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Genetic Testing Summary

Enclosed are the genetic testing results for

CB 589

No amount of genetic testing can guarantee that a child will not be affected with a genetic condition. Genetic testing can inform you of the likelihood of passing on the genetic conditions that are tested for, but it cannot eliminate the risk of passing on any genetic condition.

The genetic conditions Cryobio tests for are inherited in an autosomal recessive manner. This means that the child would have to inherit a genetic mutation from both the sperm source and the egg source to be affected with the condition. When both the sperm source and the egg source have undergone genetic carrier screening and the test results are negative, the risk of a child being affected with the conditions tested for is significantly reduced, but it cannot be completely eliminated.

All recipients should discuss both or their own risk for passing on genetic conditions and whether would benefit from genetic counseling and testing with their health care provider. Before using a donor that is a carrier for a specific recessive genetic condition or conditions, we strongly recommend that the recipient (or egg source, if different) consider genetic counseling and testing to determine if they are a carrier for the same genetic condition or conditions as the donor.

Screening and testing have changed dramatically over the years, and so the screening and testing done on each donor may very depending on the testing that was in place when he was actively in Cryobio's donor program. Earlier donors may not have had as extensive testing as later donors. Screening and testing may change again in the future, so please review the results each time before ordering as both the testing done and the results may change.

Patient Information	
Patient Name:	CB 589
Date Of Birth:	■■■■■ 1990
Gender:	Male
Ethnicity:	Other
Patient ID:	N/A
Medical Record #:	N/A
Collection Kit:	35216778-2-C
Accession ID:	N/A
Case File ID:	12528219

Test Information	
Ordering Physician:	MD David Prescott
Clinic Information:	Cryobio Ohio
Phone:	(614) 451-4375
Report Date:	05/25/2024
Sample Collected:	05/10/2024
Sample Received:	05/11/2024
Sample Type:	Blood



CARRIER SCREENING REPORT

ABOUT THIS SCREEN: Horizon™ is a carrier screen for specific autosomal recessive and X-linked diseases. This information can help patients learn their risk of having a child with specific genetic conditions.

ORDER SELECTED: The Horizon Custom panel was ordered for this patient. Males are not screened for X-linked diseases

FINAL RESULTS SUMMARY:



CARRIER for Usher Syndrome, Type 1D

Positive for the likely pathogenic variant c.380A>G (p.D127G) in the CDH23 gene. If this individual's partner is a carrier for USHER SYNDROME, TYPE 1D, their chance to have a child with this condition may be as high as 1 in 4 (25%). Carrier screening for this individual's partner is suggested.

Negative for 556 out of 557 diseases

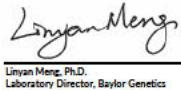
No other pathogenic variants were detected in the genes that were screened. The patient's remaining carrier risk after the negative screening results is listed for each disease/gene on the Horizon website at <https://www.natera.com/panel-option/h-all/>. Please see the following pages of this report for a comprehensive list of all conditions included on this individual's screen.

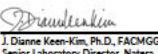
Carrier screening is not diagnostic and may not detect all possible pathogenic variants in a given gene.

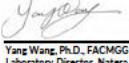
RECOMMENDATIONS

Individuals who would like to review their Horizon report with a Natera Laboratory Genetic Counselor may schedule a telephone genetic information session by calling 650-249-9090 or visiting naterasession.com. Clinicians with questions may contact Natera at 650-249-9090 or email support@natera.com. Individuals with positive results may wish to discuss these results with family members to allow them the option to be screened. Comprehensive genetic counseling to discuss the implications of these test results and possible associated reproductive risk is recommended.


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Patient Information

Patient Name: CB 589

Test Information

Ordering Physician: MD David Prescott

Date Of Birth: [REDACTED] 1990
Case File ID: 12528219

Clinic Information: Cryobio Ohio

Report Date: 05/25/2024

**USHER SYNDROME, TYPE 1D****Understanding Your Horizon Carrier Screen Results****What is Usher Syndrome, Type 1D?**

Usher Syndrome, Type 1D is one of a group of inherited disorders that cause hearing and vision loss that worsens over time. In most cases of Usher Syndrome, Type 1D, severe hearing loss is present at birth and hearing aids are not usually helpful. Balance is also affected, which leads to a delay in motor skills such as walking. Retinitis Pigmentosa (RP) is an eye condition that occurs in most people with Usher Syndrome Type 1D and leads to damage to the retina, causing progressive loss of eyesight and eventual blindness. RP and vision loss may start developing in childhood or not until adulthood. Usher Syndrome, Type 1D does not affect intelligence or life span. The symptoms of Usher Syndrome, Type 1D vary from person to person and some people have less severe (moderate) hearing loss. Other people may have hearing loss only and do not develop Retinitis Pigmentosa. Currently there is no cure for this condition and treatment is based on symptoms. Clinical trials involving potential new treatments for this condition may be available (see www.clinicaltrials.gov).

What causes Usher Syndrome, Type 1D?

Usher Syndrome, Type 1D is caused by a gene change, or mutation, in both copies of the CDH23 gene pair. These mutations cause the genes to not work properly or not work at all. When both copies of this gene do not work correctly, it leads to the symptoms described above. Usher Syndrome, Type 1D is inherited in an autosomal recessive manner. This means that, in most cases, both parents must be carriers of a mutation in one copy of the CDH23 gene to have a child with Usher Syndrome, Type 1D. People who are carriers for Usher Syndrome, Type 1D are usually healthy and do not have symptoms nor do they have Usher Syndrome themselves. Usually a child inherits two copies of each gene, one copy from the mother and one copy from the father. If the mother and father are both carriers for Usher Syndrome, Type 1D, there is a 1 in 4, or 25%, chance in each pregnancy for both partners to pass on their CDH23 gene mutations to the child, who will then have Usher Syndrome, Type 1D. Individuals found to carry more than one mutation for Usher Syndrome, Type 1D should discuss their risk for having an affected child, and any potential effects to their own health, with their health care provider.

