

GENETIC TESTING SUMMARY

Sperm Donor # 8309

This Genetic Testing Summary provides general information regarding a donor's genetic test results. It is not comprehensive and does not replace a clinical genetic counseling consultation or constitute medical advice. Clients should review the donor's complete genetic test results with their medical provider or fertility specialist.

Genetic testing technology and scientific information change over time. Testing is not available for every genetic condition, and Fairfax does not test for every condition for which testing is available. A negative result reduces, but does not eliminate, the risk of having an affected child.

Last Updated: 09/01/2026

Genetic Test	Result	Comments
Chromosome analysis (karyotype)	Normal male karyotype	No evidence of clinically significant chromosome abnormalities
Expanded Genetic Carrier Screening: 549 diseases by gene sequencing and del/dup analysis.	Carrier: ABCA4-Related Conditions (ABCA4) Carrier: Sickle Cell Disease (HBB) Carrier: Glutaric Acidemia, Type 2C (ETFDH) Negative for other genes tested.	Egg source carrier screening is indicated before using this donor Carriers of Sickle Cell Disease (HBB) may be at risk for symptoms during physical exertion, high altitudes or when dehydrated. Please see results for further information. Genetic counseling can be considered.

Patient Information

Patient Name: Donor 8309

Date Of Birth: [REDACTED]

Gender: Male

Patient ID: N/A

Medical Record #: 8309-[REDACTED]

Collection Kit: [REDACTED]

Accession ID: N/A

Case File ID: [REDACTED]

Ethnicity: Other

Test Information

Ordering Physician: [REDACTED]

Clinic Information: Fairfax Cryobank

Phone: N/A

Report Date: 10/30/2025

Sample Collected: 10/15/2025

Sample Received: 10/17/2025

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 ABCA4-Related Conditions**

Positive for the likely pathogenic variant c.5077G>A (p.V1693I) in the ABCA4 gene. If this individual's partner is a carrier for ABCA4-RELATED CONDITIONS, 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.

CARRIER for Sickle Cell Disease

Positive for the pathogenic variant c.20A>T (p.E7V) [Hb S] in the HBB gene. Carriers of Sickle Cell Disease may be at risk for symptoms during physical exertion, high altitudes or when dehydrated. Comprehensive genetic counseling and additional medical workup as clinically indicated should be considered. If this individual's partner is a carrier for a Beta-Hemoglobinopathy or Beta-Thalassemia, 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 Glutaric Acidemia, Type 2C

Positive for the pathogenic variant c.770A>G (p.Y257C) in the ETFDH gene. This variant has been reported in a homozygous state or in conjunction with another variant in individuals with late-onset multiple acyl-CoA dehydrogenase deficiency (PMID: 19758981). If this individual's partner is a carrier for GLUTARIC ACIDEMIA, TYPE 2C, their chance to have a child with this condition is 1 in 4 (25%). Carrier screening for this individual's partner is suggested.

Pseudodeficiency VARIANT DETECTED for Mucopolysaccharidosis, Type I (Hurler Syndrome)

The pseudodeficiency variant c.235G>A (p.A79T) was detected in the IDUA gene. This pseudodeficiency allele is known to cause false positive results on enzyme-based Mucopolysaccharidosis, Type I (Hurler Syndrome) carrier screening. This benign variant does not increase the risk for Mucopolysaccharidosis, Type I (Hurler Syndrome) in this individual's children.

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.

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Patient Information

Patient Name: Donor 8309

Date Of Birth: [REDACTED]

Case File ID: [REDACTED]

Test Information

Ordering Physician: [REDACTED]

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**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.

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Test Information

Ordering Physician: [REDACTED]



Date Of Birth: [REDACTED]

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ABCA4-RELATED CONDITIONS

Understanding Your Horizon Carrier Screen Results

What does being a carrier mean?

Your results show that you are a carrier of ABCA4-related conditions. A carrier of a genetic condition does not have the condition. Carriers also are not certain to have a child with the condition. We are all carriers of one or more genetic conditions.

Your children are not at high risk for this condition unless your partner or donor is also a carrier of ABCA4-related conditions. Further testing can be done to see if your partner or donor is a carrier.

