Fairfax Cryobank
The Trusted Choice for Donor Sperm

Donor 5224

Genetic Testing Summary

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

Last Updated: 12/6/21

Donor Reported Ancestry: Czech, English, German, Scottish 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
Tay Sachs Enzyme Analysis	Non-Carrier by hexosaminidase A analysis	
Genotyping for 21 genes.	Negative for genes genotyped- see attached.	
Special testing		
Genes tested: (see attached) USH2A SERPINA1 PMM2 BBS12 CYP1B1 ACADS NPHS2 LAMB3 SLC26A4 GJB2	Negative by genotyping and/or sequencing. See attached.	

*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.

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 1139
Fairfax Cryobank - [redacted]
[redacted]
Report Generated: 2015-08-24

5224 5224

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 28112
Kit Barcode: [redacted]
Method: Genotyping
Specimen: Blood, #29561
Specimen Collection: 2015-08-17
Specimen Received: 2015-08-18
Specimen Analyzed: 2015-08-24

Partner Not Tested

SUMMARY OF RESULTS

NO MUTATIONS IDENTIFIED

5224 5224 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: Fairfax Cryobank Panel , Diseases Tested: 21, Mutations Tested: 382, Genes Tested: 22, Null Calls: 0

Assay performed by Reprogenetics
CLIA ID: 31D1054821
Lab Technician Bo Chu

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 >200 genes. The assay is not validated for homozygous mutations, and it is possible that individuals affected with disease may not be accurately genotyped.

Spinal Muscular Atrophy: Spinal Muscular Atrophy is tested for via an Identity-by-State shared haplotype comparison algorithm. Detection is limited to haplotypes within our library of known carriers of the most common mutation (deletion of Exon 7).

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
Moderate Impact
Treatment Benefits
X-Linked

H	T	X	M	Disease	#	Mutations
●	○	○	○	Alpha Thalassemia	10	♂ Genotyping | SEA deletion, 11.1kb deletion, c.207C>A (p.N69K), c.223G>C (p.D75G), c.2T>C (p.M1T), c.207C>G (p.N69K), c.340_351delCTCCCCGCCGAG (p.L114_E117del), c.377T>C (p.L126P), c.427T>C (p.X143Qext32), c.*+94A>G
●	●	○	○	Beta Thalassemia	83	♂ Genotyping | c.17_18delCT, c.20delA (p.E7Gfs), c.217insA (p.S73Kfs), c.223+702_444+342del620insAAGTAGA, c.230delC, c.25_26delAA, c.315+1G>A, c.315+2T>C, c.316-197C>T, c.316-146T>G, c.315+745C>G, c.316-1G>A, c.316-1G>C, c.316-2A>G, c.316-3C>A, c.316-3C>G, c.4delG (p.V2Cfs), c.51delC (p.K18Rfs), c.93-21G>A, c.92+1G>A, c.92+5G>A, c.92+5G>C, c.92+5G>T, c.92+6T>C, c.93-1G>A, c.93-1G>T, c.-50A>C, c.α-78g, c.α-79g, c.α-81g, c.A52T (p.K18X), c.c-137g, c.c-138t, c.c-151t, c.C118T (p.Q40X), c.G169C (p.G57R), c.G295A (p.V99M), c.G34A (p.V12I), c.G415C (p.A139P), c.G47A (p.W16X), c.G48A (p.W16X), c.t-80α, c.T2C (p.M1T), c.T75A (p.G25G), c.444+111A>G, c.g-29a, c.68_74delAAGTTGG, c.G92C (p.R31T), c.27_28insG, c.92+1G>T, c.92+1G>C, c.93-15T>G, c.93-1G>C, c.112delT, c.G113A (p.W38X), c.G114A (p.W38X), c.126delC, c.444+113A>G, c.250delG, c.225delC, c.383_385delAGG (p.Q128_A129delQAinsP), c.321_322insG (p.N109fs), c.316-1G>T, c.316-2A>C, c.316-106C>T, c.287_288insA (p.L97fs), c.271G>T (p.E91X), c.203_204delTG (p.V68Afs), c.154delC (p.P52fs), c.135delC (p.F46fs), c.92+2T>A, c.92+2T>C, c.90C>T (p.G30G), c.59A>G (p.N20S), c.46delT (p.W16Gfs), c.45_46insG (p.L16fs), c.36delT (p.T13fs), c.2T>G (p.M1R), c.1A>G (p.M1V), c.c-137t, c.c-136g, c.c-142t, c.c-140t
●	○	○	○	Bloom Syndrome	24	♂ Genotyping | c.2207_2212delATCTGAinsTAGATTC (p.Y736Lfs), c.2407insT, c.557_559delCAA (p.S186X), c.1284G>A (p.W428X), c.1701G>A (p.W567X), c.1933C>T (p.Q645X), c.C2528T (p.T843I), c.C2695T (p.R899X), c.G3107T (p.C1036F), c.2923delC (p.Q975K), c.3558+1G>T, c.3875-2A>G, c.2074+2T>A, c.2343_2344dupGA (p.781EfsX), c.380delC (p.127Tfs), c.3564delC (p.1188Dfs), c.4008delG (p.1336Rfs), c.C947G (p.S316X), c.2193+1_2193+9del9, c.C1642T (p.Q548X), c.3143delA (p.1048NfsX), c.356_357delTA (p.Cys120Hisfs), c.4076+1delG, c.C3281A (p.S1094X)
●	○	○	○	Canavan Disease	8	♂ Genotyping | c.433-2A>G, c.A854C (p.E285A), c.C693A (p.Y231X), c.C914A (p.A305E), c.A71G (p.E24G), c.C654A (p.C218X), c.T2C (p.M1T), c.G79A (p.G27R)

