with Anterior Horn Cell Disease	<i>GLE1</i>	AR	Reduced Risk





Limb-Girdle Muscular Dystrophy, Type 2A	<i>CAPN3</i>	AR	Reduced Risk
Limb-Girdle Muscular Dystrophy, Type 2B	<i>DYSF</i>	AR	Reduced Risk
Limb-Girdle Muscular Dystrophy, Type 2C	<i>SGCG</i>	AR	Reduced Risk
Limb-Girdle Muscular Dystrophy, Type 2D	<i>SGCA</i>	AR	Reduced Risk
Limb-Girdle Muscular Dystrophy, Type 2E	<i>SGCB</i>	AR	Reduced Risk
Limb-Girdle Muscular Dystrophy, Type 2I	<i>FKRP</i>	AR	Reduced Risk
Lipoamide Dehydrogenase Deficiency	<i>DLD</i>	AR	Reduced Risk
Lipoid Adrenal Hyperplasia	<i>STAR</i>	AR	Reduced Risk
Lipoprotein Lipase Deficiency	<i>LPL</i>	AR	Reduced Risk
Long-Chain 3-Hydroxyacyl-CoA Dehydrogenase Deficiency	<i>HADHA</i>	AR	Reduced Risk
Lysinuric Protein Intolerance	<i>SLC7A7</i>	AR	Reduced Risk
Maple Syrup Urine Disease, Type 1a	<i>BCKDHA</i>	AR	Reduced Risk
Maple Syrup Urine Disease, Type 1b	<i>BCKDHB</i>	AR	Reduced Risk
Meckel 1 / Bardet-Biedl Syndrome 13	<i>MKS1</i>	AR	Reduced Risk
Medium Chain Acyl-CoA Dehydrogenase Deficiency	<i>ACADM</i>	AR	Reduced Risk
Megalencephalic Leukoencephalopathy with Subcortical Cysts	<i>MLC1</i>	AR	Reduced Risk
Menkes Disease	<i>ATP7A</i>	XL	Reduced Risk
Metachromatic Leukodystrophy	<i>ARSA</i>	AR	Reduced Risk
Methylmalonic Acidemia (MMAA-Related)	<i>MMAA</i>	AR	Reduced Risk
Methylmalonic Acidemia (MMAB-Related)	<i>MMAB</i>	AR	Reduced Risk
Methylmalonic Acidemia (MUT-Related)	<i>MUT</i>	AR	Reduced Risk
Methylmalonic Aciduria and Homocystinuria, Cobalamin C Type	<i>MMACHC</i>	AR	Reduced Risk
Methylmalonic Aciduria and Homocystinuria, Cobalamin D Type	<i>MMADHC</i>	AR	Reduced Risk
Microphthalmia / Anophthalmia	<i>VSX2</i>	AR	Reduced Risk
Mitochondrial Complex I Deficiency (ACAD9-Related)	<i>ACAD9</i>	AR	Reduced Risk
Mitochondrial Complex I Deficiency (NDUFA5-Related)	<i>NDUFA5</i>	AR	Reduced Risk
Mitochondrial Complex I Deficiency (NDUFS6-Related)	<i>NDUFS6</i>	AR	Reduced Risk
Mitochondrial DNA Depletion Syndrome 6 / Navajo Neurohepatopathy	<i>MPV17</i>	AR	Reduced Risk
Mitochondrial Myopathy and Sideroblastic Anemia 1	<i>PUS1</i>	AR	Reduced Risk
Mucopolidosis II / IIIA	<i>GNPTAB</i>	AR	Reduced Risk
Mucopolidosis III Gamma	<i>GNPTG</i>	AR	Reduced Risk
Mucopolidosis IV	<i>MCOLN1</i>	AR	Reduced Risk
Mucopolysaccharidosis Type I	<i>IDUA</i>	AR	Reduced Risk



