

SPERM DONOR GENETIC TESTING SUMMARY

Donor # 8135

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

Last Updated: 03/06/2026

Donor Reported Ancestry: African American, Native American

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 - 549 diseases by gene sequencing and del/dup analysis.	<p>Carrier: Gitelman Syndrome (SLC12A3)</p> <p>Carrier: Infantile Neuroaxonal Dystrophy (PLA2G6)</p> <p>Increased Carrier Risk: Spinal Muscular Atrophy (SMN1)</p> <p>Negative for other genes tested.</p>	<p>Partner testing is recommended before using this donor.</p> <p>Carriers of Gitelman Syndrome may have decreased blood pressure compared to the general population, but are not expected to develop any symptoms of the disease. Please see results for further information. Genetic counseling can be considered.</p>

*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
Patient Name: Donor 8135

Date Of Birth: [REDACTED]
Gender: Male
Patient ID: N/A
Medical Record #: 8135-[REDACTED]
Collection Kit: [REDACTED]
Accession ID: N/A
Case File ID: [REDACTED]

Ethnicity: African American/Black

Test Information
Ordering Physician: [REDACTED]

Clinic Information: Fairfax Cryobank

Phone:
Report Date: 11/07/2025
Sample Collected: 10/28/2025
Sample Received: 10/29/2025
Sample Type: Blood

CARRIER SCREENING REPORT

ABOUT THIS SCREEN: Horizon™ is a carrier screen for specific autosomal recessive and X-linked diseases. This information can help patients learn their risk of having a child with specific genetic conditions.

ORDER SELECTED: The Horizon Custom panel was ordered for this patient. Males are not screened for X-linked diseases

FINAL RESULTS SUMMARY:



CARRIER for Gitelman Syndrome

Positive for the pathogenic variant c.2660+1G>A in the SLC12A3 gene. Heterozygous carriers may have decreased blood pressure compared to the general population, but are not expected to develop any symptoms of the disease. If this individual's partner is a carrier for GITELMAN SYNDROME, their chance to have a child with this condition is 1 in 4 (25%). Carrier screening for this individual's partner is suggested.

CARRIER for Infantile Neuroaxonal Dystrophy

Positive for the likely pathogenic variant c.1111G>A (p.V371M) in the PLA2G6 gene. If this individual's partner is a carrier for INFANTILE NEUROAXONAL DYSTROPHY, their chance to have a child with this condition may be as high as 1 in 4 (25%). Carrier screening for this individual's partner is suggested.

INCREASED CARRIER RISK for Spinal Muscular Atrophy

Two copies of the SMN1 gene detected. Positive for the g.27134T>G variant. Based on this individual's reported ethnicity, the individual has a 1 in 34 risk to be a silent (2+0) carrier for SMA. If this individual's partner is a carrier for Spinal Muscular Atrophy, they may be at increased risk to have a child with this condition. Carrier screening for this individual's partner is suggested.


Negative for 546 out of 549 diseases


No other pathogenic variants were detected in the genes that were screened. The patient's remaining carrier risk after the negative screening results is listed for each disease/gene on the Horizon website at <https://www.natera.com/panel-option/h-all/>. Please see the following pages of this report for a comprehensive list of all conditions included on this individual's screen.

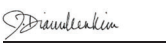
Carrier screening is not diagnostic and may not detect all possible pathogenic variants in a given gene.

RECOMMENDATIONS

Individuals who would like to review their Horizon report with a Natera Laboratory Genetic Counselor may schedule a telephone genetic information session by calling 650-249-9090 or visiting naterasession.com. Clinicians with questions may contact Natera at 650-249-9090 or email support@natera.com. Individuals with positive results may wish to discuss these results with family members to allow them the option to be screened. Comprehensive genetic counseling to discuss the implications of these test results and possible associated reproductive risk is recommended.


Christine M. Eng, M.D.
Medical Director, Baylor Genetics


Linyan Meng, Ph.D.
Laboratory Director, Baylor Genetics


J. Dianne Keen-Kim, Ph.D., FACMGG
Senior Laboratory Director, Natera


Yang Wang, Ph.D., FACMGG
Laboratory Director, Natera

Patient Information

Patient Name: Donor 8135

Test Information

Ordering Physician: [REDACTED]



Date Of Birth: [REDACTED]

Clinic Information: Fairfax Cryobank

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GITELMAN SYNDROME**Understanding Your Horizon Carrier Screen Results****What is Gitelman Syndrome?**

Gitelman Syndrome is an inherited disorder that causes kidney problems. In people with Gitelman Syndrome, the kidneys cannot filter certain substances correctly from the blood to urine. This leads to an imbalance of potassium, magnesium, and calcium in the blood. The signs and symptoms of Gitelman Syndrome vary from person to person and are often mild. Symptoms usually appear in late childhood or the teenage years and may include painful muscle spasms, muscle weakness or cramping, dizziness, and salt craving. Also common is a tingling or prickly sensation in the skin, most often on the face. Some people also have chronic tiredness, low blood pressure, an abnormal heart rhythm, and a painful joint condition called chondrocalcinosis. Treatment with magnesium salt supplements is effective in preventing or lessening the symptoms, although most people with Gitelman Syndrome never need treatment. Clinical trials involving potential new treatments for this condition may be available (see www.clinicaltrials.gov).

What causes Gitelman Syndrome?

Gitelman Syndrome is most often caused by a gene change, or mutation, in both copies of the SLC12A3 gene pair. These mutations cause the genes to not work properly or not work at all. When both copies of this gene do not work correctly, it leads to the symptoms described above. Gitelman Syndrome is inherited in an autosomal recessive manner. This means that, in most cases, both parents must be carriers of a mutation in one copy of the SLC12A3 gene to have a child with Gitelman Syndrome. People who are carriers for Gitelman Syndrome may have lower than average blood pressure, but are otherwise usually healthy and do not typically have other symptoms of Gitelman Syndrome. Usually a child inherits two copies of each gene, one copy from the mother and one copy from the father. If the mother and father are both carriers for Gitelman Syndrome there is a 1 in 4, or 25%, chance in each pregnancy for both partners to pass on their SLC12A3 gene mutations to the child, who will then have this condition. Individuals found to carry more than one mutation for Gitelman Syndrome should discuss risks to their own health and their risks for having an affected child with their health care provider.

What can I do next?

You may wish to speak with a local genetic counselor about your carrier test results. A genetic counselor in your area can be located on the National Society of Genetic Counselors website (www.nsgc.org). Your siblings and other relatives are at increased risk to also have this mutation. You are encouraged to inform your family members of your test results as they may wish to consider being tested themselves. If you are pregnant, your partner can have carrier screening for Gitelman Syndrome ordered by a health care professional. If your partner is not found to be a carrier for Gitelman Syndrome, your risk of having a child with this condition is reduced. Couples at risk of having a baby with Gitelman Syndrome can opt to have prenatal diagnosis done through chorionic villus sampling (CVS) or amniocentesis during pregnancy or can choose to have the baby tested after birth. If you are not yet pregnant, your partner can have carrier screening for Gitelman Syndrome ordered by a health care professional. If your partner is found to be a carrier for Gitelman Syndrome, you have several reproductive options to consider:

- Natural pregnancy with or without prenatal diagnosis or testing the baby after birth for Gitelman Syndrome
- Preimplantation genetic diagnosis (PGD) with in vitro fertilization (IVF) to test embryos for Gitelman Syndrome
- Adoption or use of a sperm or egg donor who is not a carrier for Gitelman Syndrome

What resources are available?

- Genetics Home Reference: <http://ghr.nlm.nih.gov/condition/gitelman-Syndrome>
- Orphanet: http://www.orpha.net/consor/cgi-bin/OC_Exp.php?Ing=EN&Expert=358.0
- Prenatal diagnosis done by CVS: <http://www.marchofdimes.org/chorionic-villus-sampling.aspx>
- Prenatal diagnosis done by Amniocentesis: <http://www.marchofdimes.org/amniocentesis.aspx>
- PGD with IVF: <http://www.natera.com/spectrum>

Patient Information

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INFANTILE NEUROAXONAL DYSTROPHY**Understanding Your Horizon Carrier Screen Results****What is Infantile Neuroaxonal Dystrophy?**

Infantile Neuroaxonal Dystrophy is an inherited disorder that affects the brain and nervous system. Symptoms usually appear at between 6 months and 3 years of age with delays in crawling, speaking, and other skills. Over time, the child loses previously gained skills. The muscles become weak and stiff and affected children will have difficulty moving, eating, and breathing. Seizures, hearing and vision loss, and cognitive decline (dementia) occur over time. Many children with this early-onset form die by the age of 10. In some cases, symptoms may not appear until later childhood or the teen years and tend to progress more slowly over a longer period of time. Some affected individuals have a later-onset form sometimes called PLA2G6-Related Dystonia-Parkinsonism. Symptoms usually start in adolescence or adulthood and include walking problems, abnormal movements, and Parkinson disease, and sometimes dementia. Currently there is no cure for any form of this disorder and treatment is based on symptoms. Clinical trials involving potential new treatments for this condition may be available (see www.clinicaltrials.gov).

What causes Infantile Neuroaxonal Dystrophy?

Infantile Neuroaxonal Dystrophy is caused by a gene change, or mutation, in both copies of the PLA2G6 gene pair. These mutations cause the genes to not work properly or not work at all. When both copies of this gene do not work correctly, it leads to the symptoms described above. It is sometimes, but not always, possible to determine whether a specific mutation in the PLA2G6 gene will cause the early-onset, late-onset or Dystonia-Parkinsonism form of the disorder. Infantile Neuroaxonal Dystrophy is inherited in an autosomal recessive manner. This means that, in most cases, both parents must be carriers of a mutation in one copy of the PLA2G6 gene to have a child with Infantile Neuroaxonal Dystrophy. People who are carriers for Infantile Neuroaxonal Dystrophy are usually healthy and do not have symptoms, nor do they have the disorder themselves. Usually a child inherits two copies of each gene, one copy from the mother and one copy from the father. If the mother and father are both carriers for Infantile Neuroaxonal Dystrophy there is a 1 in 4, or 25%, chance in each pregnancy for both partners to pass on their PLA2G6 gene mutations to the child, who will then have Infantile Neuroaxonal Dystrophy. Individuals found to carry more than one mutation for Infantile Neuroaxonal Dystrophy should discuss their risk for having an affected child, and any potential risks to their own health, with their health care provider.

