

Donor 6523

Genetic Testing Summary

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

Last Updated: 08/01/2025

Donor Reported Ancestry: German, French, English, Scottish, Danish, American Indian (Cherokee)

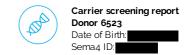
Jewish Ancestry: No

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
Expanded Genetic Disease Carrier Screening Panel attached- 502 diseases by gene sequencing. Personalized residual risk by gene is in the attached report.	Carrier: Nephrotic Syndrome (NPHS2-Related) / Steroid- Resistant Nephrotic Syndrome (NPHS2) Carrier: Thyroid Dyshormonogenesis 6 (DUOX2) Carrier: Trichohepatoenteric Syndrome 1 (TTC37) Negative for other genes sequenced.	Partner testing recommended before using this donor.
Special Testing	·	
Genes: DYNC2H1	Negative via gene sequencing with deletion and duplication analysis	

^{*}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: Donor 6523

Date of Birth:

Sema4 ID:

Client ID:

Indication: Carrier Screening

Specimen Information

Specimen Type: Blood Date Collected: 03/03/2022 Date Received: 03/04/2022 Final Report: 03/18/2022



Expanded Carrier Screen (502 genes)

with Personalized Residual Risk

SUMMARY OF RESULTS AND RECOMMENDATIONS

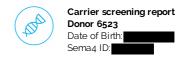
⊕ Positive	○ Negative
Carrier of Nephrotic Syndrome (NPHS2-Related) / Steroid-	Negative for all other genes tested
Resistant Nephrotic Syndrome (AR)	To view a full list of genes and diseases tested
Associated gene(s): NPHS2	please see Table 1 in this report
Variant(s) Detected: c.686G>A, p.R229Q, Pathogenic,	
Heterozygous (one copy)	
Carrier of Thyroid Dyshormonogenesis 6 (AR)	
Associated gene(s): DUOX2	
Variant(s) Detected: c.6o2dupG, p.Q2o2TfsX99, Pathogenic,	
Heterozygous (one copy)	
Carrier of Trichohepatoenteric Syndrome 1 (AR)	
Associated gene(s): TTC37	
Variant(s) Detected: c.3625C>T, p.R1209X, Likely Pathogenic,	
Heterozygous (one copy)	

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

Nephrotic Syndrome (NPHS2-Related) / Steroid-Resistant Nephrotic Syndrome (AR)

Results and Interpretation

A heterozygous (one copy) pathogenic missense variant, c.686G>A, p.R229Q, was detected in the *NPHS2* gene (NM_014625.3). Please note that this is a mild variant that is only expected to cause disease when found in trans with one of a specific set of variants that occurs in exons 7 or 8. Please see the disease interpretation below for additional information. Homozygotes are not expected to be affected, unless this variant is part of a more complex allele. When this variant is present in trans with a pathogenic variant, it is considered to be causative for an *NPHS2*-related disorder. Therefore, this individual is expected to be at least a carrier for an *NPHS2*-related disorder. Heterozygous carriers are not expected to exhibit symptoms of this disease.

What is Nephrotic Syndrome (NPHS2-Related) / Steroid-Resistant Nephrotic Syndrome?

Pathogenic variants in the *NPHS2* gene cause two autosomal recessive, pan-ethnic disorders: steroid-resistant nephrotic syndrome and focal segmental glomerulosclerosis.

- Steroid-resistant nephrotic syndrome (SRNS) is a severe disorder with onset usually occurring during childhood. Patients lose protein in their urine, which results in progressive kidney failure. Death will occur without a kidney transplant, usually by adolescence; however, many patients are cured after kidney transplant.
- Focal segmental glomerulosclerosis (FSGS) is a type of scarring of the kidney, and is usually diagnosed in the patient's second or third decade of life. FSGS is more slowly progressing than SRNS and usually leads to end-stage renal disease by the ages of 10-50.

Mutations in NPHS2 have been demonstrated to have a complex genotype-phenotype correlation. A common pathogenic variant, p.R229Q, causes FSGS when found in trans with a number of specific variants, including p.A284V, p.A288T, p.R291W, p.A297V, p.E310V, p.E310V, p.L327F, p.Q328R, and p.F344LfsX4. While all of the variants that are disease-causing when in trans with R229Q are located in exons 7 and 8, not all pathogenic variants in exons 7 and 8 cause disease when in trans with R229Q. Examples of variants in exons 7 and 8 that do not cause disease when in trans with R229Q are p.R286TfsX17, p.V290M, and p.A317LfsX31. Additionally, p.R229Q is not disease-causing in the homozygous state (PMID: 24509478 and 29660491).

Thyroid Dyshormonogenesis 6 (AR)

Results and Interpretation

A heterozygous (one copy) pathogenic frameshift variant, c.6o2dupG, p.Q202TfsX99, was detected in the *DUOX2* gene (NM_014080.4). When this variant is present in trans with a pathogenic variant, it is considered to be causative for thyroid dyshormonogenesis 6. Therefore, this individual is expected to be at least a carrier for thyroid dyshormonogenesis 6. Heterozygous carriers may exhibit clinical symptoms, mainly transient hypothyroidism in infancy.

What is Thyroid Dyshormonogenesis 6?

Thyroid dyshormonogenesis 6 is an autosomal recessive disorder caused by pathogenic variants in the gene *DUOX2*. Affected individuals manifest hypothyroidism and goiter, and if left untreated, may develop intellectual disability and experience slow growth. Affected infants may be asymptomatic or may present with lethargy, sleepiness, feeding difficulty, and constipation. While life expectancy for this disorder is normal, patients may have neurocognitive impairment. Heterozygous pathogenic variants in this gene have also been associated with a mild and transient autosomal dominant form of hypothyroidism in infancy.

Trichohepatoenteric Syndrome 1 (AR)

Results and Interpretation

A heterozygous (one copy) likely pathogenic premature stop codon, c.3625C>T, p.R1209X, was detected in the *TTC37* gene (NM_014639.3). When this variant is present in trans with a pathogenic variant, it is considered to be causative for trichohepatoenteric syndrome 1. Therefore, this individual is expected to be at least a carrier for trichohepatoenteric syndrome 1. Heterozygous carriers are not expected to exhibit symptoms of this disease.

What is Trichohepatoenteric Syndrome 1?





Trichohepatoenteric syndrome 1 is an autosomal recessive disorder caused by pathogenic variants in the gene *TTC37*. The onset of this condition occurs at birth or in early infancy and is characterized by chronic, difficult-to-treat diarrhea that can lead to failure to thrive. Individuals typically have wooly, brittle, patchy, and easily pulled out hair. Other clinical features include liver disease, skin abnormalities, coarse facial features, immune system dysfunction, mild intellectual disability, and, less commonly, cardiac defects. This disorder is typically fatal in childhood due to complications from liver disease or severe infections. No clear genotype-phenotype correlation has been established.

Test description

Printi Budwely

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 with the patient's personalized residual risk. If personalized residual risk is not provided, please see the complete residual risk table at **go.sema4.com/residualrisk**. Only variants determined to be pathogenic or likely pathogenic are reported in this carrier screening test.

Christie Buchovecky, Ph.D., Assistant Director, Reproductive Genomic

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





Genes and diseases tested

The personalized residual risks listed below are specific to this individual. The complete residual risk table is available at **go.sema4.com/residualrisk**

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

	Disease	Gene	Inheritance Pattern	Status	Detailed Summary
•	Positive				
	Nephrotic Syndrome (<i>NPHS2</i> -Related) / Steroid-Resistant Nephrotic Syndrome	NPHS2	AR	Carrier	c.686G>A, p.R229Q, Pathogenic, Heterozygous (one copy)
	Thyroid Dyshormonogenesis 6	DUOX2	AR	Carrier	c.602dupG, p.Q202TfsX99, Pathogenic, Heterozygous (one copy)
	Trichohepatoenteric Syndrome 1	TTC37	AR	Carrier	c.3625C>T, p.R1209X, Likely Pathogenic, Heterozygous (one copy)
Θ	Negative				
	2-Methylbutyrylglycinuria	ACADSB	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
	3-Beta-Hydroxysteroid Dehydrogenase Type II Deficiency	HSD3B2	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
	3-Methylcrotonyl-CoA Carboxylase Deficiency (MCCC1-Related)	MCCC1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,400
	3-Methylcrotonyl-CoA Carboxylase Deficiency (<i>MCCC2</i> -Related)	MCCC2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
	3-Methylglutaconic Aciduria, Type III	OPA3	AR	Reduced Risk	Personalized Residual Risk: 1 in 50,000
	3-Phosphoglycerate Dehydrogenase Deficiency	PHGDH	AR	Reduced Risk	Personalized Residual Risk: 1 in 63,000
	6-Pyruvoyl-Tetrahydropterin Synthase Deficiency	PTS	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
	CD59-Mediated Hemolytic Anemia	CD59	AR	Reduced Risk	Personalized Residual Risk: 1 in 415,000
	Abetalipoproteinemia	MTTP	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
	Achalasia-Addisonianism-Alacrimia Syndrome	AAAS	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,500
	Achromatopsia (CNGA3-Related)	CNGA3	AR	Reduced Risk	Personalized Residual Risk: 1 in 830
	Achromatopsia (CNGB3-related)	CNGB3	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,600
	Acrodermatitis Enteropathica	SLC39A4	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
	Acute Infantile Liver Failure	TRMU	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,400
	Acyl-CoA Oxidase I Deficiency	ACOX1	AR	Reduced Risk	Personalized Residual Risk: 1 in 39,000
	Adams-Oliver Syndrome 4	EOGT	AR	Reduced Risk	Personalized Residual Risk: 1 in 44,000
	Adenosine Deaminase Deficiency	ADA	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100
	Adrenocorticotropic Hormone Deficiency	TBX19	AR	Reduced Risk	Personalized Residual Risk: 1 in 35,000
	Adrenoleukodystrophy, X-Linked	ABCD1	XL	Reduced Risk	Personalized Residual Risk: 1 in 19,000
	Agammaglobulinemia	BTK	XL	Reduced Risk	Personalized Residual Risk: 1 in 250,000
	Agenesis of the Corpus Callosum	FRMD4A	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,393,000
	Aicardi-Goutieres Syndrome (<i>RNASEH2C</i> -Related)	RNASEH2C	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
	Aicardi-Goutieres Syndrome (<i>SAMHD1</i> -Related)	SAMHD1	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
	Aicardi-Goutieres Syndrome (TREX1-Related)	TREX1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
	Albinism, Oculocutaneous, Type III	TYRP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,500
	Alkaptonuria	HGD	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
-	Alpha-Mannosidosis	MAN2B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,200