H	T	X	M	Disease	#	Mutations
●	●	○	○	Cystic Fibrosis	130	♂ Genotyping | c.1029delC, 1153_1154insAT, c.1519_1521delATC (p.507delI), c.1521_1523delCTT (p.508delF), c.1545_1546delTA (p.Y515Xfs), c.1585-1G>A, c.164+12T>C, c.1680-886A>G, c.1680-1G>A, c.1766+1G>A, c.1766+1G>T, c.1766+5G>T, c.1818del84, c.1911delG, c.1923delCTCAAAACTinsA, c.1973delGAAATTCAATCCTinsAGAAA, c.2052delA (p.K684fs), c.2052insA (p.Q685fs), c.2051_2052delAAinsG (p.K684SfsX38), c.2174insA, c.261delTT, c.2657+5G>A, c.273+1G>A, c.273+3A>C, c.274-1G>A, c.2988+1G>A, c.3039delC, c.3140-26A>G, c.325delTATinsG, c.3527delC, c.3535delACCA, c.3691delT, c.3717+12191C>T, c.3744delA, c.3773_3774insT (p.L1258fs), c.442delA, c.489+1G>T, c.531delT, c.579+1G>T, c.579+5G>A (IVS4+5G>A), c.803delA (p.N268fs), c.805_806delAT (p.I269fs), c.933_935delCTT (p.311delF), c.A1645C (p.S549R), c.A2128T (p.K710X), c.C1000T (p.R334W), c.C1013T (p.T338I), c.C1364A (p.A455E), c.C1477T (p.Q493X), c.C1572A (p.C524X), c.C1654T (p.Q552X), c.C1657T (p.R553X), c.C1721A (p.P574H), c.C2125T (p.R709X), c.C223T (p.R75X), c.C2668T (p.Q890X), c.C3196T (p.R1066C), c.C3276G (p.Y1092X), c.C3472T (p.R1158X), c.C3484T (p.R1162X), c.C349T (p.R117C), c.C3587G (p.S1196X), c.C3712T (p.Q1238X), c.C3764A (p.S1255X), c.C3909G (p.N1303K), c.G1040A (p.R347H), c.G1040C (p.R347P), c.G1438T (p.G480C), c.G1624T (p.G542X), c.G1646A (p.S549N), c.G1646T (p.S549I), c.G1652A (p.G551D), c.G1675A (p.A559T), c.G1679C (p.R560T), c.G178T (p.E60X), c.G1865A (p.G622D), c.G254A (p.G85E), c.G271A (p.G91R), c.G274T (p.E92X), c.G3209A (p.R1070Q), c.G3266A (p.W1089X), c.G3454C (p.D1152H), c.G350A (p.R117H), c.G3611A (p.W1204X), c.G3752A (p.S1251N), c.G3846A (p.W1282X), c.G3848T (p.R1283M), c.G532A (p.G178R), c.G988T (p.G330X), c.T1090C (p.S364P), c.T3302A (p.M1101K), c.T617G (p.L206W), c.C14T (p.P5L), c.G19T (p.E7X), c.G171A (p.W57X), c.313delA (p.I105fs), c.G328C (p.D110H), c.580-1G>T, c.G1055A (p.R352Q), c.C1075A (p.Q359K), c.C1079A (p.T360K), c.T1647G (p.S549R), c.1976delA (p.N659fs), c.C2290T (p.R764X), c.2737_2738insG (p.Y913X), c.3067_3072delATAGTG (p.I1023_V1024delT), c.3536_3539delCCAA (p.T1179fs), c.3659delC (p.T1220fs), c.G3808A (p.D1270N), c.G4056C (p.Q1352H), c.C4364G (p.S1455X), c.C4003T (p.L1335F), c.G2538A (p.W846X), c.C200T (p.P67L), c.C4426T (p.Q1476X), c.1116+1G>A, c.1986_1989delAACT (p.T663R), c.2089_2090insA (p.R697Kfs), c.2215delG (p.V739Y), c.T263G (p.L196X), c.3022delG (p.V1008S), c.3908dupA (p.N1303Kfs), c.C658T (p.Q220X), c.C868T (p.Q290X), c.1526delG (p.G509fs), c.2908+1085-3367+260del7201, c.C11A (p.S4X), c.A3700G (p.I1234V), c.A416T (p.H139L), c.T366A (p.Y122X)
●	○	○	○	Familial Dysautonomia	4	♂ Genotyping | c.2204+6T>C, c.C2741T (p.P914L), c.G2087C (p.R696P), c.C2128T (p.Q710X)
●	○	○	○	Familial Hyperinsulinism: Type 1: ABCC8 Related	10	♂ Genotyping | c.3989-9G>A, c.4159_4161delTTC (p.1387delF), c.C4258T (p.R1420C), c.C4477T (p.R1493W), c.G2147T (p.G716V), c.G4055C (p.R1352P), c.T560A (p.V187D), c.4516G>A (p.E1506K), c.C2506T (p.Q836X), c.579+2T>A
●	●	○	○	Fanconi Anemia: Type C	8	♂ Genotyping | c.456+4A>T, c.67delG, c.C37T (p.Q13X), c.C553T (p.R185X), c.T1661C (p.L554P), c.C1642T (p.R548X), c.G66A (p.W22X), c.G65A (p.W22X)
●	●	○	○	Gaucher Disease	6	♂ Genotyping | c.84_85insG, c.A1226G (p.N409S), c.A1343T (p.D448V), c.C1504T (p.R502C), c.G1297T (p.V433L), c.G1604A (p.R535H)
●	●	○	○	Glycogen Storage Disease: Type IA	13	♂ Genotyping | c.376_377insTA, c.79delC, c.979_981delTTC (p.327delF), c.C1039T (p.Q347X), c.C247T (p.R83C), c.C724T (p.Q242X), c.G248A (p.R83H), c.G562C (p.G188R), c.G648T, c.G809T (p.G270V), c.A113T (p.D38V), c.975delG (p.L326fs), c.724delC
●	○	○	○	Joubert Syndrome	1	♂ Genotyping | c.G35T (p.R12L)
●	●	○	○	Maple Syrup Urine Disease: Type 1B	6	♂ Genotyping | c.G1114T (p.E372X), c.G548C (p.R183P), c.G832A (p.G278S), c.C970T (p.R324X), c.G487T (p.E163X), c.C853T (p.R285X)