What can I do next?

You may wish to speak with a local genetic counselor about your carrier test results. A genetic counselor in your area can be located on the National Society of Genetic Counselors website (www.nsgc.org). Your siblings and other relatives are at increased risk to also have this mutation. You are encouraged to inform your family members of your test results as they may wish to consider being tested themselves. If you are pregnant, your partner can have carrier screening for Infantile Neuroaxonal Dystrophy ordered by a health care professional. If your partner is not found to be a carrier for Infantile Neuroaxonal Dystrophy, your risk of having an affected child is greatly reduced. Couples at risk of having a baby with Infantile Neuroaxonal Dystrophy can opt to have prenatal diagnosis done through chorionic villus sampling (CVS) or amniocentesis during pregnancy or can choose to have the baby tested after birth for this condition. If you are not yet pregnant, your partner can have carrier screening for Infantile Neuroaxonal Dystrophy ordered by a health care professional. If your partner is found to be a carrier for Infantile Neuroaxonal Dystrophy, you have several reproductive options to consider:

- Natural pregnancy with or without prenatal diagnostic testing of the fetus or testing the baby after birth for Infantile Neuroaxonal Dystrophy
- Preimplantation genetic diagnosis (PGD) with in vitro fertilization (IVF) to test embryos for Infantile Neuroaxonal Dystrophy
- Adoption or use of a sperm or egg donor who is not a carrier for Infantile Neuroaxonal Dystrophy

What resources are available?

- Genetics Home Reference: <https://ghr.nlm.nih.gov/condition/infantile-neuroaxonal-dystrophy>
- GeneReviews: <https://www.ncbi.nlm.nih.gov/books/NBK1675/>
- Prenatal diagnosis by CVS: <http://www.marchofdimess.org/chorionic-villus-sampling.aspx>
- Prenatal diagnosis by amniocentesis: <http://www.marchofdimess.org/amniocentesis.aspx>
- Preimplantation genetic diagnosis (PGD) with IVF: <http://www.natera.com/spectrum>

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SPINAL MUSCULAR ATROPHY

Understanding Your Horizon Carrier Screen Results

What is Spinal Muscular Atrophy?

Spinal Muscular Atrophy (SMA) is a serious inherited disorder that typically begins in infancy or childhood and causes worsening muscle weakness, decreased ability to breathe, and loss of motor skills. Most children with SMA have one of the early-onset forms with symptoms that begin in infancy. Without treatment, death often occurs before the age of two. Some children have juvenile-onset SMA and develop muscle weakness and other symptoms later in childhood and typically have a normal lifespan. In rare cases symptoms do not begin until early adulthood, are less severe, and do not affect lifespan. Currently there is no cure for SMA, although some affected individuals may benefit from new medications that can lessen or stop the progression of symptoms, especially when treatment is started early. Clinical trials involving potential new treatments for this condition may be available (see www.clinicaltrials.gov).

What causes Spinal Muscular Atrophy?

SMA is caused by a change, or mutation, in both copies the SMN1 gene pair. These mutations, which often delete part or all of the gene, cause the genes to work improperly or not work at all. When both copies of the SMN1 gene are missing or do not work correctly, it leads to the symptoms described above.

SMA is inherited in an autosomal recessive manner. This means that, in most cases, both parents must be carriers of a mutation in one copy of the SMN1 gene to have a child with SMA. People who are carriers are usually healthy and do not have symptoms nor do they have SMA themselves. Usually a child inherits two copies of each gene, one from their mother and one from their father. If the mother and father are found to be SMA carriers, there is a 1 in 4, or 25%, chance in each pregnancy for both partners to pass on their SMN1 gene mutations to the child, who would then have SMA. With further testing (not offered through Natera), it is sometimes, but not always, possible to determine whether a given carrier couple is at risk to have a child with a severe, early-onset form of SMA, the juvenile form, or the later-onset form.

What is Enhanced SMA testing?

Enhanced SMA testing gives more information to people who have two copies of the SMN1 gene found on their carrier screen. Most people who have two copies of SMN1 are not carriers for SMA. However, a small number of people with two copies of SMN1 are carriers because both SMN1 genes are on the same chromosome and there are no copies of SMN1 on their other chromosome. This is known as being a "silent 2+0" carrier for SMA. Enhanced SMA testing can be done to check for a certain genetic marker called a single nucleotide polymorphism (SNP) that is found more often when a person is a silent 2+0 carrier for SMA.

Two copies of SMN1 were identified with your Horizon test and Enhanced SMA testing shows that you have the genetic marker, or SNP, that is found more often when there are two copies of SMN1 on the same chromosome. This means you have a higher chance to be a silent 2+0 carrier for SMA.

- If you are of Ashkenazi Jewish or Asian background - It is almost certain you are a silent 2+0 carrier for SMA.
- If you are of any other ethnic background - You have an increased chance to be a silent 2+0 carrier for SMA.

A couple can be at risk to have a child with SMA if:

- Both partners have only one copy of SMN1
- One partner is a carrier (one copy of SMN1) and the other is a silent 2+0 carrier
- Both partners are silent 2+0 carriers

What can I do next?

You may wish to speak with a local genetic counselor about your positive SMA results. A genetic counselor in your region can be located on the National Society of Genetic Counselors website (www.nsgc.org).

Your siblings and other relatives are at increased risk to also have this genetic marker. You are encouraged to inform your family members of your test results as they may wish to consider being tested for SMA carrier status themselves.

If you are pregnant, your partner can have carrier screening for SMA ordered by a health care professional. Partner screening may include SMN1 testing and possibly Enhanced SMA testing. Enhanced SMA testing can provide information on the chance to still be a carrier even after a normal (negative) SMA carrier screen. Your doctor or a local genetic counselor can help decide which carrier test is best for your partner. If your partner is not found to be a carrier of SMA, your risk of having a child with SMA is greatly reduced. Couples at risk of having a baby with SMA can opt to have prenatal diagnosis done through chorionic villus sampling or amniocentesis during pregnancy or can choose to have the baby tested after birth for SMA.

If you are not yet pregnant, your partner can have carrier testing for SMA ordered by a health care professional. Partner testing may include SMN1 testing and possibly Enhanced SMA testing. Enhanced SMA testing can provide information on the chance to still be a carrier even after a normal (negative) SMA carrier screen. Your doctor or a genetic counselor can help decide which carrier test is best for your partner. If your partner is found to be a carrier for SMA, you have several reproductive options to consider:

- Natural pregnancy with or without prenatal diagnostic testing of the fetus or testing the baby after birth for SMA
- Preimplantation genetic diagnosis (PGD) with in vitro fertilization (IVF) to test embryos for SMA

Patient Information

Patient Name: Donor 8135

Date Of Birth: [REDACTED]

Case File ID: [REDACTED]

Test Information

Ordering Physician: [REDACTED]

Clinic Information: Fairfax Cryobank

Report Date: 11/07/2025



- Adoption or use of a sperm or egg donor who is not a carrier for SMA

What resources are available?

- Families of SMA: www.curesma.org
- GeneReviews: <https://www.ncbi.nlm.nih.gov/books/NBK1352/>
- Prenatal diagnosis done by CVS: <http://www.marchofdimes.org/chorionic-villus-sampling.aspx>
- Prenatal diagnosis done by amniocentesis: <http://www.marchofdimes.org/amniocentesis.aspx>
- PGD with IVF: <http://natera.com/spectrum>

Patient Information

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**VARIANT DETAILS****PLA2G6, c.1111G>A (p.V371M), likely pathogenic**

- The c.1111G>A (p.V371M) variant in the PLA2G6 gene has been observed at a frequency of 0.0004% in the gnomAD v2.1.1 dataset.
- This variant has been reported in a homozygous state or in conjunction with another variant in individual(s) with PLA2G6-associated neurodegeneration (PMID: 19138334, 34445196).
- This variant has been reported in ClinVar [ID: 985636].

SLC12A3, c.2660+1G>A, pathogenic

- The c.2660+1G>A variant in the SLC12A3 gene has been observed at a frequency of 0.0008% in the gnomAD v2.1.1 dataset.
- This variant has been reported in a homozygous state or in conjunction with another variant in individual(s) with Gitelman syndrome (PMID: 22679066, 30596175, 24830959, 30413979, 33348466).
- This canonical splicing variant is predicted to alter the reading frame and cause nonsense-mediated decay (NMD) in a gene where loss-of-function is a known mechanism of disease.
- This variant has been reported in ClinVar [ID: 936104].

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Test Information

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DISEASES SCREENED

Below is a list of all diseases screened and the result. Certain conditions have unique patient-specific numerical values, therefore, results for those conditions are formatted differently.