Alpha-Thalassemia	HBA1/HBA2	AR	Reduced Risk	HBA1 Copy Number: 2 HBA2 Copy Number: 2 No pathogenic copy number variants detected HBA1/ HBA2 Sequencing: Negative Personalized Residual Risk: 1 in 10,000
Alpha-Thalassemia Intellectual Disability Syndrome	ATRX	XL	Reduced Risk	Personalized Residual Risk: 1 in 48,000
Alport Syndrome (COL4A3-Related)	COL4A3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Alport Syndrome (COL4A4-Related)	COL4A4	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Alport Syndrome (COL4A5-Related)	COL4A5	XL	Reduced Risk	Personalized Residual Risk: 1 in 150,000
Alstrom Syndrome	ALMS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,800
Andermann Syndrome	SLC12A6	AR	Reduced Risk	Personalized Residual Risk: 1 in 151,000
Antley-Bixler Syndrome (<i>POR</i> -Related)	POR	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,000
Argininemia	ARG1	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,500
Argininosuccinic Aciduria	ASL	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Aromatase Deficiency	CYP19A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,400
Arthrogryposis, Intellectual Disability, and Seizures	SLC35A3	AR	Reduced Risk	Personalized Residual Risk: 1 in 454,000
Asparagine Synthetase Deficiency	ASNS	AR	Reduced Risk	Personalized Residual Risk: 1 in 202,000
Aspartylglycosaminuria	AGA	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Ataxia With Isolated Vitamin E Deficiency	TTPA	AR	Reduced Risk	Personalized Residual Risk: 1 in 61,000
Ataxia-Telangiectasia	ATM	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Ataxia-Telangiectasia-Like Disorder 1	MRE11	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay	SACS	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,600
BH4-Deficient Hyperphenylalaninemia C	QDPR	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,100
BH4-Deficient Hyperphenylalaninemia D	PCBD1	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,000
Bardet-Biedl Syndrome (ARL6-Related)	ARL6	AR	Reduced Risk	Personalized Residual Risk: 1 in 29,000
Bardet-Biedl Syndrome (<i>BBS10</i> -Related)	BBS10	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Bardet-Biedl Syndrome (<i>BBS12</i> -Related)	BBS12	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,900
Bardet-Biedl Syndrome (<i>BBS1</i> -Related)	BBS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,400
Bardet-Biedl Syndrome (<i>BBS2</i> -Related)	BBS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Bardet-Biedl Syndrome (<i>BBS4</i> -Related)	BBS4	AR	Reduced Risk	Personalized Residual Risk: 1 in 22,000
Bare Lymphocyte Syndrome, Type II	CIITA	AR	Reduced Risk	Personalized Residual Risk: 1 in 35,000
Barth Syndrome	TAZ	XL	Reduced Risk	Personalized Residual Risk: 1 in 183,000
Bartter Syndrome, Type 3	CLCNKB	AR	Reduced Risk	Personalized Residual Risk: 1 in 740
Bartter Syndrome, Type 4A	BSND	AR	Reduced Risk	Personalized Residual Risk: 1 in 91,000
Bernard-Soulier Syndrome, Type A1	GP1BA	AR	Reduced Risk	Personalized Residual Risk: 1 in 42,000
Bernard-Soulier Syndrome, Type C	GP9	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
Beta-Globin-Related Hemoglobinopathies	HBB	AR	Reduced Risk	Personalized Residual Risk (Beta-Globin-Related Hemoglobinopathies): 1 in 2,000 Personalized Residual Risk (Beta-Globin-Related Hemoglobinopathies: HbS Variant): 1 790,000 Personalized Residual Risk (Beta-Globin-Related Hemoglobinopathies: HbC Variant): 1 in 2,107,000
Beta-Ketothiolase Deficiency	ACAT1	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,400
Beta-Mannosidosis	MANBA	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,100
Bilateral Frontoparietal Polymicrogyria	GPR56	AR	Reduced Risk	Personalized Residual Risk: 1 in 203,000
Biotinidase Deficiency	BTD	AR	Reduced Risk	Personalized Residual Risk: 1 in 500
Bloom Syndrome	BLM	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,400
Canavan Disease	ASPA	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,000
Carbamoylphosphate Synthetase I Deficiency	CPS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100





Carnitine Acylcarnitine Translocase Deficiency	SLC25A20	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,100
Carnitine Palmitoyltransferase IA Deficiency	CPT1A	AR	Reduced Risk	Personalized Residual Risk: 1 in 24,000
Carnitine Palmitoyltransferase II Deficiency	CPT2	AR	Reduced Risk	Personalized Residual Risk: 1 in 670
Carpenter Syndrome	RAB23	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000
Cartilage-Hair Hypoplasia	RMRP	AR	Reduced Risk	Personalized Residual Risk: 1 in 960
Catecholaminergic Polymorphic Ventricular Tachycardia	CASQ2	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,900
Central Hypothyroidism and Testicular Enlargement	IGSF1	XL	Reduced Risk	Personalized Residual Risk: 1 in 781,000
Cerebral Creatine Deficiency Syndrome 1	SLC6A8	XL	Reduced Risk	Personalized Residual Risk: 1 in 208,000
Cerebral Creatine Deficiency Syndrome 2	GAMT	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Cerebral Creatine Deficiency Syndrome 3	GATM	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,900
Cerebral Dysgenesis, Neuropathy, Ichthyosis, and Palmoplantar Keratoderma Syndrome	SNAP29	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,730,000
Cerebrotendinous Xanthomatosis	CYP27A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,900
Charcot-Marie-Tooth Disease, Type 4D	NDRG1	AR	Reduced Risk	Personalized Residual Risk: 1 in 730,000
Charcot-Marie-Tooth Disease, Type 5 / Arts Syndrome	PRPS1	XL	Reduced Risk	Personalized Residual Risk: 1 in 114,000
Charcot-Marie-Tooth Disease, X-Linked	GJB1	XL	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Chediak-Higashi Syndrome	LYST	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,100
Chondrodysplasia Punctata	ARSE	XL	Reduced Risk	Personalized Residual Risk: 1 in 862,000
Choreoacanthocytosis	VPS13A	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Choroideremia	СНМ	XL	Reduced Risk	Personalized Residual Risk: 1 in 125,000
Chronic Granulomatous Disease (CYBA-Related)	CYBA	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,000
Chronic Granulomatous Disease (CYBB-Related)	CYBB	XL	Reduced Risk	Personalized Residual Risk: 1 in 294,000
Citrin Deficiency	SLC25A13	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Citrullinemia, Type 1	ASS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,500
Cockayne Syndrome, Type A	ERCC8	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,900
Cockayne Syndrome, Type B and other <i>ERCC6</i> -Related Disorders	ERCC6	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,100
Cohen Syndrome	VPS13B	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,400
Combined Factor V and VIII Deficiency	LMAN1	AR	Reduced Risk	Personalized Residual Risk: 1 in 102,000
Combined Malonic and Methylmalonic Aciduria	ACSF3	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Combined Oxidative Phosphorylation Deficiency 1	GFM1	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Combined Oxidative Phosphorylation Deficiency 3	TSFM	AR	Reduced Risk	Personalized Residual Risk: 1 in 27,000
Combined Pituitary Hormone Deficiency 1	POU1F1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,900
Combined Pituitary Hormone Deficiency 2	PROP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
Combined Pituitary Hormone Deficiency 3	LHX3	AR	Reduced Risk	Personalized Residual Risk: 1 in 140,000
Combined SAP Deficiency	PSAP	AR	Reduced Risk	Personalized Residual Risk: 1 in 44,000
Cone-Rod Dystrophy 6 / Leber Congenital Amaurosis 1	GUCY2D	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Congenital Adrenal Hyperplasia due to 11-Beta- Hydroxylase Deficiency	CYP11B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 520
Congenital Adrenal Hyperplasia due to 17- Alpha-Hydroxylase Deficiency	CYP17A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Congenital Adrenal Hyperplasia due to 21- Hydroxylase Deficiency	CYP21A2	AR	Reduced Risk	CYP21A2 copy number: 2 CYP21A2 sequencing: Negative Personalized Residual Risk (Congenital Adrenal Hyperplasia due to 21-Hydroxylas Deficiency (Non-Classic)): 1 in 200 Personalized Residual Risk (Congenital Adrenal Hyperplasia due to 21-Hydroxylas Deficiency (Classic)): 1 in 1,300
Congenital Adrenal Hypoplasia (NRoB1-Related)	NRoB1	XL	Reduced Risk	Personalized Residual Risk: 1 in 353,000