What are ABCA4-related conditions?

ABCA4-related conditions are eye conditions that affect the retina and cause loss of vision over time. The retina is the area at the back of the eye that allows you to see. Vision loss can start between childhood and late-adulthood. People who start having vision loss earlier usually lose more vision than people who have later vision loss.¹ ABCA4-related conditions include:

- **Stargardt disease 1 (STGD1)** People with STGD1 lose vision in the center of the eyes over time. They can also have increased sensitivity to light, and their eyes can take longer to adjust between light and dark. Currently, there is no treatment or cure for STGD1, but there can be ways to slow the rate of vision loss.²
- **Retinitis pigmentosa (RP)** People with RP often have night blindness as their first symptom. They gradually lose more vision over time, though they often will maintain their central vision.³
- **Cone-rod dystrophy (CRD)** CRD affects the cone and rod cells, which are the parts of the retina that help the eyes adjust vision in different levels of light and dark. People with CRD first lose sharpness in their vision and their eyes become very sensitive to light. Later, they can have color blindness and loss of peripheral (side) vision. Most people with CRD become legally blind in adulthood.⁴

Clinical trials involving potential new treatments for these conditions could be available (see clinicaltrials.gov).

What causes ABCA4-related conditions?

ABCA4-related conditions are caused by changes, or variants, in the ABCA4 gene. These changes make the gene not work properly. Genes are a set of instructions inside the cells of our bodies that tell our bodies how to grow and function. Everyone has two copies of the ABCA4 gene. Carriers of ABCA4-related conditions have one working copy and one non-working copy of the gene. People with ABCA4-related conditions have no working copies of the gene.

ABCA4-related conditions are usually passed down, or inherited, from both genetic parents. We inherit one copy of the ABCA4 gene from each of our genetic parents. When both genetic parents are carriers, each child has a 1 in 4 (25%) chance of inheriting two non-working genes and having an ABCA4-related condition. Each child also has a 1 in 2 (50%) chance of being a carrier of an ABCA4-related condition and a 1 in 4 (25%) chance of inheriting two working copies of the gene. This type of inheritance is called autosomal recessive inheritance.

Will my children have ABCA4-related conditions?

If your partner or donor also has a non-working copy of the ABCA4 gene, your children could have an ABCA4-related condition. Each child you have together would have a 1 in 4 (25%) chance of having an ABCA4-related condition. Each child you have together would also have a 3 in 4 (75%) chance of **not** having the condition.

If your partner or donor has ABCA4 carrier screening and no variants are found, the chance that your children would have an ABCA4-related condition is very low. No further testing would usually be needed for you, your partner or donor, or your children related to an ABCA4-related condition.

What can I do next?

If you want to know if your children are at risk for an ABCA4-related condition, your partner or donor would need to have ABCA4 carrier screening. If you have questions about this testing, please ask your healthcare provider or use the resources below. Many people find it helpful to speak with a genetic counselor.

If your partner or donor is found to be an ABCA4-related condition carrier, your children would be at risk for having an ABCA4-related condition.

If you or your partner or surrogate are currently pregnant, tests called CVS (chorionic villus sampling) and amniocentesis can be done during pregnancy to find out if a baby has an ABCA4-related condition. These tests both have a small risk of miscarriage. Babies can also be tested for an ABCA4-related condition after birth instead.

If you or your partner or surrogate are not yet pregnant, you could have these options:

- natural pregnancy with CVS or amniocentesis to test for an ABCA4-related condition during pregnancy;
- natural pregnancy and testing the baby after birth for an ABCA4-related condition;
- preimplantation genetic testing (PGT-M) with in vitro fertilization (IVF) to test embryos for an ABCA4-related condition;
- adoption; or
- use of a sperm or egg donor who had no variants found in ABCA4 carrier screening.

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Where can I find more information?

- Foundation Fighting Blindness fightingblindness.org
- CVS marchofdimes.org/chorionic-villus-sampling
- Amniocentesis marchofdimes.org/pregnancy/amniocentesis

What does this mean for my family?

You likely got (inherited) this non-working gene from one of your genetic parents. Your genetic siblings and other family members could also carry it. You should tell your family members about your test results so they can decide if they want carrier screening for an ABCA4-related condition.