Autosomal Recessive

- 1**
17-BETA HYDROXYSTEROID DEHYDROGENASE 3 DEFICIENCY (*HSD17B3*) **negative**
- 3**
3-BETA-HYDROXYSTEROID DEHYDROGENASE TYPE II DEFICIENCY (*HSD3B2*) **negative**
3-HYDROXY-3-METHYLGLUTARYL-COENZYME A LYASE DEFICIENCY (*HMGCL*) **negative**
3-HYDROXYACYL-COA DEHYDROGENASE DEFICIENCY (*HADH*) **negative**
3-METHYLCROTONYL-CoA CARBOXYLASE 2 DEFICIENCY (*MCCC2*) **negative**
3-PHOSPHOGLYCERATE DEHYDROGENASE DEFICIENCY (*PHGDH*) **negative**
- 5**
5-ALPHA-REDUCTASE DEFICIENCY (*SRD5A2*) **negative**
- 6**
6-PYRUVOYL-TETRAHYDROPTERIN SYNTHASE (*PTPS*) DEFICIENCY (*PTS*) **negative**
- A**
ABCA4-RELATED CONDITIONS (*ABCA4*) **negative**
ABETALIPOPROTEINEMIA (*MTPP*) **negative**
ACHONDROGENESIS, TYPE 1B (*SLC26A2*) **negative**
ACHROMATOPSIA, CNGB3-RELATED (*CNGB3*) **negative**
ACRODERMATITIS ENTEROPATHICA (*SLC39A4*) **negative**
ACTION MYOCLONUS-RENAL FAILURE (AMRF) SYNDROME (*SCARB2*) **negative**
ACUTE INFANTILE LIVER FAILURE, TRMU-RELATED (*TRMU*) **negative**
ACYL-COA OXIDASE I DEFICIENCY (*ACOX1*) **negative**
AICARDI-GOUTIÈRES SYNDROME (*SAMHD1*) **negative**
AICARDI-GOUTIÈRES SYNDROME, RNASEH2A-RELATED (*RNASEH2A*) **negative**
AICARDI-GOUTIÈRES SYNDROME, RNASEH2B-RELATED (*RNASEH2B*) **negative**
AICARDI-GOUTIÈRES SYNDROME, RNASEH2C-RELATED (*RNASEH2C*) **negative**
AICARDI-GOUTIÈRES SYNDROME, TREX1-RELATED (*TREX1*) **negative**
ALPHA-MANNOSIDOSIS (*MAN2B1*) **negative**
ALPHA-THALASSEMIA (*HBA1/HBA2*) **negative**
ALPORT SYNDROME, COL4A3-RELATED (*COL4A3*) **negative**
ALPORT SYNDROME, COL4A4-RELATED (*COL4A4*) **negative**
ALSTROM SYNDROME (*ALMS1*) **negative**
AMISH INFANTILE EPILEPSY SYNDROME (*ST3GAL5*) **negative**
ANDERMANN SYNDROME (*SLC12A6*) **negative**
ARGININE:GLYCINE AMIDINOTRANSFERASE DEFICIENCY (AGAT DEFICIENCY) (*GATM*) **negative**
ARGININEMIA (*ARG1*) **negative**
ARGININOSUCCINATE LYASE DEFICIENCY (*ASL*) **negative**
AROMATASE DEFICIENCY (*CYP19A1*) **negative**
ASPARAGINE SYNTHETASE DEFICIENCY (*ASNS*) **negative**
ASPARTYLGLYCOSAMINURIA (*AGA*) **negative**
ATAXIA WITH VITAMIN E DEFICIENCY (*TTPA*) **negative**
ATAXIA-TELANGIECTASIA (*ATM*) **negative**
ATAXIA-TELANGIECTASIA-LIKE DISORDER 1 (*MRE11*) **negative**
ATRAINFERRINEMIA (*TF*) **negative**
AUTISM SPECTRUM, EPILEPSY AND ARTHROGRYPOSIS (*SLC35A3*) **negative**
AUTOIMMUNE POLYGLANDULAR SYNDROME, TYPE 1 (*AIRE*) **negative**
AUTOSOMAL RECESSIVE CONGENITAL ICHTHYOSIS (*ARCI*), SLC27A4-RELATED (*SLC27A4*) **negative**
AUTOSOMAL RECESSIVE SPASTIC ATAXIA OF CHARLEVOIX-SAGUENAY (*SACS*) **negative**
- B**
BARDET-BIEDL SYNDROME, ARL6-RELATED (*ARL6*) **negative**
- BARDET-BIEDL SYNDROME, BBS10-RELATED (*BBS10*) **negative**
BARDET-BIEDL SYNDROME, BBS12-RELATED (*BBS12*) **negative**
BARDET-BIEDL SYNDROME, BBS1-RELATED (*BBS1*) **negative**
BARDET-BIEDL SYNDROME, BBS2-RELATED (*BBS2*) **negative**
BARDET-BIEDL SYNDROME, BBS4-RELATED (*BBS4*) **negative**
BARDET-BIEDL SYNDROME, BBS5-RELATED (*BBS5*) **negative**
BARDET-BIEDL SYNDROME, BBS7-RELATED (*BBS7*) **negative**
BARDET-BIEDL SYNDROME, BBS9-RELATED (*BBS9*) **negative**
BARDET-BIEDL SYNDROME, TTC8-RELATED (*TTC8*) **negative**
BARE LYMPHOCYTE SYNDROME, CIITA-RELATED (*CIITA*) **negative**
BARTTER SYNDROME, BSND-RELATED (*BSND*) **negative**
BARTTER SYNDROME, KCNJ1-RELATED (*KCNJ1*) **negative**
BARTTER SYNDROME, SLC12A1-RELATED (*SLC12A1*) **negative**
BATTEN DISEASE, CLN3-RELATED (*CLN3*) **negative**
BETA-HEMOGLOBINOPATHIES (*HBB*) **negative**
BETA-KETOHLIASE DEFICIENCY (*ACAT1*) **negative**
BETA-MANNOSIDOSIS (*MANBA*) **negative**
BETA-UREIDOPROPIONASE DEFICIENCY (*UPB1*) **negative**
BILATERAL FRONTOPIRIAL POLYMICROGYRIA (*GPR56*) **negative**
BIOTINIDASE DEFICIENCY (*BTD*) **negative**
BIOTIN-THIAMINE-RESPONSIVE BASAL GANGLIA DISEASE (BTBGD) (*SLC19A3*) **negative**
BLOOM SYNDROME (*BLM*) **negative**
BRITTLE CORNEA SYNDROME 1 (*ZNF469*) **negative**
BRITTLE CORNEA SYNDROME 2 (*PRDM5*) **negative**
- C**
CANAVAN DISEASE (*ASPA*) **negative**
CARBAMOYL PHOSPHATE SYNTHETASE I DEFICIENCY (*CPS1*) **negative**
CARNITINE DEFICIENCY (*SLC22A5*) **negative**
CARNITINE PALMITOYLTRANSFERASE IA DEFICIENCY (*CPT1A*) **negative**
CARNITINE PALMITOYLTRANSFERASE II DEFICIENCY (*CPT2*) **negative**
CARNITINE-ACYLCARNITINE TRANSLOCASE DEFICIENCY (*SLC25A20*) **negative**
CARPENTER SYNDROME (*RAB23*) **negative**
CARTILAGE-HAIR HYPOPLASIA (*RMRP*) **negative**
CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA (*CASQ2*) **negative**
CD59-MEDIATED HEMOLYTIC ANEMIA (*CD59*) **negative**
CEP152-RELATED MICROCEPHALY (*CEP152*) **negative**
CEREBRAL DYSGENESIS, NEUROPATHY, ICHTHYOSIS, AND PALMOPLANTAR KERATODERMA (CEDNIK) SYNDROME (*SNAP29*) **negative**
CEREBROTENDINOUS XANTHOMATOSIS (*CYP27A1*) **negative**
CHARCOT-MARIE-TOOTH DISEASE, RECESSIVE INTERMEDIATE C (*PLEKHG5*) **negative**
CHARCOT-MARIE-TOOTH-DISEASE, TYPE 4D (*NDRG1*) **negative**
CHEDIAK-HIGASHI SYNDROME (*LYST*) **negative**
CHOREOACANTHOCYTOSIS (*VPS13A*) **negative**
CHRONIC GRANULOMATOUS DISEASE, CYBA-RELATED (*CYBA*) **negative**
CHRONIC GRANULOMATOUS DISEASE, NCF2-RELATED (*NCF2*) **negative**
CILIOPATHIES, RPGRIP1L-RELATED (*RPGRIP1L*) **negative**
CITRIN DEFICIENCY (*SLC25A13*) **negative**
CITRULLINEMIA, TYPE 1 (*ASS1*) **negative**
CLN10 DISEASE (*CTSD*) **negative**
COHEN SYNDROME (*VPS13B*) **negative**
COL11A2-RELATED CONDITIONS (*COL11A2*) **negative**
COMBINED MALONIC AND METHYLMALONIC ACIDURIA (*ACSF3*) **negative**
COMBINED OXIDATIVE PHOSPHORYLATION DEFICIENCY 1 (*GFM1*) **negative**
COMBINED OXIDATIVE PHOSPHORYLATION DEFICIENCY 3 (*TFSM*) **negative**

Patient Information

Patient Name: Donor 8135

Test Information

Ordering Physician: [REDACTED]