Mucopolysaccharidosis Type II	<i>IDS</i>	XL	Reduced Risk
Mucopolysaccharidosis Type IIIA	<i>SGSH</i>	AR	Reduced Risk
Mucopolysaccharidosis Type IIIB	<i>NAGLU</i>	AR	Reduced Risk
Mucopolysaccharidosis Type IIIC	<i>HGSNAT</i>	AR	Reduced Risk
Mucopolysaccharidosis Type IIID	<i>GNS</i>	AR	Reduced Risk
Mucopolysaccharidosis Type IVb / GM1 Gangliosidosis	<i>GLB1</i>	AR	Reduced Risk
Mucopolysaccharidosis type IX	<i>HYAL1</i>	AR	Reduced Risk
Mucopolysaccharidosis type VI	<i>ARSB</i>	AR	Reduced Risk
Multiple Sulfatase Deficiency	<i>SUMF1</i>	AR	Reduced Risk
Muscle-Eye-Brain Disease and Other <i>POMGNT1</i> -Related Congenital Muscular Dystrophy-Dystroglycanopathies	<i>POMGNT1</i>	AR	Reduced Risk
Myoneurogastrointestinal Encephalopathy	<i>TYMP</i>	AR	Reduced Risk
Myotubular Myopathy 1	<i>MTM1</i>	XL	Reduced Risk
N-Acetylglutamate Synthase Deficiency	<i>NAGS</i>	AR	Reduced Risk
Nemaline Myopathy 2	<i>NEB</i>	AR	Reduced Risk
Nephrogenic Diabetes Insipidus, Type II	<i>AQP2</i>	AR	Reduced Risk
Nephrotic Syndrome ( <i>NPHS1</i> -Related) / Congenital Finnish Nephrosis	<i>NPHS1</i>	AR	Reduced Risk
Nephrotic Syndrome ( <i>NPHS2</i> -Related) / Steroid-Resistant Nephrotic Syndrome	<i>NPHS2</i>	AR	Reduced Risk
Neuronal Ceroid-Lipofuscinosis ( <i>CLN3</i> -Related)	<i>CLN3</i>	AR	Reduced Risk
Neuronal Ceroid-Lipofuscinosis ( <i>CLN5</i> -Related)	<i>CLN5</i>	AR	Reduced Risk
Neuronal Ceroid-Lipofuscinosis ( <i>CLN6</i> -Related)	<i>CLN6</i>	AR	Reduced Risk
Neuronal Ceroid-Lipofuscinosis ( <i>CLN8</i> -Related)	<i>CLN8</i>	AR	Reduced Risk
Neuronal Ceroid-Lipofuscinosis ( <i>MFSD8</i> -Related)	<i>MFSD8</i>	AR	Reduced Risk
Neuronal Ceroid-Lipofuscinosis ( <i>PPT1</i> -Related)	<i>PPT1</i>	AR	Reduced Risk
Neuronal Ceroid-Lipofuscinosis ( <i>TPP1</i> -Related)	<i>TPP1</i>	AR	Reduced Risk
Niemann-Pick Disease ( <i>SMPD1</i> -Related)	<i>SMPD1</i>	AR	Reduced Risk
Niemann-Pick Disease, Type C ( <i>NPC1</i> -Related)	<i>NPC1</i>	AR	Reduced Risk
Niemann-Pick Disease, Type C ( <i>NPC2</i> -Related)	<i>NPC2</i>	AR	Reduced Risk
Nijmegen Breakage Syndrome	<i>NBN</i>	AR	Reduced Risk
Non-Syndromic Hearing Loss ( <i>GJB2</i> -Related)	<i>GJB2</i>	AR	Reduced Risk
Odonto-Onycho-Dermal Dysplasia / Schopf-Schulz-Passarge Syndrome	<i>WNT10A</i>	AR	Reduced Risk
Omenn Syndrome ( <i>RAG2</i> -Related)	<i>RAG2</i>	AR	Reduced Risk
Omenn Syndrome / Severe Combined Immunodeficiency, Athabaskan-Type	<i>DCLRE1C</i>	AR	Reduced Risk
Ornithine Aminotransferase Deficiency	<i>OAT</i>	AR	Reduced Risk