What can I do next?

You may wish to speak with a local genetic counselor about your carrier test results. A genetic counselor in your area can be located on the National Society of Genetic Counselors website (www.nsgc.org). Your siblings and other relatives are at increased risk to also have this mutation. You are encouraged to inform your family members of your test results as they may wish to consider being tested themselves. If you are pregnant, your partner can have carrier screening for Usher Syndrome, Type 1D ordered by a health care professional. If your partner is not found to be a carrier for Usher Syndrome, Type 1D, your risk of having a child with Usher Syndrome, Type 1D is greatly reduced. Couples at risk of having a baby with Usher Syndrome, Type 1D can opt to have prenatal diagnosis done through chorionic villus sampling (CVS) or amniocentesis during pregnancy or can choose to have the baby tested after birth for this condition. If you are not yet pregnant, your partner can have carrier screening for Usher Syndrome, Type 1D ordered by a health care professional. If your partner is found to be a carrier for Usher Syndrome, Type 1D, you have several reproductive options to consider:

- Natural pregnancy with or without prenatal diagnosis or testing the baby after birth for Usher Syndrome, Type 1D
- Preimplantation genetic diagnosis (PGD) with in vitro fertilization (IVF) to test embryos for Usher Syndrome, Type 1D
- Adoption or use of a sperm or egg donor who is not a carrier for Usher Syndrome, Type 1D

What resources are available?

- Usher Syndrome, Type 1D: <http://www.usher-syndrome.org>
- Prenatal diagnosis done through CVS: <http://www.marchofdimes.org/chorionic-villus-sampling.aspx>
- Prenatal diagnosis done through Amniocentesis: <http://www.marchofdimes.org/amniocentesis.aspx>
- PGD with IVF: <http://www.natera.com/spectrum>

Patient Information

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Date Of Birth: [REDACTED] 1990

Clinic Information: Cryobio Ohio

Case File ID: 12528219

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**VARIANT DETAILS****CDH23, c.380A>G (p.D127G), heterozygous, likely pathogenic**

- The c.380A>G (p.D127G) variant in the CDH23 gene has not been observed in the gnomAD v2.1.1 dataset.
- This variant has been reported in a homozygous state or in conjunction with another variant in individual(s) with Usher syndrome (internal data).
- This variant has been described in ClinVar [ID: 228491].

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**DISEASES SCREENED**

Below is a list of all diseases screened and the result. Certain conditions have unique patient-specific numerical values, therefore, results for those conditions are formatted differently.

