Donor 4524

Genetic Testing Summary

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

Last Updated: 09/29/22

Donor Reported Ancestry: Chinese Jewish Ancestry: No

Genetic Test*	Result	Comments/Donor's Residual Risk**
Chromosome analysis (karyotype)	Normal male karyotype	No evidence of clinically significant chromosome abnormalities
Hemoglobin evaluation	Normal hemoglobin fractionation and MCV/MCH results	Reduced risk to be a carrier for sickle cell anemia, beta thalassemia, alpha thalassemia trait (aa/-- and a-/a-) and other hemoglobinopathies
Cystic Fibrosis (CF) carrier screening	Negative by genotyping of 99 mutations in the CFTR gene	1/190
Spinal Muscular Atrophy (SMA) carrier screening	Negative for deletions of exon 7 in the SMN1 gene	<1/500
Hb Beta Chain-Related Hemoglobinopathy (including Beta Thalassemia and Sickle Cell Disease) by genotyping	Negative for 28 mutations tested in the HBB gene	1/250 for Beta-Thalassemia <1/500 for Sickle Cell
Special Testing		
Gene: GJB2	Negative by genotyping for 30 mutations in the GJB2 gene	1/564

*No single test can screen for all genetic disorders. A negative screening result significantly reduces, but cannot eliminate, the risk for these conditions in a pregnancy.

**Donor residual risk is the chance the donor is still a carrier after testing negative.

Counsyl

Result Recipient

[redacted]

Report Date: 07/07/2011

Male

Name: Donor 4524
DOB: [redacted]
Ethnicity: East Asian
Sample Type: OG-500 Saliva
Date of Collection: 06/22/2011
Barcode: [redacted]
Indication: Egg or Sperm Donor

Female

Not tested

Counsyl Test Results (Egg or Sperm Donor)

The Counsyl test uses targeted DNA mutation analysis to simultaneously determine the carrier status of an individual for a number of Mendelian diseases. This report indicates which mutations, if any, were detected for each mutation panel. Because only select mutations are tested, the percentage of carriers detected varies by ethnicity. A negative test result does not eliminate the possibility that the individual is a carrier. Interpretation is given as an estimate of the risk of conceiving a child affected with a disease, which is based on reported ethnicity, the test results, and an assumption of no family history.*

Donor 4524

Donor 4524's DNA test shows that he is not a carrier of any disease-causing mutation tested.

Partner

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

Reproductive Risk Summary

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

Clinical notes:

- Individuals of African, Southeast Asian, and Mediterranean ancestry are at increased risk for being carriers for hemoglobinopathies and may also benefit from carrier testing by CBC and hemoglobin electrophoresis or HPLC. *ACOG Practice Bulletin No. 78. Obstet Gynecol 2007;109:229-37.*

To schedule a free appointment to speak with a genetic counselor about your results, please call (888) COUNSYL or email gc@counsyl.com.

*Limitations: In an unknown number of cases, nearby genetic variants may interfere with mutation detection. Other possible sources of diagnostic error include sample mix-up, trace contamination, and technical errors. The reproductive risk summary is provided as an aid to genetic counseling. Inaccurate reporting of ethnicity may cause errors in risk calculation.

Counsyl

Male

Name: Donor 4524
DOB: [redacted]

Female

Not tested

ENTERED 7/8/11

Full Results

Below are the full test results for all diseases on the panel. Noted are the specific genetic mutations for which the patient tested positive or negative. If there was insufficient data to determine the genotype for any variant, this will be noted as "no call." Also listed in this section is the patient's post-test risk of being a carrier of each disease as well as the odds that his future children could inherit each disease.

Beta Thalassemia

Reproductive risk: 1 in 31,000
Risk before testing: 1 in 3,900
Reduced risk

Donor 4524: No mutations detected. This does not rule out the possibility of being a carrier of untested mutations. The post-test risk of being a carrier, assuming a negative family history, is 1 in 250. 87% detection rate.

Gene: HBB. Variants (27): K17X, Q39X, Phe41fs, Ser9fs, IVS-II-654, IVS-II-745, IVS-II-850, IVS-I-6, IVS-I-110, IVS-I-5, IVS-I-1(G>A), -88C>T, -28A>G, -29A>G, Lys8fs, Phe71fs, IVS-II-849(A>C), IVS-II-849(A>G), Gly24 T>A, -87C>G, Hb C, W15X, Gly16fs, Glu6fs, Hb E, Hb D-Punjab, Hb O-Arab.