Clinic Information: Fairfax Cryobank

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C

COMBINED PITUITARY HORMONE DEFICIENCY 1 (*POU1F1*) **negative**
 COMBINED PITUITARY HORMONE DEFICIENCY-2 (*PROP1*) **negative**
 CONGENITAL ADRENAL HYPERPLASIA, 11-BETA-HYDROXYLASE DEFICIENCY (*CYP11B1*) **negative**
 CONGENITAL ADRENAL HYPERPLASIA, 17-ALPHA-HYDROXYLASE DEFICIENCY (*CYP17A1*) **negative**
 CONGENITAL ADRENAL HYPERPLASIA, 21-HYDROXYLASE DEFICIENCY (*CYP21A2*) **negative**
 CONGENITAL ADRENAL INSUFFICIENCY, CYP11A1-RELATED (*CYP11A1*) **negative**
 CONGENITAL AMEGAKARYOCYTIC THROMBOCYTOPENIA (*MPL*) **negative**
 CONGENITAL CHRONIC DIARRHEA (*DGAT1*) **negative**
 CONGENITAL DISORDER OF GLYCOSYLATION TYPE 1, ALG1-RELATED (*ALG1*) **negative**
 CONGENITAL DISORDER OF GLYCOSYLATION, TYPE 1A, PMM2-Related (*PMM2*) **negative**
 CONGENITAL DISORDER OF GLYCOSYLATION, TYPE 1B (*MPL*) **negative**
 CONGENITAL DISORDER OF GLYCOSYLATION, TYPE 1C (*ALG6*) **negative**
 CONGENITAL DYSERYTHROPOIETIC ANEMIA TYPE 2 (*SEC23B*) **negative**
 CONGENITAL FINNISH NEPHROSIS (*NPHS1*) **negative**
 CONGENITAL HYDROCEPHALUS 1 (*CCDC88C*) **negative**
 CONGENITAL HYPERINSULINISM, KCNJ11-Related (*KCNJ11*) **negative**
 CONGENITAL INSENSITIVITY TO PAIN WITH ANHIDROSIS (CIPA) (*NTRK1*) **negative**
 CONGENITAL MYASTHENIC SYNDROME, CHAT-RELATED (*CHAT*) **negative**
 CONGENITAL MYASTHENIC SYNDROME, CHRNE-RELATED (*CHRNE*) **negative**
 CONGENITAL MYASTHENIC SYNDROME, COLQ-RELATED (*COLQ*) **negative**
 CONGENITAL MYASTHENIC SYNDROME, DOK7-RELATED (*DOK7*) **negative**
 CONGENITAL MYASTHENIC SYNDROME, RAPSN-RELATED (*RAPSN*) **negative**
 CONGENITAL NEPHROTIC SYNDROME, PLCE1-RELATED (*PLCE1*) **negative**
 CONGENITAL NEUTROPENIA, G6PC3-RELATED (*G6PC3*) **negative**
 CONGENITAL NEUTROPENIA, HAX1-RELATED (*HAX1*) **negative**
 CONGENITAL NEUTROPENIA, VPS45-RELATED (*VPS45*) **negative**
 CONGENITAL SECRETORY CHLORIDE DIARRHEA 1 (*SLC26A3*) **negative**
 CORNEAL DYSTROPHY AND PERCEPTIVE DEAFNESS (*SLC4A11*) **negative**
 CORTICOSTERONE METHYLOXIDASE DEFICIENCY (*CYP11B2*) **negative**
 COSTEFF SYNDROME (3-METHYLG LUTACONIC ACIDURIA, TYPE 3) (*OPA3*) **negative**
 CRB1-RELATED RETINAL DYSTROPHIES (*CRB1*) **negative**
 CYSTIC FIBROSIS (*CFTR*) **negative**
 CYSTINOSIS (*CTNS*) **negative**
 CYTOCHROME C OXIDASE DEFICIENCY, PET100-RELATED (*PET100*) **negative**
 CYTOCHROME P450 OXIDOREDUCTASE DEFICIENCY (*POR*) **negative**

D

D-BIFUNCTIONAL PROTEIN DEFICIENCY (*HSD17B4*) **negative**
 DEAFNESS, AUTOSOMAL RECESSIVE 77 (*LOXHD1*) **negative**
 DIHYDROPTERIDINE REDUCTASE (DHPR) DEFICIENCY (*QDPR*) **negative**
 DONNAI-BARROW SYNDROME (*LRP2*) **negative**
 DUBIN-JOHNSON SYNDROME (*ABCC2*) **negative**
 DYSKERATOSIS CONGENITA SPECTRUM DISORDERS (*TERT*) **negative**
 DYSKERATOSIS CONGENITA, RTKL1-RELATED (*RTKL1*) **negative**
 DYSTROPHIC EPIDERMOLYSIS BULLOSA, COL7A1-Related (*COL7A1*) **negative**

E

EARLY INFANTILE EPILEPTIC ENCEPHALOPATHY, CAD-RELATED (*CAD*) **negative**
 EHLERS-DANLOS SYNDROME TYPE VI (*PLOD1*) **negative**
 EHLERS-DANLOS SYNDROME, CLASSIC-LIKE, TNXB-RELATED (*TNXB*) **negative**
 EHLERS-DANLOS SYNDROME, TYPE VII C (*ADAMTS2*) **negative**
 ELLIS-VAN CREVELD SYNDROME, EVC2-RELATED (*EVC2*) **negative**
 ELLIS-VAN CREVELD SYNDROME, EVC-RELATED (*EVC*) **negative**
 ENHANCED S-CONE SYNDROME (*NR2E3*) **negative**
 EPIMERASE DEFICIENCY (GALACTOSEMIA TYPE III) (*GALE*) **negative**
 EPIPHYSEAL DYSPLASIA, MULTIPLE, 7/DESBUIQUOIS DYSPLASIA 1 (*CANT1*) **negative**
 ERCC6-RELATED DISORDERS (*ERCC6*) **negative**
 ERCC8-RELATED DISORDERS (*ERCC8*) **negative**
 ETHYLMALONIC ENCEPHALOPATHY (*ETHE1*) **negative**

F

FACTOR XI DEFICIENCY (*F11*) **negative**

FAMILIAL DYSAUTONOMIA (*IKBKAP*) **negative**
 FAMILIAL HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS, PRF1-RELATED (*PRF1*) **negative**
 FAMILIAL HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS, STX11-RELATED (*STX11*) **negative**
 FAMILIAL HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS, STXBP2-RELATED (*STXBP2*) **negative**
 FAMILIAL HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS, UNC13D-RELATED (*UNC13D*) **negative**
 FAMILIAL HYPERCHOLESTEROLEMIA, LDLRAP1-RELATED (*LDLRAP1*) **negative**
 FAMILIAL HYPERCHOLESTEROLEMIA, LDLR-RELATED (*LDLR*) **negative**
 FAMILIAL HYPERINSULINISM, ABCC8-RELATED (*ABCC8*) **negative**
 FAMILIAL NEPHROGENIC DIABETES INSIPIDUS, AQP2-RELATED (*AQP2*) **negative**
 FANCONI ANEMIA, GROUP A (*FANCA*) **negative**
 FANCONI ANEMIA, GROUP C (*FANCC*) **negative**
 FANCONI ANEMIA, GROUP D2 (*FANCD2*) **negative**
 FANCONI ANEMIA, GROUP E (*FANCE*) **negative**
 FANCONI ANEMIA, GROUP F (*FANCF*) **negative**
 FANCONI ANEMIA, GROUP G (*FANCG*) **negative**
 FANCONI ANEMIA, GROUP I (*FANCI*) **negative**
 FANCONI ANEMIA, GROUP J (*BRIP1*) **negative**
 FANCONI ANEMIA, GROUP L (*FANCL*) **negative**
 FARBER LIPOGRANULOMATOSIS (*ASAH1*) **negative**
 FOVEAL HYPOPLASIA (*SLC38A8*) **negative**
 FRASER SYNDROME 3, GRIP1-RELATED (*GRIP1*) **negative**
 FRASER SYNDROME, FRAS1-RELATED (*FRAS1*) **negative**
 FRASER SYNDROME, FREM2-RELATED (*FREM2*) **negative**
 FRIEDREICH ATAXIA (*FXN*) **negative**
 FRUCTOSE-1,6-BISPHOSPHATASE DEFICIENCY (*FBP1*) **negative**
 FUCOSIDOSIS, FUCA1-RELATED (*FUCA1*) **negative**
 FUMARASE DEFICIENCY (*FH*) **negative**

G

GABA-TRANSAMINASE DEFICIENCY (*ABAT*) **negative**
 GALACTOKINASE DEFICIENCY (GALACTOSEMIA, TYPE II) (*GALK1*) **negative**
 GALACTOSEMIA (*GALT*) **negative**
 GALACTOSIALIDOSIS (*CTSA*) **negative**
 GAUCHER DISEASE (*GBA*) **negative**
 GCH1-RELATED CONDITIONS (*GCH1*) **negative**
 GDF5-RELATED CONDITIONS (*GDF5*) **negative**
 GERODERMA OSTEODYPLASTICA (*GORAB*) **negative**
 GITELMAN SYNDROME (*SLC12A3*) **see first page**
 GLANZMANN THROMBASTHENIA (*ITGB3*) **negative**
 GLUTARIC ACIDEMIA, TYPE 1 (*GCDH*) **negative**
 GLUTARIC ACIDEMIA, TYPE 2A (*ETFA*) **negative**
 GLUTARIC ACIDEMIA, TYPE 2B (*ETFB*) **negative**
 GLUTARIC ACIDEMIA, TYPE 2C (*ETFDH*) **negative**
 GLUTATHIONE SYNTHETASE DEFICIENCY (*GSS*) **negative**
 GLYCINE ENCEPHALOPATHY, AMT-RELATED (*AMT*) **negative**
 GLYCINE ENCEPHALOPATHY, GLDC-RELATED (*GLDC*) **negative**
 GLYCOGEN STORAGE DISEASE TYPE 5 (McArdle Disease) (*PYGM*) **negative**
 GLYCOGEN STORAGE DISEASE TYPE IXB (*PHKB*) **negative**
 GLYCOGEN STORAGE DISEASE TYPE IXC (*PHKG2*) **negative**
 GLYCOGEN STORAGE DISEASE, TYPE 1a (*G6PC*) **negative**
 GLYCOGEN STORAGE DISEASE, TYPE 1b (*SLC37A4*) **negative**
 GLYCOGEN STORAGE DISEASE, TYPE 2 (POMPE DISEASE) (*GAA*) **negative**
 GLYCOGEN STORAGE DISEASE, TYPE 3 (*AGL*) **negative**
 GLYCOGEN STORAGE DISEASE, TYPE 4 (*GBE1*) **negative**
 GLYCOGEN STORAGE DISEASE, TYPE 7 (*PFKM*) **negative**
 GRACILE SYNDROME (*BCS1L*) **negative**
 GUANIDINOACETATE METHYLTRANSFERASE DEFICIENCY (*GAMT*) **negative**

H

HARLEQUIN ICHTHYOSIS (*ABCA12*) **negative**
 HEME OXYGENASE 1 DEFICIENCY (*HMOX1*) **negative**
 HEMOCHROMATOSIS TYPE 2A (*HFE2*) **negative**
 HEMOCHROMATOSIS, TYPE 3, TFR2-Related (*TFR2*) **negative**
 HEPATOCEREBRAL MITOCHONDRIAL DNA DEPLETION SYNDROME, MPV17-RELATED (*MPV17*) **negative**

