Fairfax Cryobank
The Trusted Choice for Donor Sperm

Donor 4383

Genetic Testing Summary

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

Last Updated: 03/05/24

Donor Reported Ancestry: Dutch, English, Scottish, Welsh, Irish 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 for 97 mutations in the CFTR	1/300
Hb Beta Chain-Related Hemoglobinopathy	Negative by genotyping for 28 mutations in the HB gene	1/290
Spinal Muscular Atrophy	Negative for loss of copy number	1/610
Tay Sach Enzyme	Non-Carrier by Hexosaminidase A testing	
Special Testing by client request		
Genes: CYP21A2, MEFV, CPT2, ACADM,	Negative by genotyping	See attached for details
Genes: ASPA, VPS53 GALC, ALDOB, GALT, ASL, BTD, NPHS1, GAA, CAPN3, CPT2, MMACHC, PAH, NBN, ARSA	Negative by sequencing	See attached for details

*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

Results Recipient

[redacted]

Report Date: 06/03/2014

Male	Female
Name: DONOR # 4383	Not tested
DOB: [redacted]	
Ethnicity: Northern European	
Sample Type: EDTA Blood	
Date of Collection: 05/28/2014	
Date Received: 05/30/2014	
Barcode: [redacted]	
Indication: Egg or Sperm Donor	
Test Type: The Counsyl Test	

Counsyl Test Results Summary (Egg or Sperm Donor)

The Counsyl test (**Fairfax Cryobank Fundamental Panel**) uses targeted genotyping and copy number analysis as described in the methods section on page 2 to determine carrier status associated with **3 diseases**. Please refer to page 3 for a complete list of diseases and genes included in this panel.

DONOR # 4383

DONOR # 4383'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

- If necessary, patients can discuss residual risks with their physician or a genetic counselor. To schedule a complimentary appointment to speak with a clinical expert about these results, please visit counsyl.com/my/consults/.

ENTERED
10-17-14

Methods and Limitations

DONOR # 4383: The Counsyl Test - targeted genotyping and copy number analysis.

Targeted genotyping: Targeted DNA mutation analysis is used to simultaneously determine the genotype of 127 variants associated with 2 diseases. The test is not validated for detection of homozygous mutations, and although rare, asymptomatic individuals affected by the disease may not be genotyped accurately.

Copy number analysis: Targeted copy number analysis is used to determine the copy number of exon 7 of the SMN1 gene relative to other genes. Other mutations may interfere with this analysis. Some individuals with two copies of SMN1 are carriers with two SMN1 genes on one chromosome and a SMN1 deletion on the other chromosome. In addition, a small percentage of SMA cases are caused by nondeletion mutations in the SMN1 gene. Thus, a test result of two SMN1 copies significantly reduces the risk of being a carrier; however, there is still a residual risk of being a carrier and subsequently a small risk of future affected offspring for individuals with two or more SMN1 gene copies. Some SMA cases arise as the result of de novo mutation events which will not be detected by carrier testing.

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, bone marrow transplantation, blood transfusions and technical errors. If more than one variant is detected in a gene, additional studies may be necessary to determine if those variants lie on the same chromosome or different chromosomes. The Counsyl test does not fully address all inherited forms of intellectual disability, birth defects and genetic disease. A family history of any of these conditions may warrant additional evaluation. Furthermore, not all mutations will be identified in the genes analyzed and additional testing may be beneficial for some patients. For example, individuals of African, Southeast Asian, and Mediterranean ancestry are at increased risk for being carriers for hemoglobinopathies, which can be identified by CBC and hemoglobin electrophoresis or HPLC (*ACOG Practice Bulletin No. 78. Obstet. Gynecol. 2007;109:229-37*).

This test was developed and its performance characteristics determined by Counsyl, Inc. It has not been cleared or approved by the US Food and Drug Administration (FDA). The FDA does not require this test to go through premarket review. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity clinical testing. These results are adjunctive to the ordering physician's workup. CLIA Number: **#05D1102604.**

Lab Directors:

Kyunseok Kang

H. Peter Kang, MD, MS, FCAP

Jelena Brezo

Jelena Brezo, PhD, FACMG

Counsyl

Male

Name: DONOR # 4383
DOB: [redacted]

Female

Not tested

Diseases Tested

Cystic Fibrosis - Gene: CFTR. **Variants (99):** G85E, R117H, R334W, R347P, A455E, G542*, G551D, R553*, R560T, R1162*, W1282*, N1303K, c.1521_1523delCTT, c.1519_1521delATC, c.2052delA, c.3528delC, c.489+1G>T, c.579+1G>T, c.1585-1G>A, c.1766+1G>A, 2789+5G>A, c.2988+1G>A, 3849+10kbC>T, E60*, R75*, E92*, Y122*, G178R, R347H, Q493*, V520F, S549N, P574H, M1101K, D1152H, c.2012delT, c.262_263delTT, c.313delA, c.948delT, c.3744delA, c.3773dupT, c.1680-1G>A, 3272-26A>G, c.2051_2052delAAinsG, S549R, R117C, L206W, G330*, T338I, R352Q, S364P, G480C, C524*, S549R, Q552*, A559T, G622D, R709*, K710*, R764*, Q890*, R1066C, W1089*, Y1092X, R1158*, S1196*, W1204*, Q1238*, S1251N, S1255*, c.3067_3072delG, c.442delA, c.531delT, c.803delA, c.805_806delAT, c.1545_1546delTA, 1949del84, c.1911delG, c.1923_1931del9ins1, c.1976delA, c.3039delC, c.3536_3539delCCAA, c.3659delC, c.1155_1156dupTA, c.2052dupA, c.2175dupA, c.2738insG, 296+12T>C, c.273+1G>A, 405+3A>C, c.274-1G>A, 711+5G>A, c.580-1G>T, c.1766+1G>T, 1898+5G>T, Q996, c.325_327delTATinsG, 3849+4A>G, c.1075_1079del5ins5. IVS8-5T allele analysis is only reported in the presence of the R117H mutation. Detection rate: Northern European 91%.

