Fairfax Cryobank
The Trusted Choice for Donor Sperm

Donor 4710

Genetic Testing Summary

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

Last Updated: 07/31/19

Donor Reported Ancestry: Norwegian, Mexican, Scottish, French, Native American, Irish 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 99 mutations in the CFTR gene	1/300
Spinal Muscular Atrophy (SMA) carrier screening	Negative for deletions of exon 7 in the SMN1 gene	1/610
Hb Beta Chain-Related Hemoglobinopathy (including Beta Thalassemia and Sickle Cell Disease)	Negative for 28 mutations tested by genotyping in the HBB gene	1/290
Tay Sachs enzyme analysis	Non-carrier by Hexosaminidase A activity	
Special Testing		
Niemann-Pick Disease Type C1	Negative by gene sequencing in the NPC1 gene	1/1923
Niemann-Pick Disease Type C2	Negative by gene sequencing in the NPC2 gene	1/200,000

Wilson Disease	Negative by gene sequencing in the ATP7B gene	1/3125
Polyglandular Autoimmune Syndrome Type 1	Negative by gene sequencing in the AIRE gene	1/4000
Limb-Girdle Muscular Dystrophy Type 2B	Negative by gene sequencing in the DYSF gene	1/700

*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.

Counsyl

Results Rec[illegible]t
Fairfax Cryobank - [redacted]
[redacted]
Report Date: 08/20/2013

Male
Name: DONOR 4710
DOB: [redacted]
Ethnicity: Mixed or Other Caucasian
Sample Type: EDTA Blood
Date of Collection: 08/15/2013
Date Received: 08/19/2013
Barcode: [redacted]
Indication: Egg or Sperm Donor

Female
Not tested

Counsyl Test Results Summary (Egg or Sperm Donor)

The Counsyl test (**Fairfax Cryobank Fundamental Panel**) uses targeted genotyping and copy number analysis as described in the methods section on page 2 to determine carrier status associated with **3 diseases**. Please refer to page 3 for a complete list of diseases and genes included in this panel.

DONOR 4710

DONOR 4710's DNA test shows that he is not a carrier of any disease-causing mutation tested.

Partner

The reproductive risk presented is based on a hypothetical pairing with a partner of the same ethnic group.

Reproductive Risk Summary

No increased reproductive risks to highlight. Please refer to the following pages for detailed information about the results.

Clinical Notes

- If necessary, patients can discuss residual risks with their physician or a genetic counselor. To schedule a complimentary appointment to speak with a genetic counselor about these results, please visit counsyl.com/counseling/.

ENTERED 9/10/13 JCV

Methods and Limitations

DONOR 4710: targeted genotyping and copy number analysis.

Targeted genotyping: Targeted DNA mutation analysis is used to simultaneously determine the genotype of 127 variants associated with 2 diseases. The test is not validated for detection of homozygous mutations, and although rare, asymptomatic individuals affected by the disease may not be genotyped accurately.

Copy number analysis: 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. In addition, a small percentage of SMA cases are caused by nondeletion mutations in the SMN1 gene. Thus, a test result of two SMN1 copies significantly reduces the risk of being a carrier; however, there is still a residual risk of being a carrier and subsequently a small risk of future affected offspring for individuals with two or more SMN1 gene copies. Some SMA cases arise as the result of de novo mutation events which will not be detected by carrier testing.

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. The Counsyl test does not fully address all inherited forms of intellectual disability, birth defects and genetic disease. A family history of any of these conditions may warrant additional evaluation. Furthermore, not all mutations will be identified in the genes analyzed and additional testing may be beneficial for some patients. For example, individuals of African, Southeast Asian, and Mediterranean ancestry are at increased risk for being carriers for hemoglobinopathies, which can be identified by CBC and hemoglobin electrophoresis or HPLC (*ACOG Practice Bulletin No. 78. Obstet. Gynecol. 2007;109:229-37*).