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**H**

HEREDITARY FRUCTOSE INTOLERANCE (ALDOB) **negative**
 HEREDITARY HEMOCHROMATOSIS TYPE 2B (HAMP) **negative**
 HEREDITARY SPASTIC PARAPARESIS, TYPE 49 (TECP2) **negative**
 HEREDITARY SPASTIC PARAPLEGIA, CYP7B1-RELATED (CYP7B1) **negative**
 HERMANSKY-PUDLAK SYNDROME, AP3B1-RELATED (AP3B1) **negative**
 HERMANSKY-PUDLAK SYNDROME, BLOC153-RELATED (BLOC153) **negative**
 HERMANSKY-PUDLAK SYNDROME, BLOC156-RELATED (BLOC156) **negative**
 HERMANSKY-PUDLAK SYNDROME, HPS1-RELATED (HPS1) **negative**
 HERMANSKY-PUDLAK SYNDROME, HPS3-RELATED (HPS3) **negative**
 HERMANSKY-PUDLAK SYNDROME, HPS4-RELATED (HPS4) **negative**
 HERMANSKY-PUDLAK SYNDROME, HPS5-RELATED (HPS5) **negative**
 HERMANSKY-PUDLAK SYNDROME, HPS6-RELATED (HPS6) **negative**
 HOLOCARBOXYLASE SYNTHETASE DEFICIENCY (HLCS) **negative**
 HOMOCYSTINURIA AND MEGALOBlastic ANEMIA TYPE CBLG (MTR) **negative**
 HOMOCYSTINURIA DUE TO DEFICIENCY OF MTHFR (MTHFR) **negative**
 HOMOCYSTINURIA, CBS-RELATED (CBS) **negative**
 HOMOCYSTINURIA, Type cblE (MTRR) **negative**
 HYDROLETHALUS SYNDROME (HLS1) **negative**
 HYPER-IGM IMMUNODEFICIENCY (CD40) **negative**
 HYPERORNITHINEMIA-HYPERAMMONEMIA-HOMOCITRULLINURIA (HHH SYNDROME) (SLC25A15) **negative**
 HYPERPHOSPHATEMIC FAMILIAL TUMORAL CALCINOSIS, GALNT3-RELATED (GALNT3) **negative**
 HYPOMYELINATING LEUKODYSTROPHY 12 (VPS11) **negative**
 HYPOPHOSPHATASIA, ALPL-RELATED (ALPL) **negative**

I

IMERSLUND-GRÄSBECK SYNDROME 2 (AMN) **negative**
 IMMUNODEFICIENCY-CENTROMERIC INSTABILITY-FACIAL ANOMALIES (ICF) SYNDROME, DNMT3B-RELATED (DNMT3B) **negative**
 IMMUNODEFICIENCY-CENTROMERIC INSTABILITY-FACIAL ANOMALIES (ICF) SYNDROME, ZBTB24-RELATED (ZBTB24) **negative**
 INCLUSION BODY MYOPATHY 2 (GNE) **negative**
 INFANTILE CEREBRAL AND CEREBELLAR ATROPHY (MED17) **negative**
 INFANTILE NEPHRONOPHTHISIS (INVS) **negative**
 INFANTILE NEUROAXONAL DYSTROPHY (PLA2G6) **see first page**
 ISOLATED ECTOPIA LENTIS (ADAMTSL4) **negative**
 ISOLATED SULFITE OXIDASE DEFICIENCY (SUOX) **negative**
 ISOLATED THYROID-STIMULATING HORMONE DEFICIENCY (TSHB) **negative**
 ISOVALERIC ACIDEMIA (IVD) **negative**

J

JOHANSON-BLIZZARD SYNDROME (UBR1) **negative**
 JOUBERT SYNDROME 2 / MECKEL SYNDROME 2 (TMEM216) **negative**
 JOUBERT SYNDROME AND RELATED DISORDERS (JSRD), TMEM67-RELATED (TMEM67) **negative**
 JOUBERT SYNDROME, AHI1-RELATED (AHI1) **negative**
 JOUBERT SYNDROME, ARL13B-RELATED (ARL13B) **negative**
 JOUBERT SYNDROME, B9D1-RELATED (B9D1) **negative**
 JOUBERT SYNDROME, B9D2-RELATED (B9D2) **negative**
 JOUBERT SYNDROME, C2CD3-RELATED/OROFACIODIGITAL SYNDROME 14 (C2CD3) **negative**
 JOUBERT SYNDROME, CC2D2A-RELATED/COACH SYNDROME (CC2D2A) **negative**
 JOUBERT SYNDROME, CEP104-RELATED (CEP104) **negative**
 JOUBERT SYNDROME, CEP120-RELATED/SHORT-RIB THORACIC DYSPLASIA 13 WITH OR WITHOUT POLYDACTYLY (CEP120) **negative**
 JOUBERT SYNDROME, CEP41-RELATED (CEP41) **negative**
 JOUBERT SYNDROME, CPLANE1-RELATED / OROFACIODIGITAL SYNDROME 6 (CPLANE1) **negative**
 JOUBERT SYNDROME, CSPP1-RELATED (CSPP1) **negative**
 JOUBERT SYNDROME, INPP5E-RELATED (INPP5E) **negative**
 JUNCTIONAL EPIDERMOLYSIS BULLOSA, COL17A1-RELATED (COL17A1) **negative**
 JUNCTIONAL EPIDERMOLYSIS BULLOSA, ITGA6-RELATED (ITGA6) **negative**
 JUNCTIONAL EPIDERMOLYSIS BULLOSA, ITGB4-RELATED (ITGB4) **negative**
 JUNCTIONAL EPIDERMOLYSIS BULLOSA, LAMB3-RELATED (LAMB3) **negative**
 JUNCTIONAL EPIDERMOLYSIS BULLOSA, LAMC2-RELATED (LAMC2) **negative**
 JUNCTIONAL EPIDERMOLYSIS BULLOSA/LARYNGOONYCHOCUTANEOUS SYNDROME, LAMA3-RELATED (LAMA3) **negative**

K

KRABBE DISEASE (GALC) **negative**

L

LAMELLAR ICHTHYOSIS, TYPE 1 (TGM1) **negative**
 LARON SYNDROME (GHR) **negative**
 LEBER CONGENITAL AMAUROSIS 2 (RPE65) **negative**
 LEBER CONGENITAL AMAUROSIS TYPE AIPL1 (AIPL1) **negative**
 LEBER CONGENITAL AMAUROSIS TYPE GUCY2D (GUCY2D) **negative**
 LEBER CONGENITAL AMAUROSIS TYPE TULP1 (TULP1) **negative**
 LEBER CONGENITAL AMAUROSIS, IQCB1-RELATED/SENIOR-LOKEN SYNDROME 5 (IQCB1) **negative**
 LEBER CONGENITAL AMAUROSIS, TYPE CEP290 (CEP290) **negative**
 LEBER CONGENITAL AMAUROSIS, TYPE LCA5 (LCA5) **negative**
 LEBER CONGENITAL AMAUROSIS, TYPE RDH12 (RDH12) **negative**
 LEIGH SYNDROME, FRENCH-CANADIAN TYPE (LRPPRC) **negative**
 LETHAL CONGENITAL CONTRACTURE SYNDROME 1 (GLE1) **negative**
 LEUKOENCEPHALOPATHY WITH VANISHING WHITE MATTER (EIF2B5) **negative**
 LEUKOENCEPHALOPATHY WITH VANISHING WHITE MATTER, EIF2B1-RELATED (EIF2B1) **negative**
 LEUKOENCEPHALOPATHY WITH VANISHING WHITE MATTER, EIF2B2-RELATED (EIF2B2) **negative**
 LEUKOENCEPHALOPATHY WITH VANISHING WHITE MATTER, EIF2B3-RELATED (EIF2B3) **negative**
 LEUKOENCEPHALOPATHY WITH VANISHING WHITE MATTER, EIF2B4-RELATED (EIF2B4) **negative**
 LIG4 SYNDROME (LIG4) **negative**
 LIMB-GIRDLE MUSCULAR DYSTROPHY TYPE 8 (TRIM32) **negative**
 LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2A (CAPN3) **negative**
 LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2B (DYSF) **negative**
 LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2C (SGCG) **negative**
 LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2D (SGCA) **negative**
 LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2E (SGCB) **negative**
 LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2F (SGCD) **negative**
 LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2I (FKRP) **negative**
 LIPOAMIDE DEHYDROGENASE DEFICIENCY (DIHYDROLIPOAMIDE DEHYDROGENASE DEFICIENCY) (DLD) **negative**
 LIPOID ADRENAL HYPERPLASIA (STAR) **negative**
 LIPOPROTEIN LIPASE DEFICIENCY (LPL) **negative**
 LONG CHAIN 3-HYDROXYACYL-COA DEHYDROGENASE DEFICIENCY (HADHA) **negative**
 LRAT-RELATED CONDITIONS (LRAT) **negative**
 LUNG DISEASE, IMMUNODEFICIENCY, AND CHROMOSOME BREAKAGE SYNDROME (LICS) (NSMCE3) **negative**
 LYSINURIC PROTEIN INTOLERANCE (SLC7A7) **negative**