Ornithine Transcarbonylase Deficiency	OTC	XL	Reduced Risk
Osteopetrosis 1	TCIRG1	AR	Reduced Risk
Pendred Syndrome	SLC26A4	AR	Reduced Risk
Phenylalanine Hydroxylase Deficiency	PAH	AR	Reduced Risk
Polycystic Kidney Disease, Autosomal Recessive	PKHD1	AR	Reduced Risk
Polyglandular Autoimmune Syndrome, Type 1	AIRE	AR	Reduced Risk
Pontocerebellar Hypoplasia, Type 1A	VRK1	AR	Reduced Risk
Pontocerebellar Hypoplasia, Type 6	RARS2	AR	Reduced Risk
Primary Carnitine Deficiency	SLC22A5	AR	Reduced Risk
Primary Ciliary Dyskinesia (DNAH5-Related)	DNAH5	AR	Reduced Risk
Primary Ciliary Dyskinesia (DNAI1-Related)	DNAI1	AR	Reduced Risk
Primary Ciliary Dyskinesia (DNAI2-Related)	DNAI2	AR	Reduced Risk
Primary Hyperoxaluria, Type 1	AGXT	AR	Reduced Risk
Primary Hyperoxaluria, Type 2	GRHPR	AR	Reduced Risk
Primary Hyperoxaluria, Type 3	HOGA1	AR	Reduced Risk
Progressive Cerebello-Cerebral Atrophy	SEPSECS	AR	Reduced Risk
Progressive Familial Intrahepatic Cholestasis, Type 2	ABCB11	AR	Reduced Risk
Propionic Acidemia (PCCA-Related)	PCCA	AR	Reduced Risk
Propionic Acidemia (PCCB-Related)	PCCB	AR	Reduced Risk
Pycnodysostosis	CTSK	AR	Reduced Risk
Pyruvate Dehydrogenase E1-Alpha Deficiency	PDHA1	XL	Reduced Risk
Pyruvate Dehydrogenase E1-Beta Deficiency	PDHB	AR	Reduced Risk
Renal Tubular Acidosis and Deafness	ATP6V1B1	AR	Reduced Risk
Retinitis Pigmentosa 25	EYS	AR	Reduced Risk
Retinitis Pigmentosa 26	CERKL	AR	Reduced Risk
Retinitis Pigmentosa 28	FAM161A	AR	Reduced Risk
Retinitis Pigmentosa 59	DHDDS	AR	Reduced Risk
Rhizomelic Chondrodysplasia Punctata, Type 1	PEX7	AR	Reduced Risk
Rhizomelic Chondrodysplasia Punctata, Type 3	AGPS	AR	Reduced Risk
Roberts Syndrome	ESCO2	AR	Reduced Risk
Salla Disease	SLC17A5	AR	Reduced Risk
Sandhoff Disease	HEXB	AR	Reduced Risk
Schimke Immunoosseous Dysplasia	SMARCAL1	AR	Reduced Risk
Segawa Syndrome	TH	AR	Reduced Risk
Sjogren-Larsson Syndrome	ALDH3A2	AR	Reduced Risk
Smith-Lemli-Opitz Syndrome	DHCR7	AR	Reduced Risk



Spinal Muscular Atrophy	SMN1	AR	Reduced Risk	SMN1 copy number: 2 SMN2 copy number: 2 c.3+80T>G: Negative
Spondylothoracic Dysostosis	MESP2	AR	Reduced Risk	
Steel Syndrome	COL27A1	AR	Reduced Risk	
Stuve-Wiedemann Syndrome	LIFR	AR	Reduced Risk	
Sulfate Transporter-Related Osteochondrodysplasia	SLC26A2	AR	Reduced Risk	
Tay-Sachs Disease	HEXA	AR	Reduced Risk	
Tyrosinemia, Type I	FAH	AR	Reduced Risk	
Usher Syndrome, Type IB	MYO7A	AR	Reduced Risk	
Usher Syndrome, Type IC	USH1C	AR	Reduced Risk	
Usher Syndrome, Type ID	CDH23	AR	Reduced Risk	
Usher Syndrome, Type IF	PCDH15	AR	Reduced Risk	
Usher Syndrome, Type IIA	USH2A	AR	Reduced Risk	
Usher Syndrome, Type III	CLRN1	AR	Reduced Risk	
Very Long Chain Acyl-CoA Dehydrogenase Deficiency	ACADVL	AR	Reduced Risk	
Walker-Warburg Syndrome and Other FKTN-Related Dystrophies	FKTN	AR	Reduced Risk	
Wilson Disease	ATP7B	AR	Reduced Risk	
Wolman Disease / Cholesteryl Ester Storage Disease	LIPA	AR	Reduced Risk	
X-Linked Juvenile Retinoschisis	RS1	XL	Reduced Risk	
X-Linked Severe Combined Immunodeficiency	IL2RG	XL	Reduced Risk	
Zellweger Syndrome Spectrum (PEX10-Related)	PEX10	AR	Reduced Risk	
Zellweger Syndrome Spectrum (PEX1-Related)	PEX1	AR	Reduced Risk	
Zellweger Syndrome Spectrum (PEX2-Related)	PEX2	AR	Reduced Risk	
Zellweger Syndrome Spectrum (PEX6-Related)	PEX6	AR	Reduced Risk	