Autosomal Recessive

1	17-BETA HYDROXYSTEROID DEHYDROGENASE 3 DEFICIENCY (HSD17B3) negative	BETA-HEMOGLOBINOPATHIES (HBB) negative BETA-KETOTHIOLASE DEFICIENCY (ACAT1) negative BETA-MANNOSIDOSIS (MANBA) negative BETA-UREIDOPROPIONASE DEFICIENCY (UPB1) negative BILATERAL FRONTOPARIEL POLYMICROGYRIA (GPR56) negative BIOTINIDASE DEFICIENCY (BTD) negative BIOTIN-THIAMINE-RESPONSIVE BASAL GANGLIA DISEASE (BTBGD) (SLC19A3) negative BLOOM SYNDROME (BLM) negative BRITTLE CORNEA SYNDROME 1 (ZNF469) negative BRITTLE CORNEA SYNDROME 2 (PRDM5) negative
3	3-BETA-HYDROXYSTEROID DEHYDROGENASE TYPE II DEFICIENCY (HSD3B2) negative 3-HYDROXY-3-METHYLGLUTARYL-COENZYME A LYASE DEFICIENCY (HMGCL) negative 3-HYDROXYACYL-COA DEHYDROGENASE DEFICIENCY (HADH) negative 3-METHYLACETOXYL-CoA CARBOXYLASE 1 DEFICIENCY (MCCC1) negative 3-METHYLACETOXYL-CoA CARBOXYLASE 2 DEFICIENCY (MCCC2) negative 3-PHOSPHOGLYCERATE DEHYDROGENASE DEFICIENCY (PHGDH) negative	
5	5-ALPHA-REDUCTASE DEFICIENCY (SRD5A2) negative	C CANAVAN DISEASE (ASPA) negative CARBAMOYL PHOSPHATE SYNTHETASE I DEFICIENCY (CPS1) negative CARNITINE DEFICIENCY (SLC22A5) negative CARNITINE PALMITOYLTRANSFERASE IA DEFICIENCY (CPT1A) negative CARNITINE PALMITOYLTRANSFERASE II DEFICIENCY (CPT2) negative CARNITINE-ACYL CARNITINE TRANSLOCASE DEFICIENCY (SLC25A20) negative CARPENTER SYNDROME (RAB23) negative CARTILAGE-HAIR HYPOPLASIA (RMRP) negative CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA (CASQ2) negative CD59-MEDIATED HEMOLYTIC ANEMIA (CD59) negative CEP152-RELATED MICROCEPHALY (CEP152) negative CEREBRAL DYSGENESIS, NEUROPATHY, ICHTHYOSIS, AND PALMOPLANTRAR KERATODERMA (CEDNIK) SYNDROME (SNAP29) negative CEREBROTENDINOUS XANTHOMATOSIS (CYP27A1) negative CHARCOT-MARIE-TOOTH DISEASE, RECESSIVE INTERMEDIATE C (PLEKHG5) negative CHARCOT-MARIE-TOOTH-DISEASE, TYPE 4D (NDRG1) negative CHEDIAK-HIGASHI SYNDROME (LYST) negative CHOREOACANTHOCYTOSIS (VPS13A) negative CHRONIC GRANULOMATOUS DISEASE, CYBA-RELATED (CYBA) negative CHRONIC GRANULOMATOUS DISEASE, NCF2-RELATED (NCF2) negative CILIOPATHIES, RPRGIP1L-RELATED (RPRGIP1L) negative CITRIN DEFICIENCY (SLC25A13) negative CITRULLINEMIA, TYPE 1 (ASS1) negative CLN10 DISEASE (CTSD) negative COHEN SYNDROME (VPS13B) negative COL11A2-RELATED CONDITIONS (COL11A2) negative COMBINED MALONIC AND METHYLMALONIC ACIDURIA (ACSF3) negative COMBINED OXIDATIVE PHOSPHORYLATION DEFICIENCY 1 (GFM1) negative COMBINED OXIDATIVE PHOSPHORYLATION DEFICIENCY 3 (TSFM) negative COMBINED PITUITARY HORMONE DEFICIENCY 1 (POU1F1) negative COMBINED PITUITARY HORMONE DEFICIENCY-2 (PROPI) negative CONGENITAL ADRENAL HYPERPLASIA, 11-BETA-HYDROXYLASE DEFICIENCY (CYP11B1) negative CONGENITAL ADRENAL HYPERPLASIA, 17-ALPHA-HYDROXYLASE DEFICIENCY (CYP17A1) negative CONGENITAL ADRENAL HYPERPLASIA, 21-HYDROXYLASE DEFICIENCY (CYP21A2) negative CONGENITAL ADRENAL INSUFFICIENCY, CYP11A1-RELATED (CYP11A1) negative CONGENITAL AMEGAKARYOCYTIC THROMBOCYTOPENIA (MPL) negative CONGENITAL CHRONIC DIARRHEA (DGAT1) negative CONGENITAL DISORDER OF GLYCOSYLATION TYPE 1, ALG1-RELATED (ALG1) negative CONGENITAL DISORDER OF GLYCOSYLATION, TYPE 1A, PMM2-Related (PMM2) negative CONGENITAL DISORDER OF GLYCOSYLATION, TYPE 1B (MPI) negative CONGENITAL DISORDER OF GLYCOSYLATION, TYPE 1C (ALG6) negative CONGENITAL DYSERYTHROPOETIC ANEMIA TYPE 2 (SEC23B) negative CONGENITAL FINNISH NEPHROSIS (NPHS1) negative CONGENITAL HYDROCEPHALUS 1 (CCDC88C) negative CONGENITAL HYPERINSULINISM, KCNJ11-Related (KCNJ11) negative CONGENITAL INSENSITIVITY TO PAIN WITH ANHIDROSIS (CIPA) (ENTRK1) negative CONGENITAL MYASTHENIC SYNDROME, CHAT-RELATED (CHAT) negative CONGENITAL MYASTHENIC SYNDROME, CHRNE-RELATED (CHRNE) negative CONGENITAL MYASTHENIC SYNDROME, COLQ-RELATED (COLQ) negative CONGENITAL MYASTHENIC SYNDROME, DOK7-RELATED (DOK7) negative CONGENITAL MYASTHENIC SYNDROME, RAPSN-RELATED (RAPSN) negative CONGENITAL NEPHROTIC SYNDROME, PLCE1-RELATED (PLCE1) negative CONGENITAL NEUTROPIA, G6PC3-RELATED (G6PC3) negative CONGENITAL NEUTROPIA, HAX1-RELATED (HAX1) negative CONGENITAL NEUTROPIA, VPS45-RELATED (VPS45) negative CONGENITAL SECRETORY CHLORIDE DIARRHEA 1 (SLC26A3) negative CORNEAL DYSTROPHY AND PERCEPTIVE DEAFNESS (SLC4A11) negative CORTICOSTERONE METHYLOXIDASE DEFICIENCY (CYP11B2) negative COSTEFL SYNDROME (3-METHYLGLUTAConIC ACIDURIA, TYPE 3) (OPA3) negative CRB1-RELATED RETINAL DYSTROPHIES (CRB1) negative CYSTIC FIBROSIS (CFTR) negative
B	BARDET-BIEDL SYNDROME, ARL6-RELATED (ARL6) negative BARDET-BIEDL SYNDROME, BBS10-RELATED (BBS10) negative BARDET-BIEDL SYNDROME, BBS12-RELATED (BBS12) negative BARDET-BIEDL SYNDROME, BBS1-RELATED (BBS1) negative BARDET-BIEDL SYNDROME, BBS2-RELATED (BBS2) negative BARDET-BIEDL SYNDROME, BBS4-RELATED (BBS4) negative BARDET-BIEDL SYNDROME, BBS5-RELATED (BBS5) negative BARDET-BIEDL SYNDROME, BBS7-RELATED (BBS7) negative BARDET-BIEDL SYNDROME, BBS9-RELATED (BBS9) negative BARDET-BIEDL SYNDROME, TTC8-RELATED (TTC8) negative BARE LYMPHOCYTE SYNDROME, CITA-RELATED (CITA) negative BARTTER SYNDROME, BSND-RELATED (BSND) negative BARTTER SYNDROME, KCNJ1-RELATED (KCNJ1) negative BARTTER SYNDROME, SLC12A1-RELATED (SLC12A1) negative BATTEN DISEASE, CLN3-RELATED (CLN3) negative BERNARD-SOULIER SYNDROME, TYPE A1 (GP1BA) negative BERNARD-SOULIER SYNDROME, TYPE C (GP9) negative	