M

MALONYL-COA DECARBOXYLASE DEFICIENCY (MLYCD) **negative**
 MAPLE SYRUP URINE DISEASE, TYPE 1A (BCKDHA) **negative**
 MAPLE SYRUP URINE DISEASE, TYPE 1B (BCKDHB) **negative**
 MAPLE SYRUP URINE DISEASE, TYPE 2 (DBT) **negative**
 MCKUSICK-KAUFMAN SYNDROME (MKKS) **negative**
 MECKEL SYNDROME 7/NEPHRONOPHTHISIS 3 (NPHP3) **negative**
 MECKEL-GRUBER SYNDROME, TYPE 1 (MKS1) **negative**
 MECR-RELATED NEUROLOGIC DISORDER (MECR) **negative**
 MEDIUM CHAIN ACYL-CoA DEHYDROGENASE DEFICIENCY (ACADM) **negative**
 MEDNIK SYNDROME (AP1S1) **negative**
 MEGALENCEPHALIC LEUKOENCEPHALOPATHY WITH SUBCORTICAL CYSTS (MLC1) **negative**
 MEROSIN-DEFICIENT MUSCULAR DYSTROPHY (LAMA2) **negative**
 METABOLIC ENCEPHALOPATHY AND ARRHYTHMIAS, TANGO2-RELATED (TANGO2) **negative**
 METACHROMATIC LEUKODYSTROPHY, ARSA-RELATED (ARSA) **negative**
 METACHROMATIC LEUKODYSTROPHY, PSAP-RELATED (PSAP) **negative**
 METHYLMALONIC ACIDEMIA AND HOMOCYSTINURIA TYPE CBLF (LMBRD1) **negative**
 METHYLMALONIC ACIDEMIA, MCEE-RELATED (MCEE) **negative**
 METHYLMALONIC ACIDURIA AND HOMOCYSTINURIA, TYPE CBLF (MMACHC) **negative**
 METHYLMALONIC ACIDURIA AND HOMOCYSTINURIA, TYPE CblD (MMADHC) **negative**

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M

METHYLMALONIC ACIDURIA, MMAA-RELATED (MMAA) **negative**
 METHYLMALONIC ACIDURIA, MMAB-RELATED (MMAB) **negative**
 METHYLMALONIC ACIDURIA, TYPE MUT (0) (MUT) **negative**
 MEVALONIC KINASE DEFICIENCY (MVK) **negative**
 MICROCEPHALIC OSTEODYSPLASTIC PRIMORDIAL DWARFISM TYPE II (PCNT) **negative**
 MICROPHthalmia / ANOPHTHALMIA, VSX2-RELATED (VSX2) **negative**
 MITOCHONDRIAL COMPLEX I DEFICIENCY, ACAD9-RELATED (ACAD9) **negative**
 MITOCHONDRIAL COMPLEX I DEFICIENCY, NDUFAF5-RELATED (NDUFAF5) **negative**
 MITOCHONDRIAL COMPLEX I DEFICIENCY, NDUFS6-RELATED (NDUFS6) **negative**
 MITOCHONDRIAL COMPLEX I DEFICIENCY, NUCLEAR TYPE 1 (NDUFS4) **negative**
 MITOCHONDRIAL COMPLEX I DEFICIENCY, NUCLEAR TYPE 10 (NDUFAF2) **negative**
 MITOCHONDRIAL COMPLEX I DEFICIENCY, NUCLEAR TYPE 17 (NDUFAF6) **negative**
 MITOCHONDRIAL COMPLEX I DEFICIENCY, NUCLEAR TYPE 19 (FOXRED1) **negative**
 MITOCHONDRIAL COMPLEX I DEFICIENCY, NUCLEAR TYPE 3 (NDUFS7) **negative**
 MITOCHONDRIAL COMPLEX I DEFICIENCY, NUCLEAR TYPE 4 (NDUFV1) **negative**
 MITOCHONDRIAL COMPLEX IV DEFICIENCY, NUCLEAR TYPE 2, SCO2-RELATED (SCO2) **negative**
 MITOCHONDRIAL COMPLEX IV DEFICIENCY, NUCLEAR TYPE 6 (COX15) **negative**
 MITOCHONDRIAL DNA DEPLETION SYNDROME 2 (TK2) **negative**
 MITOCHONDRIAL DNA DEPLETION SYNDROME 3 (DGUOK) **negative**
 MITOCHONDRIAL MYOPATHY AND SIDEROBLASTIC ANEMIA (MLASA1) (PUS1) **negative**
 MITOCHONDRIAL TRIFUNCTIONAL PROTEIN DEFICIENCY, HADHB-RELATED (HADHB) **negative**
 MOLYBDENUM COFACTOR DEFICIENCY TYPE B (MOCS2) **negative**
 MOLYBDENUM COFACTOR DEFICIENCY, TYPE A (MOCS1) **negative**
 MUCOLIPIDOSIS II/III A (GNPTAB) **negative**
 MUCOLIPIDOSIS III GAMMA (GNPTG) **negative**
 MUCOLIPIDOSIS, TYPE IV (MCOLN1) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE I (HURLER SYNDROME) (IDUA) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE III A (SANFILIPPO A) (SGSH) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE III B (SANFILIPPO B) (NAGLU) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE III C (SANFILIPPO C) (HGSNAT) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE III D (SANFILIPPO D) (GNS) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE IV A (MORQUIO SYNDROME) (GALNS) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE IV B/GM1 (GLB1) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE IX (HYAL1) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE VI (MARTEAUX-LAMY) (ARSB) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE VII (GUSB) **negative**
 MULIBREY NANISM (TRIM37) **negative**
 MULTIPLE PTERYGIUM SYNDROME, CHRNG-RELATED/ESCOBAR SYNDROME (CHRNG) **negative**
 MULTIPLE SULFATASE DEFICIENCY (SUMF1) **negative**
 MUSCLE-EYE-BRAIN DISEASE, POMGNT1-RELATED (POMGNT1) **negative**
 MUSCULAR DYSTROPHY-DYSTROGLYCANOPATHY (RXYLT1) **negative**
 MUSK-RELATED CONGENITAL MYASTHENIC SYNDROME (MUSK) **negative**
 MYONEUROGASTROINTESTINAL ENCEPHALOPATHY (MNGIE) (TYMP) **negative**
 MYOTONIA CONGENITA (CLCN1) **negative**

N

N-ACETYLGlutamate SYNTHASE DEFICIENCY (NAGS) **negative**
 NEMALINE MYOPATHY, NEB-RELATED (NEB) **negative**
 NEPHRONOPHTHISIS 1 (NPHP1) **negative**
 NEURONAL CEROID LIPOFUSCINOSIS, CLN5-RELATED (CLN5) **negative**
 NEURONAL CEROID LIPOFUSCINOSIS, CLN6-RELATED (CLN6) **negative**
 NEURONAL CEROID LIPOFUSCINOSIS, CLN8-RELATED (CLN8) **negative**
 NEURONAL CEROID LIPOFUSCINOSIS, MFSD8-RELATED (MFSD8) **negative**
 NEURONAL CEROID LIPOFUSCINOSIS, PPT1-RELATED (PPT1) **negative**
 NEURONAL CEROID LIPOFUSCINOSIS, TPP1-RELATED (TPP1) **negative**
 NGLY1-CONGENITAL DISORDER OF GLYCOSYLATION (NGLY1) **negative**
 NIEMANN-PICK DISEASE, TYPE C1 / D (NPC1) **negative**
 NIEMANN-PICK DISEASE, TYPE C2 (NPC2) **negative**
 NIEMANN-PICK DISEASE, TYPES A / B (SMPD1) **negative**
 NIJMEGEN BREAKAGE SYNDROME (NBN) **negative**
 NON-SYNDROMIC HEARING LOSS, GJB2-RELATED (GJB2) **negative**
 NON-SYNDROMIC HEARING LOSS, MYO15A-RELATED (MYO15A) **negative**
 NONSYNDROMIC HEARING LOSS, OTOA-RELATED (OTOA) **negative**

NONSYNDROMIC HEARING LOSS, OTOF-RELATED (OTOF) **negative**
 NONSYNDROMIC HEARING LOSS, PJK-RELATED (PJK) **negative**
 NONSYNDROMIC HEARING LOSS, SYNE4-RELATED (SYNE4) **negative**
 NONSYNDROMIC HEARING LOSS, TMC1-RELATED (TMC1) **negative**
 NONSYNDROMIC HEARING LOSS, TMPS3-RELATED (TMPS3) **negative**
 NONSYNDROMIC INTELLECTUAL DISABILITY (CC2D1A) **negative**
 NORMOPHOSPHATEMIC TUMORAL CALCINOSIS (SAMD9) **negative**

O

OCULOCUTANEOUS ALBINISM TYPE III (TYRP1) **negative**
 OCULOCUTANEOUS ALBINISM TYPE IV (SLC45A2) **negative**
 OCULOCUTANEOUS ALBINISM, OCA2-RELATED (OCA2) **negative**
 OCULOCUTANEOUS ALBINISM, TYPES 1A AND 1B (TYR) **negative**
 ODONTO-ONYCHO-DERMAL DYSPLASIA / SCHOPF-SCHULZ-PASSARGE SYNDROME (WNT10A) **negative**
 OMENN SYNDROME, RAG2-RELATED (RAG2) **negative**
 ORNITHINE AMINOTRANSFERASE DEFICIENCY (OAT) **negative**
 OSTEOGENESIS IMPERFECTA TYPE VII (CRTAP) **negative**
 OSTEOGENESIS IMPERFECTA TYPE VIII (P3H1) **negative**
 OSTEOGENESIS IMPERFECTA TYPE XI (FKBP10) **negative**
 OSTEOGENESIS IMPERFECTA TYPE XIII (BMP1) **negative**
 OSTEOPECTOSIS, INFANTILE MALIGNANT, TCIRG1-RELATED (TCIRG1) **negative**
 OSTEOPECTOSIS, OSTM1-RELATED (OSTM1) **negative**

