

Donor 2776

Genetic Testing Summary

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

Last Updated: 03/13/23

Donor Reported Ancestry: Canadian, Irish, Romanian

Jewish Ancestry: No

Genetic Test*	Result	Comments/Donor's Residual
		Risk**

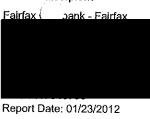
Chromosome analysis (karyotype)	Normal male karyotype	No evidence of clinically significant chromosome abnormalities
Hemoglobin evaluation	Normal hemoglobin fractionation and MCV/MCH results	Reduced risk to be a carrier for sickle cell anemia, beta thalassemia, alpha thalassemia trait (aa/ and a-/a-) and other hemoglobinopathies
Cystic Fibrosis carrier screening	Negative by for 99 variants in the CFTR gene	1/310
Spinal Muscular Atrophy (SMA) carrier screening	Negative for deletions of exon 7 in the SMN1 gene	1/700
Hb Beta Globin-Related Hemoglobinopathy screening	Negative for 28 variants in the HBB gene	Sickle Cell Disease <1/500 Beta Thalassemia 1/500
Tay Sachs Enzyme Analysis	Non-Carrier by Hexosaminidase A analysis	

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

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



Results Recipient



Male Name: DONOR 2776 DOB: Ethnicity: Mixed or Other Caucasian Sample Type: EDTA Blood Date of Collection: 01/13/2012 Barcode: Edg or Sperm Donor

Female Not tested



Counsyl Test Results (Egg or Sperm Donor)

Panel: Fairfax Cryobank Fundamental Panel

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 2776

DONOR 2776'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 visit www.counsyl.com/appointment.

*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.

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. Seitzer, PhD, FACMG. 郤

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Male Name: DONOR 277

DOB:

Female Not tested

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.

Reproductive risk: **Risk before testing:** Beta Thalassemia Roduced risk Less than 1 in 1.000.000 1 in 250.000 DONOR 2776: 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 1,500. 83% detection rate. Gene: HBB. Variants (27): K17X, Q39X, Phe41fs, Ser9fs, IVS-II-654, IVS-II-745, IVS-II-850, IVS-I-6, IVS-I-10, IVS-I-5, IVS-I-1(G>A), -86C>T, -28A>G, -29A>G, Lys8fs, Phe71fs, IVS-II-849(A>C) IVS-II-849(A>C), Giy24, T>A, -87C>G, Hb, C, W15X, Giy16fs, Gluefs, Hb, E, Hb, D-Punjab, Hb, O-Arab. Reproductive risk: **Cystic Fibrosis Risk before testing:** Reduced risk 1 in 34,000 1 in 3,000 DONOR 2776: 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 310. 91% detection rate. Gene: CFTR. Varlants (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, 387deleA, 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, Q690X, R1066C, W1089X, Y1092X, R1158X, S1196X, W1204X(c.3611G>A), Q1238X, S1251N, S1255X, 3199delG, 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. Reproductive risk: **Risk before testing: Sickle Cell Disease Reduced** risl Less than 1 in 1,000,000 less than 1 in 1.000.000 DONOR 2776: 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. 70% 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-10, IVS-I-5, IVS-I-1(G>A), -88C>T, -28A>G, -29A>G, Lys8fs, Phe71fs, IVS-II-850, IVS-II-6, IVS-I-6, IVS-I-5, IVS-I-1(G>A), -88C>T, -28A>G, -29A>G, Lys8fs, Phe71fs, IVS-II-850, IVS-II-850, IVS-II-850, IVS-I-6, IVS-I-6, IVS-I-7, IVS-I-7, IVS-I-7, IVS-II-8, 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. Reproductive risk: Spinal Muscular Atrophy Risk before testing: Reduced rist 1 in 97,000 1 in 4,800 DONOR 2776: 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 700. 95% 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.

2200 Bridge Parkway, Suite 103, Redwood City, CA 94065 (888) COUNSYL | http://www.counsyl.com

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Cytogenetic Report

Client	Faiı	rfax Cryobank - Fai	rfax				
		5 Williams Drive fax, VA 22031					
Reporting Phone #			Fax #		Em	ail	
Patient name/Donor A	Alias	Donor # 2776			Patient DOB	N/A	
Don	or #				Specimen type	Periphera	Blood
Collection]	Date	01/13/2012			Accession #	12-004CC	Ì
Date Rece	ived	01/13/2012					
			RESU	LTS			
CYI	00	GENETIC ANALY	(SIS			FISH	
Cells counted		20	Type of banding	GTG		Probe(s)	N/A
Cells analyzed	I :	5	Band resolution	550	Nu	clei scored	N/A
Cells karyotyped	l í	2			114	cici scoreu	1.07 x
Modal chromosome #	ŧ 2	46					
KARYOTYPE 46,X	Y						

INTERPRETATION

Normal male karyotype

No clonal numerical or structural abnormalities were identified. This normal cytogenetic result does not exclude the possibility of the presence of subtle rearrangements beyond the technical limits of detection with this test.