Patient Information

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Test Information

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**C**CYSTINOSIS (CTNS) negative
CYTOCHROME C OXIDASE DEFICIENCY, PET100-RELATED (PET100) negative
CYTOCHROME P450 OXOREDUCTASE DEFICIENCY (POR) negative**D**D-BIFUNCTIONAL PROTEIN DEFICIENCY (HSD17B4) negative
DEAFNESS, AUTOSOMAL RECESSIVE 77 (LOXHD1) negative
DIHYDROPTEROIDINE REDUCTASE (DHPR) DEFICIENCY (QDPR) negative
DIHYDROPYRIMIDINE DEHYDROGENASE DEFICIENCY (DPYD) negative
DONNAI-BARROW SYNDROME (LRP2) negative
DUBIN-JOHNSON SYNDROME (ABCC2) negative
DYSKERATOSIS CONGENITA SPECTRUM DISORDERS (TERT) negative
DYSKERATOSIS CONGENITA, RTEL1-RELATED (RTEL1) negative
DYSTROPHIC EPIDERMOLYSIS BULLOSA, COL7A1-Related (COL7A1) negative**E**EARLY INFANTILE EPILEPTIC ENCEPHALOPATHY, CAD-RELATED (CAD) negative
EHRLERS-DANLOS SYNDROME TYPE VI (PLOD1) negative
EHRLERS-DANLOS SYNDROME, CLASSIC-LIKE, TNXB-RELATED (TNXB) negative
EHRLERS-DANLOS SYNDROME, TYPE VII C (ADAMTS2) negative
ELLIS-VAN CREVELD SYNDROME, EVC2-RELATED (EVC2) negative
ELLIS-VAN CREVELD SYNDROME, EVC-RELATED (EVC) negative
ENHANCED S-CONE SYNDROME (NR2E3) negative
EPIMERASE DEFICIENCY (GALACTOSEMIA TYPE III) (GALE) negative
EPIPHYSEAL DYSPLASIA, MULTIPLE, 7/DESBUQUOIS DYSPLASIA 1 (CANT1) negative
ERCC6-RELATED DISORDERS (ERCC6) negative
ERCC8-RELATED DISORDERS (ERCC8) negative
ETHYLMALONIC ENCEPHALOPATHY (ETHE1) negative**F**FACTOR XI DEFICIENCY (F11) negative
FAMILIAL DYSAUTONOMIA (IBKAP) negative
FAMILIAL HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS, PRF1-RELATED (PRF1) negative
FAMILIAL HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS, STX11-RELATED (STX11) negative
FAMILIAL HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS, STXBP2-RELATED (STXBP2) negative
FAMILIAL HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS, UNC13D-RELATED (UNC13D) negative
FAMILIAL HYPERCHOLESTEROLEMIA, LDLRAP1-RELATED (LDLRAP1) negative
FAMILIAL HYPERCHOLESTEROLEMIA, LDLR-RELATED (LDLR) negative
FAMILIAL HYPERINSULINISM, ABCC8-RELATED (ABCC8) negative
FAMILIAL MEDITERRANEAN FEVER (MEFV) negative
FAMILIAL NEPHROGENIC DIABETES INSIPIDUS, AQP2-RELATED (AQP2) negative
FANCONI ANEMIA, GROUP A (FANCA) negative
FANCONI ANEMIA, GROUP C (FANCC) negative
FANCONI ANEMIA, GROUP D2 (FANCD2) negative
FANCONI ANEMIA, GROUP E (FANCE) negative
FANCONI ANEMIA, GROUP F (FANCF) negative
FANCONI ANEMIA, GROUP G (FANCG) negative
FANCONI ANEMIA, GROUP I (FANCI) negative
FANCONI ANEMIA, GROUP J (BRIP1) negative
FANCONI ANEMIA, GROUP L (FANCL) negative
FARBER LIPOGRANULOMATOSIS (ASA1) negative
FOVEAL HYPOPLASIA (SLC38A8) negative
FRASER SYNDROME 3, GRIP1-RELATED (GRIP1) negative
FRASER SYNDROME, FRAS1-RELATED (FRAS1) negative
FRASER SYNDROME, FREM2-RELATED (FREM2) negative
FRIEDREICH ATAXIA (FXN) negative
FRUCTOSE-1,6-BISPHOSPHATASE DEFICIENCY (FBP1) negative
FUCOSIDOSIS, FUC41-RELATED (FUC41) negative
FUMARASE DEFICIENCY (FH) negative**G**GABA-TRANSAMINASE DEFICIENCY (ABAT) negative
GALACTOKINASE DEFICIENCY (GALACTOSEMIA, TYPE II) (GALK1) negative
GALACTOSEMIA (GALT) negative
GALACTOSIALIDOSIS (CTSA) negative
GAUCHER DISEASE (GBA) negative
GCH1-RELATED CONDITIONS (GCH1) negative
GDF5-RELATED CONDITIONS (GDF5) negative
GERODERMA OSTEODYSPLOSTICA (GORAB) negative
GITELMAN SYNDROME (SLC12A3) negative
GLANZMANN THROMBASTHENIA (ITGB3) negative
GLUTARIC ACIDEMIA, TYPE 1 (GCDH) negative
GLUTARIC ACIDEMIA, TYPE 2A (ETFA) negative
GLUTARIC ACIDEMIA, TYPE 2B (ETFB) negative
GLUTARIC ACIDEMIA, TYPE 2C (ETFDH) negative
GLUTATHIONE SYNTHETASE DEFICIENCY (GSS) negative
GLYCINE ENCEPHALOPATHY, AMT-RELATED (AMT) negative
GLYCINE ENCEPHALOPATHY, GLDC-RELATED (GLDC) negative
GLYCOGEN STORAGE DISEASE TYPE 5 (McArdle Disease) (PYGM) negativeGLYCOGEN STORAGE DISEASE TYPE IXB (PHKB) negative