Cystic Fibrosis

Reproductive risk: 1 in 66,000
Risk before testing: 1 in 30,000
Reduced risk

Donor 4524: No mutations detected. This does not rule out the possibility of being a carrier of untested mutations. The post-test risk of being a carrier, assuming a negative family history, is 1 in 190. 54% detection rate.

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

Sickle Cell Disease

Reproductive risk: Less than 1 in 1,000,000
Risk before testing: less than 1 in 1,000,000
Reduced risk

Donor 4524: No mutations detected. This does not rule out the possibility of being a carrier of untested mutations. The post-test risk of being a carrier, assuming a negative family history, is < 1 in 500. 55% detection rate.

Gene: HBB. Variants (28): Hb S, K17X, Q39X, Phe41fs, Ser9fs, IVS-II-654, IVS-II-745, IVS-II-850, IVS-I-6, IVS-I-110, IVS-I-5, IVS-I-1(G>A), -88C>T, -28A>G, -29A>G, Lys8fs, Phe71fs, IVS-II-849(A>C), IVS-II-849(A>G), Gly24 T>A, -87C>G, Hb C, W15X, Gly16fs, Glu6fs, Hb E, Hb D-Punjab, Hb O-Arab.

Spinal Muscular Atrophy

Reproductive risk: 1 in 150,000
Risk before testing: 1 in 11,000
Reduced risk

Donor 4524: No mutations detected. This does not rule out the possibility of being a carrier of untested mutations. The post-test risk of being a carrier, assuming a negative family history, is < 1 in 500. 93% detection rate.

Gene: SMN1. Variants (1): Exon 7 deletion.

This test was developed and its performance characteristics determined by Counsyl, Inc. The laboratory is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity clinical testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. These results are adjunctive to the ordering physician's workup. CLIA Number: #05D1102604. Lab Directors: Jessica Jacobson, MD, William K. Seltzer, PhD, FACMG. Signed and dated by: Jessica Jacobson, MD.

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 926
Fairfax Cryobank
[redacted]
Report Generated: 2016-05-10

Donor 4524

DOB: [redacted]
Gender: Male
Ethnicity:
Procedure ID: 51351
Kit Barcode: [redacted]
Specimen: Sperm, #54135
Specimen Collection: 2011-06-22
Specimen Received: 2016-04-22
Specimen Analyzed: 2016-05-10

Partner Not Tested

TEST INFORMATION

Test: CarrierMap^{GEN} (Genotyping)
Panel: Custom Panel
Diseases Tested: 1
Genes Tested: 1
Mutations Tested: 30

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

Donor 4524 was not identified to carry any of the mutation(s) tested.

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

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

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

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

Methods and Limitations

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

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

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

Diseases & Mutations Assayed

Nonsyndromic Hearing Loss and Deafness: GJB2 Related : Mutations (30): ♂ Genotyping | c.167delT, c.235delC, c.312_325delGAAGTTCATCAAGG, c.358delGAG (p.120delE), c.35delG, c.370C>T (p.Q124X), c.427C>T (p.R143W), c.109G>A (p.V37I), c.231G>A (p.W77X), c.551G>C (p.R184P), c.71G>A (p.W24X), c.101T>C (p.M34T), c.229T>C (p.W77R), c.269T>C (p.L90P), c.617A>G (p.N206S), c.299_300delAT (p.H100Rfs), c.283G>A (p.V95M), c.134G>A (p.G45E), c.139G>T (p.E47X), c.35G>T, c.487A>G (p.M163V), c.250G>C (p.V84L), c.44A>C (p.K15T), c.334_335delAA (p.K112fs), c.516G>A (p.W172X), c.290_291insA (p.Y97fs), c.439G>A (p.E147K), c.-23+1G>A, c.550C>T (p.R184W), c.-259C>T

Residual Risk Information

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

Disease	Carrier Rate	Detection Rate	Residual Risk
Nonsyndromic Hearing Loss and Deafness: GJB2 Related	♂ Ashkenazi Jewish: 1/20	95.83%	1/480
	♂ Chinese: 1/100	82.26%	1/564
	♂ European: 1/53	83.98%	1/331
	♂ Indian: Unknown	66.98%	Unknown
	♂ Israeli: 1/16	93.10%	1/232
	♂ Japanese: 1/75	75.00%	1/300
	♂ Roma: Unknown	>99%	Unknown
	♂ United States: 1/34	46.50%	1/64