Hb Beta Chain-Related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease) - Gene: HBB. **Variants (28):** E7V, K18*, Q40*, c.126_129delCTTT, c.27dupG, IVS-II-654, IVS-II-745, c.315+1G>A, IVS-I-6, IVS-I-110, IVS-I-5, c.92+1G>A, -88C>T, -28A>G, -29A>G, c.25_26delAA, c.217dupA, c.316-2A>C, c.316-2A>G, G25, -87C>G, E7K, W16*, c.51delC, c.20delA, E27K, E122Q, E122K. **Detection rate:** Northern European 83%.

Spinal Muscular Atrophy (copy number analysis only) - Gene: SMN1. **Variant (1):** SMN1 copy number. **Detection rate:** Northern European 95%.

Counsyl

Male

Name: DONOR # 4383
DOB: [redacted]

Female

Not tested

Risk Calculations

Below are the risk calculations for all diseases tested. Since negative results do not completely rule out the possibility of being a carrier, the **residual risk** represents the patient's post-test likelihood of being a carrier and the **reproductive risk** represents the likelihood the patient's future children could inherit each disease. These risks are inherent to all carrier screening tests, may vary by ethnicity, are predicated on a negative family history and are present even after a negative test result. Inaccurate reporting of ethnicity may cause errors in risk calculation.

Disease	DONOR # 4383 Residual Risk	Reproductive Risk
Cystic Fibrosis	1 in 300	1 in 33,000
Hb Beta Chain-Related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease)	1 in 290	1 in 58,000
Spinal Muscular Atrophy	SMN1: 2 copies 1 in 610	1 in 84,000

Integrated GENETICS
LabCorp Specialty Testing Group

Tay-Sachs Enzyme Analysis

Patient Name: Donor#4383, .
Referring Physician: [redacted]
Specimen #: [redacted] **Client #:** 606452
Patient ID: [redacted]

DOB: Not Given
SSN: ***-**-****

Date Collected: 05/28/2014
Date Received: 05/29/2014
Lab ID:
Hospital ID:
Specimen Type: **White Blood Cells**

RESULTS: **Hexosaminidase Activity : 1649 nmol/mg protein**
Hexosaminidase Percent A: 66.1

		Plasma/Serum	WBC
Expected Non-Carrier Range:	Hex A	≥54%	≥54%
Expected Carrier Range:	Hex A	20 - 49%	20 - 49%

INTERPRETATION: NON CARRIER

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.

Under the direction of: Stanford Marenberg, PhD, ABCC
Stanford Marenberg, Ph.D.

Date: 05/30/2014

Testing Performed At Esoterix Genetic Laboratories, LLC 2000 Vivigen Way Santa Fe, NM 87505 1-800-848-4436

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 926
Fairfax Cryobank
[redacted]
Report Generated: 2017-06-05

4383 Donor

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 80548
Kit Barcode: [redacted]
Specimen: Sperm, #81478
Specimen Collection: 2016-05-03
Specimen Received: 2017-01-19
Specimen Analyzed: 2017-06-05

Partner Not Tested

TEST INFORMATION

Test: CarrierMap^{SEQ} (Genotyping & Sequencing)
Panel: Custom Panel
Diseases Tested: 2
Genes Tested: 2
Genes Sequenced: 2

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

4383 Donor was not identified to carry any pathogenic mutations in the gene(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

ENTERED 6-7-17

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.

Sequencing: Sequencing is performed using a custom next-generation sequencing (NGS) platform. Only the described exons for each gene listed are sequenced. Variants outside of these regions may not be identified. Some splicing mutations may not be identified. Triplet repeat expansions, intronic mutations, and large insertions and deletions may not be detected. All identified variants are curated, and determination of the likelihood of their pathogenicity is made based on examining allele frequency, segregation studies, predicted effect, functional studies, case/control studies, and other analyses. All variants identified via sequencing that are reported to cause disease in the primary scientific literature will be reported. Variants considered to be benign and variants of unknown significance (VUS) are NOT reported. In the sequencing process, interval drop-out may occur, leading to intervals of insufficient coverage. Intervals of insufficient coverage will be reported if they occur.

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.

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Diseases & Mutations Assayed

Canavan Disease (ASPA): Mutations (8): ♂ Genotyping | c.433-2A>G, c.854A>C (p.E285A), c.693C>A (p.Y231X), c.914C>A (p.A305E), c.71A>G (p.E24G), c.654C>A (p.C218X), c.2T>C (p.M1T), c.79G>A (p.G27R) Sequencing | NM_000049:1-6

Pontocerebellar Hypoplasia: VPS53 Related (VPS53): Mutations (2): ♂ Genotyping | c.2084A>G (p.Q695R), c.1556+5G>A Sequencing | NM_001128159:1-22

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
Canavan Disease	♂ Ashkenazi Jewish: 1/55	98.86%	1/4,840
	♂ European: Unknown	53.23%	Unknown
Pontocerebellar Hypoplasia: VPS53 Related	♂ Moroccan Jewish: 1/37	>99%	<1/3,700

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 926
Fairfax Cryobank
[redacted]
Report Generated: 2017-06-15
Report Updated: 2017-06-15

4383 Donor

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 80548
Kit Barcode: [redacted]
Specimen: Sperm, #81478
Specimen Collection: 2016-05-03
Specimen Received: 2017-01-19
Specimen Analyzed: 2017-06-15

Partner Not Tested

TEST INFORMATION

Test: CarrierMap^{SEQ} (Genotyping & Sequencing)
Panel: Custom Panel
Diseases Tested: 2
Genes Tested: 2
Genes Sequenced: 2