GLYCOGEN STORAGE DISEASE TYPE IXC (PHKG2) negative
GLYCOGEN STORAGE DISEASE, TYPE 1a (G6PC) negative
GLYCOGEN STORAGE DISEASE, TYPE 1b (SLC37A4) negative
GLYCOGEN STORAGE DISEASE, TYPE 2 (POMPE DISEASE) (GAA) negative
GLYCOGEN STORAGE DISEASE, TYPE 3 (AGL) negative
GLYCOGEN STORAGE DISEASE, TYPE 4 (GBE1) negative
GLYCOGEN STORAGE DISEASE, TYPE 7 (PFKM) negative
GRACILE SYNDROME (BGS1L) negative
GUANIDINOACETATE METHYLTRANSFERASE DEFICIENCY (GAMT) negative**H**HARLEQUIN ICHTHYOSIS (ABCA12) negative
HEME OXYGENASE 1 DEFICIENCY (HMOX1) negative
HEMOCHROMATOSIS TYPE 2A (HFE2) negative
HEMOCHROMATOSIS, TYPE 3, TFR2-Related (TFR2) negative
HEPATOCEREBRAL MITOCHONDRIAL DNA DEPLETION SYNDROME, MPV17-RELATED (MPV17) negative
HEREDITARY FRUCTOSE INTOLERANCE (ALDOB) negative
HEREDITARY HEMOCHROMATOSIS TYPE 2B (HAMP) negative
HEREDITARY SPASTIC PARAPARESIS, TYPE 49 (TECPR2) negative
HEREDITARY SPASTIC PARAPLEGIA, CYP7B1-RELATED (CYP7B1) negative
HERMANSKY-PUDLAK SYNDROME, AP3B1-RELATED (AP3B1) negative
HERMANSKY-PUDLAK SYNDROME, BLOC133-RELATED (BLOC133) negative
HERMANSKY-PUDLAK SYNDROME, BLOC156-RELATED (BLOC156) negative
HERMANSKY-PUDLAK SYNDROME, HP51-RELATED (HP51) negative
HERMANSKY-PUDLAK SYNDROME, HP53-RELATED (HP53) negative
HERMANSKY-PUDLAK SYNDROME, HP54-RELATED (HP54) negative
HERMANSKY-PUDLAK SYNDROME, HP55-RELATED (HP55) negative
HERMANSKY-PUDLAK SYNDROME, HP56-RELATED (HP56) negative
HOLOCARBOXYLASE SYNTHETASE DEFICIENCY (HLCs) negative
HOMOCYSTINURIA AND MEGALOBLASTIC ANEMIA TYPE CBLG (MTR) negative
HOMOCYSTINURIA DUE TO DEFICIENCY OF MTHFR (MTHFR) negative
HOMOCYSTINURIA, CBS-RELATED (CBS) negative
HOMOCYSTINURIA, Type cbIE (MTRR) negative
HYDROLETHALUS SYNDROME (HYLS1) negative
HYPER-IGM IMMUNODEFICIENCY (CD40) negative
HYPERORNITHINEMIA-HYPERAMMONEMIA-HOMOCITRULLINURIA (HHH SYNDROME) (SLC25A15) negative
HYPERPHOSPHATEMIC FAMILIAL TUMORAL CALCIOSIS, GALNT3-RELATED (GALNT3) negative
HYPOMYELINATING LEUKODYSTROPHY 12 (VPS11) negative
HYPOPHOSPHATASIA, ALPL-RELATED (ALPL) negative**I**IMERSLUND-GRÄSBECK SYNDROME 2 (AMN) negative
IMMUNODEFICIENCY-CENTROMERIC INSTABILITY-FACIAL ANOMALIES (ICF) SYNDROME, DNMT3B-RELATED (DNMT3B) negative
IMMUNODEFICIENCY-CENTROMERIC INSTABILITY-FACIAL ANOMALIES (ICF) SYNDROME, ZBTB24-RELATED (ZBTB24) negative
INCLUSION BODY MYOPATHY 2 (GNE) negative
INFANTILE CEREBRAL AND CEREBELLAR ATROPHY (MED17) negative
INFANTILE NEPHRONOPHTHISIS (INV5) negative
INFANTILE NEUROAXONAL DYSTROPHY (PLA2G6) negative
ISOLATED ECTOPIA LENTIS (ADAMTS4) negative
ISOLATED SULFITE OXIDASE DEFICIENCY (SUOX) negative
ISOLATED THYROID-STIMULATING HORMONE DEFICIENCY (TSHB) negative
ISOVALERIC ACIDEMIA (IVD) negative**J**JOHANSON-BLIZZARD SYNDROME (UBR1) negative
JOUBERT SYNDROME 2 / MECKEL SYNDROME 2 (TMEM216) negative
JOUBERT SYNDROME AND RELATED DISORDERS (JSRD), TMEM67-RELATED (TMEM67) negative
JOUBERT SYNDROME, AHI1-RELATED (AHI1) negative
JOUBERT SYNDROME, ARL13B-RELATED (ARL13B) negative
JOUBERT SYNDROME, B9D1-RELATED (B9D1) negative
JOUBERT SYNDROME, B9D2-RELATED (B9D2) negative
JOUBERT SYNDROME, C2CD3-RELATED/OROFACIODIGITAL SYNDROME 14 (C2CD3) negative
JOUBERT SYNDROME, CC2D2A-RELATED/COACH SYNDROME (CC2D2A) negative
JOUBERT SYNDROME, CEP104-RELATED (CEP104) negative
JOUBERT SYNDROME, CEP120-RELATED/SHORT-RIB THORACIC DYSPLASIA 13 WITH OR WITHOUT POLYDACTYLY (CEP120) negative
JOUBERT SYNDROME, CEP41-RELATED (CEP41) negative
JOUBERT SYNDROME, CPLANE1-RELATED / OROFACIODIGITAL SYNDROME 6 (CPLANE1) negative
JOUBERT SYNDROME, CSPP1-RELATED (CSPP1) negative
JOUBERT SYNDROME, INPP5E-RELATED (INPP5E) negative
JUNCTIONAL EPIDERMOLYSIS BULLOSA, COL17A1-RELATED (COL17A1) negative
JUNCTIONAL EPIDERMOLYSIS BULLOSA, ITGA6-RELATED (ITGA6) negative
JUNCTIONAL EPIDERMOLYSIS BULLOSA, ITGB4-RELATED (ITGB4) negative
JUNCTIONAL EPIDERMOLYSIS BULLOSA, LAMB3-RELATED (LAMB3) negative