References

1. Cremers FPM et al. Clinical spectrum, genetic complexity and therapeutic approaches for retinal disease caused by ABCA4 mutations. Prog Retin Eye Res. 2020 Nov;79:100861. doi: 10.1016/j.preteyeres.2020.100861. Epub 2020 Apr 9. PMID: 32278709; PMCID: PMC7544654.
2. Stargardt Disease. National Eye Institute, National Institutes of Health (NIH). Last published 2021. Available from <https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/stargardt-disease>. Accessed May 2024.
3. Fahim AT et al. Nonsyndromic Retinitis Pigmentosa Overview. 2000 Aug 4 [Updated 2023 Apr 6]. In: Adam MP et al, editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2024. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK1417/>. Accessed May 2024.
4. Cone-rod Dystrophy. Rare Disease Database, Genetic and Rare Diseases Information Center (GARD). Last published 2024. Available from <https://rarediseases.info.nih.gov/diseases/10790/cone-rod-dystrophy>. Accessed May 2024.

Patient Information

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Test Information

Ordering Physician: [REDACTED]



Date Of Birth: [REDACTED]

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GLUTARIC ACIDEMIA, TYPE 2C**Understanding Your Horizon Carrier Screen Results****What is Glutaric Acidemia, Type 2C?**

Glutaric Acidemia, Type 2C is a disorder that causes the body to be unable to break down certain fats and proteins from food to make energy. Signs and symptoms of Glutaric Acidemia, Type 2C usually begin in infancy and include tiredness, irritability, weak muscle tone, a "sweaty feet" smell, feeding problems, vomiting, diarrhea, and low blood sugar. Infants born with this condition may have birth defects of the kidneys, enlarged liver, abnormal brain development, and genital abnormalities. The problems associated with Glutaric Acidemia, Type 2C may worsen with going a long time without food or with illness and can be life-threatening. In some cases symptoms are milder and begin later in childhood or adulthood. With early diagnosis and treatment, some of the more severe problems in Glutaric Acidemia, Type 2C may be avoided. Clinical trials involving potential new treatments for this condition may be available (see www.clinicaltrials.gov).

What causes Glutaric Acidemia, Type 2C?

Glutaric Acidemia, Type 2C is caused by a gene change, or mutation, in both copies of the ETFDH gene pair. These mutations cause the genes to not work properly or not work at all. The job of the ETFDH genes is to help break down fats and proteins to make energy for the body. When both copies of this gene pair do not work correctly, it leads to a toxic buildup of substances in the body and causes the symptoms describe above. Glutaric Acidemia, Type 2C 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 ETFDH gene to have a child with Glutaric Acidemia, Type 2C. People who are carriers for Glutaric Acidemia, Type 2C are usually healthy and do not have symptoms of Glutaric Acidemia, Type 2C 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 Glutaric Acidemia, Type 2C, there is a 1 in 4, or 25%, chance in each pregnancy for both partners to pass on their ETFDH gene mutations to the child, who will then have this condition. Individuals found to carry more than one mutation for Glutaric Acidemia, Type 2C should discuss their risk for having an affected child and any potential effects to their own health with their health care provider. There are a number of other forms of Glutaric Acidemia, each caused by mutations in different genes. A person who is a carrier for Glutaric Acidemia, Type 2C is not likely to be at increased risk for having children with these other forms.

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 Glutaric Acidemia, Type 2C ordered by a health care professional. If your partner is not found to be a carrier for Glutaric Acidemia, Type 2C, your risk of having a child with Glutaric Acidemia, Type 2C is greatly reduced. Couples at risk of having a baby with Glutaric Acidemia, Type 2C 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. Although Glutaric Acidemia, Type 2C is screened for as part of the newborn screening program in some states, babies at 25% risk for this condition may need diagnostic testing in addition to newborn screening. If you are not yet pregnant, your partner can have carrier screening for Glutaric Acidemia, Type 2C ordered by a health care professional. If your partner is found to be a carrier for Glutaric Acidemia, Type 2C, you have several reproductive options to consider:

- Natural pregnancy with or without prenatal diagnosis of the fetus or testing the baby after birth for Glutaric Acidemia, Type 2C
- Preimplantation genetic diagnosis (PGD) with in vitro fertilization (IVF) to test embryos for Glutaric Acidemia, Type 2C
- Adoption or use of a sperm or egg donor who is not a carrier for Glutaric Acidemia, Type 2C

What resources are available?