This test was developed and its performance characteristics determined by Counsyl, Inc. It has not been cleared or approved by the US Food and Drug Administration (FDA). The FDA does not require this test to go through premarket review. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity clinical testing. These results are adjunctive to the ordering physician's workup. CLIA Number: **#05D1102604.**

Lab Directors:

Hyunseok Kang

H. Peter Kang, MD, MS, FCAP

Jelena Brezo

Jelena Brezo, PhD, FACMG

Counsyl

Male

Name: DONOR 4710
DOB: [redacted]

Fema

Not tested

Diseases Tested

Cystic Fibrosis - Gene: CFTR. **Variants (99):** G85E, R117H, R334W, R347P, A455E, G542X, G551D, R553X, R560T, R1162X, W1282X, N1303K, F508del, I507del, 2184delA, 3659delC, 621+1G>T, 711+1G>T, 1717-1G>A, 1898+1G>A, 2789+5G>A, 3120+1G>A, 3849+10kbC>T, E60X, R75X, E92X, Y122X, G178R, R347H, Q493X, V520F, S549N, P574H, M1101K, D1152H, 2143delT, 394delTT, 444delA, 1078delT, 3876delA, 3905insT, 1812-1G>A, 3272-26A>G, 2183AA>G, S549R(A>C), R117C, L206W, G330X, T338I, R352Q, S364P, G480C, C524X, S549R(T>G), Q552X, A559T, G622D, R709X, K710X, R764X, Q890X, R1066C, W1089X, Y1092X, R1158X, S1196X, W1204X(c.3611G>A), Q1238X, S1251N, S1255X, 3199del6, 574delA, 663delT, 935delA, 936delTA, 1677delTA, 1949del84, 2043delG, 2055del9>A, 2108delA, 3171delC, 3667del4, 3791delC, 1288insTA, 2184insA, 2307insA, 2869insG, 296+12T>C, 405+1G>A, 405+3A>C, 406-1G>A, 711+5G>A, 712-1G>T, 1898+1G>T, 1898+5G>T, 3120G>A, 457TAT>G, 3849+4A>G, Q359K/T360K. **Detection rate:** Mixed or Other Caucasian 91%.

Hb Beta Chain-Related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease) - Gene: HBB. **Variants (28):** Hb S, K17X, Q39X, Phe41fs, Ser9fs, IVS-II-654, IVS-II-745, IVS-II-850, IVS-I-6, IVS-I-110, IVS-I-5, IVS-I-1(G>A), -88C>T, -28A>G, -29A>G, Lys8fs, Phe71fs, IVS-II-849(A>C), IVS-II-849(A>G), Gly24 T>A, -87C>G, Hb C, W15X, Gly16fs, Glu6fs, Hb E, Hb D-Punjab, Hb O-Arab. **Detection rate:** Mixed or Other Caucasian 83%.

Spinal Muscular Atrophy (copy number analysis only) - Gene: SMN1. **Variant (1):** SMN1 copy number. **Detection rate:** Mixed or Other Caucasian 95%.

Counsyl

Male

Name: DONOR 4710
DOB: [redacted]

Fema

Not tested

Risk Calculations

Below are the risk calculations for all diseases 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.

Disease	DONOR 4710 Residual Risk	Reproductive Risk
Cystic Fibrosis	1 in 300	1 in 33,000
Hb Beta Chain-Related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease)	1 in 290	1 in 58,000
Spinal Muscular Atrophy	SMN1: 2 copies 1 in 610	1 in 84,000

Recombine

CarrierMap™

Ordering Practice:

Practice Code: [redacted]
Fairfax Cryobank
[redacted]
Physician: [redacted]
Report Generated: 2017-12-08

Donor 4710

DOB: [redacted]
Gender: Male
Ethnicity:
Procedure ID: 107698
Kit Barcode: [redacted]
Specimen: Sperm, #109380
Specimen Collection: 2014-09-11
Specimen Received: 2017-11-08
Specimen Analyzed: 2017-12-06

TEST INFORMATION

Test: CarrierMap^{SEQ} (Genotyping & Sequencing)
Panel: Custom Panel
Diseases Tested: 3
Genes Tested: 3
Genes Sequenced: 3

Partner Not Tested

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

Donor 4710 was not identified to carry any pathogenic mutations in the gene(s) tested.

No pathogenic mutations were identified in the genes tested, reducing but not eliminating the chance to be a carrier for the associated genetic diseases. CarrierMap assesses carrier status for genetic disease via molecular methods including targeted mutation analysis and/ or next-generation sequencing; other methodologies such as CBC and hemoglobin electrophoresis for hemoglobinopathies and enzyme analysis for Tay-Sachs disease may further refine risks for these conditions. Results should be interpreted in the context of clinical findings, family history, and/or other testing. A list of all the diseases and mutations screened for is included at the end of the report. This test does not screen for every possible genetic disease.