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

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

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

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Diseases & Mutations Assayed

Globoid Cell Leukodystrophy (GALC): Mutations (10): ♂ Genotyping | c.1153G>T (p.E385X), c.857G>A (p.G286D), c.2002A>C (p.T668P), c.1700A>C (p.Y567S), c.1586C>T (p.T529M), c.1472delA (p.K491fs), c.913A>G (p.I305V), c.683_694delATCTCTGGGAGTinsCTC (p.N228_S232del5insTP), c.246A>G (p.I82M), c.1161+6555_*9573del31670bp Sequencing | NM_000153:2-17

Hereditary Fructose Intolerance (ALDOB): Mutations (10): ♂ Genotyping | c.357_360delAAAC, c.1005C>G (p.N335K), c.524C>A (p.A175D), c.448G>C (p.A150P), c.612T>G (p.Y204X), c.865_867delCTT (p.289delL), c.720C>A (p.C240X), c.442T>C (p.W148R), c.178C>T (p.R60X), c.10C>T (p.R4X) Sequencing | NM_000035:2-9

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
Globoid Cell Leukodystrophy	♂ Dutch: 1/137	60.98%	1/351
	♂ European: 1/150	26.47%	1/204
	♂ Japanese: 1/150	36.00%	1/234
Hereditary Fructose Intolerance	♂ European: 1/81	72.73%	1/297
	♂ Italian: 1/81	90.91%	1/891
	♂ Slavic: 1/81	>99%	<1/8,100

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 926
Fairfax Cryobank
[redacted]
Report Generated: 2017-03-23

4383 Donor

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 80548
Kit Barcode: [redacted]
Specimen: Sperm, #81478
Specimen Collection: 2016-05-03
Specimen Received: 2017-01-19
Specimen Analyzed: 2017-03-23

Partner Not Tested

TEST INFORMATION

Test: CarrierMap^{SEQ} (Genotyping & Sequencing)
Panel: Custom Panel
Diseases Tested: 1
Genes Tested: 1
Genes Sequenced: 1

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

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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.

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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

ENTERED 3/24/17

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.

Sequencing: Sequencing is performed using a custom next-generation sequencing (NGS) platform. Only the described exons for each gene listed are sequenced. Variants outside of these regions may not be identified. Some splicing mutations may not be identified. Triplet repeat expansions, intronic mutations, and large insertions and deletions may not be detected. All identified variants are curated, and determination of the likelihood of their pathogenicity is made based on examining allele frequency, segregation studies, predicted effect, functional studies, case/control studies, and other analyses. All variants identified via sequencing that are reported to cause disease in the primary scientific literature will be reported. Variants considered to be benign and variants of unknown significance (VUS) are NOT reported. In the sequencing process, interval drop-out may occur, leading to intervals of insufficient coverage. Intervals of insufficient coverage will be reported if they occur.

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Diseases & Mutations Assayed

Classical Galactosemia (GALT): Mutations (18): ♂ Genotyping | c.253-2A>G, c.563A>G (p.Q188R), c.626A>G (p.Y209C), c.404C>T (p.S135L), c.413C>T (p.T138M), c.505C>A (p.Q169K), c.997C>G (p.R333G), c.607G>A (p.E203K), c.855G>T (p.K285N), c.1138T>C (p.X380R), c.221T>C (p.L74P), c.425T>A (p.M142K), c.512T>C (p.F171S), c.584T>C (p.L195P), c.134_138delCAGCT, c.-1039_753del3162, c.820+51_*789del2294ins12, c.404C>G (p.S135W) Sequencing | NM_000155:1-11

Residual Risk Information

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Disease	Carrier Rate	Detection Rate	Residual Risk
Classical Galactosemia	♂ African American: 1/78	73.13%	1/290
	♂ Ashkenazi Jewish: 1/127	>99%	<1/12,700
	♂ Dutch: 1/91	75.47%	1/371
	♂ European: 1/112	88.33%	1/960
	♂ General: 1/125	80.00%	1/625
	♂ Irish: 1/76	91.30%	1/874
	♂ Irish Travellers: 1/14	>99%	<1/1,400

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 926
Fairfax Cryobank
[redacted]
Report Generated: 2017-06-30

4383 Donor

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 80548
Kit Barcode: [redacted]
Specimen: Sperm, #81478
Specimen Collection: 2016-05-03
Specimen Received: 2017-01-19
Specimen Analyzed: 2017-06-30

Partner Not Tested

TEST INFORMATION

Test: CarrierMap^{SEQ} (Genotyping & Sequencing)
Panel: Custom Panel
Diseases Tested: 3
Genes Tested: 3
Genes Sequenced: 3

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

4383 Donor was not identified to carry any pathogenic mutations in the gene(s) tested.

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

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

ENTERED [illegible]

Methods and Limitations

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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.

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Diseases & Mutations Assayed

Argininosuccinate Lyase Deficiency (ASL): Mutations (7): ♂ Genotyping | c.446+1G>A (IVS5+1G>A), c.857A>G (p.Q286R), c.1135C>T (p.R379C), c.1153C>T (p.R385C), c.283C>T (p.R95C), c.532G>A (p.V178M), c.1060C>T (p.Q354X) Sequencing | NM_000048:2-17

Biotinidase Deficiency (BTD): Mutations (21): ♂ Genotyping | c.98_104delGCGGCTGinsTCC (p.C33FfsX68), c.1368A>C (p.Q456H), c.755A>G (p.D252G), c.1612C>T (p.R538C), c.235C>T (p.R79C), c.100G>A (p.G34S), c.1330G>C (p.D444H), c.511G>A (p.A171T), c.1207T>G (p.F403V), c.470G>A (p.R157H), c.1595C>T (p.T532M), c.1489C>T (p.P497S), c.341G>T (p.G114V), c.1052delC (p.T351fs), c.393delC (p.F131Lfs), c.1049delC (p.A350fs), c.1239delC (p.Y414Ifs), c.1240_1251delTATCTCCACGTC (p.Y414_V417del), c.278A>G (p.Y93C), c.595G>A (p.V199M), c.933delT (p.S311Rfs) Sequencing | NM_000060:1-4