H	T	X	M	Disease	#	Mutations
●	●	○	○	Maple Syrup Urine Disease: Type 3	8	♂ Genotyping | c.104_105insA, c.G685T (p.G229C), c.A214G (p.K72E), c.A1081G (p.M361V), c.G1123A (p.E375K), c.T1178C (p.I393T), c.C1463T (p.P488L), c.A1483G (p.R495G)
●	○	○	○	Mucolipidosis: Type IV	4	♂ Genotyping | c.406-2A>G, c.G1084T (p.D362Y), c.C304T (p.R102X), c.244delC (p.L82fsX)
●	○	○	○	Nemaline Myopathy: NEB Related	1	♂ Genotyping | c.7434_7536del2502bp
●	○	○	○	Niemann-Pick Disease: Type A	6	♂ Genotyping | c.996delC, c.G1493T (p.R498L), c.T911C (p.L304P), c.C1267T (p.H423Y), c.G1734C (p.K578N), c.1493G>A (p.R498H)
●	○	○	○	Spinal Muscular Atrophy: SMN1 Linked	19	♂ Genotyping | DEL EXON 7, c.22_23insA, c.43C>T (p.Q15X), c.91_92insT, c.305G>A (p.W102X), c.400G>A (p.E134K), c.439_443delGAAGT, c.558delA, c.585_586insT, c.683T>A (p.L228X), c.734C>T (p.P245L), c.768_778dupTGCTGATGCTT, c.815A>G (p.Y272C), c.821C>T (p.T274I), c.823G>A (p.G275S), c.834+2T>G, c.835-18_835-12delCCTTTAT, c.835G>T, c.836G>T
●	○	○	○	Tay-Sachs Disease	30	♂ Genotyping | c.1073+1G>A, c.1277_1278insTATC, c.1421+1G>C, c.805+1G>A, c.C532T (p.R178C), c.G533A (p.R178H), c.G805A (p.G269S), c.C1510T (p.R504C), c.G1496A (p.R499H), c.G509A (p.R170Q), c.A1003T (p.I335F), c.910_912delTTC (p.305delF), c.G749A (p.G250D), c.T632C (p.F211S), c.C629T (p.S210F), c.613delC, c.A611G (p.H204R), c.G598A (p.V200M), c.A590C (p.K197T), c.571-1G>T, c.C540G (p.Y180X), c.T538C (p.Y180H), c.G533T (p.R178L), c.C508T (p.R170W), c.C409T (p.R137X), c.T380G (p.L127R), c.346+1G>C, c.T116G (p.L39R), c.G78A (p.W26X), c.A1G (p.M1V)
●	○	○	○	Usher Syndrome: Type 1F	6	♂ Genotyping | c.C733T (p.R245X), c.2067C>A (p.Y684X), c.C7T (p.R3X), c.C1942T (p.R648X), c.2800C>T (p.R934X), c.4272delA (p.L1425fs)
●	○	○	○	Usher Syndrome: Type 3	4	♂ Genotyping | c.T144G (p.N48K), c.T359A (p.M120K), c.300T>G (p.Y176X), c.C634T (p.Q212X)
●	○	○	○	Walker-Warburg Syndrome	1	♂ Genotyping | c.1167insA (p.F390fs)