For additional disease information, please visit recombine.com/diseases. To speak with a Genetic Counselor, call 855.OUR.GENES.

Assay performed by Reprogenetics
CLIA ID: 31D1054821
3 Regent Street, Livingston, NJ 07039
Lab Technician: Bo Chu

Recombine CLIA # 31D2100763
Reviewed by Pere Colls, PhD, HCLD, Lab Director

Methods and Limitations

Genotyping: Genotyping is performed using the Illumina Infinium Custom HD Genotyping assay to identify mutations in the genes tested. The assay is not validated for homozygous mutations, and it is possible that individuals affected with disease may not be accurately genotyped.

Sequencing: Sequencing is performed using a custom next-generation sequencing (NGS) platform. Only the described exons for each gene listed are sequenced. Variants outside of these regions may not be identified. Some splicing mutations may not be identified. Triplet repeat expansions, intronic mutations, and large insertions and deletions may not be detected. All identified variants are curated, and determination of the likelihood of their pathogenicity is made based on examining allele frequency, segregation studies, predicted effect, functional studies, case/control studies, and other analyses. All variants identified via sequencing that are reported to cause disease in the primary scientific literature will be reported. Variants considered to be benign and variants of unknown significance (VUS) are NOT reported. In the sequencing process, interval drop-out may occur, leading to intervals of insufficient coverage. Intervals of insufficient coverage will be reported if they occur.

Limitations: In some cases, genetic variations other than that which is being assayed may interfere with mutation detection, resulting in false-negative or false-positive results. Additional sources of error include, but are not limited to: sample contamination, sample mix-up, bone marrow transplantation, blood transfusions, and technical errors. The test does not test for all forms of genetic disease, birth defects, and intellectual disability. All results should be interpreted in the context of family history; additional evaluation may be indicated based on a history of these conditions. Additional testing may be necessary to determine mutation phase in individuals identified to carry more than one mutation in the same gene. All mutations included within the genes assayed may not be detected, and additional testing may be appropriate for some individuals.

This test was developed and its performance determined by Recombine, Inc., and it has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary.

Diseases & Mutations Assayed

Niemann-Pick Disease: Type C1 (NPC1): Mutations (14): ♂ Genotyping | c.2783A>C (p.Q928P), c.3263A>G (p.Y1088C), c.3467A>G (p.N1156S), c.3107C>T (p.T1036M), c.3182T>C (p.I1061T), c.2974G>C (p.G992R), c.2932C>T (p.R978C), c.2848G>A (p.V950M), c.2665G>A (p.V889M), c.2324A>C (p.Q775P), c.1133T>C (p.V378A), c.530G>A (p.C177Y), c.337T>C (p.C113R), c.2974G>T (p.G992W) Sequencing | NM_000271:1-25

Niemann-Pick Disease: Type C2 (NPC2): Mutations (11): ♂ Genotyping | c.58G>T (p.E20X), c.436C>T (p.Q146X), c.358C>T (p.P120S), c.352G>T (p.E118X), c.332delA (p.N111Ifs), c.295T>C (p.C99R), c.199T>C (p.S67P), c.190+5G>A, c.141C>A (p.C47X), c.133C>T (p.Q45X), c.115G>A (p.V39M) Sequencing | NM_006432:1-5

Wilson Disease (ATP7B): Mutations (17): ♂ Genotyping | c.1340_1343delAAAC, c.2304delC (p.M769Cfs), c.2332C>G (p.R778G), c.3207C>A (p.H1069Q), c.2333G>T (p.R778L), c.2336G>A (p.W779X), c.2337G>A (p.W779X), c.2906G>A (p.R969Q), c.1934T>G (p.M645R), c.2123T>C (p.L708P), c.-370_-394delTGGCCGAGACCGCGG, c.3191A>C (p.E1064A), c.845delT (p.L282Pfs), c.3817C>T (p.P1273S), c.3683G>C (p.R1228T), c.3809A>G (p.N1270S), c.2293G>A (p.D765N) Sequencing | NM_000053:1-21

Residual Risk Information

Detection rates are calculated from the primary literature and may not be available for all ethnic populations. The values listed below are for genotyping. Sequencing provides higher detection rates and lower residual risks for each disease. More precise values for sequencing may become available in the future.