Nephrotic Syndrome: Type 1 (NPHS1): Mutations (5): ♂ Genotyping | c.121_122delCT (p.L41Dfs), c.1481delC, c.3325C>T (p.R1109X), c.3478C>T (p.R1160X), c.2335-1G>A Sequencing | NM_004646:1-29

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
Argininosuccinate Lyase Deficiency	♂ European: 1/133	57.41%	1/312
	♂ Saudi Arabian: 1/80	51.72%	1/166
Biotinidase Deficiency	♂ General: 1/123	78.32%	1/567
Nephrotic Syndrome: Type 1	♂ Finnish: 1/45	76.84%	1/194
	♂ US Amish: 1/12	50.00%	1/24

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 926
Fairfax Cryobank
[redacted]
Report Generated: 2017-04-17

4383 Donor

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 80548
Kit Barcode: [redacted]
Specimen: Sperm, #81478
Specimen Collection: 2016-05-03
Specimen Received: 2017-01-19
Specimen Analyzed: 2017-04-17

TEST INFORMATION

Test: CarrierMap^{SEQ} (Genotyping & Sequencing)
Panel: Custom Panel
Diseases Tested: 1
Genes Tested: 1
Genes Sequenced: 1

Partner Not Tested

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

4383 Donor was not identified to carry any pathogenic mutations in the gene(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

ENTERED

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.

Sequencing: Sequencing is performed using a custom next-generation sequencing (NGS) platform. Only the described exons for each gene listed are sequenced. Variants outside of these regions may not be identified. Some splicing mutations may not be identified. Triplet repeat expansions, intronic mutations, and large insertions and deletions may not be detected. All identified variants are curated, and determination of the likelihood of their pathogenicity is made based on examining allele frequency, segregation studies, predicted effect, functional studies, case/control studies, and other analyses. All variants identified via sequencing that are reported to cause disease in the primary scientific literature will be reported. Variants considered to be benign and variants of unknown significance (VUS) are NOT reported. In the sequencing process, interval drop-out may occur, leading to intervals of insufficient coverage. Intervals of insufficient coverage will be reported if they occur.

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.

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Diseases & Mutations Assayed

Glycogen Storage Disease: Type II (GAA): Mutations (13): ♂ Genotyping | c.1935C>A (p.D645E), c.2560C>T (p.R854X), c.-32-13T>G, c.525delT (p.E176Rfs), c.710C>T (p.A237V), c.896T>G (p.L299R), c.953T>C (p.M318T), c.1561G>A (p.E521K), c.1585_1586delTCinsGT (p.S529V), c.1634C>T (p.P545L), c.1927G>A (p.G643R), c.2173C>T (p.R725W), c.2707_2709delK (p.903delK) Sequencing | NM_001079804:2-20

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
Glycogen Storage Disease: Type II	♂ African American: 1/60	45.83%	1/111
	♂ Chinese: 1/112	72.00%	1/400
	♂ European: 1/97	51.76%	1/201
	♂ North African: Unknown	60.00%	Unknown

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 926
Fairfax Cryobank
[redacted]
Report Generated: 2017-02-15

4383 Donor

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 80548
Kit Barcode: [redacted]
Specimen: Sperm, #81478
Specimen Collection: 2016-05-03
Specimen Received: 2017-01-19
Specimen Analyzed: 2017-02-15

Partner Not Tested

TEST INFORMATION

Test: CarrierMap^{SEQ} (Genotyping & Sequencing)
Panel: Custom Panel
Diseases Tested: 1
Genes Tested: 1
Genes Sequenced: 1

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

4383 Donor was not identified to carry any pathogenic mutations in the gene(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

ENTERED on 2.10.17

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.

Sequencing: Sequencing is performed using a custom next-generation sequencing (NGS) platform. Only the described exons for each gene listed are sequenced. Variants outside of these regions may not be identified. Some splicing mutations may not be identified. Triplet repeat expansions, intronic mutations, and large insertions and deletions may not be detected. All identified variants are curated, and determination of the likelihood of their pathogenicity is made based on examining allele frequency, segregation studies, predicted effect, functional studies, case/control studies, and other analyses. All variants identified via sequencing that are reported to cause disease in the primary scientific literature will be reported. Variants considered to be benign and variants of unknown significance (VUS) are NOT reported.

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.

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Diseases & Mutations Assayed

Limb-Girdle Muscular Dystrophy: Type 2A (CAPN3): Mutations (6): ♂ Genotyping | c.1715G>A (p.R572Q), c.1469G>A (p.R490Q), c.550delA (p.T184fs), c.2306G>A (p.R769Q), c.2362_2363delAGinsTCATCT (p.R788Sfs), c.1525G>T (p.V509F) Sequencing | NM_000070:1-24

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
Limb-Girdle Muscular Dystrophy: Type 2A	♂ Basque: 1/61	61.46%	1/158
	♂ Croatian: 1/133	76.00%	1/554
	♂ European: 1/103	17.23%	1/124
	♂ General: 1/103	26.47%	1/140
	♂ Italian: 1/162	35.71%	1/252
	♂ Russian: 1/103	53.33%	1/221
	♂ US Amish: Unknown	>99%	Unknown

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 926
Fairfax Cryobank
[redacted]

Report Generated: 2017-02-15

4383 Donor

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 80548
Kit Barcode: [redacted]
Specimen: Sperm, #81478
Specimen Collection: 2016-05-03
Specimen Received: 2017-01-19
Specimen Analyzed: 2017-02-15

Partner Not Tested

TEST INFORMATION

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

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

4383 Donor 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

ENTERED JUN 2-2017

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.