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 1139
Fairfax Cryobank - [redacted]
[redacted]
Report Generated: 2016-09-01

5224 5224

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 28112
Kit Barcode: [redacted]
Specimen: Blood, #29561
Specimen Collection: 2015-08-17
Specimen Received: 2015-08-18
Specimen Analyzed: 2016-09-01

Partner Not Tested

TEST INFORMATION

Test: CarrierMap^{GEN} (Genotyping)
Panel: Custom Panel
Diseases Tested: 2
Genes Tested: 2
Mutations Tested: 10

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

5224 5224 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

Bardet-Biedl Syndrome: BBS12 Related (BBS12): Mutations (5): ♂ Genotyping | c.335_337delTAG, c.865G>C (p.A289P), c.1063C>T (p.R355X), c.1114_1115delTT (p.F372X), c.1483_1484delGA (p.E495fsX498)

Short-Chain Acyl-CoA Dehydrogenase Deficiency (ACADS): Mutations (5): ♂ Genotyping | c.1058C>T (p.S353L), c.1138C>T (p.R380W), c.1147C>T (p.R383C), c.319C>T (p.R107C), c.575C>T (p.A192V)

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
Bardet-Biedl Syndrome: BBS 12 Related	♂ General: Unknown	50.00%	Unknown
Short-Chain Acyl-CoA Dehydrogenase Deficiency	♂ Ashkenazi Jewish: 1/15	65.00%	1/43

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 1139
Fairfax Cryobank - [redacted]
[redacted]
Report Generated: 2016-09-26

Donor 5224

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 55556
Kit Barcode: [redacted]
Specimen: Blood, #58481
Specimen Collection: 2016-06-02
Specimen Received: 2016-06-03
Specimen Analyzed: 2016-09-16

TEST INFORMATION

Test: CarrierMap^{GEN} (Genotyping)
Panel: Custom Panel
Diseases Tested: 1
Genes Tested: 1
Mutations Tested: 9

Partner Not Tested

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

Donor 5224 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.