Disease	Carrier Rate	Detection Rate	Residual Risk
Niemann-Pick Disease: Type C1	♂ Acadian: Unknown	>99%	Unknown
	♂ General: 1/194	15.60%	1/230
	♂ Japanese: Unknown	18.18%	Unknown
	♂ Portuguese: 1/194	25.00%	1/259
Niemann-Pick Disease: Type C2	♂ General: 1/194	75.00%	1/776
Wilson Disease	♂ Ashkenazi Jewish: 1/100	>99%	<1/10,000
	♂ Canarian: 1/26	68.75%	1/83
	♂ Chinese: 1/51	55.97%	1/116
	♂ Cuban: Unknown	22.22%	Unknown
	♂ European: 1/93	41.64%	1/159
	♂ Greek: 1/90	44.94%	1/163
	♂ Korean: 1/88	51.53%	1/182
	♂ Spaniard: 1/93	38.18%	1/150

Recombine

CarrierMap™

Ordering Practice:

Practice Code: [redacted]
Fairfax Cryobank
[redacted]
Physician: [redacted]
Report Generated: 2018-03-23
Report Updated: 2018-03-23

Donor 4710

DOB: [redacted]
Gender: Male
Ethnicity: Latin American and European
Procedure ID: 107698
Kit Barcode: [redacted]
Specimen: Sperm, #109380
Specimen Collection: 2014-09-11
Specimen Received: 2017-11-08
Specimen Analyzed: 2018-03-23

TEST INFORMATION

Test: CarrierMap^{SEQ} (Genotyping & Sequencing)
Panel: Custom Panel
Diseases Tested: 1
Genes Tested: 1
Genes Sequenced: 1

Partner Not Tested

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

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No pathogenic mutations were identified in the genes tested, reducing but not eliminating the chance to be a carrier for the associated genetic diseases. CarrierMap assesses carrier status for genetic disease via molecular methods including targeted mutation analysis and/ or next-generation sequencing; other methodologies such as CBC and hemoglobin electrophoresis for hemoglobinopathies and enzyme analysis for Tay-Sachs disease may further refine risks for these conditions. Results should be interpreted in the context of clinical findings, family history, and/or other testing. A list of all the diseases and mutations screened for is included at the end of the report. This test does not screen for every possible genetic disease.

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CLIA ID: 31D1054821
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Lab Technician: Bo Chu

Recombine CLIA # 31D2100763
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Sequencing: Sequencing is performed using a custom next-generation sequencing (NGS) platform. Only the described exons for each gene listed are sequenced. Variants outside of these regions may not be identified. Some splicing mutations may not be identified. Triplet repeat expansions, intronic mutations, and large insertions and deletions may not be detected. All identified variants are curated, and determination of the likelihood of their pathogenicity is made based on examining allele frequency, segregation studies, predicted effect, functional studies, case/control studies, and other analyses. All variants identified via sequencing that are reported to cause disease in the primary scientific literature will be reported. Variants considered to be benign and variants of unknown significance (VUS) are NOT reported. In the sequencing process, interval drop-out may occur, leading to intervals of insufficient coverage. Intervals of insufficient coverage will be reported if they occur.

Limitations: In some cases, genetic variations other than that which is being assayed may interfere with mutation detection, resulting in false-negative or false-positive results. Additional sources of error include, but are not limited to: sample contamination, sample mix-up, bone marrow transplantation, blood transfusions, and technical errors. The test does not test for all forms of genetic disease, birth defects, and intellectual disability. All results should be interpreted in the context of family history; additional evaluation may be indicated based on a history of these conditions. Additional testing may be necessary to determine mutation phase in individuals identified to carry more than one mutation in the same gene. All mutations included within the genes assayed may not be detected, and additional testing may be appropriate for some individuals.

This test was developed and its performance determined by Recombine, Inc., and it has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary.

Diseases & Mutations Assayed

Polyglandular Autoimmune Syndrome: Type I (AIRE): Mutations (5): ♂ Genotyping | c.769C>T (p.R257X), c.254A>G (p.Y85C), c.1163_1164insA (p.M388IfsX36), c.967_979delCTGTCCCCTCCGC (p.L323SfsX51), c.415C>T (p.R139X) Sequencing | NM_000383:1-14

Residual Risk Information

Detection rates are calculated from the primary literature and may not be available for all ethnic populations. The values listed below are for genotyping. Sequencing provides higher detection rates and lower residual risks for each disease. More precise values for sequencing may become available in the future.