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J
JUNCTIONAL EPIDERMOLYSIS BULLOSA, LAMC2-RELATED (LAMC2) negative
JUNCTIONAL EPIDERMOLYSIS BULLOSA/LARYNGOONYCHOCUTANEOUS SYNDROME, LAMA3-RELATED (LAMA3) negative

K
KRABBE DISEASE (GALC) negative

L
LAMELLAR ICHTHYOSIS, TYPE 1 (TGM1) negative
LARON SYNDROME (GHR) negative
LEBER CONGENITAL AMAUROSIS 2 (RPE65) negative
LEBER CONGENITAL AMAUROSIS TYPE AIPL1 (AIPL1) negative
LEBER CONGENITAL AMAUROSIS TYPE GUCY2D (GUCY2D) negative
LEBER CONGENITAL AMAUROSIS TYPE TULP1 (TULP1) negative
LEBER CONGENITAL AMAUROSIS, IQCB1-RELATED/SENIOR-LOKEN SYNDROME 5 (IQCB1) negative
LEBER CONGENITAL AMAUROSIS, TYPE CEP290 (CEP290) negative
LEBER CONGENITAL AMAUROSIS, TYPE LCAS (LCAS) negative
LEBER CONGENITAL AMAUROSIS, TYPE RDH12 (RDH12) negative
LEIGH SYNDROME, FRENCH-CANADIAN TYPE (LRPPRC) negative
LETHAL CONGENITAL CONTRACTURE SYNDROME 1 (GLE1) negative
LEUKOENCEPHALOPATHY WITH VANISHING WHITE MATTER (EIF2B5) negative
LEUKOENCEPHALOPATHY WITH VANISHING WHITE MATTER, EIF2B1-RELATED (EIF2B1) negative
LEUKOENCEPHALOPATHY WITH VANISHING WHITE MATTER, EIF2B2-RELATED (EIF2B2) negative
LEUKOENCEPHALOPATHY WITH VANISHING WHITE MATTER, EIF2B3-RELATED (EIF2B3) negative
LEUKOENCEPHALOPATHY WITH VANISHING WHITE MATTER, EIF2B4-RELATED (EIF2B4) negative
LIG4 SYNDROME (LIG4) negative
LIMB-GIRDLE MUSCULAR DYSTROPHY TYPE 8 (TRIM32) negative
LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2A (CAPN3) negative
LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2B (DYSF) negative
LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2C (SGCG) negative
LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2D (SGCA) negative
LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2E (SGCB) negative
LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2F (SGCD) negative
LIMB-GIRDLE MUSCULAR DYSTROPHY, TYPE 2I (FKRP) negative
LIPOAMIDE DEHYDROGENASE DEFICIENCY (DIHYDROLIPOAMIDE DEHYDROGENASE DEFICIENCY) (DLD) negative
LIPOID ADRENAL HYPERPLASIA (STAR) negative
LIPOPROTEIN LIPASE DEFICIENCY (LPL) negative
LONG CHAIN 3-HYDROXYACYL-COA DEHYDROGENASE DEFICIENCY (HADHA) negative
LRAT-RELATED CONDITIONS (LRAT) negative
LUNG DISEASE, IMMUNODEFICIENCY, AND CHROMOSOME BREAKAGE SYNDROME (LICS) (NSMCE3) negative
LYSINURIC PROTEIN INTOLERANCE (SLC7A7) negative

M
MALONYL-COA DECARBOXYLASE DEFICIENCY (MLYCD) negative
MAPLE SYRUP URINE DISEASE, TYPE 1A (BCKDHA) negative
MAPLE SYRUP URINE DISEASE, TYPE 1B (BCKDHB) negative
MAPLE SYRUP URINE DISEASE, TYPE 2 (DBT) negative
MCKUSICK-KAUFMAN SYNDROME (MKKS) negative
MECKEL SYNDROME 7/NEPHRONOPHTHISIS 3 (NPHP3) negative
MECKEL-GRUBER SYNDROME, TYPE 1 (MKS1) negative
MECR-RELATED NEUROLOGIC DISORDER (MECR) negative
MEDIUM CHAIN ACYL-CoA DEHYDROGENASE DEFICIENCY (ACADM) negative
MEDNIK SYNDROME (AP151) negative
MEGALENCEPHALIC LEUKOENCEPHALOPATHY WITH SUBCORTICAL CYSTS (MCL1) negative
MEROSIN-DEFICIENT MUSCULAR DYSTROPHY (LAMA2) negative
METABOLIC ENCEPHALOPATHY AND ARRHYTHMIAS, TANGO2-RELATED (TANGO2) negative
METACHROMATIC LEUKODYSTROPHY, ARSA-RELATED (ARSA) negative
METACHROMATIC LEUKODYSTROPHY, PSAP-RELATED (PSAP) negative
METHYLMALONIC ACIDEMIA AND HOMOCYSTINURIA TYPE CBLF (LMBRD1) negative
METHYLMALONIC ACIDEMIA, MCEE-RELATED (MCEE) negative
METHYLMALONIC ACIDURIA AND HOMOCYSTINURIA, TYPE CBLC (MMACHC) negative
METHYLMALONIC ACIDURIA AND HOMOCYSTINURIA, TYPE CbID (MMADHC) negative
METHYLMALONIC ACIDURIA, MMAA-RELATED (MMAA) negative
METHYLMALONIC ACIDURIA, MMAB-RELATED (MMAB) negative
METHYLMALONIC ACIDURIA, TYPE MUT(0) (MUT) negative
MEVALONIC KINASE DEFICIENCY (MVK) negative
MICROCEPHALIC OSTEODYSPLASTIC PRIMORDIAL DWARFISM TYPE II (PCNT) negative
MICROPHTHALMIA / ANOPHTHALMIA, VSX2-RELATED (VSX2) negative
MITOCHONDRIAL COMPLEX 1 DEFICIENCY, ACAD9-RELATED (ACAD9) negative
MITOCHONDRIAL COMPLEX 1 DEFICIENCY, NDUFAF5-RELATED (NDUFAF5) negative
MITOCHONDRIAL COMPLEX 1 DEFICIENCY, NDUFS6-RELATED (NDUFS6) negative
MITOCHONDRIAL COMPLEX I DEFICIENCY, NUCLEAR TYPE 1 (NDUFS4) negative