- Baby's First Test: <http://www.babysfirsttest.org/newborn-screening/conditions/glutaric-acidemia-type-ii>
- Genetics Home Reference: <http://ghr.nlm.nih.gov/condition/glutaric-acidemia-type-ii>
- Prenatal diagnosis done through CVS: <http://www.marchofdimes.org/chorionic-villus-sampling.aspx>
- Prenatal diagnosis done through Amniocentesis: <http://www.marchofdimes.org/amniocentesis.aspx>
- PGD with IVF: <http://www.natera.com/spectrum>

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SICKLE CELL DISEASE**Understanding Your Horizon Carrier Screen Results****What is Sickle Cell Disease?**

Sickle Cell disease (SCD) is an inherited blood disorder that affects hemoglobin, the part of the red blood cells that carries oxygen to cells throughout the body. People with Sickle Cell Disease have an altered type of hemoglobin called Hemoglobin S, which can change red blood cells into a sickle shape. This leads to anemia. Anemia can cause shortness of breath, fatigue, and delayed growth and development in children. Pain can occur when sickled red blood cells get stuck in small blood vessels. When the sickled cells get stuck, tissues and organs don't get enough oxygen which can lead to organ damage, especially in the lungs, kidneys, spleen, and brain. Pulmonary hypertension (high blood pressure in the blood vessels in the lungs) occurs in about one-third of adults with SCD and can lead to heart failure. Medical treatment is available to lessen the symptoms. In some cases, affected individuals have been treated with stem cell transplantation from cord blood or bone marrow. Couples at risk of having an affected child may consider cord blood banking, as siblings have a higher chance of being a match for stem cell transplantation than a non-related individual. More information can be found at: <https://parentsguidecordblood.org/en>. Clinical trials involving potential new treatments for this condition may be available (see www.clinicaltrials.gov).

What causes Sickle Cell Disease?

Sickle Cell Disease is caused by a specific gene change, or mutation, in both copies of the HBB gene pair. These mutations cause the genes to not work properly or not work at all. The particular HBB gene mutation that causes Sickle Cell Disease makes an altered type of hemoglobin, called Hemoglobin S (HbS). When both copies of the HBB gene do not work correctly, all of the hemoglobin made by the body is Hemoglobin S (HbSS) instead of the usual type of hemoglobin, Hemoglobin A (HbAA). Having only Hemoglobin S and no Hemoglobin A causes the symptoms described above. Sickle Cell Disease is inherited in an autosomal recessive manner. This means that, in most cases, both parents must be carriers of this mutation in one copy of the HBB gene to have a child with Sickle Cell Disease. People who are carriers for Sickle Cell Disease have both the usual type of hemoglobin, Hemoglobin A, and the altered type, Hemoglobin S (HbAS) and do not have Sickle Cell Disease themselves. However, carriers for Sickle Cell Disease may be at risk for some symptoms during physical exertion, high altitudes, or when dehydrated. 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 Sickle Cell Disease, or Hemoglobin S, there is a 1 in 4, or 25%, chance in each pregnancy for both partners to pass on their HBB gene mutations to the child, who would then have Sickle Cell Disease. In Sickle Cell Disease, both parents carry the mutation that causes Hemoglobin S. However, there are other mutations in the HBB gene that can cause other Sickle Cell-related diseases. In these cases, just one parent carries Hemoglobin S and the other parent carries a different abnormal type of hemoglobin, such as Hemoglobin C or Beta-Thalassemia. This combination would result in either Hemoglobin SC Disease or Sickle/Beta-Thalassemia Disease. Individuals found to carry more than one mutation in the HBB genes should discuss any potential risks to their own health and their risk 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 Sickle Cell Disease and other inherited Beta-Hemoglobinopathies ordered by a health care professional. It is important that your partner have screening for Hemoglobin S and other mutations in the HBB gene. If your partner is not found to be a carrier for Sickle Cell Disease or another abnormal hemoglobin or HBB mutation, your risk of having a child with Sickle Cell Disease or other Beta-Hemoglobinopathy is greatly reduced. Couples at risk of having a baby with Sickle Cell or related disease 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. Although Sickle Cell Disease and other Beta-Hemoglobinopathies are routinely screened for as part of the Newborn Screening program in most US states, babies at 25% for these conditions may need diagnostic testing in addition to newborn screening. If you are not yet pregnant, your partner can have carrier screening for Sickle Cell Disease ordered by a health care professional. It is important that your partner have screening for Hemoglobin S and other mutations in the HBB gene. If your partner is found to be a carrier for Sickle Cell Disease or another abnormal hemoglobin or HBB mutation, 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 Sickle Cell Disease or other Beta-Hemoglobinopathy
- Preimplantation genetic diagnosis (PGD) with in vitro fertilization (IVF) to test embryos for Sickle Cell Disease or other Beta-Hemoglobinopathy
- Adoption or use of a sperm or egg donor who is not a carrier for Sickle Cell Disease or other Beta-Hemoglobinopathy