Disease	Carrier Rate	Detection Rate	Residual Risk
Polyglandular Autoimmune Syndrome: Type I	♂ Finnish: 1/80	90.48%	1/840
	♂ Iranian Jewish: 1/48	>99%	<1/4,800
	♂ Italian: Unknown	27.78%	Unknown
	♂ Norwegian: 1/142	47.92%	1/273
	♂ Sardinians: 1/61	81.82%	1/336
	♂ United Kingdom: Unknown	70.00%	Unknown
	♂ United States: Unknown	65.62%	Unknown

Patient Information
Name: Donor 4710
Date of Birth: [redacted]
Sema4 ID: [redacted]
Client ID: [redacted]
Indication: Carrier Testing

Specimen Information
Specimen Type: Purified DNA(Semen)
Date Collected: 07/18/2019
Date Received: 07/20/2019
Final Report: 07/29/2019

Referring Provider
[redacted]
Fairfax Cryobank, Inc.
[redacted]
[redacted]
[redacted]

Custom Carrier Screen (ECS)

Number of genes tested: 1

SUMMARY OF RESULTS AND RECOMMENDATIONS

Negative

Negative for all genes tested: *DYSF*
To view a full list of genes and diseases tested
please see Table 1 in this report

Recommendations

- 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.

Test description

This patient was tested for the genes listed above using one or more of the following methodologies: target capture and short-read sequencing, long-range PCR followed by short-read sequencing, targeted genotyping, and/or 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 view the Table of Residual Risks Based on Ethnicity at the end of this report or at **go.sema4.com/residualrisk** for gene transcripts, sequencing exceptions, specific detection rates, and residual risk estimates after a negative screening result. With individuals of mixed ethnicity, it is recommended to use the highest residual risk estimate. Only known pathogenic or likely pathogenic variants are reported. This carrier screening test does not report likely benign variants and variants of uncertain significance (VUS). If reporting of likely benign variants and VUS are desired in this patient, please contact the laboratory at 800-298-6470, option 2 to request an amended report.

Anastasia Larmore, Ph.D., Assistant 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**

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

Disease	Gene	Inheritance Pattern	Status	Detailed Summary
⊖ **Negative**				
Limb-Girdle Muscular Dystrophy, Type 2B	*DYSF*	AR	Reduced Risk (see table below)	

AR=Autosomal recessive; XL=X-linked

Table 2: Residual Risk by ethnicity for negative results

Disease (Inheritance)	Gene	Ethnicity	Carrier Frequency	Detection Rate	Residual Risk	Analytical Detection Rate
Limb-Girdle Muscular Dystrophy, Type 2B (AR) NM_003494.3	*DYSF*	African	1 in 118	75%	1 in 460	96%
		Ashkenazi Jewish	1 in 310	30%	1 in 440	
		East Asian	1 in 141	87%	1 in 1,000	
		Finnish	1 in 1140	52%	1 in 2,400	
		Caucasian	1 in 199	77%	1 in 870	
		Latino	1 in 182	74%	1 in 700	
		South Asian	1 in 199	65%	1 in 570	
		Worldwide	1 in 184	73%	1 in 680	
		Sephardic Jewish - Libyan, Kavkazi and Yemenite	1 in 14	96%	1 in 330	

* Carrier detection by HEXA enzyme analysis has a detection rate of approximately 98% (Applies to *HEXA* gene testing only).

ǂ Carrier frequencies include milder and reduced penetrance forms of the disease. Therefore, carrier frequencies may appear higher than reported in the literature (Applies to *BTD, F9, GJB2, GJB1, GLA,* and *MEFV* gene testing only).

ǂ Please note that *GJB2* testing includes testing for the two upstream deletions, del(GJB6-D13S1830) and del(GJB6-D13S1854) (PMID:11807148 and 15994881) (Applies to *GJB2* gene testing only).

AR: Autosomal recessive; N/A: Not available; 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:

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^{TM}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 ΔΔCt 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.

SELECTED REFERENCES

Carrier Screening

Grody W et al. ACMG position statement on prenatal/preconception expanded carrier screening. *Genet Med.* 2013 15:482-3.

Variant Classification:

Richards S et al. Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. *Genet Med.* 2015 May;17(5):405-24

Additional disease-specific references available upon request.