N
N-ACETYLGLUTAMATE SYNTHASE DEFICIENCY (NAGS) negative
NEMALINE MYOPATHY, NEB-RELATED (NEB) negative
NEPHRONOPHTHISIS 1 (NPHP1) negative
NEURONAL CEROID LIPOFUSCINOSIS, CLN5-RELATED (CLN5) negative
NEURONAL CEROID LIPOFUSCINOSIS, CLN6-RELATED (CLN6) negative
NEURONAL CEROID LIPOFUSCINOSIS, CLN8-RELATED (CLN8) negative
NEURONAL CEROID LIPOFUSCINOSIS, MFSD8-RELATED (MFSD8) negative
NEURONAL CEROID LIPOFUSCINOSIS, PPT1-RELATED (PPT1) negative
NEURONAL CEROID LIPOFUSCINOSIS, TPP1-RELATED (TPP1) negative
NGLY1-CONGENITAL DISORDER OF GLYCOSYLATION (NGLY1) negative
NIEMANN-PICK DISEASE, TYPE C1 / D (NPC1) negative
NIEMANN-PICK DISEASE, TYPE C2 (NPC2) negative
NIEMANN-PICK DISEASE, TYPES A / B (SMPD1) negative
NIJMEGEN BREAKAGE SYNDROME (NBN) negative
NON-SYNDROMIC HEARING LOSS, GJB2-RELATED (GJB2) negative
NON-SYNDROMIC HEARING LOSS, MYO15A-RELATED (MYO15A) negative
NONSYNDROMIC HEARING LOSS, OTOA-RELATED (OTOA) negative
NONSYNDROMIC HEARING LOSS, OTOF-RELATED (OTOF) negative
NONSYNDROMIC HEARING LOSS, PJVK-RELATED (PJVK) negative
NONSYNDROMIC HEARING LOSS, SYNE4-RELATED (SYNE4) negative
NONSYNDROMIC HEARING LOSS, TMC1-RELATED (TMC1) negative
NONSYNDROMIC HEARING LOSS, TMPRSS3-RELATED (TMPRSS3) negative
NONSYNDROMIC INTELLECTUAL DISABILITY (CC2D1A) negative
NORMOPHOSPHATEMIC TUMORAL CALCINOSIS (SAMD9) negative

O
OCULOCUTANEOUS ALBINISM TYPE IV (SLC45A2) negative
OCULOCUTANEOUS ALBINISM TYPE, III (TYRP1) negative
OCULOCUTANEOUS ALBINISM, OCA2-RELATED (OCA2) negative
OCULOCUTANEOUS ALBINISM, TYPES 1A AND 1B (TYR) negative
ODONTO-ONYCHO-DERMAL DYSPLASIA / SCHOPF-SCHULZ-PASSARGE SYNDROME (WNT10A) negative
OMENNI SYNDROME, RAG2-RELATED (RAG2) negative
ORNITHINE AMINOTRANSFERASE DEFICIENCY (OAT) negative
OSTEOGENESIS IMPERFECTA TYPE VII (CRTAP) negative
OSTEOGENESIS IMPERFECTA TYPE VIII (P3H1) negative
OSTEOGENESIS IMPERFECTA TYPE XI (FKBP10) negative
OSTEOGENESIS IMPERFECTA TYPE XIII (BMP1) negative
OSTEOPETROSIS, INFANTILE MALIGNANT, TCIRG1-RELATED (TCIRG1) negative
OSTEOPETROSIS, OSTM1-RELATED (OSTM1) negative