AR=Autosomal recessive; XL=X-linked

## Test methods and comments

Genomic DNA isolated from this patient was analyzed by one or more of the following methodologies, as applicable:

### Fragile X CGG Repeat Analysis (Analytical Detection Rate >99%)

PCR amplification using Asuragen, Inc. AmplideX® *FMR1* PCR reagents followed by capillary electrophoresis for allele sizing was performed. Samples positive for *FMR1* CGG repeats in the premutation and full mutation size range were further analyzed by Southern blot analysis to assess the size and methylation status of the *FMR1* CGG repeat.

### Genotyping (Analytical Detection Rate >99%)

Multiplex PCR amplification and allele specific primer extension analyses using the MassARRAY® System were used to identify variants that are complex in nature or are present in low copy repeats. Rare sequence variants may interfere with assay performance.

### Multiplex Ligation-Dependent Probe Amplification (MLPA) (Analytical Detection Rate >99%)

MLPA® probe sets and reagents from MRC-Holland were used for copy number analysis of specific targets versus known control samples. False positive or negative results may occur due to rare sequence variants in target regions detected by MLPA probes. Analytical sensitivity

and specificity of the MLPA method are both 99%.

For alpha thalassemia, the copy numbers of the *HBA1* and *HBA2* genes were analyzed. Alpha-globin gene deletions, triplications, and the Constant Spring (CS) mutation are assessed. This test is expected to detect approximately 90% of all alpha-thalassemia mutations, varying by ethnicity. Carriers of alpha-thalassemia with three or more *HBA* copies on one chromosome, and one or no copies on the other chromosome, may not be detected. With the exception of triplications, other benign alpha-globin gene polymorphisms will not be reported. Analyses of *HBA1* and *HBA2* are performed in association with long-range PCR of the coding regions followed by short-read sequencing.

For Duchenne muscular dystrophy, the copy numbers of all *DMD* exons were analyzed. Potentially pathogenic single exon deletions and duplications are confirmed by a second method. Analysis of *DMD* is performed in association with sequencing of the coding regions.

For congenital adrenal hyperplasia, the copy number of the *CYP21A2* gene was analyzed. This analysis can detect large deletions due to unequal meiotic crossing-over between *CYP21A2* and the pseudogene *CYP21A1P*. These 30-kb deletions make up approximately 20% of *CYP21A2* pathogenic alleles. This test may also identify certain point mutations in *CYP21A2* caused by gene conversion events between *CYP21A2* and *CYP21A1P*. Some carriers may not be identified by dosage sensitive methods as this testing cannot detect individuals with two copies (duplication) of the *CYP21A2* gene on one chromosome and loss of *CYP21A2* (deletion) on the other chromosome. Analysis of *CYP21A2* is performed in association with long-range PCR of the coding regions followed by short-read sequencing.

For spinal muscular atrophy (SMA), the copy numbers of the *SMN1* and *SMN2* genes were analyzed. The individual dosage of exons 7 and 8 as well as the combined dosage of exons 1, 4, 6 and 8 of *SMN1* and *SMN2* were assessed. Copy number gains and losses can be detected with this assay. Depending on ethnicity, 6 - 29 % of carriers will not be identified by dosage sensitive methods as this testing cannot detect individuals with two copies (duplication) of the *SMN1* gene on one chromosome and loss of *SMN1* (deletion) on the other chromosome (silent 2+0 carrier) or individuals that carry an intragenic mutation in *SMN1*. Please also note that 2% of individuals with SMA have an *SMN1* mutation that occurred *de novo*. Typically in these cases, only one parent is an SMA carrier.