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Diseases & Mutations Assayed

Primary Congenital Glaucoma (CYP1B1): Mutations (9): ♂ Genotyping | c.1405C>T (p.R469W), c.1093G>T (p.G365W), c.155C>T (p.P52L), c.1064_1076delGAGTGCAGGCAGA (p.R355Hfs), c.1410_1422delGTAACCGCTTCTT (p.C470fs), c.862_863insC, c.1199_1200insTCATGCCACC, c.182G>A (p.G61E), c.535delG (p.A179fs)

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
Primary Congenital Glaucoma	♂ Moroccan: Unknown	>99%	Unknown
	♂ Saudi Arabian: 1/23	91.67%	1/276
	♂ Turkish: 1/51	70.59%	1/173

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 1139
Fairfax Cryobank - [redacted]
[redacted]
Report Generated: 2016-12-14
Report Updated: 2016-12-14

Donor 5224

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 55556
Kit Barcode: [redacted]
Specimen: Blood, #68899
Specimen Collection: 2016-09-15
Specimen Received: 2016-09-16
Specimen Analyzed: 2016-12-14

TEST INFORMATION

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

Partner Not Tested

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

Donor 5224 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

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.

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

Herlitz Junctional Epidermolysis Bullosa: LAMB3 Related (LAMB3): Mutations (6): ♂ Genotyping | c.3024delT, c.124C>T (p.R42X), c.1903C>T (p.R635X), c.430C>T (p.R144X), c.727C>T (p.Q243X), c.3247C>T (p.Q1083X) Sequencing | NM_000228:2-23

Nephrotic Syndrome: Type 2 (NPHS2): Mutations (27): ♂ Genotyping | c.976_977insA (p.T326fsX345), c.964C>T (p.R322X), c.948delT (p.A317L), c.871C>T (p.R291W), c.868G>A (p.V290M), c.862G>A (p.A288T), c.855_856delAA (p.Q285fsX302), c.851C>T (p.A284V), c.779T>A (p.V260E), c.714G>T (p.R238S), c.706_714del CTAGAGAGG (p.L236_R238del), c.622G>A (p.A208T), c.555delT (p.F185fsX186), c.538G>A (p.V180M), c.503G>A (p.R168H), c.502C>A (p.R168S), c.502C>T (p.R168C), c.479A>G (p.D160G), c.467delT (p.L156fsX180), c.467_468insT (p.L156fsX166), c.419delG (p.G140fsX180), c.413G>A (p.R138Q), c.412C>T (p.R138X), c.353C>T (p.P118L), c.274G>T (p.G92C), c.104_105insG (p.G35fsX69), c.85G>A (p.A29T) Sequencing | NM_014625:2-8

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
Herlitz Junctional Epidermolysis Bullosa: LAMB3 Related	♂ European: Unknown	70.00%	Unknown
	♂ General: 1/781	52.27%	1/1,636
Nephrotic Syndrome: Type 2	♂ Israeli-Arab: Unknown	55.56%	Unknown
	♂ Pakistani: Unknown	20.00%	Unknown
	♂ Polish: Unknown	16.18%	Unknown
	♂ Saudi Arabian: Unknown	72.73%	Unknown

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 1139
Fairfax Cryobank - [redacted]
[redacted]
Report Generated: 2017-03-14

Donor 5224

DOB: [redacted]1
Gender: Male
Ethnicity: European
Procedure ID: 55556
Kit Barcode: [redacted]
Specimen: Blood, #58481
Specimen Collection: 2016-06-02
Specimen Received: 2016-06-03
Specimen Analyzed: 2017-03-14