What resources are available?

- Sickle Cell disease: <http://www.marchofdimes.org/baby/sickle-cell-disease-and-your-baby.aspx#>
- Baby's First Test Sickle Cell Anemia: <http://www.babysfirsttest.org/newborn-screening/conditions/sickle-cell-anemia>
- Prenatal diagnosis by CVS: <http://www.marchofdimes.org/chorionic-villus-sampling.aspx>
- Prenatal diagnosis by amniocentesis: <http://www.marchofdimes.org/amniocentesis.aspx>
- PGD with IVF: <http://www.natera.com/spectrum>

Patient Information

Patient Name: Donor 8309

Test Information

Ordering Physician: [REDACTED]



Date Of Birth: [REDACTED]

Case File ID: [REDACTED]

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VARIANT DETAILS**ABCA4, c.5077G>A (p.V1693I), likely pathogenic**

- The c.5077G>A (p.V1693I) variant in the ABCA4 gene has been observed at a frequency of 0.0234% 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 ABCA4-related disorders (PMID: 24011517, 29925512).
- This variant has been reported in ClinVar [ID: 99343].

ETFDH, c.770A>G (p.Y257C), pathogenic

- The c.770A>G (p.Y257C) variant in the ETFDH gene has been observed at a frequency of 0.0103% in the gnomAD v2.1.1 dataset.
- This variant has been reported in a homozygous state or in conjunction with another variant in individuals with late-onset multiple acyl-CoA dehydrogenase deficiency (PMID: 19758981).
- This variant has been reported in ClinVar [ID: 666174].

HBB, c.20A>T (p.E7V) [Hb S], pathogenic

- The c.20A>T (p.E7V) [Hb S] variant in the HBB gene has been observed at a frequency of 0.4374% in the gnomAD v2.1.1 dataset.
- This variant, known as sickle cell allele (Hb S), has been previously reported in SS genotype or SC genotype in individuals with sickle cell anemia, or in S/thalassemia genotype in individuals with beta-thalassemia.
- This variant has been reported in ClinVar [ID: 15333].

Patient Information

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Date Of Birth: [REDACTED]

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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**

55-ALPHA-REDUCTASE DEFICIENCY (*SRD5A2*) **negative****6**6-PYRUVYL-TETRAHYDROPTERIN SYNTHASE (*PTPS*) DEFICIENCY (*PTS*) **negative****A**

ABCA4-RELATED CONDITIONS (*ABCA4*) **see first page**
 ABETALIPOPROTEINEMIA (*MTTP*) **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-GOUTIERES SYNDROME, RNASEH2A-RELATED (*RNASEH2A*) **negative**
 AICARDI-GOUTIERES SYNDROME, RNASEH2B-RELATED (*RNASEH2B*) **negative**
 AICARDI-GOUTIERES 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**
 ATRANSFERRINEMIA (*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**