AKR1D1 HSD3B7 NGLY1 PMM2 MPI ALG6	AR AR AR	Reduced Risk Reduced Risk Reduced Risk	Personalized Residual Risk: 1 in 6,900 Personalized Residual Risk: 1 in 8,900
NGLY1 PMM2 MPI	AR		Personalized Residual Risk: 1 in 8,900
PMM2 MPI		Reduced Risk	
MPI	AR		Personalized Residual Risk: 1 in 14,000
		Reduced Risk	Personalized Residual Risk: 1 in 540
ALG6	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,600
00	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,100
DOLK	AR	Reduced Risk	Personalized Residual Risk: 1 in 134,000
SEC23B	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,000
CDAN1	AR	Reduced Risk	Personalized Residual Risk: 1 in 470
ABCA12	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100
NTRK1	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,700
LAMA2	AR	Reduced Risk	Personalized Residual Risk: 1 in 640
CHAT	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,100
CHRNE	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,100
DOK7	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
RAPSN	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,900
			Personalized Residual Risk: 1 in 82,000
VPS45	AR	Reduced Risk	Personalized Residual Risk: 1 in 163,000
TSHR	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,000
TSHB	AR	Reduced Risk	Personalized Residual Risk: 1 in 118,000
SLC26A3	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
SLC4A11	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,600
CYP11B2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
CFTR	AR	Reduced Risk	Personalized Residual Risk: 1 in 440
CTNS	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,700
SLC3A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 590
COX15	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
HSD17B4	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,000
MYO15A	AR	Reduced Risk	Personalized Residual Risk: 1 in 240
PJVK	AR	Reduced Risk	Personalized Residual Risk: 1 in 57,000
TMC1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
SYNE4	AR	Reduced Risk	Personalized Residual Risk: 1 in 43,000
LOXHD1	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,700
TMPRSS3	AR	Reduced Risk	Personalized Residual Risk: 1 in 510
OTOF	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
CANT1	AR	Reduced Risk	Personalized Residual Risk: 1 in 24,000
DHCR24	AR	Reduced Risk	Personalized Residual Risk: 1 in 27,000
BMPER	AR	Reduced Risk	Personalized Residual Risk: 1 in 18,000
SLC4A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,000
DMD	XL	Reduced Risk	Personalized Residual Risk: 1 in 10,000
DKC1	XL	Reduced Risk	Personalized Residual Risk: 1 in 9,259,000
RTEL1	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,800
	SEC23B CDAN1 ABCA12 NTRK1 LAMA2 CHAT CHRNE DOK7 RAPSN HAX1 VPS45 TSHR TSHB SLC26A3 SLC4A11 CYP1B2 CFTR CTNS SLC3A1 COX15 HSD17B4 MY015A PJVK TMC1 SYNE4 LOXHD1 TMPRSS3 OTOF CANT1 DHCR24 BMPER SLC4A1 DMD DKC1	SEC23B AR CDAN1 AR ABCA12 AR NTRK1 AR LAMA2 AR CHAT AR CHRNE AR DOK7 AR RAPSN AR HAX1 AR VPS45 AR TSHB AR SLC26A3 AR SLC26A3 AR CYP1B2 AR CFTR AR CTNS AR SLC3A1 AR COX15 AR HSD17B4 AR PJVK AR TMC1 AR SYNE4 AR LOXHD1 AR TMPRSS3 AR OTOF AR CANT1 AR BMPER AR BMPER AR BMPER AR DMD XL DKC1 XL RTEL1 AR <td>SEC23B AR Reduced Risk CDAN1 AR Reduced Risk ABCA12 AR Reduced Risk NTRK1 AR Reduced Risk LAMA2 AR Reduced Risk CHAT AR Reduced Risk CHRNE AR Reduced Risk DOK7 AR Reduced Risk RAPSN AR Reduced Risk WPS45 AR Reduced Risk TSHR AR Reduced Risk SLC26A3 AR Reduced Risk SLC4A11 AR Reduced Risk CFTR AR Reduced Risk CFTR AR Reduced Risk CFTR AR Reduced Risk CTNS AR Reduced Risk COX15 AR Reduced Risk MYO15A AR Reduced Risk TMC1 AR Reduced Risk TMC1 AR Reduced Risk TMPRSS3 AR Reduced Risk CANT1 AR Reduced Risk CANT1 AR Reduced Risk CANT1 AR Reduced Risk TMPRSS3 AR Reduced Risk CANT1 AR Reduced Risk DMD XL Reduced Risk REDUCED RISK</td>	SEC23B AR Reduced Risk CDAN1 AR Reduced Risk ABCA12 AR Reduced Risk NTRK1 AR Reduced Risk LAMA2 AR Reduced Risk CHAT AR Reduced Risk CHRNE AR Reduced Risk DOK7 AR Reduced Risk RAPSN AR Reduced Risk WPS45 AR Reduced Risk TSHR AR Reduced Risk SLC26A3 AR Reduced Risk SLC4A11 AR Reduced Risk CFTR AR Reduced Risk CFTR AR Reduced Risk CFTR AR Reduced Risk CTNS AR Reduced Risk COX15 AR Reduced Risk MYO15A AR Reduced Risk TMC1 AR Reduced Risk TMC1 AR Reduced Risk TMPRSS3 AR Reduced Risk CANT1 AR Reduced Risk CANT1 AR Reduced Risk CANT1 AR Reduced Risk TMPRSS3 AR Reduced Risk CANT1 AR Reduced Risk DMD XL Reduced Risk REDUCED RISK





Ehlers-Danlos Syndrome, Type VI	PLOD1	AR	Reduced Risk	Personalized Residual Risk: 1 in 20,000
Ehlers-Danlos Syndrome, Type VIIC	ADAMTS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 243,000
Ellis-Van Creveld Syndrome (EVC2-Related)	EVC2	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,300
Ellis-van Creveld Syndrome (EVC-Related)	EVC	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,200
Emery-Dreifuss Myopathy 1	EMD	XL	Reduced Risk	Personalized Residual Risk: 1 in 833,000
Enhanced S-Cone Syndrome	NR2E3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Ethylmalonic Encephalopathy	ETHE1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,400
Fabry Disease	GLA	XL	Reduced Risk	Personalized Residual Risk: 1 in 7,700
Factor IX Deficiency	F9	XL	Reduced Risk	Personalized Residual Risk: 1 in 5,100
Factor VII Deficiency	F7	AR	Reduced Risk	Personalized Residual Risk: 1 in 450
Factor XI Deficiency	F11	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Familial Autosomal Recessive Hypercholesterolemia	LDLRAP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 136,000
Familial Dysautonomia	IKBKAP	AR	Reduced Risk	Personalized Residual Risk: 1 in 51,000
Familial Hypercholesterolemia	LDLR	AR	Reduced Risk	Personalized Residual Risk: 1 in 280
Familial Hyperinsulinemic Hypoglycemia 4 / 3- Hydroxyacyl-CoA Dehydrogenase Deficiency	HADH	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Familial Hyperinsulinism (ABCC8-Related)	ABCC8	AR	Reduced Risk	Personalized Residual Risk: 1 in 450
Familial Hyperinsulinism (KCNJ11-Related)	KCNJ11	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Familial Hyperphosphatemic Tumoral Calcinosis	GALNT3	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,800
Familial Mediterranean Fever	MEFV	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Fanconi Anemia, Group A	FANCA	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Fanconi Anemia, Group C	FANCC	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Fanconi Anemia, Group G	FANCG	AR	Reduced Risk	Personalized Residual Risk: 1 in 28,000
Fanconi-Bickel Syndrome	SLC2A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,000
Fragile X Syndrome	FMR1	XL	Reduced Risk	FMR1 CGG repeat sizes: Not Performed FMR1 Sequencing: Negative Fragile X CGG triplet repeat expansion testir was not performed at this time, as the patier has either been previously tested or is a ma Personalized Residual Risk: 1 in 19,000
Fructose-1,6-Bisphosphatase Deficiency	FBP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,600
Fucosidosis	FUCA1	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Fumarase Deficiency	FH	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,500
Fundus Albipunctatus	RDH5	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
GRACILE Syndrome and Other <i>BCS1L</i> -Related Disorders	BCS1L	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,900
Galactokinase Deficiency	GALK1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Galactose Epimerase Deficiency	GALE	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,600
Galactosemia	GALT	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Galactosialidosis	CTSA	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,900
Gaucher Disease	GBA	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Generalized Thyrotropin-Releasing Hormone Resistance	TRHR	AR	Reduced Risk	Personalized Residual Risk: 1 in 104,000
Geroderma Osteodysplasticum	GORAB	AR	Reduced Risk	Personalized Residual Risk: 1 in 70,000
Gitelman Syndrome	SLC12A3	AR	Reduced Risk	Personalized Residual Risk: 1 in 290
Glanzmann Thrombasthenia (<i>ITGA2B</i> -Related)	ITGA2B	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Glanzmann Thrombasthenia (<i>ITGB3</i> -Related)	ITGB3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Glutaric Acidemia, Type I	GCDH	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Glutaric Acidemia, Type IIa	ETFA	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,700
Glutaric Acidemia, Type IIb	ETFB	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,900
Glutaric Acidemia, Type IIc	ETFDH	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700





Glycine Encephalopathy (AMT-Related)	AMT	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,700
Glycine Encephalopathy (<i>GLDC</i> -Related)	GLDC	AR	Reduced Risk	Personalized Residual Risk: 1 in 760
Glycogen Storage Disease, Type 0	GYS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Glycogen Storage Disease, Type II	GAA	AR	Reduced Risk	Personalized Residual Risk: 1 in 520
Glycogen Storage Disease, Type III	AGL	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,600
Glycogen Storage Disease, Type IV / Adult Polyglucosan Body Disease	GBE1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Glycogen Storage Disease, Type IXb	PHKB	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,600
Glycogen Storage Disease, Type Ia	G6PC	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Glycogen Storage Disease, Type Ib	SLC37A4	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,300
Glycogen Storage Disease, Type V	PYGM	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Glycogen Storage Disease, Type VI	PYGL	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Glycogen Storage Disease, Type VII	PFKM	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,300
Gray Platelet Syndrome	NBEAL2	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,800
Growth Hormone Deficiency, Type IB	GHRHR	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,900
HMG-CoA Lyase Deficiency	HMGCL	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Hemochromatosis, Type 2A	HFE2	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Hemochromatosis, Type 3	TFR2	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Hereditary Fructose Intolerance	ALDOB	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Hereditary Spastic Paraparesis 49	TECPR2	AR	Reduced Risk	Personalized Residual Risk: 1 in 116,000
Hermansky-Pudlak Syndrome, Type 1	HPS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,500
Hermansky-Pudlak Syndrome, Type 3	HPS3	AR	Reduced Risk	Personalized Residual Risk: 1 in 49,000
Hermansky-Pudlak Syndrome, Type 4	HPS4	AR	Reduced Risk	Personalized Residual Risk: 1 in 35,000
Hermansky-Pudlak Syndrome, Type 6	HPS6	AR	Reduced Risk	Personalized Residual Risk: 1 in 87,000
Hmg-CoA Synthase 2 Deficiency	HMGCS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Holocarboxylase Synthetase Deficiency	HLCS	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Homocystinuria (<i>CBS</i> -Related)	CBS	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
Homocystinuria due to MTHFR Deficiency	MTHFR	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Homocystinuria, cblE Type	MTRR	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,600
Homocystinuria-Megaloblastic Anemia, Cobalamin G Type	MTR	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Hydrocephalus	L1CAM	XL	Reduced Risk	Personalized Residual Risk: 1 in 40,000
Hydrolethalus Syndrome	HYLS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 52,000
Hyper-Igm Syndrome	CD40LG	XL	Reduced Risk	Personalized Residual Risk: 1 in 1,167,000
Hyperornithinemia-Hyperammonemia- Homocitrullinuria Syndrome	SLC25A15	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,700
Hyperuricemia, Pulmonary Hypertension, Renal Failure, and Alkalosis	SARS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 23,000
Hypohidrotic Ectodermal Dysplasia 1	EDA	XL	Reduced Risk	Personalized Residual Risk: 1 in 22,000
Hypomagnesemia 1	TRPM6	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Hypomyelinating Leukodystrophy 3	AIMP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 341,000
Hypomyelinating Leukodystrophy 12	VPS11	AR	Reduced Risk	Personalized Residual Risk: 1 in 72,000
Hypoparathyroidism-Retardation-Dysmorphic Syndrome	TBCE	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000
Hypophosphatasia	ALPL	AR	Reduced Risk	Personalized Residual Risk: 1 in 790
Hypophosphatemic Rickets with Hypercalciuria	SLC34A3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Hypotrichosis 8 / Autosomal Recessive Woolly Hair 1	LPAR6	AR	Reduced Risk	Personalized Residual Risk: 1 in 27,000
Immunodeficiency 18	CD3E	AR	Reduced Risk	Personalized Residual Risk: 1 in 73,000
Immunodeficiency 19	CD3D	AR	Reduced Risk	Personalized Residual Risk: 1 in 46,000
Inclusion Body Myopathy 2	GNE	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000