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Diseases & Mutations Assayed

21-Hydroxylase-Deficient Classical Congenital Adrenal Hyperplasia (CYP21A2):
Mutations (1): ♂ Genotyping | c.293-13C>G

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
21-Hydroxylase-Deficient Classical Congenital Adrenal Hyperplasia	♂ European: 1/62	27.65%	1/86
	♂ General: 1/62	29.34%	1/88

Recombine

CarrierMap™

Ordering Practice:	Donor 4383	Partner Not Tested
Practice Code: 926 Fairfax Cryobank [redacted] Report Generated: 2016-03-31	[redacted] Gender: Male Ethnicity: European [redacted] Method: Genotyping Specimen: Blood, #24329 [redacted]	

SUMMARY OF RESULTS

NO MUTATIONS IDENTIFIED

Donor 4383 was not identified to carry any of the mutations tested.

All mutations analyzed were not detected, reducing but not eliminating your chance to be a carrier for the associated genetic diseases. A list of all the diseases and mutations you were screened for is included later in this report. The test does not screen for every possible genetic disease.

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

♂ Male

Panel: Custom Panel , Diseases Tested: 1, Mutations Tested: 12, Genes Tested: 1, Null Calls: 0

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

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.

ENTERED
COMPLETE

Methods and Limitations

Genotyping: Genotyping is performed using the Illumina Infinium Custom HD Genotyping assay to identify mutations in >200 genes. 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.

Diseases & Mutations Assayed

High Impact Treatment Benefits X-Linked Moderate Impact

● ● ○ ○	Familial Mediterranean Fever	12	♂ Genotyping | c.2076_2078delAAT (p.692delI), c.2080A>G (p.M694V), c.2084A>G (p.K695R), c.1437C>G (p.F479L), c.800C>T (p.T267I), c.1958G>A (p.R653H), c.2040G>A (p.M680I), c.2040G>C (p.M680I), c.2082G>A (p.M694I), c.2230G>T (p.A744S), c.2282G>A (p.R761H), c.2177T>C (p.V726A)

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 926
Fairfax Cryobank
[redacted]
Report Generated: 2017-02-15

4383 Donor

DOB [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 80548
Kit Barcode: [redacted]
Specimen: Sperm, #81478
Specimen Collection: 2016-05-03
Specimen Received: 2017-01-19
Specimen Analyzed: 2017-02-15

TEST INFORMATION

Test: CarrierMap^{SEQ} (Genotyping & Sequencing)
Panel: Custom Panel
Diseases Tested: 1
Genes Tested: 1
Genes Sequenced: 1

Partner Not Tested

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

4383 Donor was not identified to carry any pathogenic mutations in the gene(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

ENTERED JUN 21 2017

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.

Sequencing: Sequencing is performed using a custom next-generation sequencing (NGS) platform. Only the described exons for each gene listed are sequenced. Variants outside of these regions may not be identified. Some splicing mutations may not be identified. Triplet repeat expansions, intronic mutations, and large insertions and deletions may not be detected. All identified variants are curated, and determination of the likelihood of their pathogenicity is made based on examining allele frequency, segregation studies, predicted effect, functional studies, case/control studies, and other analyses. All variants identified via sequencing that are reported to cause disease in the primary scientific literature will be reported. Variants considered to be benign and variants of unknown significance (VUS) are NOT reported.

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.

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Diseases & Mutations Assayed

Limb-Girdle Muscular Dystrophy: Type 2A (CAPN3): Mutations (6): ♂ Genotyping | c.1715G>A (p.R572Q), c.1469G>A (p.R490Q), c.550delA (p.T184fs), c.2306G>A (p.R769Q), c.2362_2363delAGinsTCATCT (p.R788Sfs), c.1525G>T (p.V509F) Sequencing | NM_000070:1-24

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
Limb-Girdle Muscular Dystrophy: Type 2A	♂ Basque: 1/61	61.46%	1/158
	♂ Croatian: 1/133	76.00%	1/554
	♂ European: 1/103	17.23%	1/124
	♂ General: 1/103	26.47%	1/140
	♂ Italian: 1/162	35.71%	1/252
	♂ Russian: 1/103	53.33%	1/221
	♂ US Amish: Unknown	>99%	Unknown

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.

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Methods and Limitations

Genotyping: Genotyping is performed using the Illumina Infinium Custom HD Genotyping assay to identify mutations in >200 genes. 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.

Diseases & Mutations Assayed

High Impact | Treatment Benefits | X-Linked | Moderate Impact

H	T	X	M	Disease	#	Mutations
●	●	○	○	Carnitine Palmitoyltransferase II Deficiency	22	♂ Genotyping | c.109_110insGC, c.1238_1239delAG, c.1737delC, c.1923_1935delGAAGGCCTTAGAA, c.533_556delTGAACCCTGCAAAAAGTGACACTA, c.A1649G (p.Q550R), c.A1883C (p.Y628S), c.A359G (p.Y120C), c.A983G (p.D328G), c.C149A (p.P50H), c.C1507T (p.R503C), c.C1810T (p.P604S), c.C1891T (p.R631C), c.C338T (p.S113L), c.C370T (p.R124X), c.C680T (p.P227L), c.G1145A (p.R382K), c.G1646A (p.G549D), c.G452A (p.R151Q), c.G520A (p.E174K), c.T1148A (p.F383Y), c.T1342C (p.F448L)
●	●	○	○	Medium Chain Acyl-CoA Dehydrogenase Deficiency	8	♂ Genotyping | c.A985G (p.K329E), c.C362T (p.T121I), c.G583A (p.G195R), c.G799A (p.G267R), c.T199C (p.Y67H), c.C250T (p.L84F), c.C616T (p.R206C), c.G617A (p.C206H)

Patient Information
Name: Donor 4383
Date of Birth: [redacted]
Sema4 ID: [redacted]
Client ID [redacted]
Indication: Carrier Testing

Specimen Information
Specimen Type: Purified DNA
Date Collected: 12/08/2020
Date Received: 12/15/2020
Final Report: 01/08/2021

Referring Provider
[redacted]
Fairfax Cryobank, Inc.
[redacted]

Custom Carrier Screen (ECS)

Number of genes tested: 2

SUMMARY OF RESULTS AND RECOMMENDATIONS

⊖ Negative

Negative for all genes tested: *CPT2, and MMACHC*
To view a full list of genes and diseases tested
please see Table 1 in this report

AR=Autosomal recessive; XL=X-linked

Recommendations

- Consideration of residual risk by ethnicity after a negative carrier screen is recommended for the other diseases on the panel, especially in the case of a positive family history for a specific disorder.