BBARDET-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*) **see first page**
 BETA-KETOTHIOLASE DEFICIENCY (*ACAT1*) **negative**
 BETA-MANNOSIDOSIS (*MANBA*) **negative**
 BETA-UREIDOPROPIONASE DEFICIENCY (*UPB1*) **negative**
 BILATERAL FRONTOPIRIETAL 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 8309

Test Information

Ordering Physician: [REDACTED]



Date Of Birth: [REDACTED]

Case File ID: [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, *CHRNA*-RELATED (*CHRNA*) **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-METHYLGLUTACONIC 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, *RTKL*-RELATED (*RTKL*) **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/DESBQUOIS 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 (*ASAHI*) **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 OSTEODYSPLASTICA (*GORAB*) **negative**
 GITELMAN SYNDROME (*SLC12A3*) **negative**
 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*) **see first page**
 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**

Patient Information

Patient Name: Donor 8309

Test Information

Ordering Physician: [REDACTED]



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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 (HLYS1) **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) **negative**
 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**

KKRABBE 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**
 MECP-RELATED NEUROLOGIC DISORDER (MECP) **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**

Patient Information

Patient Name: Donor 8309

Test Information

Ordering Physician: [REDACTED]



Clinic Information: Fairfax Cryobank

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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 (MKV) **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 (MLASA) (PUS1) **negative**
 MITOCHONDRIAL TRIFUNCTIONAL PROTEIN DEFICIENCY, HADHB-RELATED (HADHB) **negative**
 MOLYBDENUM COFACTOR DEFICIENCY TYPE B (MOC52) **negative**
 MOLYBDENUM COFACTOR DEFICIENCY, TYPE A (MOC51) **negative**
 MUCOLIPIDOSIS II/III A (GNPTAB) **negative**
 MUCOLIPIDOSIS III GAMMA (GNPTG) **negative**
 MUCOLIPIDOSIS, TYPE IV (MCOLN1) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE I (HURLER SYNDROME) (IDUA) **see first page**
 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 GANGLIOSIDOSIS (GLB1) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE IX (HYAL1) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE VI (MAROTEAUX-LAMY) (ARSB) **negative**
 MUCOPOLYSACCHARIDOSIS, TYPE VII (GUSB) **negative**
 MULIBREY NANISM (TRIM37) **negative**
 MULTIPLE PTERYGIUM SYNDROME, CHRNG-RELATED/ESCOBAR SYNDROME (CHRNA) **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-ACETYLGUTAMATE 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, PJVK-RELATED (PJVK) **negative**
 NONSYNDROMIC HEARING LOSS, SYNE4-RELATED (SYNE4) **negative**
 NONSYNDROMIC HEARING LOSS, TMC1-RELATED (TMC1) **negative**
 NONSYNDROMIC HEARING LOSS, TMPS53-RELATED (TMPS53) **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**
 OSTEOPECTROSIS, INFANTILE MALIGNANT, TCIRG1-RELATED (TCIRG1) **negative**
 OSTEOPECTROSIS, OSTM1-RELATED (OSTM1) **negative**

P

PANTOTHENATE KINASE-ASSOCIATED NEURODEGENERATION (PANK2) **negative**
 PAPILLON LEFÈVRE SYNDROME (CTSC) **negative**
 PARKINSON DISEASE 15 (FBXO7) **negative**
 PENDRED 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 (SEPS2) **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**

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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**
 RLB1-RELATED RETINOPATHY (*RLBP1*) **negative**
 ROBERTS SYNDROME (*ESCO2*) **negative**
 RYR1-RELATED CONDITIONS (*RYR1*) **negative**

S

SALLA DISEASE (*SLC17A5*) **negative**
 SANDHOFF DISEASE (*HEXB*) **negative**
 SCHIMKE IMMUNOOSSEOUS 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), IKBK-RELATED (*IKBK*) **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*) **negative** SMN1: >= 3 copies; g.27134T>G: present; the g.27134T>G variant does not modify carrier risk in individuals who carry 3 or more copies of SMN1.
 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**
 TRICHOHYDRODYSPLASIA 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**
 VLDL-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**

Patient Information

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Case File ID: [REDACTED]

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**Z**ZELLWEGER SPECTRUM DISORDERS, PEX6-RELATED (PEX6) **negative**

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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.

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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.