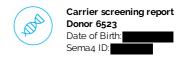
nfantile Neuroaxonal Dystrophy 1 and other PLA2G6-Related Disorders	PLA2G6	AR	Reduced Risk	Personalized Residual Risk: 1 in 690
ntellectual Disability, Autosomal Recessive 3	CC2D1A	AR	Reduced Risk	Personalized Residual Risk: 1 in 220,000
ntrahepatic Cholestasis	ATP8B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
sovaleric Acidemia	IVD	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Joubert Syndrome 2	TMEM216	AR	Reduced Risk	Personalized Residual Risk: 1 in 152,000
Joubert Syndrome 4 / Senior-Loken Syndrome 1 / Juvenile Nephronophthisis 1	NPHP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000
Joubert Syndrome 7 / Meckel Syndrome 5 / COACH Syndrome	RPGRIP1L	AR	Reduced Risk	Personalized Residual Risk: 1 in 32,000
Junctional Epidermolysis Bullosa (<i>COL17A1</i> - Related)	COL17A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 25,000
lunctional Epidermolysis Bullosa (<i>ITGA6</i> - Related)	ITGA6	AR	Reduced Risk	Personalized Residual Risk: 1 in 125,000
Junctional Epidermolysis Bullosa (<i>ITGB4</i> - Related)	ITGB4	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
lunctional Epidermolysis Bullosa (<i>LAMA3</i> - Related)	LAMA3	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000
Junctional Epidermolysis Bullosa (<i>LAMB3</i> - Related)	LAMB3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Junctional Epidermolysis Bullosa (<i>LAMC2</i> -Related)	LAMC2	AR	Reduced Risk	Personalized Residual Risk: 1 in 77,000
Kohlschutter-Tonz Syndrome	ROGDI	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,300
(rabbe Disease	GALC	AR	Reduced Risk	Personalized Residual Risk: 1 in 860
amellar Ichthyosis, Type 1	TGM1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
aron Dwarfism	GHR	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,700
eber Congenital Amaurosis 10 and Other CEP290-Related Ciliopathies	CEP290	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
eber Congenital Amaurosis 13	RDH12	AR	Reduced Risk	Personalized Residual Risk: 1 in 5.500
eber Congenital Amaurosis 15 / Retinitis Pigmentosa 14	TULP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
eber Congenital Amaurosis 2 / Retinitis Pigmentosa 20	RPE65	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,500
eber Congenital Amaurosis 4	AIPL1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
eber Congenital Amaurosis 5	LCA5	AR	Reduced Risk	Personalized Residual Risk: 1 in 14,000
Leber Congenital Amaurosis 8 / Retinitis Pigmentosa 12 / Pigmented Paravenous Chorioretinal Atrophy	CRB1	AR	Reduced Risk	Personalized Residual Risk: 1 in 990
_eigh Syndrome (<i>NDUFS7</i> -Related)	NDUFS7	AR	Reduced Risk	Personalized Residual Risk: 1 in 26,000
eigh Syndrome (<i>SURF1</i> -Related)	SURF1	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,400
eigh Syndrome, French-Canadian Type	LRPPRC	AR	Reduced Risk	Personalized Residual Risk: 1 in 32,000
_ethal Congenital Contracture Syndrome 1 / _ethal Arthrogryposis with Anterior Horn Cell Disease	GLE1	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Lethal Congenital Contracture Syndrome 2	ERBB3	AR	Reduced Risk	Personalized Residual Risk: 1 in 96,000
ethal Congenital Contracture Syndrome 3	PIP5K1C	AR	Reduced Risk	Personalized Residual Risk: 1 in 318,000
eukoencephalopathy with Vanishing White Matter	EIF2B5	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,300
imb-Girdle Muscular Dystrophy, Type 2A	CAPN3	AR	Reduced Risk	Personalized Residual Risk: 1 in 960
imb-Girdle Muscular Dystrophy, Type 2B	DYSF	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
.imb-Girdle Muscular Dystrophy, Type 2C	SGCG	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,900
imb-Girdle Muscular Dystrophy, Type 2D	SGCA	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,500
.imb-Girdle Muscular Dystrophy, Type 2E	SGCB	AR	Reduced Risk	Personalized Residual Risk: 1 in 31,000
imb-Girdle Muscular Dystrophy, Type 2F	SGCD	AR	Reduced Risk	Personalized Residual Risk: 1 in 52,000
imb-Girdle Muscular Dystrophy, Type 2H	TRIM32	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
imb-Girdle Muscular Dystrophy, Type 2I	FKRP	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
imb-Girdle Muscular Dystrophy, Type 2L	ANO5	AR	Reduced Risk	Personalized Residual Risk: 1 in 660
Lipoamide Dehydrogenase Deficiency	DLD	AR	Reduced Risk	Personalized Residual Risk: 1 in 14,000





Lipoid Adrenal Hyperplasia	STAR	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,600
Lipoprotein Lipase Deficiency	LPL	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Long-Chain 3-Hydroxyacyl-CoA Dehydrogenase Deficiency	HADHA	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,900
Lowe Syndrome	OCRL	XL	Reduced Risk	Personalized Residual Risk: 1 in 1,375,000
Lysinuric Protein Intolerance	SLC7A7	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,000
MEDNIK Syndrome	AP1S1	AR	Reduced Risk	Personalized Residual Risk: 1 in 211,000
Malonyl-CoA Decarboxylase Deficiency	MLYCD	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
Maple Syrup Urine Disease, Type 1a	BCKDHA	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100
Maple Syrup Urine Disease, Type 1b	<i>BCKDHB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Maple Syrup Urine Disease, Type 2	DBT	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,600
Meckel Syndrome 1 / Bardet-Biedl Syndrome 13	MKS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Medium Chain Acyl-CoA Dehydrogenase Deficiency	ACADM	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Megalencephalic Leukoencephalopathy with Subcortical Cysts	MLC1	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,300
Megaloblastic Anemia 1	AMN	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,300
Menkes Disease	ATP7A	XL	Reduced Risk	Personalized Residual Risk: 1 in 172,000
Metachromatic Leukodystrophy	ARSA	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,000
Methionine Adenosyltransferase I/III Deficiency	MAT1A	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Methylmalonic Acidemia (<i>MMAA</i> -Related)	MMAA	AR	Reduced Risk	Personalized Residual Risk: 1 in 15,000
Methylmalonic Acidemia (<i>MMAB</i> -Related)	MMAB	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Methylmalonic Acidemia (<i>MUT</i> -Related)	MUT	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Methylmalonic Aciduria and Homocystinuria, Cobalamin C Type	ММАСНС	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,800
Methylmalonic Aciduria and Homocystinuria, Cobalamin D Type	MMADHC	AR	Reduced Risk	Personalized Residual Risk: 1 in 219,000
Methylmalonic Aciduria and Homocystinuria, Cobalamin F Type	LMBRD1	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,600
Methylmalonyl-CoA Epimerase Deficiency	MCEE	AR	Reduced Risk	Personalized Residual Risk: 1 in 98,000
Microphthalmia / Anophthalmia	VSX2	AR	Reduced Risk	Personalized Residual Risk: 1 in 40,000
Mitochondrial Complex Deficiency (<i>ACAD9</i> - Related)	ACAD9	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Mitochondrial Complex I Deficiency (<i>NDUFA11</i> - Related)	NDUFA11	AR	Reduced Risk	Personalized Residual Risk: 1 in 414,000
Mitochondrial Complex I Deficiency (<i>NDUFAF5</i> - Related)	NDUFAF5	AR	Reduced Risk	Personalized Residual Risk: 1 in 98,000
Mitochondrial Complex I Deficiency (<i>NDUFS6</i> - Related)	NDUFS6	AR	Reduced Risk	Personalized Residual Risk: 1 in 353,000
Mitochondrial Complex I Deficiency (<i>NDUFV1</i> - Related)	NDUFV1	AR	Reduced Risk	Personalized Residual Risk: 1 in 870
Mitochondrial Complex I Deficiency / Leigh Syndrome (<i>FOXRED1</i> -Related)	FOXRED1	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Mitochondrial Complex Deficiency / Leigh Syndrome (<i>NDUFAF2</i> -Related)	NDUFAF2	AR	Reduced Risk	Personalized Residual Risk: 1 in 168,000
Mitochondrial Complex I Deficiency / Leigh Syndrome (<i>NDUFS4</i> -Related)	NDUFS4	AR	Reduced Risk	Personalized Residual Risk: 1 in 41,000
Mitochondrial Complex IV Deficiency (<i>COX20</i> -related)	COX20	AR	Reduced Risk	Personalized Residual Risk: 1 in 42,000
Mitochondrial Complex IV Deficiency (<i>COX6B1</i> -related)	COX6B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,116,000
Mitochondrial Complex IV Deficiency (<i>APOPT</i> 1-Related)	APOPT1	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Mitochondrial Complex IV Deficiency (<i>PET100</i> - Related)	PET100	AR	Reduced Risk	Personalized Residual Risk: 1 in 469,000
Mitochondrial Complex IV Deficiency (<i>SCO1</i> -related)	SCO1	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Mitochondrial Complex IV Deficiency / Leigh Syndrome (<i>COX10</i> -Related)	COX10	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Mitochondrial DNA Depletion Syndrome 2	TK2	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,900