P

PANTOTHENATE KINASE-ASSOCIATED NEURODEGENERATION (PANK2) **negative**
 PAPILLON LEFÈVRE SYNDROME (CTSC) **negative**
 PARKINSON DISEASE 15 (FBXO7) **negative**
 PANDRED SYNDROME (SLC26A4) **negative**
 PERLMAN SYNDROME (DIS3L2) **negative**
 PGM3-CONGENITAL DISORDER OF GLYCOSYLATION (PGM3) **negative**
 PHENYLKETONURIA (PAH) **negative**
 PIGN-CONGENITAL DISORDER OF GLYCOSYLATION (PIGN) **negative**
 PITUITARY HORMONE DEFICIENCY, COMBINED 3 (LHX3) **negative**
 POLG-RELATED DISORDERS (POLG) **negative**
 POLYCYSTIC KIDNEY DISEASE, AUTOSOMAL RECESSIVE (PKHD1) **negative**
 PONTOCEREBELLAR HYPOPLASIA, EXOSC3-RELATED (EXOSC3) **negative**
 PONTOCEREBELLAR HYPOPLASIA, RARS2-RELATED (RARS2) **negative**
 PONTOCEREBELLAR HYPOPLASIA, TSEN2-RELATED (TSEN2) **negative**
 PONTOCEREBELLAR HYPOPLASIA, TSEN54-RELATED (TSEN54) **negative**
 PONTOCEREBELLAR HYPOPLASIA, TYPE 1A (VRK1) **negative**
 PONTOCEREBELLAR HYPOPLASIA, TYPE 2D (SEPSECS) **negative**
 PONTOCEREBELLAR HYPOPLASIA, VPS53-RELATED (VPS53) **negative**
 PRIMARY CILIARY DYSKINESIA, CCDC103-RELATED (CCDC103) **negative**
 PRIMARY CILIARY DYSKINESIA, CCDC39-RELATED (CCDC39) **negative**
 PRIMARY CILIARY DYSKINESIA, DNAH11-RELATED (DNAH11) **negative**
 PRIMARY CILIARY DYSKINESIA, DNAH5-RELATED (DNAH5) **negative**
 PRIMARY CILIARY DYSKINESIA, DNAI1-RELATED (DNAI1) **negative**
 PRIMARY CILIARY DYSKINESIA, DNAI2-RELATED (DNAI2) **negative**
 PRIMARY CONGENITAL GLAUCOMA/PETERS ANOMALY (CYP1B1) **negative**
 PRIMARY HYPEROXALURIA, TYPE 1 (AGXT) **negative**
 PRIMARY HYPEROXALURIA, TYPE 2 (GRHPR) **negative**
 PRIMARY HYPEROXALURIA, TYPE 3 (HOGA1) **negative**
 PRIMARY MICROCEPHALY 1, AUTOSOMAL RECESSIVE (MCPH1) **negative**
 PROGRESSIVE EARLY-ONSET ENCEPHALOPATHY WITH BRAIN ATROPHY AND THIN CORPUS CALLOSUM (TBCD) **negative**
 PROGRESSIVE FAMILIAL INTRAHEPATIC CHOLESTASIS, ABCB4-RELATED (ABCB4) **negative**
 PROGRESSIVE FAMILIAL INTRAHEPATIC CHOLESTASIS, TYPE 1 (PFIC1) (ATP8B1) **negative**
 PROGRESSIVE FAMILIAL INTRAHEPATIC CHOLESTASIS, TYPE 2 (ABCB11) **negative**
 PROGRESSIVE FAMILIAL INTRAHEPATIC CHOLESTASIS, TYPE 4 (PFIC4) (TJP2) **negative**
 PROGRESSIVE PSEUDORHEUMATOID DYSPLASIA (CCN6) **negative**
 PROLIDASE DEFICIENCY (PEPD) **negative**
 PROPIONIC ACIDEMIA, PCCA-RELATED (PCCA) **negative**
 PROPIONIC ACIDEMIA, PCCB-RELATED (PCCB) **negative**
 PSEUDOXANTHOMA ELASTICUM (ABCC6) **negative**

Patient Information

Patient Name: Donor 8135

Test Information

Ordering Physician: [REDACTED]



Clinic Information: Fairfax Cryobank

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P

PTERIN-4 ALPHA-CARBINOLAMINE DEHYDRATASE (PCD) DEFICIENCY (PCBD1) **negative**
 PYCNODYSTOSIS (CTSK) **negative**
 PYRIDOXAL 5'-PHOSPHATE-DEPENDENT EPILEPSY (PNPO) **negative**
 PYRIDOXINE-DEPENDENT EPILEPSY (ALDH7A1) **negative**
 PYRUVATE CARBOXYLASE DEFICIENCY (PC) **negative**
 PYRUVATE DEHYDROGENASE DEFICIENCY, PDHB-RELATED (PDHB) **negative**

R

REFSUM DISEASE, PHYH-RELATED (PHYH) **negative**
 RENAL TUBULAR ACIDOSIS AND DEAFNESS, ATP6V1B1-RELATED (ATP6V1B1) **negative**
 RENAL TUBULAR ACIDOSIS, PROXIMAL, WITH OCULAR ABNORMALITIES AND MENTAL
 RETARDATION (SLC4A4) **negative**
 RETINITIS PIGMENTOSA 25 (EYS) **negative**
 RETINITIS PIGMENTOSA 26 (CERKL) **negative**
 RETINITIS PIGMENTOSA 28 (FAM161A) **negative**
 RETINITIS PIGMENTOSA 36 (PRCD) **negative**
 RETINITIS PIGMENTOSA 59 (DHDDS) **negative**
 RETINITIS PIGMENTOSA 62 (MAK) **negative**
 RHIZOMELIC CHONDRODYSPLASIA PUNCTATA, TYPE 1 (PEX7) **negative**
 RHIZOMELIC CHONDRODYSPLASIA PUNCTATA, TYPE 2 (GNPAT) **negative**
 RHIZOMELIC CHONDRODYSPLASIA PUNCTATA, TYPE 3 (AGPS) **negative**
 RLBP1-RELATED RETINOPATHY (RLBP1) **negative**
 ROBERTS SYNDROME (ESCO2) **negative**
 RYR1-RELATED CONDITIONS (RYR1) **negative**

S

SALLA DISEASE (SLC17A5) **negative**
 SANDHOFF DISEASE (HEXB) **negative**
 SCHIMKE IMMUNOSKELETAL DYSPLASIA (SMARCA1) **negative**
 SCHINDLER DISEASE (NAGA) **negative**
 SEGAWA SYNDROME, TH-RELATED (TH) **negative**
 SENIOR-LOKEN SYNDROME 4/NEPHRONOPHTHISIS 4 (NPHP4) **negative**
 SEPIAPTERIN REDUCTASE DEFICIENCY (SPR) **negative**
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), CD3D-RELATED (CD3D) **negative**
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), CD3E-RELATED (CD3E) **negative**
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), FOXP1-RELATED (FOXP1) **negative**
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), IKBKB-RELATED (IKBKB) **negative**
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), IL7R-RELATED (IL7R) **negative**
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), JAK3-RELATED (JAK3) **negative**
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), PTPRC-RELATED (PTPRC) **negative**
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), RAG1-RELATED (RAG1) **negative**
 SEVERE COMBINED IMMUNODEFICIENCY, ADA-Related (ADA) **negative**
 SEVERE COMBINED IMMUNODEFICIENCY, TYPE ATHABASKAN (DCLRE1C) **negative**
 SHORT-RIB THORACIC DYSPLASIA 3 WITH OR WITHOUT POLYDACTYLY
 (DYNC2H1) **negative**
 SHWACHMAN-DIAMOND SYNDROME, SBDS-RELATED (SBDS) **negative**
 SIALIDOSIS (NEU1) **negative**
 SJÖGREN-LARSSON SYNDROME (ALDH3A2) **negative**
 SMITH-LEMLI-OPITZ SYNDROME (DHCR7) **negative**
 SPASTIC PARAPLEGIA, TYPE 15 (ZFYVE26) **negative**
 SPASTIC TETRAPLEGIA, THIN CORPUS CALLOSUM, AND PROGRESSIVE MICROCEPHALY
 (SPATCCM) (SLC1A4) **negative**
 SPG11-RELATED CONDITIONS (SPG11) **negative**
 SPINAL MUSCULAR ATROPHY (SMN1) **see first page**
 SPINAL MUSCULAR ATROPHY WITH RESPIRATORY DISTRESS TYPE 1 (IGHMBP2) **negative**
 SPINOCEREBELLAR ATAXIA, AUTOSOMAL RECESSIVE 10 (ANO10) **negative**
 SPINOCEREBELLAR ATAXIA, AUTOSOMAL RECESSIVE 12 (WWOX) **negative**
 SPONDYLOCOSTAL DYSOSTOSIS 1 (DLL3) **negative**
 SPONDYLOTHORACIC DYSOSTOSIS, MESP2-Related (MESP2) **negative**
 STEEL SYNDROME (COL27A1) **negative**
 STEROID-RESISTANT NEPHROTIC SYNDROME (NPHS2) **negative**
 STUVE-WIEDEMANN SYNDROME (LIFR) **negative**
 SURF1-RELATED CONDITIONS (SURF1) **negative**
 SURFACTANT DYSFUNCTION, ABCA3-RELATED (ABCA3) **negative**

T

TAY-SACHS DISEASE (HEXA) **negative**
 TBCE-RELATED CONDITIONS (TBCE) **negative**
 THIAMINE-RESPONSIVE MEGALOBlastic ANEMIA SYNDROME (SLC19A2) **negative**
 THYROID DYSHORMONOGENESIS 1 (SLC5A5) **negative**
 THYROID DYSHORMONOGENESIS 2A (TPO) **negative**
 THYROID DYSHORMONOGENESIS 3 (TG) **negative**
 THYROID DYSHORMONOGENESIS 6 (DUOX2) **negative**
 TRANSCOBALAMIN II DEFICIENCY (TCN2) **negative**
 TRICHOHEPATOENTERIC SYNDROME, SKIC2-RELATED (SKIC2) **negative**
 TRICHOHEPATOENTERIC SYNDROME, TTC37-RELATED (TTC37) **negative**
 TRICHOHYDROSTROPHY 1/XERODERMA PIGMENTOSUM, GROUP D (ERCC2) **negative**
 TRIMETHYLAMINURIA (FMO3) **negative**
 TRIPLE A SYNDROME (AAAS) **negative**
 TSHR-RELATED CONDITIONS (TSHR) **negative**
 TYROSINEMIA TYPE III (HPD) **negative**
 TYROSINEMIA, TYPE 1 (FAH) **negative**
 TYROSINEMIA, TYPE 2 (TAT) **negative**