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

Donor 5224 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

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

Pendred Syndrome (SLC26A4): Mutations (7): ♂ Genotyping | c.1001+1G>A, c.1151A>G (p.E384G), c.1246A>C (p.T416P), c.2168A>G (p.H723R), c.707T>C (p.L236P), c.716T>A (p.V239D), c.919-2A>G Sequencing | NM_000441:2-21

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
Pendred Syndrome	♂ European: 1/58	42.11%	1/100
	♂ Japanese: Unknown	45.83%	Unknown
	♂ Pakistani: Unknown	29.82%	Unknown

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 1139
Fairfax Cryobank - [redacted]
[redacted]
Report Generated: 2016-06-16
Report Updated: 2016-12-14

Donor 5224

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 55556
Kit Barcode: [redacted]
Specimen: Blood, #58481
Specimen Collection: 2016-06-02
Specimen Received: 2016-06-03
Specimen Analyzed: 2016-12-14

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

Donor 5224 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.

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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

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.

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Diseases & Mutations Assayed

Usher Syndrome: Type 2A (USH2A): Mutations (23): ♂ Genotyping | c.14020A>G (p.R4674G), c.12067-2A>G, c.4338_4339delCT (p.C1447fs), c.2299delG (p.E767SfsX21), c.2209C>T (p.R737X), c.1256G>T (p.C419F), c.1000C>T (p.R334W), c.923_924insGCCA (p.H308fs), c.240_241insGATC (p.T81fs), c.12708T>A (p.C4236X), c.13576C>T (p.R4526X), c.1840+1G>A, c.11328T>G (p.Y3776X), c.5329C>T (p.R1777W), c.9165_9168delCTAT (p.I3055MfsX2), c.9469C>T (p.Q3157X), c.1876C>T (p.R626X), c.7123delG (p.G2375fs), c.9492_9498delTGATGAG (p.D3165fs), c.6235A>T (p.K2079X), c.14403C>G (p.Y4801X), c.3788G>A (p.W1263X), c.11328T>A (p.Y3776X) Sequencing | NM_206933:2-72

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
Usher Syndrome: Type 2A	♂ Chinese: Unknown	83.33%	Unknown
	♂ European: 1/136	46.67%	1/255
	♂ French Canadian: Unknown	66.67%	Unknown
	♂ General: 1/136	46.92%	1/256
	♂ Japanese: Unknown	55.56%	Unknown
	♂ Non-Ashkenazi Jewish: Unknown	94.44%	Unknown
	♂ Scandinavian: 1/125	39.22%	1/206
	♂ Spaniard: 1/133	39.02%	1/218

CooperGenomics™
a CooperSurgical company
Reprogenetics™ Recombine™ Genesis Genetics™

CarrierMap℠

Ordering Practice

Practice Code: 1,139
Fairfax Cryobank [redacted]
[redacted]
Report Generated: 2018-07-10

Donor 5224

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 55,556
Kit Barcode: [redacted]
Specimen: Blood, #58,481
Specimen Collection: 2016-06-02
Specimen Received: 2016-06-03
Specimen Analyzed: 2018-07-10

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

Donor 5224 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 www.coopergenomics.com/diseases . To speak with a genetic counselor, call 855.687.4363 .

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

Recombine CLIA ID: 31D2100763
Reviewed by: Pere Colls, PhD, HCLD

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. VUS reporting can be requested and will be assessed on a case-by-case basis. Variants may be re-curated over time due to emerging literature or other information. 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 existing mutations 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 does not currently regulate laboratory developed tests (LDTs).

Diseases & Mutations Assayed

Nonsyndromic Hearing Loss and Deafness: GJB2 Related (GJB2): Mutation(s) (30): ♂ Genotyping | c.-23+1G>A, c.-259C>T, c.101T>C (p.M34T), c.109G>A (p.V37I), c.134G>A (p.G45E), c.139G>T (p.E47X), c.167delT, c.229T>C (p.W77R), c.231G>A (p.W77X), c.235delC, c.250G>C (p.V84L), c.269T>C (p.L90P), c.283G>A (p.V95M), c.290_291insA (p.Y97fs), c.299_300delAT (p.H100Rfs), c.313_326delAAGTTCATCAAGGG, c.334_335delAA (p.K112fs), c.358delGAG (p.120delE), c.35G>T (p.G12V), c.35delG (p.G12fs), c.370C>T (p.Q124X), c.427C>T (p.R143W), c.439G>A (p.E147K), c.44A>C (p.K15T), c.487A>G (p.M163V), c.516G>A (p.W172X), c.550C>T (p.R184W), c.551G>C (p.R184P), c.617A>G (p.N206S), c.71G>A (p.W24X) | Sequencing | NM_004004:2