Test description

This patient was tested for the genes listed above using one or more of the following methodologies: target capture and short-read sequencing, long-range PCR followed by short-read sequencing, targeted genotyping, and/or copy number analysis. Please note that negative results reduce but do not eliminate the possibility that this individual is a carrier for one or more of the disorders tested. Please view the Table of Residual Risks Based on Ethnicity at the end of this report or at **go.sema4.com/residualrisk** for gene transcripts, sequencing exceptions, specific detection rates, and residual risk estimates after a negative screening result. With individuals of mixed ethnicity, it is recommended to use the highest residual risk estimate. Only known pathogenic or likely pathogenic variants are reported. This carrier screening test does not report likely benign variants and variants of uncertain significance (VUS). If reporting of likely benign variants and VUS are desired in this patient, please contact the laboratory at 800-298-6470, option 2 to request an amended report.

Anastasia Larmore, Ph.D., Associate Laboratory Director
Laboratory Medical Consultant: George A. Diaz, M.D., Ph.D.

Genes and diseases tested

For specific detection rates and residual risk by ethnicity, please visit **go.sema4.com/residualrisk**

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

Disease	Gene	Inheritance Pattern	Status	Detailed Summary
⊖ **Negative**				
Carnitine Palmitoyltransferase II Deficiency	*CPT2*	AR	Reduced Risk (see table below)	
Methylmalonic Aciduria and Homocystinuria, Cobalamin C Type	*MMACHC*	AR	Reduced Risk (see table below)	

AR=Autosomal recessive; XL=X-linked

Table 2: Residual Risk by ethnicity for negative results

Disease (Inheritance)	Gene	Ethnicity	Carrier Frequency	Detection Rate	Residual Risk	Analytical Detection Rate
Carnitine Palmitoyltransferase II Deficiency (AR)	*CPT2*	African	1 in 197	85%	1 in 1,300	99%
NM_000098.2		Ashkenazi Jewish	1 in 41	99%	1 in 4,000	
		East Asian	1 in 266	71%	1 in 930	
		Finnish	1 in 248	99%	1 in 24,700	
		European (Non-Finnish)	1 in 147	78%	1 in 670	
		Native American	1 in 251	93%	1 in 3,700	
		South Asian	1 in 523	96%	1 in 11,900	
		Worldwide	1 in 163	85%	1 in 1,100	
Methylmalonic Aciduria and Homocystinuria, Cobalamin C Type (AR)	*MMACHC*	African	1 in 280	94%	1 in 5,000	99%
		Ashkenazi Jewish	1 in 203	99%	1 in 20,200	
NM_015506.2		East Asian	1 in 184	86%	1 in 1,300	
		European (Non-Finnish)	1 in 173	97%	1 in 6,800	
		Native American	1 in 102	99%	1 in 10,100	
		South Asian	1 in 230	87%	1 in 1,800	
		Worldwide	1 in 181	96%	1 in 4,500	

* Carrier detection by HEXA enzyme analysis has a detection rate of approximately 98% (Applies to *HEXA* gene testing only).

ǂ Carrier frequencies include milder and reduced penetrance forms of the disease. Therefore, carrier frequencies may appear higher than reported in the literature (Applies to *BTD, F9, GJB2, GJB1, GLA,* and *MEFV* gene testing only).

ǂ Please note that *GJB2* testing includes testing for the two upstream deletions, del(GJB6-D13S1830) and del(GJB6-D13S1854) (PMID:11807148 and 15994881) (Applies to *GJB2* gene testing only).

AR: Autosomal recessive; N/A: Not available; XL: X-linked

Test methods and comments

Genomic DNA isolated from this patient was analyzed by one or more of the following methodologies, as applicable:

Next Generation Sequencing (NGS) (Analytical Detection Rate >95%)

NGS was performed on a panel of genes for the purpose of identifying pathogenic or likelypathogenic variants.

Agilent SureSelect^{TM}QXT technology was used with a custom capture library to target the exonic regions and intron/exon splice junctions of the relevant genes, as well as a numberof UTR, intronic or promoter regions that contain previously reported mutations. Samples were pooled and sequenced on the Illumina HiSeq 2500 platform in the Rapid Run mode or theIllumina NovaSeq platform in the Xp workflow, using 100 bp paired-end reads. The sequencing data was analyzed using a custom bioinformatics algorithm designed and validated in house.

The coding exons and splice junctions of the known protein-coding RefSeq genes were assessed for the average depth of coverage (minimum of 20X) and data quality threshold values. Most exons not meeting a minimum of >20X read depth across the exon are further analyzed by Sanger sequencing. Please note that several genomic regions present difficulties in mapping or obtaining read depth >20X. The exons contained within these regions are noted within Table 1 (as "Exceptions") and will not be reflexed to Sanger sequencing if the mapping quality or coverage is poor. Any variants identified during testing in these regions are confirmed by a second method and reported if

determined to be pathogenic or likely pathogenic. However, as there is a possibility of false negative results within these regions, detection rates and residual risks for these genes have been calculated with the presumption that variants in these exons will not be detected, unless included in the MassARRAY® genotyping platform.