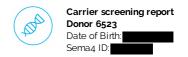
Mitochondrial DNA Depletion Syndrome 3	DGUOK	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,200
Mitochondrial DNA Depletion Syndrome 4A and 4B and other <i>POLG</i> -Related Disorders	POLG	AR	Reduced Risk	Personalized Residual Risk: 1 in 320
Mitochondrial DNA Depletion Syndrome 5	SUCLA2	AR	Reduced Risk	Personalized Residual Risk: 1 in 78,000
Mitochondrial DNA Depletion Syndrome 6 / Navajo Neurohepatopathy	MPV17	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,400
Mitochondrial Myopathy and Sideroblastic Anemia 1	PUS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 449,000
Mitochondrial Trifunctional Protein Deficiency (HADHB-Related)	HADHB	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,000
Molybdenum Cofactor Deficiency A	MOCS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,700
Mucolipidosis II / IIIA	GNPTAB	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Mucolipidosis III Gamma	GNPTG	AR	Reduced Risk	Personalized Residual Risk: 1 in 68,000
Mucolipidosis IV	MCOLN1	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,400
Mucopolysaccharidosis Type I	IDUA	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
Mucopolysaccharidosis Type II	IDS	XL	Reduced Risk	Personalized Residual Risk: 1 in 76,000
Mucopolysaccharidosis Type IIIA	SGSH	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Mucopolysaccharidosis Type IIIB	NAGLU	AR	Reduced Risk	Personalized Residual Risk: 1 in 950
Mucopolysaccharidosis Type IIIC	HGSNAT	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Mucopolysaccharidosis Type IIID	GNS	AR	Reduced Risk	Personalized Residual Risk: 1 in 137,000
Mucopolysaccharidosis Type IVa	GALNS	AR	Reduced Risk	Personalized Residual Risk: 1 in 690
Mucopolysaccharidosis Type IVb / GM1 Gangliosidosis	GLB1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Mucopolysaccharidosis VII	GUSB	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Mucopolysaccharidosis type IX	HYAL1	AR	Reduced Risk	Personalized Residual Risk: 1 in 149,000
Mucopolysaccharidosis type VI	ARSB	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Mulibrey Nanism	TRIM37	AR	Reduced Risk	Personalized Residual Risk: 1 in 31,000
Multiple Congenital Anomalies-Hypotonia- Seizures Syndrome 1	PIGN	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
Multiple Pterygium Syndrome	CHRNG	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,900
Multiple Sulfatase Deficiency	SUMF1	AR	Reduced Risk	Personalized Residual Risk: 1 in 69,000
Muscle-Eye-Brain Disease and Other <i>POMGNT1</i> - Related Congenital Muscular Dystrophy- Dystroglycanopathies	POMGNT1	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,200
Myoneurogastrointestinal Encephalopathy	TYMP	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Myotubular Myopathy 1	MTM1	XL	Reduced Risk	Personalized Residual Risk: 1 in 192,000
N-Acetylglutamate Synthase Deficiency	NAGS	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Nemaline Myopathy 2	NEB	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Nephrogenic Diabetes Insipidus, Type II	AQP2	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,400
Nephrogenic Diabetes insipidus (<i>AVPR2-</i> related)/ Nephrogenic Syndrome of nappropriate Antidiuresis	AVPR2	XL	Reduced Risk	Personalized Residual Risk: 1 in 471,000
Nephronophthisis 2	INVS	AR	Reduced Risk	Personalized Residual Risk: 1 in 56,000
Nephrotic Syndrome (<i>NPHS1</i> -Related) / Congenital Finnish Nephrosis	NPHS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 920
Neurodegeneration due to Cerebral Folate Transport Deficiency	FOLR1	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Neurodevelopmental Disorder with Progressive Microcephaly, Spasticity, and Brain Anomalies	PLAA	AR	Reduced Risk	Personalized Residual Risk: 1 in 229,000
Neuronal Ceroid-Lipofuscinosis (<i>CLN3</i> -Related)	CLN3	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Neuronal Ceroid-Lipofuscinosis (<i>CLN5</i> -Related)	CLN5	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,300
Neuronal Ceroid-Lipofuscinosis (<i>CLN6</i> -Related)	CLN6	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,600
Neuronal Ceroid-Lipofuscinosis (<i>CLN8</i> -Related)	CLN8	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,100
Neuronal Ceroid-Lipofuscinosis (<i>MFSD8-</i> Related)	MFSD8	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,200
Related)				





Neuronal Ceroid-Lipofuscinosis (TPP1-Related)	TPP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,300
Niemann-Pick Disease (<i>SMPD1</i> -Related)	SMPD1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Niemann-Pick Disease, Type C (<i>NPC1</i> -Related)	NPC1	AR	Reduced Risk	Personalized Residual Risk: 1 in 690
Niemann-Pick Disease, Type C (<i>NPC2</i> -Related)	NPC2	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,600
Nijmegen Breakage Syndrome	NBN	AR	Reduced Risk	Personalized Residual Risk: 1 in 14,000
Non-Syndromic Hearing Loss (<i>GJB2</i> -Related)	GJB2	AR	Reduced Risk	Personalized Residual Risk: 1 in 600
Oculocutaneous Albinism, Type IA / IB	TYR	AR	Reduced Risk	Personalized Residual Risk: 1 in 240
Oculocutaneous Albinism, Type IV	SLC45A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 830
Odonto-Onycho-Dermal Dysplasia / Schopf- Schulz-Passarge Syndrome	WNT10A	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Omenn Syndrome (<i>RAG2</i> -Related)	RAG2	AR	Reduced Risk	Personalized Residual Risk: 1 in 17,000
Omenn Syndrome / Severe Combined mmunodeficiency, Athabaskan-Type	DCLRE1C	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Omenn Syndrome and other <i>RAG1</i> -Related Disorders	RAG1	AR	Reduced Risk	Personalized Residual Risk: 1 in 850
Ornithine Aminotransferase Deficiency	OAT	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,400
Ornithine Transcarbamylase Deficiency	ОТС	XL	Reduced Risk	Personalized Residual Risk: 1 in 103,000
Osteogenesis Imperfecta, Type XI	FKBP10	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,500
Osteopetrosis 1	TCIRG1	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,700
Osteopetrosis 8	SNX10	AR	Reduced Risk	Personalized Residual Risk: 1 in 16,000
Otospondylomegaepiphyseal Dysplasia / Deafness / Fibrochondrogenesis 2	COL11A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Papillon-Lefevre Syndrome	CTSC	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,000
Pendred Syndrome	SLC26A4	AR	Reduced Risk	Personalized Residual Risk: 1 in 390
Peroxisome Biogenesis Disorder 3A and 3B	PEX12	AR	Reduced Risk	Personalized Residual Risk: 1 in 30,000
Peroxisome Biogenesis Disorder 7A and 7B	PEX26	AR	Reduced Risk	Personalized Residual Risk: 1 in 70,000
Phenylalanine Hydroxylase Deficiency	PAH	AR	Reduced Risk	Personalized Residual Risk: 1 in 340
Polycystic Kidney Disease, Autosomal Recessive	PKHD1	AR	Reduced Risk	Personalized Residual Risk: 1 in 450
Polyglandular Autoimmune Syndrome, Type 1	AIRE	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Pontocerebellar Hypoplasia, Type 1A	VRK1	AR	Reduced Risk	Personalized Residual Risk: 1 in 25,000
Pontocerebellar Hypoplasia, Type 1B	EXOSC3	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Pontocerebellar Hypoplasia, Type 2A and Type 4	TSEN54	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,700
Pontocerebellar Hypoplasia, Type 2E	VPS53	AR	Reduced Risk	Personalized Residual Risk: 1 in 139,000
Pontocerebellar Hypoplasia, Type 6	RARS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,600
Primary Carnitine Deficiency	SLC22A5	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Primary Ciliary Dyskinesia (<i>CCDC103</i> -Related)	CCDC103	AR	Reduced Risk	Personalized Residual Risk: 1 in 27,000
Primary Ciliary Dyskinesia (<i>CCDC151</i> -Related)	CCDC151	AR	Reduced Risk	Personalized Residual Risk: 1 in 59,000
Primary Ciliary Dyskinesia (<i>CCDC39</i> -Related)	CCDC39	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Primary Ciliary Dyskinesia (<i>DNAH5</i> -Related)	DNAH5	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Primary Ciliary Dyskinesia (<i>DNAI1</i> -Related)	DNAI1	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,000
Primary Ciliary Dyskinesia (<i>DNAI2</i> -Related)	DNAI2	AR	Reduced Risk	Personalized Residual Risk: 1 in 76,000
Primary Ciliary Dyskinesia (<i>RSPHg</i> -Related)	RSPH9	AR	Reduced Risk	Personalized Residual Risk: 1 in 253,000
Primary Coenzyme Q10 Deficiency 7	COQ4	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Primary Congenital Glaucoma 3A	CYP1B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 880
Primary Hyperoxaluria, Type 1	AGXT	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Primary Hyperoxaluria, Type 2	GRHPR	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Primary Hyperoxaluria, Type 3	HOGA1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Progressive Cerebello-Cerebral Atrophy	SEPSECS	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,400
Progressive Familial Intrahepatic Cholestasis,	ABCB11	AR	Reduced Risk	Personalized Residual Risk: 1 in 950
Туре 2				