The presence of the c.\*3+80T>G (chr5:70,247,901T>G) variant allele in an individual with Ashkenazi Jewish or Asian ancestry is typically indicative of a duplication of *SMN1*. When present in an Ashkenazi Jewish or Asian individual with two copies of *SMN1*, c.\*3+80T>G is likely indicative of a silent (2+0) carrier. In individuals with two copies of *SMN1* with African American, Hispanic or Caucasian ancestry, the presence or absence of c.\*3+80T>G significantly increases or decreases, respectively, the likelihood of being a silent 2+0 carrier.

Pathogenic or likely pathogenic sequence variants in exon 7 may be detected during testing for the c.\*3+80T>G variant allele; these will be reported if confirmed to be located in *SMN1* using locus-specific Sanger primers

Pathogenic or likely pathogenic sequence variants in exon 7 may be detected during testing for the c.\*3+80T>G variant allele; these will be reported if confirmed to be located in *SMN1* using locus-specific Sanger primers.

MLPA for Gaucher disease (*GBA*), cystic fibrosis (*CFTR*), and non-syndromic hearing loss (*GJB2/GJB6*) will only be performed if indicated for confirmation of detected CNVs. If *GBA* analysis was performed, the copy numbers of exons 1, 3, 4, and 6 - 10 of the *GBA* gene (of 11 exons total) were analyzed. If *CFTR* analysis was performed, the copy numbers of all 27 *CFTR* exons were analyzed. If *GJB2/GJB6* analysis was performed, the copy number of the two *GJB2* exons were analyzed, as well as the presence or absence of the two upstream deletions of the *GJB2* regulatory region, del(*GJB6*-D13S1830) and del(*GJB6*-D13S1854).

#### Next Generation Sequencing (NGS) (Analytical Detection Rate >95%)

NGS was performed on a panel of genes for the purpose of identifying pathogenic or likely pathogenic variants.

Agilent SureSelect™QXT technology was used with a custom capture library to target the exonic regions and intron/exon splice junctions of the relevant genes, as well as a number of UTR, intronic or promoter regions that contain previously reported mutations. Samples were pooled and sequenced on the Illumina HiSeq 2500 platform in the Rapid Run mode or the Illumina NovaSeq platform in the Xp workflow, using 100 bp paired-end reads. The sequencing data was analyzed using a custom bioinformatics algorithm designed and validated in house.

The coding exons and splice junctions of the known protein-coding RefSeq genes were assessed for the average depth of coverage (minimum of 20X) and data quality threshold values. Most exons not meeting a minimum of >20X read depth across the exon are further analyzed by Sanger sequencing. Please note that several genomic regions present difficulties in mapping or obtaining read depth >20X. The exons contained within these regions are noted within Table 1 (as "Exceptions") and will not be reflexed to Sanger sequencing if the mapping quality or coverage is poor. Any variants identified during testing in these regions are confirmed by a second method and reported if determined to be pathogenic or likely pathogenic. However, as there is a possibility of false negative results within these regions, detection rates and residual risks for these genes have been calculated with the presumption that variants in these exons will not be detected, unless included in the MassARRAY® genotyping platform.

This test will detect variants within the exons and the intron-exon boundaries of the target regions. Variants outside these regions may not be detected, including, but not limited to, UTRs, promoters, and deep intronic areas, or regions that fall into the Exceptions mentioned above. This technology may not detect all small insertion/deletions and is not diagnostic for repeat expansions and structural genomic variation. In addition, a mutation(s) in a gene not included on the panel could be present in this patient.



Variant interpretation and classification was performed based on the American College of Medical Genetics Standards and Guidelines for the Interpretation of Sequence Variants (Richards et al, 2015). All potentially pathogenic variants may be confirmed by either a specific genotyping assay or Sanger sequencing, if indicated. Any benign variants, likely benign variants or variants of uncertain significance identified during this analysis will not be reported.