This test will detect variants within the exons and the intron-exon boundaries of the target regions. Variants outside these regions may not be detected, including, but not limited to, UTRs, promoters, and deep intronic areas, or regions that fall into the Exceptions mentioned above. This technology may not detect all small insertion/deletions and is not diagnostic for repeat expansions and structural genomic variation. In addition,a mutation(s) in a gene not included on the panel could be present in this patient.

Variant interpretation and classification was performed based on the American College of Medical Genetics Standards and Guidelines for the Interpretation of Sequence Variants(Richards et al, 2015). All potentially pathogenic variants may be confirmed by either aspecific genotyping assay or Sanger sequencing, if indicated. Any benign variants, likelybenign variants or variants of uncertain significance identified during this analysis will not be reported.

Copy Number Variant Analysis (Analytical Detection Rate >95%)

Large duplications and deletions were called from the relative read depths on anexon-by-exon basis using a custom exome hidden Markov model (XHMM) algorithm. Deletions or duplications determined to be pathogenic or likely pathogenic were confirmed by either acustom arrayCGH platform, quantitative PCR, or MLPA (depending on CNV size and gene content). While this algorithm is designed to pick up deletions and duplications of 2 or more exons in length, potentially pathogenicsingle-exon CNVs will be confirmed and reported, if detected.

Exon Array (Confirmation method) (Accuracy >99%)

The customized oligonucleotide microarray (Oxford Gene Technology) is a highly-targetedexon-focused array capable of detecting medically relevant microdeletions and microduplications at a much higher resolution than traditional aCGH methods. Each arraymatrix has approximately 180,000 60-mer oligonucleotide probes that cover the entire genome. This platform is designed based on human genome NCBI Build 37 (hg19) and the CGHprobes are enriched to target the exonic regions of the genes in this panel.

Quantitative PCR (Confirmation method) (Accuracy >99%)

The relative quantification PCR is utilized on a Roche Universal Library Probe (UPL)system, which relates the PCR signal of the target region in one group to another. To test for genomic imbalances, both sample DNA and reference DNA is amplified with primer/probesets that specific to the target region and a control region with known genomic copynumber. Relative genomic copy numbers are calculated based on the standard ΔΔCt formula.

Long-Range PCR (Analytical Detection Rate >99%)

Long-range PCR was performed to generate locus-specific amplicons for *CYP21A2* , *HBA1* and *HBA2* and *GBA* . The PCR products were then prepared for short-read NGS sequencing and sequenced.Sequenced reads were mapped back to the original genomic locus and run through the bioinformatics pipeline. If indicated, copy number from MLPA was correlated with The sequencing output to analyze the results. For *CYP21A2* , a certain percentage of healthy individuals carry a duplication of the *CYP21A2* gene, which has no clinical consequences. In cases where two copies of a gene are locatedon the same chromosome in tandem, only the second copy will be amplified and assessed for potentially pathogenic variants, due to size limitations of the PCR reaction. However,because these alleles contain at least two copies of the *CYP21A2* gene in tandem, it is expected that this patient has at least one functional gene in thetandem allele and this patient is therefore less likely to be a carrier. When anindividual carries both a duplication allele and a pathogenic variant, or multiplepathogenic variants, the current analysis may not be able to determine the phase(cisrans configuration) of the *CYP21A2* alleles identified. Family studies may be required in certain scenarios where phasing isrequired to determine the carrier status.

Residual Risk Calculations

Carrier frequencies and detection rates for each ethnicity were calculated through the combination of internal curations of >28,000 variants and genomic frequency data from>138,000 individuals across seven ethnic groups in the gnomAD database. Additional variants in HGMD and novel deleterious variants were also incorporated into the calculation. Residual risk values are calculated using a Bayesian analysis combining the *a priori* risk of being a pathogenic mutation carrier (carrier frequency) and the detection rate.They are provided only as a guide for assessing approximate risk given a negative result,and values will vary based on the exact ethnic background of an individual. This report does not represent medical advice but should be interpreted by a genetic counselor,medical geneticist or physician skilled in genetic result interpretation and the relevant medical literature.

Sanger Sequencing (Confirmation method) (Accuracy >99%)

Sanger sequencing, as indicated, was performed using BigDye Terminator chemistry with theABI 3730 DNA analyzer with target specific amplicons. It also may be used to supplement specific guaranteed target regions that fail NGS sequencing due to poor quality or low depth of coverage (<20 reads) or as a confirmatory method for NGS positive results. Falsenegative results may occur if rare variants interfere with amplification or annealing.

SELECTED REFERENCES

Carrier Screening

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

Variant Classification:

Richards S et al. Standards and guidelines for the interpretation of sequence variants: ajoint consensus recommendation of the American College of Medical Genetics and Genomicsand the Association for Molecular Pathology. *Genet Med.*2015 May;17(5):405-24

Additional disease-specific references available upon request.

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[redacted]

Patient Information:
4383, Donor
DOB: [redacted]
Sex: M
MR#: 4383
Patient#: [redacted]

Partner Information:
Not Tested

Physician:
Seitz, Suzanne
ATTN: Seitz, Suzanne
Fairfax Cryobank
3015 Williams Drive
Fairfax, VA 22031

Laboratory:
Fulgent Therapeutics, LLC
CAP#: 8042697
CLIA#: 05D2043189
Laboratory Director:
Dr. Hanlin (Harry) Gao
Report Date: **Feb 28,2024**

Accession:
[redacted]
Test#: [redacted]
Specimen Type: DNA
Collected: Feb 09,2024

Accession:
N/A

FINAL RESULTS

No carrier mutations identified

TEST PERFORMED

Custom Beacon Carrier Screening Panel

(3 Gene Panel: *ARSA, NBN, and PAH*; gene sequencing with deletion and duplication analysis)

INTERPRETATION:

Notes and Recommendations:

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

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GENES TESTED:

Custom Beacon Carrier Screening Panel - 3 Genes

This analysis was run using the Custom Beacon Carrier Screening Panel gene list. 3 genes were tested with 100.0% of targets sequenced at >20x coverage. For more gene-specific information and assistance with residual risk calculation, see the SUPPLEMENTAL TABLE.