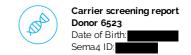
Progressive Pseudorheumatoid Dysplasia	WISP3	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,600
Prolidase Deficiency	PEPD	AR	Reduced Risk	Personalized Residual Risk: 1 in 30,000
Propionic Acidemia (<i>PCCA</i> -Related)	PCCA	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,600
Propionic Acidemia (<i>PCCB</i> -Related)	PCCB	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Pulmonary Surfactant Dysfunction	ABCA3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Pycnodysostosis	CTSK	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100
Pyridoxamine 5'-Phosphate Oxidase Deficiency	PNPO	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Pyridoxine-Dependent Epilepsy	ALDH7A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Pyruvate Carboxylase Deficiency	PC	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,000
Pyruvate Dehydrogenase E1-Alpha Deficiency	PDHA1	XL	Reduced Risk	Personalized Residual Risk: 1 in 139,000
Pyruvate Dehydrogenase E1-Beta Deficiency	PDHB	AR	Reduced Risk	Personalized Residual Risk: 1 in 15,000
Renal Tubular Acidosis and Deafness	ATP6V1B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,600
Retinitis Pigmentosa 25	EYS	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Retinitis Pigmentosa 26	CERKL	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Retinitis Pigmentosa 28	FAM161A	AR	Reduced Risk	Personalized Residual Risk: 1 in 34,000
Retinitis Pigmentosa 36	PRCD	AR	Reduced Risk	Personalized Residual Risk: 1 in 304,000
Retinitis Pigmentosa 59	DHDDS	AR	Reduced Risk	Personalized Residual Risk: 1 in 601,000
Retinitis Pigmentosa 64 / Bardet-Biedl Syndrome 21 / Cone-Rod Dystrophy 16	C8ORF37	AR	Reduced Risk	Personalized Residual Risk: 1 in 168,000
Rh Deficiency Syndrome	RHAG	AR	Reduced Risk	Personalized Residual Risk: 1 in 46,000
Rhizomelic Chondrodysplasia Punctata, Type 1	PEX7	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Rhizomelic Chondrodysplasia Punctata, Type 3	AGPS	AR	Reduced Risk	Personalized Residual Risk: 1 in 620,000
Roberts Syndrome	ESCO2	AR	Reduced Risk	Personalized Residual Risk: 1 in 139,000
Salla Disease	SLC17A5	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,400
Salt and Pepper Developmental Regression Syndrome	ST3GAL5	AR	Reduced Risk	Personalized Residual Risk: 1 in 25,000
Sandhoff Disease	HEXB	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Schimke Immunoosseous Dysplasia	SMARCAL1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,800
Seckel Syndrome 5 / Microcephaly 9	CEP152	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Segawa Syndrome	TH	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,100
Sepiapterin Reductase Deficiency	SPR	AR	Reduced Risk	Personalized Residual Risk: 1 in 35,000
Severe Combined Immunodeficiency (<i>IL7R</i> -Related)	IL7R	AR	Reduced Risk	Personalized Residual Risk: 1 in 20,000
Severe Combined Immunodeficiency (<i>JAK3</i> -Related)	JAK3	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Severe Combined Immunodeficiency (<i>PTPRC</i> - Related)	PTPRC	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,500
Severe Congenital Neutropenia 4	G6PC3	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Severe Neonatal Hyperparathyroidism	CASR	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Short Stature, Onychodysplasia, Facial Dysmorphism, and Hypotrichosis	POC1A	AR	Reduced Risk	Personalized Residual Risk: 1 in 108,000
Short-Chain Acyl-CoA Dehydrogenase Deficiency	ACADS	AR	Reduced Risk	Personalized Residual Risk: 1 in 660
Shwachman-Diamond Syndrome	SBDS	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Sialidosis, Type I and Type II	NEU1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Sjogren-Larsson Syndrome	ALDH3A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Smith-Lemli-Opitz Syndrome	DHCR7	AR	Reduced Risk	Personalized Residual Risk: 1 in 750
Spastic Paraplegia 15	ZFYVE26	AR	Reduced Risk	Personalized Residual Risk: 1 in 46,000
Spastic Tetraplegia, Thin Corpus Callosum, and Progressive Microcephaly	SLC1A4	AR	Reduced Risk	Personalized Residual Risk: 1 in 855,000
Spherocytosis, Type 5	EPB42	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200





Spinal Muscular Atrophy	SMN1	AR	Reduced Risk	SMN1 copy number: 2 SMN2 copy number: 2 c.*3+80T>G: Negative SMN1 Sequencing: Negative Personalized Residual Risk: 1 in 1,107
Spinal Muscular Atrophy with Respiratory Distress 1 / Charcot-Marie-Tooth Disease, Type 2S	IGHMBP2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Spinocerebellar Ataxia with Axonal Neuropathy	COA7	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Spondylocostal Dysostosis 1	DLL3	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,200
Spondylometaepiphyseal Dysplasia (<i>DDR2</i> -Related)	DDR2	AR	Reduced Risk	Personalized Residual Risk: 1 in 236,000
Spondylothoracic Dysostosis	MESP2	AR	Reduced Risk	Personalized Residual Risk: 1 in 382,000
Steel Syndrome	COL27A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 93,000
Stuve-Wiedemann Syndrome	LIFR	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,000
Sulfate Transporter-Related Osteochondrodysplasia	SLC26A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
				Tay-Sachs disease enzyme: Non-carrier
				White blood cells: Non-carrier
				 Hex A%: 56.3% (Non-carrier: 55.0 - 72.0% Carrier: <50%) Total hexosaminidase activity: 2087 nmol/hr/mg
Tay-Sachs Disease	HEXA	AR	Reduced Risk	Plasma: Non-carrier
				 Hex A%: 65.5 (Non-carrier: 58.0 - 72.0%; Carrier: <54%) Total hexosaminidase activity: 797 nmol/hr/ml
				HEXA Sequencing: Negative Personalized Residual Risk: 1 in 1,400
Thiamine-Responsive Megaloblastic Anemia Syndrome	SLC19A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Thyroid Dyshormonogenesis 1	SLC5A5	AR	Reduced Risk	Personalized Residual Risk: 1 in 45,000
Thyroid Dyshormonogenesis 2A	TPO	AR	Reduced Risk	Personalized Residual Risk: 1 in 910
Thyroid Dyshormonogenesis 3	TG	AR	Reduced Risk	Personalized Residual Risk: 1 in 850
Thyroid Dyshormonogenesis 4	IYD	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Thyroid Dyshormonogenesis 5	DUOXA2	AR	Reduced Risk	Personalized Residual Risk: 1 in 29,000
Tyrosinemia, Type I	FAH	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Tyrosinemia, Type II	TAT	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,800
Tyrosinemia, Type III	HPD	AR	Reduced Risk	Personalized Residual Risk: 1 in 266,000
Usher Syndrome, Type IB	MYO7A	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,000
Usher Syndrome, Type IC	USH1C	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Usher Syndrome, Type ID	CDH23	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
Usher Syndrome, Type IF	PCDH15	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,800
Usher Syndrome, Type IIA	USH2A	AR	Reduced Risk	Personalized Residual Risk: 1 in 290
Usher Syndrome, Type III	CLRN1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Very Long Chain Acyl-CoA Dehydrogenase Deficiency	ACADVL	AR	Reduced Risk	Personalized Residual Risk: 1 in 920
Vitamin D-Dependent Rickets, Type I	CYP27B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,900
Vitamin D-Resistant Rickets, Type IIA	VDR	AR	Reduced Risk	Personalized Residual Risk: 1 in 17,000
Walker-Warburg Syndrome and Other <i>FKTN</i> -Related Dystrophies	FKTN	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,200
Werner Syndrome	WRN	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Wilson Disease	ATP7B	AR	Reduced Risk	Personalized Residual Risk: 1 in 350





Wolcott-Rallison Syndrome	EIF2AK3	AR	Reduced Risk	Personalized Residual Risk: 1 in 22,000
Wolman Disease / Cholesteryl Ester Storage Disease	LIPA	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Woodhouse-Sakati Syndrome	DCAF17	AR	Reduced Risk	Personalized Residual Risk: 1 in 81,000
X-Linked Juvenile Retinoschisis	RS1	XL	Reduced Risk	Personalized Residual Risk: 1 in 40,000
X-Linked Severe Combined Immunodeficiency	IL2RG	XL	Reduced Risk	Personalized Residual Risk: 1 in 250,000
Xeroderma Pigmentosum (<i>POLH</i> -Related)	POLH	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,900
Xeroderma Pigmentosum, Group A	XPA	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Xeroderma Pigmentosum, Group C	XPC	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Xeroderma Pigmentosum, Group G	ERCC5	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,000
Zellweger Syndrome Spectrum (<i>PEX10</i> -Related)	PEX10	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,300
Zellweger Syndrome Spectrum (<i>PEX1</i> -Related)	PEX1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Zellweger Syndrome Spectrum (<i>PEX2</i> -Related)	PEX2	AR	Reduced Risk	Personalized Residual Risk: 1 in 77,000
Zellweger Syndrome Spectrum (<i>PEX6</i> -Related)	PEX6	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600

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 certain recurrent 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%.

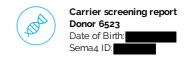
For alpha thalassemia, the copy numbers of the *HBA1* and *HBA2* genes were analyzed. Alpha-globin gene deletions, triplications, and the Constant Spring (CS) mutation are assessed. This test is expected to detect approximately 90% of all alpha-thalassemia mutations, varying by ethnicity, carriers of 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 typically due to unequal meiotic crossing-over between *CYP21A2* and the pseudogene *CYP21A1P*. Classic 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 diagnosed with SMA have a





causative *SMN1* variant that occurred *de novo*, and therefore cannot be picked up by carrier screening in the parents. Analysis of *SMN1* is performed in association with short-read sequencing of exons 2a-7, followed by confirmation using long-range PCR (described below). 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 silent carrier.

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 SureSelectTMXT Low Input 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. Libraries were pooled and sequenced on the Illumina NovaSeq 9000 platform, using paired-end 100 bp 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. These regions, which are described below, 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.