Comments

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Wayne S. Stanley, Ph.D., FACMG Clinical Cytogeneticist

1/24/12 Date

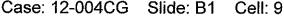
Genetics 🗍 J IVF Preimplantation Genetics 🖞 🤅 oratory

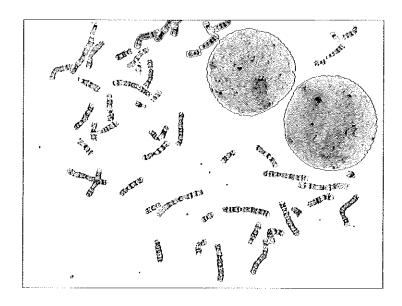
Patient name: DONOR #2776

Case name:

46,XY

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13	14		15 15	16		17 17	18
19	20		21	22	, ,	x	A Y





PATIENT INFORMATION Final REPORT STATUS 2776, DONOR QUEST DIAGNOSTICS INCORPORATED ORDERING PHYSICIAN CLIENT SERVICE 410.247.9100 DOB: Age: FAIRFAX CRYOBANK GENDER: M CLIENT INFORMATION SPECIMEN INFORMATION 507059 SPECIMEN: FAIRFAX CRYOBANK ID: REQUISITION: 3015 WILLIAMS DR STE 110 LAB REF NO: FAIRFAX, VA 22031 COLLECTED: 01/13/2012 00:00 RECEIVED: 01/13/2012 22:23 REPORTED: 01/16/2012 16:34

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Test Name	In Range	Out of Range	Reference Range	Lab	6
CHOLESTEROL, TOTAL*				QBA	
CHOLESTEROL		216 н	125-200 MG/DL	χ _D Υ	
AST			<i>.</i>		
AST	16			QBA	
	10		10-40 U/L		
ALT				QBA	
ALT	21		9-60 U/L	-	
CBC (INCLUDES DIFF-PLT)				0.0.3	
WHITE BLOOD CELL COUNT	4.4		3.8-10.8 Thousand/uL	QBA	
RED BLOOD CELL COUNT	4.59		•		
HEMOGLOBIN	14.4		4.20-5.80 Million/uL		
HEMATOCRIT	41.9		13.2-17.1 g/dL		
MCV	41,9 91		38.5-50.0 %		
MCH	31.4		80-100 fL		
MCHC	34.4		27-33 pg		
PLATELET COUNT			32-36 g/dL		
RDW	235		140-400 Thousand/uL		
MPV	14.2		11.0~15.0 %		
•	8,5		7.5-11.5 fL		53
ABSOLUTE NEUTROPHILS ABSOLUTE LYMPHOCYTES	2270		1500-7800 cells/uL		
ABSOLUTE MONOCYTES	1694		850-3900 cells/uL		
	334		200-950 cells/uL		
ABSOLUTE EOSINOPHILS	79		15-500 cells/uL		
ABSOLUTE BASOPHILS	22		0-200 cells/uL		
NEUTROPHILS	51.6		20		
LYMPHOCYTES	38.5		00		
REACTIVE LYMPHOCYTES	0.0		8		
MONOCYTES	7.6		8		
EOSINOPHILS	1.8		o.		
BASOPHILS COMMENT	0.5		8		
IEMOGLOBINOPATHY EVALUATION				QBA	
RED BLOOD CELL COUNT	4.59		4.20-5.80 Million/uL		
HEMOGLOBIN	14.4		13.2-17.1 g/dL		
HEMATOCRIT	41.9		38.5-50.0 %		
MCV	91		80-100 fL		
MCH	31.4		27-33 pg		
RDW	14.2		11.0-15.0 %		53
HEMOGLOBIN A	97.6		>96.0 %		5.
HEMOGLOBIN F	NONE DETECT	ΈD	0.0-1.9		
HEMOGLOBIN A2	2.4		1.8-3.5 %		
HGB SCREEN INTERPRETATION					

Genzyme	Hics		Tay-Sachs	Enzyme Analy	ysis
Patient Name: Donor, #2776Referring Physician: Steve Pool, MDSpecimen #: 18146334Patient ID: 14553684-1DOB: Net Chapman Data Collected: 01/13/2012		#: 606452	Fairfax Cryobank / Genetics and IVF Institute Genetics and IVF Institute		
DOB: Not Given SSN:	Date Collected: 01/13/20 Date Received: 01/16/20 Lab ID: Hospital ID: Specimen Type: White B	12	3015 Willian Suite 110 Fairfax VA		
RESULTS:	Hexosaminidase Activity : 10 Hexosaminidase Percent A: 6		ng protein	S OH	
	Expected Non-Carrier Range: Expected Carrier Range:	Hex A Hex A	Plasma/Serum ≥54% 20 - 49%	WBC ≥54% 20 - 49%	

This result is within the non-carrier range for Tay-Sachs disease. Less than 0.1% of patients having non-carrier levels of Hexosaminidase-A activity are Tay-Sachs carriers.

NOTE: Maximum sensitivity and specificity for Tay-Sachs disease carrier testing are achieved by using enzymology and DNA mutation analysis together.

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Under the direction of:

Stanfeel Marenbery, PHO, MBCC Stanford Marenberg, Ph.D.

Testing Performed At Genzyme Genetics 2000 Vivigen Way Santa Fe, NM 87505 1-800-848-4436

Date: 01/21/2012 Page 1 of 1