ARSA, NBN, PAH

METHODS:

Genomic DNA was isolated from the submitted specimen indicated above (if cellular material was submitted). DNA was barcoded, and enriched for the coding exons of targeted genes using hybrid capture technology. Prepared DNA libraries were then sequenced using a Next Generation Sequencing technology. Following alignment to the human genome reference sequence (assembly GRCh37), variants were detected in regions of at least 10x coverage. For this specimen, 100.00% and 100.00% of coding regions and splicing junctions of genes listed had been sequenced with coverage of at least 10x and 20x, respectively, by NGS or by Sanger sequencing. The remaining regions did not have 10x coverage, and were not evaluated. Variants were interpreted manually using locus specific databases, literature searches, and other molecular biological principles. To minimize false positive results, any variants that do not meet internal quality standards are confirmed by Sanger sequencing. Variants classified as pathogenic, likely pathogenic, or risk allele which are located in the coding regions and nearby intronic regions (+/- 20bp) of the genes listed above are reported. Variants outside these intervals may be reported but are typically not guaranteed. When a single pathogenic or likely pathogenic variant is identified in a clinically relevant gene with autosomal recessive inheritance, the laboratory will attempt to ensure 100% coverage of coding sequences either through NGS or Sanger sequencing technologies ("fill-in"). All genes listed were evaluated for large deletions and/or duplications. However, single exon deletions or duplications will not be detected in this assay, nor will copy number alterations in regions of genes with significant pseudogenes. Putative deletions or duplications are analyzed using Fulgent Germline proprietary pipeline for this specimen. Bioinformatics: The Fulgent Germline v2019.2 pipeline was used to analyze this specimen.

LIMITATIONS:

General Limitations

These test results and variant interpretation are based on the proper identification of the submitted specimen, accuracy of any stated familial relationships, and use of the correct human reference sequences at the queried loci. In very rare instances, errors may result due to mix-up or co-mingling of specimens. Positive results do not imply that there are no other contributors, genetic or otherwise, to future pregnancies, and negative results do not rule out the genetic risk to a pregnancy. Official gene names change over time. Fulgent uses the most up to date gene names based on HUGO Gene Nomenclature Committee (https://www.genenames.org) recommendations. If the gene name on report does not match that of ordered gene, please contact the laboratory and details can be provided. Result interpretation is based on the available clinical and family history information for this individual, collected published information, and Alamut annotation available at the time of reporting. This assay is not designed or validated for the detection of low-level mosaicism or somatic mutations. This assay will not detect certain types of genomic aberrations such as translocations, inversions, or repeat expansions other than specified genes. DNA alterations in regulatory regions or deep intronic regions (greater than 20bp from an exon) may not be detected by this test. Unless otherwise indicated, no additional assays have been performed to evaluate genetic changes in this specimen. There are technical limitations on the ability of DNA sequencing to detect small insertions and deletions. Our laboratory uses a sensitive detection algorithm, however these types of alterations are not detected as reliably as single nucleotide variants. Rarely, due to systematic chemical, computational, or human error, DNA variants may be missed. Although next generation sequencing technologies and our bioinformatics analysis significantly reduce the confounding contribution

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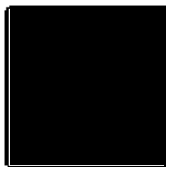

of pseudogene sequences or other highly-homologous sequences, sometimes these may still interfere with the technical ability of the assay to identify pathogenic alterations in both sequencing and deletion/duplication analyses. Deletion/duplication analysis can identify alterations of genomic regions which include one whole gene (buccal swab specimens and whole blood specimens) and are two or more contiguous exons in size (whole blood specimens only); single exon deletions or duplications may occasionally be identified, but are not routinely detected by this test. When novel DNA duplications are identified, it is not possible to discern the genomic location or orientation of the duplicated segment, hence the effect of the duplication cannot be predicted. Where deletions are detected, it is not always possible to determine whether the predicted product will remain in-frame or not. Unless otherwise indicated, deletion/duplication analysis has not been performed in regions that have been sequenced by Sanger.

Gene Specific Notes and Limitations

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

SIGNATURE:

Dr. Harry Gao, DABMG, FACMG on **2/28/2024**
Laboratory Director, Fulgent

DISCLAIMER:

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

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Supplemental Table

Gene	Condition	Inheritance	Ethnicity	Carrier Rate	Detection Rate	Post-test Carrier Probability*	Residual Risk*
ARSA	Metachromatic leukodystrophy	AR	General Population	1 in 100	99%	1 in 9,901	1 in 3,960,400
			Caucasian / European Population	1 in 78	99%	1 in 7,701	1 in 2,402,712
			Yemenite Jewish Population	1 in 75	99%	1 in 7,401	1 in 2,220,300
NBN	Nijmegen breakage syndrome	AR	General Population	1 in 158	99%	1 in 15,701	1 in 9,923,032
PAH	Phenylalanine Hydroxylase deficiency (Phenylketonuria)	AR	General Population	1 in 93	99%	1 in 9,201	1 in 3,422,772
			Caucasian / European Population	1 in 63	99%	1 in 6,201	1 in 1,562,652
			Middle-Eastern Population	1 in 74	99%	1 in 7,301	1 in 2,161,096
			South East Asian	1 in 59	99%	1 in 5,801	1 in 1,369,036

* For genes that have tested negative

Abbreviations: AR, autosomal recessive; XL, X-linked