Exceptions: ABCD1 (NM_000033.3) exons 8 and 9; ACADSB (NM_001609.3) chr10:124,810,695-124,810,707 (partial exon 9); ADA (NM_000022.2) exon 1; ADAMTS2 (NM_014244.4) exon 1; AGPS (NM_003659.3) chr2:178,257,512-178,257,649 (partial exon 1); ALDH7A1 (NM_001182.4) chr5:125,911,150-125,911,163 (partial exon 7) and chr5:125,896,807-125,896,821 (partial exon 10); ALMS1 (NM_015120.4) chr2:73,612,990-73,613,041 (partial exon 1); APOPTI (NM_ 032374.4) chr14:104,040,437-104,040,455 (partial exon 3); CDANI (NM_138477.2) exon 2; CEP152 (NM_014985.3) chr15;49,061,146-49,061,165 (partial exon 14) and exon 22; CEP2go (NM_025114.3) exon 5, exon 7, chr12:88,519,017-88,519,039 (partial exon 13), chr12:88,514,049-88,514,058 (partial exon 15), chr12:88,502,837-88,502,841 (partial exon 23), chr12:88,481,551-88,481,589 (partial exon 32), chr12:88,471,605-88,471,700 (partial exon 40); CFTR (NM_000492.3) exon 10; COL4A4 (NM_000092.4) chr2:227,942,604-227,942,619 (partial exon 25); COX10 (NM_001303.3) exon 6; CYP11B1 (NM_000497.3) exons 3-7; CYP11B2 (NM_000498.3) exons 3-7; DNA/2 (NM_023036.4) chr17;72,308,136-72,308,147 (partial exon 12); DOK7 (NM_173660.4) chr4:3,465,131-3,465,161 (partial exon 1) and exon 2; DUOX2 (NM_014080.4) exons 6-8; EIF2AK3 (NM_004836.5 exon 8; EVC (NM_153717.2) exon 1; FH (NM_000143.3) exon 1; GAMT (NM_000156.5 exon 1; GLDC (NM_000170.2) exon 1; GNPTAB (NM_024312.4) chr17:4,837,000-4,837,400 (partial exon 2); GNPTG (NM_032520.4) exon 1; GHR (NM_000163.4) exon 3; GYS2 (NM_0219573) chr12:21,699,370-21,699,409 (partial exon 12); HGSNAT (NM_152419.2) exon 1; IDS (NM_000202.6 exon 3; ITGB4 (NM_000213.4) chr17:73,749,976-73,750,060 (partial exon 33); JAK3 (NM_000215.3) chr19:17,950,462-17,950,483 (partial exon 10); LIFR (NM_002310.5 exon 19; LMBRD1 (NM_018368.3) chr6:70,459,226-70,459,257 (partial exon 5), chr6:70,447.828-70,447.836 (partial exon 7) and exon 12; LYST (NM_000081.3) chr1:235,944,158-235,944,176 (partial exon 16) and chr1:235,875,350-235,875,362 (partial exon 43); MLYCD (NM_012213.2) chr16:83,933,242-83,933,282 (partial exon 1); MTR (NM_000254.2) chr1 237,024,418-237,024,439 (partial exon 20) and chr1:237,038,019-237,038,029 (partial exon 24); NBEAL2 (NM_015175.2) chr3 47,021,385-47,021,407 (partial exon 1); NEB (NM_001271208.1 exons 82-105; NPC1 (NM_000271.4) chr18:21,123,519-21,123,538 (partial exon 14); NPHP1 (NM_000272.3) chr2:110,937,251-110,937,263 (partial exon 3); OCRL (NM_000276.3) chrX:128,674,450-128,674,460 $(partial\ exon\ 1);\ PHKB\ (NM_000293.2)\ exon\ 1\ and\ chr16:47.732,498-47.732,504\ (partial\ exon\ 30);\ PIGN\ (NM_176787.4)\ chr18:59.815,547-59.815,576)$ (partial exon 8); PIP5K1C (NM_012398.2) exon 1 and chr19:3637602-3637616 (partial exon 17); POU1F1 (NM_000306.3) exon 5; PTPRC (NM_002838.4) exons 11 and 23; PUS1 (NM_025215.5 chr12:132,414,446-132,414,532 (partial exon 2); RPGRIP1L (NM_015272.2) exon 23; SGSH (NM_000199.3) chr17;78,194,022-78,194,072 (partial exon 1); SLC6A8 (NM_005629.3) exons 3 and 4; ST3GAL5 (NM_003896.3) exon 1; SURF1 (NM_003172.3) chrg:136,223,269-136,223,307 (partial exon 1); TRPM6 (NM_017662.4) chrg:77,362,800-77,362,811 (partial exon 31); TSEN54 (NM_207346.2) exon 1; TYR (NM_000372.4) exon 5; VWF (NM_000552.3) exons 24-26, chr12:6,125,675-6,125,684 (partial exon 30), chr12:6,121,244-6,121,265 (partial exon 33), and exon 34.

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.

Next Generation Sequencing for SMN1

Exonic regions and intron/exon splice junctions of *SMN1* and *SMN2* were captured, sequenced, and analyzed as described above. Any variants located within exons 2a-7 and classified as pathogenic or likely pathogenic were confirmed to be in either *SMN1* or *SMN2* using gene-specific long-range PCR analysis followed by Sanger sequencing. Variants located in exon 1 cannot be accurately assigned to either *SMN1* or *SMN2* using our current methodology, and so these variants are considered to be of uncertain significance and are not 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%)

Th 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.

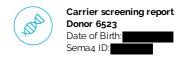
Residual Risk Calculations

Carrier frequencies and detection rates for each ethnicity were calculated through the combination of internal curations of >30,000 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.

Personalized Residual Risk Calculations

Agilent SureSelectTMXT Low-Input technology was utilized in order to create whole-genome libraries for each patient sample. Libraries were then pooled and sequenced on the Illumina NovaSeq platform. Each sequencing lane was multiplexed to achieve 0.4-2x genome coverage, using paired-end 100 bp reads. The sequencing data underwent ancestral analysis using a customized, licensed bioinformatics algorithm that was validated in house. Identified sub-ethnic groupings were binned into one of 7 continental-level groups (African, East Asian, South Asian,





Non-Finnish European, Finnish, Native American, and Ashkenazi Jewish) or, for those ethnicities that matched poorly to the continental-level groups, an 8th "unassigned" group, which were then used to select residual risk values for each gene. For individuals belonging to multiple high-level ethnic groupings, a weighting strategy was used to select the most appropriate residual risk. For genes that had insufficient data to calculate ethnic-specific residual risk values, or for sub-ethnic groupings that fell into the "unassigned" group, a "worldwide" residual risk was used. This "worldwide" residual risk was calculated using data from all available continental-level groups.

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.

Tay-Sachs Disease (TSD) Enzyme Analysis (Analytical Detection Rate ≥98%)

Hexosaminidase activity and Hex A% activity were measured by a standard heat-inactivation, fluorometric method using artificial 4-MU-β-N-acetyl glucosaminide (4-MUG) substrate. This assay is highly sensitive and accurate in detecting Tay-Sachs carriers and individuals affected with TSD. Normal ranges of Hex A% activity are 55.0-72.0 for white blood cells and 58.0-72.0 for plasma. It is estimated that less than 0.5% of Tay-Sachs carriers have non-carrier levels of percent Hex A activity, and therefore may not be identified by this assay. In addition, this assay may detect individuals that are carriers of or are affected with Sandhoff disease. False positive results may occur if benign variants, such as pseudodeficiency alleles, interfere with the enzymatic assay. False negative results may occur if both *HEXA* and *HEXB* pathogenic or pseudodeficiency variants are present in the same individual.

Please note these tests were developed and their performance characteristics were determined by Sema4 Opco, 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.

SELECTED REFERENCES

Carrier Screening

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

Fragile X syndrome:

Chen L et al. An information-rich CGG repeat primed PCR that detects the full range of Fragile X expanded alleles and minimizes the need for Southern blot analysis. *J Mol Diag* 2010 12:589-600.

Spinal Muscular Atrophy:

Luo M et al. An Ashkenazi Jewish SMN1 haplotype specific to duplication alleles improves pan-ethnic carrier screening for spinal muscular atrophy. *Genet Med.* 2014 16:149-56.

Ashkenazi Jewish Disorders:

Scott SA et al. Experience with carrier screening and prenatal diagnosis for sixteen Ashkenazi Jewish Genetic Diseases. *Hum. Mutat.* 2010 31:1-11.

Duchenne Muscular Dystrophy:

Flanigan KM et al. Mutational spectrum of DMD mutations in dystrophinopathy patients: application of modern diagnostic techniques to a large cohort. *Hum Mutat.* 2009 30:1657-66.

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.





Report Status: Final

6523, DONOR

Lab:EZ

Patient Information Special	imen Information	Client Information
6523, DONOR Special	imen: disition: Ref #: 03/03/2022 ived: 03/04/2022 / 21:36 EDT	Client #: 48041578 NYNJMAIL GENOMICS, SEMA4 SEMA4 62 SOUTHFIELD AVE STAMFORD, CT 06902-7229

Ward: FFAXCB

Cytogenetic Report

CHROMOSOME ANALYSIS, BLOOD - 14596

CHROMOSOME ANALYSIS, BLOOD

Order ID:
Specimen Type:
Blood

Clinical Indication: RULE OUT CHROMOSOME ABNORMALITY

RESULT:

NORMAL MALE KARYOTYPE

INTERPRETATION:

Chromosome analysis revealed normal G-band patterns within the limits of standard cytogenetic analysis.

Please expect the results of any other concurrent study in a separate report.

NOMENCLATURE:

46,XY

ASSAY INFORMATION:

Method: G-Band (Digital Analysis: MetaSyst

Cells Counted: 20
Band Level: 500
Cells Analyzed: 7
Cells Karyotyped: 7

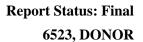
This test does not address genetic disorders that cannot be detected by standard cytogenetic methods or rare events such as low level mosaicism or subtle rearrangements.