**Copy Number Variant Analysis (Analytical Detection Rate >95%)**

Large duplications and deletions were called from the relative read depths on an exon-by-exon basis using a custom exome hidden Markov model (XHMM) algorithm. Deletions or duplications determined to be pathogenic or likely pathogenic were confirmed by either a custom arrayCGH platform, quantitative PCR, or MLPA (depending on CNV size and gene content). While this algorithm is designed to pick up deletions and duplications of 2 or more exons in length, potentially pathogenic single-exon CNVs will be confirmed and reported, if detected.

**Exon Array (Confirmation method) (Accuracy >99%)**

The customized oligonucleotide microarray (Oxford Gene Technology) is a highly-targeted exon-focused array capable of detecting medically relevant microdeletions and microduplications at a much higher resolution than traditional aCGH methods. Each array matrix has approximately 180,000 60-mer oligonucleotide probes that cover the entire genome. This platform is designed based on human genome NCBI Build 37 (hg19) and the CGH probes are enriched to target the exonic regions of the genes in this panel.

**Quantitative PCR (Confirmation method) (Accuracy >99%)**

The relative quantification PCR is utilized on a Roche Universal Library Probe (UPL) system, which relates the PCR signal of the target region in one group to another. To test for genomic imbalances, both sample DNA and reference DNA is amplified with primer/probe sets that specific to the target region and a control region with known genomic copy number. Relative genomic copy numbers are calculated based on the standard  $\Delta\Delta Ct$  formula.

**Long-Range PCR (Analytical Detection Rate >99%)**

Long-range PCR was performed to generate locus-specific amplicons for *CYP21A2*, *HBA1* and *HBA2* and *GBA*. The PCR products were then prepared for short-read NGS sequencing and sequenced. Sequenced reads were mapped back to the original genomic locus and run through the bioinformatics pipeline. If indicated, copy number from MLPA was correlated with the sequencing output to analyze the results. For *CYP21A2*, a certain percentage of healthy individuals carry a duplication of the *CYP21A2* gene, which has no clinical consequences. In cases where two copies of a gene are located on the same chromosome in tandem, only the second copy will be amplified and assessed for potentially pathogenic variants, due to size limitations of the PCR reaction. However, because these alleles contain at least two copies of the *CYP21A2* gene in tandem, it is expected that this patient has at least one functional gene in the tandem allele and this patient is therefore less likely to be a carrier. When an individual carries both a duplication allele and a pathogenic variant, or multiple pathogenic variants, the current analysis may not be able to determine the phase (cis/trans configuration) of the *CYP21A2* alleles identified. Family studies may be required in certain scenarios where phasing is required to determine the carrier status.

**Residual Risk Calculations**

Carrier frequencies and detection rates for each ethnicity were calculated through the combination of internal curations of >28,000 variants and genomic frequency data from >138,000 individuals across seven ethnic groups in the gnomAD database. Additional variants in HGMD and novel deleterious variants were also incorporated into the calculation. Residual risk values are calculated using a Bayesian analysis combining the *a priori* risk of being a pathogenic mutation carrier (carrier frequency) and the detection rate. They are provided only as a guide for assessing approximate risk given a negative result, and values will vary based on the exact ethnic background of an individual. This report does not represent medical advice but should be interpreted by a genetic counselor, medical geneticist or physician skilled in genetic result interpretation and the relevant medical literature.

**Sanger Sequencing (Confirmation method) (Accuracy >99%)**

Sanger sequencing, as indicated, was performed using BigDye Terminator chemistry with the ABI 3730 DNA analyzer with target specific amplicons. It also may be used to supplement specific guaranteed target regions that fail NGS sequencing due to poor quality or low depth of coverage (<20 reads) or as a confirmatory method for NGS positive results. False negative results may occur if rare variants interfere with amplification or annealing.

Please note these tests were developed and their performance characteristics were determined by Mount Sinai Genomics, Inc. They have not been cleared or approved by the FDA. These analyses generally provide highly accurate information regarding the patient's carrier or affected status. Despite this high level of accuracy, it should be kept in mind that there are many potential sources of diagnostic error, including misidentification of samples, polymorphisms, or other rare genetic variants that interfere with analysis. Families should understand that rare diagnostic errors may occur for these reasons.

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Additional disease-specific references available upon request.