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	82.47%	1/302
	♂ Ghanaian: Unknown	90.91%	Unknown
	♂ 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	45.22%	1/62

Recombine

CarrierMap™

Ordering Practice:

Practice Code: 1139
Fairfax Cryobank - [redacted]
[redacted]
Report Generated: 2016-06-08

5224 5224

DOB: [redacted]
Gender: Male
Ethnicity: European
Procedure ID: 28112
Kit Barcode: [redacted]
Specimen: Blood, #29561
Specimen Collection: 2015-08-17
Specimen Received: 2015-08-18
Specimen Analyzed: 2016-06-08

TEST INFORMATION

Test: CarrierMap^{GEN} (Genotyping)
Panel: Custom Panel
Diseases Tested: 2
Genes Tested: 2
Mutations Tested: 9

Partner Not Tested

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

5224 5224 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.

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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

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

Alpha-1-Antitrypsin Deficiency: Mutations (4): ♂ Genotyping | c.226_228delTTC (p.76delF), c.1131A>T (p.L377F), c.187C>T (p.R63C), c.1096G>A (p.E366K)

Congenital Disorder of Glycosylation: Type 1A: PMM2 Related: Mutations (5): ♂ Genotyping | c.357C>A (p.F119L), c.422G>A (p.R141H), c.338C>T (p.P113L), c.691G>A (p.V231M), c.470T>C (p.F157S)

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
Alpha-1-Antitrypsin Deficiency	♂ European: 1/35	95.00%	1/700
	♂ General: Unknown	95.00%	Unknown
Congenital Disorder of Glycosylation: Type 1A: PMM2 Related	♂ Danish: 1/71	90.00%	1/710
	♂ Dutch: 1/68	39.29%	1/112
	♂ European: 1/71	55.33%	1/159

BAYLOR GENETICS
READY WITH ANSWERS

www.bmgl.com | genetictest@bmgl.com
Ph 1-800-411-4363 | Fx 713-798-2787
2450 Holcombe Blvd, Houston, TX 77021

Name: 5224, DONOR

Date of Birth:	[redacted]	Lab Number:	[redacted]	Harvey Stern	[redacted]
Gender:	M	Family #:	530734		
Hospital #:		Date Collected:	8/17/2016		
Accession #:		Date Received:	9/29/2016 4:41:27 PM		
Sample Type:	SERUM	Date Reported:	10/3/2016		
Test Code:	4617				

Indication for study: No Indication Provided

Tay Sachs Disease Carrier Testing

Sample	% HexosaminidaseA	Total Activity nmoles/hr/ml
5224, DONOR	**63.0**	**299**
Normal Range	55-75	590-1618
Carrier Range	34-49	347-1405

A small percentage (<0.7 %) of Tay-Sachs disease carriers may be identified as non-carriers by this assay (Triggs-Raine et al. NEJM 1990). In addition, Tay-Sachs disease patients or carriers with certain genetic variants such as AB variant (OMIM 272750) and B1 variant (OMIM 272800) will not be detected by this method. Methodology: This enzyme assay determines total hexosaminidase and hexosaminidase A activities in leukocytes. The hexosaminidase activities are measured before and after heat inactivation using a fluorescence-generating 4-methylumbelliferyl-N-acetyl-ß-D-glucosaminide substrate. Thermal fractionation of hexosaminidase is calculated to differentiate Tay-Sachs disease carriers from non-carriers.

INTERPRETATION:
Non-Carrier: Within the limits of this test this patient is NOT a carrier for Tay Sachs Disease.

V. Reid Sutton, M.D.
William J. Craigen, M.D., Ph.D., FACMG.

199631-1706953

Sarah H. Elsea, Ph.D., FACMG
Qin Sun, Ph.D., FACMG

This test was developed and its performance characteristics determined by Baylor Miraca Genetics Laboratories DBA Baylor Genetics (CAP# 2109314/ CLIA# 45D0660090). 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.