U

USHER SYNDROME, TYPE 1B (MYO7A) **negative**
 USHER SYNDROME, TYPE 1C (USH1C) **negative**
 USHER SYNDROME, TYPE 1D (CDH23) **negative**
 USHER SYNDROME, TYPE 1F (PCDH15) **negative**
 USHER SYNDROME, TYPE 1J/DEAFNESS, AUTOSOMAL RECESSIVE, 48 (CIB2) **negative**
 USHER SYNDROME, TYPE 2A (USH2A) **negative**
 USHER SYNDROME, TYPE 2C (ADGRV1) **negative**
 USHER SYNDROME, TYPE 3 (CLRN1) **negative**

V

VERY LONG-CHAIN ACYL-CoA DEHYDROGENASE DEFICIENCY (ACADVL) **negative**
 VICI SYNDROME (EPG5) **negative**
 VITAMIN D-DEPENDENT RICKETS, TYPE 1A (CYP27B1) **negative**
 VITAMIN D-RESISTANT RICKETS TYPE 2A (VDR) **negative**
 VLDLR-ASSOCIATED CEREBELLAR HYPOPLASIA (VLDLR) **negative**

W

WALKER-WARBURG SYNDROME, CRPPA-RELATED (CRPPA) **negative**
 WALKER-WARBURG SYNDROME, FKTN-RELATED (FKTN) **negative**
 WALKER-WARBURG SYNDROME, LARGE1-RELATED (LARGE1) **negative**
 WALKER-WARBURG SYNDROME, POMT1-RELATED (POMT1) **negative**
 WALKER-WARBURG SYNDROME, POMT2-RELATED (POMT2) **negative**
 WARSAW BREAKAGE SYNDROME (DDX11) **negative**
 WERNER SYNDROME (WRN) **negative**
 WILSON DISEASE (ATP7B) **negative**
 WOLCOTT-RALLISON SYNDROME (EIF2AK3) **negative**
 WOLMAN DISEASE (LIPA) **negative**
 WOODHOUSE-SAKATI SYNDROME (DCAF17) **negative**

X

XERODERMA PIGMENTOSUM VARIANT TYPE (POLH) **negative**
 XERODERMA PIGMENTOSUM, GROUP A (XPA) **negative**
 XERODERMA PIGMENTOSUM, GROUP C (XPC) **negative**

Z

ZELLWEGER SPECTRUM DISORDER, PEX13-RELATED (PEX13) **negative**
 ZELLWEGER SPECTRUM DISORDER, PEX16-RELATED (PEX16) **negative**
 ZELLWEGER SPECTRUM DISORDER, PEX5-RELATED (PEX5) **negative**
 ZELLWEGER SPECTRUM DISORDERS, PEX10-RELATED (PEX10) **negative**
 ZELLWEGER SPECTRUM DISORDERS, PEX12-RELATED (PEX12) **negative**
 ZELLWEGER SPECTRUM DISORDERS, PEX1-RELATED (PEX1) **negative**
 ZELLWEGER SPECTRUM DISORDERS, PEX26-RELATED (PEX26) **negative**
 ZELLWEGER SPECTRUM DISORDERS, PEX2-RELATED (PEX2) **negative**
 ZELLWEGER SPECTRUM DISORDERS, PEX6-RELATED (PEX6) **negative**

Patient Information

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Test Information

Ordering Physician: [REDACTED]



Date Of Birth: [REDACTED]

Clinic Information: Fairfax Cryobank

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Testing Methodology, Limitations, and Comments:**Next-generation sequencing (NGS)**

Sequencing library prepared from genomic DNA isolated from a patient sample is enriched for targets of interest using standard hybridization capture protocols and PCR amplification (for targets specified below). NGS is then performed to achieve the standards of quality control metrics, including a minimum coverage of 99% of targeted regions at 20X sequencing depth. Sequencing data is aligned to human reference sequence, followed by deduplication, metric collection and variant calling (coding region +/- 20bp). Variants are then classified according to ACMGG/AMP standards of interpretation using publicly available databases including but not limited to ENSEMBL, HGMD Pro, ClinGen, ClinVar, 1000G, ESP and gnomAD. Variants predicted to be pathogenic or likely pathogenic for the specified diseases are reported. It should be noted that the data interpretation is based on our current understanding of the genes and variants at the time of reporting. Putative positive sequencing variants that do not meet internal quality standards or are within highly homologous regions are confirmed by Sanger sequencing or gene-specific long-range PCR as needed prior to reporting.

Copy Number Variant (CNV) analysis is limited to deletions involving two or more exons for all genes on the panel, in addition to specific known recurrent single-exon deletions. CNVs of small size may have reduced detection rate. This method does not detect gene inversions, single-exonic and sub-exonic deletions (unless otherwise specified), and duplications of all sizes (unless otherwise specified). Additionally, this method does not define the exact breakpoints of detected CNV events. Confirmation testing for copy number variation is performed by specific PCR, Multiplex Ligation-dependent Probe Amplification (MLPA), next generation sequencing, or other methodology.

This test may not detect certain variants due to local sequence characteristics, high/low genomic complexity, homologous sequence, or allele dropout (PCR-based assays). Variants within noncoding regions (promoter, 5'UTR, 3'UTR, deep intronic regions, unless otherwise specified), small deletions or insertions larger than 25bp, low-level mosaic variants, structural variants such as inversions, and/or balanced translocations may not be detected with this technology.

SPECIAL NOTES

For ABCC6, sequencing variants in exons 1-7 are not detected due to the presence of regions of high homology.

For CFTR, when the CFTR R117H variant is detected, reflex analysis of the polythymidine variations (5T, 7T and 9T) at the intron 9 branch/acceptor site of the CFTR gene will be performed. Multi-exon duplication analysis is included.

For CYP21A2, targets were enriched using long-range PCR amplification, followed by next generation sequencing. Duplication analysis will only be performed and reported when c.955C>T (p.Q319*) is detected. Sequencing and CNV analysis may have reduced sensitivity, if variants result from complex rearrangements, in trans with a gene deletion, or CYP21A2 gene duplication on one chromosome and deletion on the other chromosome. This analysis cannot detect sequencing variants located on the CYP21A2 duplicated copy.

For DDX11, sequencing variants in exons 7-11 and CNV for the entire gene are not analyzed due to high sequence homology.

For GJB2, CNV analysis of upstream deletions of GJB6-CRYL1 critical region is included.

For HBA1/HBA2, CNV analysis is offered to detect common deletions of -alpha3.7, -alpha4.2, --MED, --SEA, --FIL, --THAI, --alpha20.5, and/or HS-40. Sequencing and CNV analysis may have reduced sensitivity due to high sequence homology.

For OTOA, sequencing variants in exons 25-29 and CNV in exons 21-29 are not analyzed due to high sequence homology.

For RPGRIP1L, variants in exon 23 are not detected due to assay limitation.

For SAMD9, only p.K1495E variant will be analyzed and reported.

Patient Information

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**Friedreich Ataxia (FXN)**

The GAA repeat region of the FXN gene is assessed by trinucleotide PCR assay and capillary electrophoresis. Variances of +/-1 repeat for normal alleles and up to +/-3 repeats for premutation alleles may occur. For fully penetrant expanded alleles, the precise repeat size cannot be determined, therefore the approximate allele size is reported. Sequencing and copy number variants are analyzed by next-generation sequencing analysis.

Friedreich Ataxia Repeat Categories

Categories	GAA Repeat Sizes
Normal	<34
Premutation	34 - 65
Full	>65

Spinal Muscular Atrophy (SMN1)

The total combined copy number of SMN1 and SMN2 exon 7 is quantified based on NGS read depth. The ratio of SMN1 to SMN2 is calculated based on the read depth of a single nucleotide that distinguishes these two genes in exon 7. In addition to copy number analysis, testing for the presence or absence of a single nucleotide polymorphism (g.27134T>G in intron 7 of SMN1) associated with the presence of a SMN1 duplication allele is performed using NGS.

Ethnicity	Two SMN1 copies carrier risk before g.27134T>G testing	Carrier risk after g.27134T>G testing	
		g.27134T>G ABSENT	g.27134T>G PRESENT
Caucasian	1 in 632	1 in 769	1 in 29
Ashkenazi Jewish	1 in 350	1 in 580	LIKELY CARRIER
Asian	1 in 628	1 in 702	LIKELY CARRIER
African-American	1 in 121	1 in 396	1 in 34
Hispanic	1 in 1061	1 in 1762	1 in 140

Variant Classification

Only pathogenic or likely pathogenic variants are reported. Other variants including benign variants, likely benign variants, variants of uncertain significance, or inconclusive variants identified during this analysis may be reported in certain circumstances. Our laboratory's variant classification criteria are based on the ACMG and internal guidelines and our current understanding of the specific genes. This interpretation may change over time as more information about a gene and/or variant becomes available. Natera and its lab partner(s) may reclassify variants at certain intervals but may not release updated reports without a specific request made to Natera by the ordering provider. Natera may disclose incidental findings if deemed clinically pertinent to the test performed.

Negative Results

A negative carrier screening result reduces the risk for a patient to be a carrier of a specific disease but does not completely rule out carrier status. Please visit <https://www.natera.com/panel-option/h-all/> for a table of carrier rates, detection rates, residual risks and promised variants/exons per gene. Carrier rates before and after testing vary by ethnicity and assume a negative family history for each disease screened and the absence of clinical symptoms in the patient. Any patient with a family history for a specific genetic disease will have a higher carrier risk prior to testing and, if the disease-causing mutation in their family is not included on the test, their carrier risk would remain unchanged. Genetic counseling is recommended for patients with a family history of genetic disease so that risk figures based on actual family history can be determined and discussed along with potential implications for reproduction. Horizon carrier screening has been developed to identify the reproductive risks for monogenic inherited conditions. Even when one or both members of a couple screen negative for pathogenic variants in a specific gene, the disease risk for their offspring is not zero. There is still a low risk for the condition in their offspring due to a number of different mechanisms that are not detected by Horizon including, but not limited to, pathogenic variant(s) in the tested gene or in a different gene not included on Horizon, pathogenic variant(s) in an upstream regulator, uniparental disomy, de novo mutation(s), or digenic or polygenic inheritance.

Additional Comments

These analyses generally provide highly accurate information regarding the patient's carrier 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.