Mark A. Micale, PhD, FACMG

Electronic Signature: 3/14/2022 2:47 PM

CLIENT SERVICES: 866.697.8378

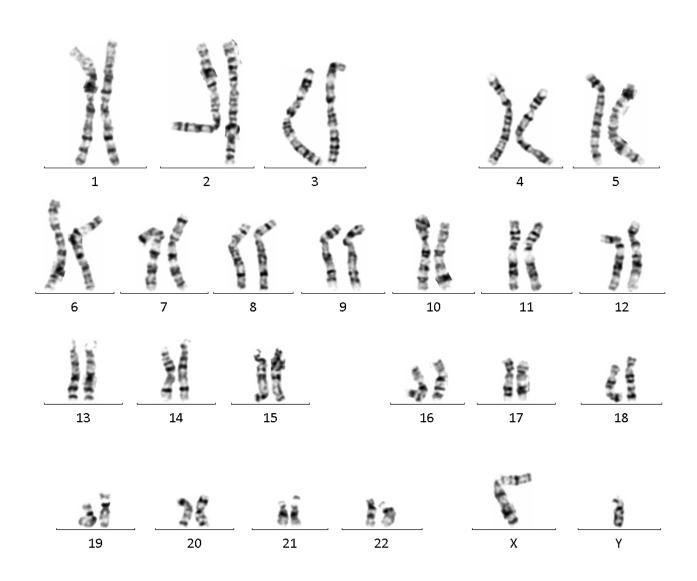
SPECIMEN:







Patient Information	Specimen Information	Client Information	
6523, DONOR	Specimen:	Client #: 48041578	
0323, DONOR	Collected: 03/03/2022	GENOMICS, SEMA4	
DOB: AGE:	Received: 03/04/2022 / 21:36 EDT		
Gender: M	Reported: 03/14/2022 / 15:56 EDT		
Patient ID:			



PERFORMING SITE:

EZ QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMICA,MD,PHD,MBA, CLIA: 05D0643352





Report Status: Final

6523, DONOR

Ward: FFAXCB				
Test Name	In Range	Out Of Range	Reference Range	Lab
HEMOGLOBINOPATHY EVALUATION				
RED BLOOD CELL COUNT	5.30		4.20-5.80 Million/uL	Z99
HEMOGLOBIN	15.6		13.2-17.1 g/dL	
HEMATOCRIT	45.3		38.5-50.0 %	
MCV	85.5		80.0-100.0 fL	
MCH	29.4		27.0-33.0 pg	
RDW	12.4		11.0-15.0 %	
HEMOGLOBIN A	97.2		>96.0 %	Z99
HEMOGLOBIN F	<1.0		<2.0 %	
HEMOGLOBIN A2 (QUANT)	2.8		2.2-3.2 %	
INTERPRETATION	*			
Normal phenotype.				

PERFORMING SITE:

Z99 QUEST DIAGNOSTICS CLIFTON, 1 INSIGHTS DRIVE, CLIFTON, NJ 07012-2355 Laboratory Director: SHELLA K MONGIA,MD, CLIA: 31D0696246



Physician:

Phone:



Patient Information:
6523, Donor
DOB:
Sex: M

Sex: M MR#: 6523 Patient#: Partner Information: Not Tested

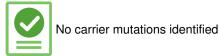
Accession: N/A Wieloch, Shannon GC: Wieloch, Shannon Fairfax Cryobank 3015 Williams Drive #110 Fairfax, VA 22031 <u>Laboratory:</u>
Fulgent Therapeutics LLC

CAP#: 8042697 CLIA#: 05D2043189 Laboratory Director: Dr. Amar Jariwala Report Date: Jul 30,2025

Accession:

Test#: Specimen Type: DNA Collected: Not Provided

FINAL RESULTS



TEST PERFORMED

Single Gene Carrier Screening: DYNC2H1

(1 Gene Panel: *DYNC2H1*; gene sequencing with deletion and duplication analysis)

INTERPRETATION:

Notes and Recommendations:

- No carrier mutations were identified in the submitted specimen. A negative result does not rule out the possibility of a genetic
 predisposition nor does it rule out any pathogenic mutations in areas not assessed by this test or in regions that were covered
 at a level too low to reliably assess. Also, it does not rule out mutations that are of the sort not queried by this test; see
 Methods and Limitations for more information. A negative result reduces, but does not eliminate, the chance to be a carrier for
 any condition included in this screen. Please see the supplemental table for details.
- This carrier screening test does not screen for all possible genetic conditions, nor for all possible mutations in every gene tested. This report does not include variants of uncertain significance; only variants classified as pathogenic or likely pathogenic at the time of testing, and considered relevant for reproductive carrier screening, are reported. Please see the gene specific notes for details. Please note that the classification of variants can change over time.
- Patients may wish to discuss any carrier results with blood relatives, as there is an increased chance that they are also carriers. These results should be interpreted in the context of this individual's clinical findings, biochemical profile, and family history.
- Gene specific notes and limitations may be present. See below.
- Genetic counseling is recommended. Available genetic counselors and additional resources can be found at the National Society of Genetic Counselors (NSGC; https://www.nsgc.org)

Patient: 6523, Donor; Sex: M;
DOB: RM#: 6523
PAGE 1 of 4





GENES TESTED:

Custom Beacon Carrier Screening Panel - Gene

This analysis was run using the Custom Beacon Carrier Screening Panel gene list. 1 genes were tested with 100.0% of targets sequenced at >20x coverage. For more gene-specific information and assistance with residual risk calculation, see the SUPPLEMENTAL TABLE.

DYNC2H1

METHODS:

Genomic DNA was isolated from the submitted specimen indicated above (if cellular material was submitted). DNA was barcoded, and enriched for the coding exons of targeted genes using hybrid capture technology. Prepared DNA libraries were then sequenced using a Next Generation Sequencing technology. Following alignment to the human genome reference sequence (assembly GRCh37), variants were detected in regions of at least 10x coverage. For this specimen, 100.00% and 100.00% of coding regions and splicing junctions of genes listed had been sequenced with coverage of at least 10x and 20x, respectively, by NGS or by Sanger sequencing. The remaining regions did not have 10x coverage, and were not evaluated. Variants were interpreted manually using locus specific databases, literature searches, and other molecular biological principles. To minimize false positive results, any variants that do not meet internal quality standards are confirmed by Sanger sequencing. Variants classified as pathogenic, likely pathogenic, or risk allele which are located in the coding regions and nearby intronic regions (+/- 20bp) of the genes listed above are reported. Variants outside these intervals may be reported but are typically not guaranteed. When a single pathogenic or likely pathogenic variant is identified in a clinically relevant gene with autosomal recessive inheritance, the laboratory will attempt to ensure 100% coverage of coding sequences either through NGS or Sanger sequencing technologies ("fill-in"). All genes listed were evaluated for large deletions and/or duplications. However, single exon deletions or duplications will not be detected in this assay, nor will copy number alterations in regions of genes with significant pseudogenes. Putative deletions or duplications are analyzed using Fulgent Germline proprietary pipeline for this specimen. Bioinformatics: The FPLMv2.0 pipeline was used to analyze this specimen.

LIMITATIONS:

General Limitations

These test results and variant interpretation are based on the proper identification of the submitted specimen, accuracy of any stated familial relationships, and use of the correct human reference sequences at the queried loci. In very rare instances, errors may result due to mix-up or co-mingling of specimens. Positive results do not imply that there are no other contributors, genetic or otherwise, to future pregnancies, and negative results do not rule out the genetic risk to a pregnancy. Official gene names change over time. Fulgent uses the most up to date gene names based on HUGO Gene Nomenclature Committee (https://www.genenames.org) recommendations. If the gene name on report does not match that of ordered gene, please contact the laboratory and details can be provided. Result interpretation is based on the available clinical and family history information for this individual, collected published information, and Alamut annotation available at the time of reporting. This assay is not designed or validated for the detection of low-level mosaicism or somatic mutations. This assay will not detect certain types of genomic aberrations such as translocations, inversions, or repeat expansions other than specified genes. DNA alterations in regulatory regions or deep intronic regions (greater than 20bp from an exon) may not be detected by this test. Unless otherwise indicated, no additional assays have been performed to evaluate genetic changes in this specimen. There are technical limitations on the ability of DNA sequencing to detect small insertions and deletions. Our laboratory uses a sensitive detection algorithm, however these types of alterations are not detected as reliably as single nucleotide variants. Rarely, due to systematic chemical, computational, or human error, DNA variants may be missed. Although next generation sequencing technologies and our bioinformatics analysis significantly reduce the confounding contribution of pseudogene sequences or other highly-homologous sequences, sometimes these may still interfere with the technical ability of the assay to identify pathogenic alterations in both sequencing and deletion/duplication analyses. Deletion/duplication analysis can identify alterations of genomic regions which include one whole gene (buccal swab specimens and whole blood specimens) and are two or more contiguous exons in size (whole blood specimens only); single exon deletions or duplications may occasionally be identified, but are not routinely detected by this test. When novel DNA duplications are identified, it is not possible to discern the genomic location or orientation of the duplicated segment, hence the effect of the duplication cannot be predicted. Where deletions are detected, it is not always possible to determine whether the predicted product will remain in-frame or not. Unless otherwise indicated, deletion/duplication analysis has not been performed in regions that have been sequenced by Sanger.

Patient: 6523, Donor; Sex: M; DOB: ; MR#: 6523





Gene Specific Notes and Limitations

No gene specific limitations apply to the genes on the tested panel.

SIGNATURE:

Dr. Harry Gao, DABMG, FACMG on 07/30/2025

= Gao

Laboratory Director, Fulgent

DISCLAIMER:

This test was developed, performed, and its performance characteristics determined by Fulgent Therapeutics LLC (CAP# 8042697, CLIA# 05D2043189), 4399 Santa Anita Ave., El Monte, CA 91731. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Since genetic variation, as well as systematic and technical factors, can affect the accuracy of testing, the results of testing should always be interpreted in the context of clinical and familial data. For assistance with interpretation of these results, healthcare professionals may contact us directly at (626) 350-0537 or info@fulgentgenetics.com. It is recommended that patients receive appropriate genetic counseling to explain the implications of the test result, including its residual risks, uncertainties and reproductive or medical options.

Patient: 6523, Donor; Sex: M;
DOB: Representation of the company o





To view the supplemental table describing the carrier frequencies, detection rates, and residual risks associated with the genes tested on any Beacon panel, please visit the following link:

Beacon Expanded Carrier Screening Supplemental Table



Patient: 6523, Donor; Sex: M; DOB ; MR#: 6523