P
PANTOTHENATE KINASE-ASSOCIATED NEURODEGENERATION (PANK2) negative

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P
 PAPILLON LEFÈVRE SYNDROME (CTSC) negative
 PARKINSON DISEASE 15 (FBXO7) negative
 PENDRED SYNDROME (SLC26A4) negative
 PERLMAN SYNDROME (DIS3L2) negative
 PGM3-CONGENITAL DISORDER OF GLYCOSYLATION (PGM3) negative
 PHENYLKETONURIA (PAH) negative
 PIGN-CONGENITAL DISORDER OF GLYCOSYLATION (PIGN) negative
 PITUITARY HORMONE DEFICIENCY, COMBINED 3 (LHX3) negative
 POLG-RELATED DISORDERS (POLG) negative
 POLYCYSTIC KIDNEY DISEASE, AUTOSOMAL RECESSIVE (PKHD1) negative
 PONTOCEREBELLAR HYPOPLASIA, EXOSC3-RELATED (EXOSC3) negative
 PONTOCEREBELLAR HYPOPLASIA, RARS2-RELATED (RARS2) negative
 PONTOCEREBELLAR HYPOPLASIA, TSEN2-RELATED (TSEN2) negative
 PONTOCEREBELLAR HYPOPLASIA, TSEN54-RELATED (TSEN54) negative
 PONTOCEREBELLAR HYPOPLASIA, TYPE 1A (VRK1) negative
 PONTOCEREBELLAR HYPOPLASIA, TYPE 2D (SEPECS) negative
 PONTOCEREBELLAR HYPOPLASIA, VPS53-RELATED (VPS53) negative
 PRIMARY CILIARY DYSKINESIA, CCDC103-RELATED (CCDC103) negative
 PRIMARY CILIARY DYSKINESIA, CCDC39-RELATED (CCDC39) negative
 PRIMARY CILIARY DYSKINESIA, DNAH11-RELATED (DNAH11) negative
 PRIMARY CILIARY DYSKINESIA, DNAH5-RELATED (DNAH5) negative
 PRIMARY CILIARY DYSKINESIA, DNAI1-RELATED (DNAI1) negative
 PRIMARY CILIARY DYSKINESIA, DNAI2-RELATED (DNAI2) negative
 PRIMARY CONGENITAL GLAUCOMA/PETERS ANOMALY (CYP1B1) negative
 PRIMARY HYPEROXALURIA, TYPE 1 (AGXT) negative
 PRIMARY HYPEROXALURIA, TYPE 2 (GRHPR) negative
 PRIMARY HYPEROXALURIA, TYPE 3 (HOGA1) negative
 PRIMARY MICROCEPHALY 1, AUTOSOMAL RECESSIVE (MCPH1) negative
 PROGRESSIVE EARLY-ONSET ENCEPHALOPATHY WITH BRAIN ATROPHY AND THIN CORPUS CALLOSUM (TBCD) negative
 PROGRESSIVE FAMILIAL INTRAHEPATIC CHOLESTASIS, ABCB4-RELATED (ABCB4) negative
 PROGRESSIVE FAMILIAL INTRAHEPATIC CHOLESTASIS, TYPE 1 (PFIC1) (ATP8B1) negative
 PROGRESSIVE FAMILIAL INTRAHEPATIC CHOLESTASIS, TYPE 2 (ABCBl1) negative
 PROGRESSIVE FAMILIAL INTRAHEPATIC CHOLESTASIS, TYPE 4 (PFIC4) (TJP2) negative
 PROGRESSIVE PSEUDORHEUMATOID DYSPLASIA (CCN6) negative
 PROLIDASE DEFICIENCY (PEPD) negative
 PROPIONIC ACIDEMIA, PCCA-RELATED (PCCA) negative
 PROPIONIC ACIDEMIA, PCCB-RELATED (PCCB) negative
 PSEUDOCHOLINESTERASE DEFICIENCY (BCHE) negative
 PSEUDOXANTHOMA ELASTICUM (ABCC6) negative
 PTERIN-4 ALPHA-CARBINOLAMINE DEHYDRATASE (PCD) DEFICIENCY (PCBD1) negative
 PYCNOYDYSOSTOSIS (CTSK) negative
 PYRIDOXAL 5'-PHOSPHATE-DEPENDENT EPILEPSY (PNPO) negative
 PYRIDOXINE-DEPENDENT EPILEPSY (ALDH7A1) negative
 PYRUVATE CARBOXYLASE DEFICIENCY (PC) negative
 PYRUVATE DEHYDROGENASE DEFICIENCY, PDHB-RELATED (PDHB) negative

R
 REFSUM DISEASE, PHYH-RELATED (PHYH) negative
 RENAL TUBULAR ACIDOSIS AND DEAFNESS, ATP6V1B1-RELATED (ATP6V1B1) negative
 RENAL TUBULAR ACIDOSIS, PROXIMAL, WITH OCULAR ABNORMALITIES AND MENTAL RETARDATION (SLC4A4) negative
 RETINITIS PIGMENTOSA 25 (EYS) negative
 RETINITIS PIGMENTOSA 26 (CERKL) negative
 RETINITIS PIGMENTOSA 28 (FAM161A) negative
 RETINITIS PIGMENTOSA 36 (PRCD) negative
 RETINITIS PIGMENTOSA 59 (DHDDS) negative
 RETINITIS PIGMENTOSA 62 (MAK) negative
 RHIZOMELIC CHONDRODYSPLASIA PUNCTATA, TYPE 1 (PEX7) negative
 RHIZOMELIC CHONDRODYSPLASIA PUNCTATA, TYPE 2 (GNPAT) negative
 RHIZOMELIC CHONDRODYSPLASIA PUNCTATA, TYPE 3 (AGPS) negative
 RLRP1-RELATED RETINOPATHY (RLRP1) negative
 ROBERTS SYNDROME (ESCO2) negative
 RYR1-RELATED CONDITIONS (RYR1) negative

S
 SALLA DISEASE (SLC17A5) negative
 SANDHOFF DISEASE (HEXB) negative
 SCHIMKE IMMUNOSESSEOUS DYSPLASIA (SMARCAL1) negative
 SCHINDLER DISEASE (NAGA) negative
 SEGAWA SYNDROME, TH-RELATED (TH) negative
 SENIOR-LOKEN SYNDROME 4/NEPHRONOPHTHISIS 4 (NPHP4) negative
 SEPIAPTERIN REDUCTASE DEFICIENCY (SPR) negative
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), CD3D-RELATED (CD3D) negative
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), CD3E-RELATED (CD3E) negative
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), FOXN1-RELATED (FOXN1) negative
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), IKBKB-RELATED (IKBKB) negative
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), IL7R-RELATED (IL7R) negative
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), JAK3-RELATED (JAK3) negative

T
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), PTPRC-RELATED (PTPRC) negative
 SEVERE COMBINED IMMUNODEFICIENCY (SCID), RAG1-RELATED (RAG1) negative
 SEVERE COMBINED IMMUNODEFICIENCY, ADA-Related (ADA) negative
 SEVERE COMBINED IMMUNODEFICIENCY, TYPE ATHABASKAN (DCLRE1C) negative
 SHORT-RIB THORACIC DYSPLASIA 3 WITH OR WITHOUT POLYDACTYLY (DYNC2H1) negative
 SHWACHMAN-DIAMOND SYNDROME, SBDS-RELATED (SBDS) negative
 SIALIDOSIS (NEU1) negative
 SJÖGREN-LARSSON SYNDROME (ALDH3A2) negative
 SMITH-LEMLI-OPITZ SYNDROME (DHCR7) negative
 SPASTIC PARAPLEGIA, TYPE 15 (ZFYVE26) negative
 SPASTIC TETRAPLEGIA, THIN CORPUS CALLOSUM, AND PROGRESSIVE MICROCEPHALY (SPATCCM) (SLC1A4) negative
 SPG11-RELATED CONDITIONS (SPG11) negative
 SPINAL MUSCULAR ATROPHY (SMN1) negative SMN1: Two copies; g.27134T>G: absent; the absence of the g.27134T>G variant decreases the chance to be a silent (2+0) carrier.
 SPINAL MUSCULAR ATROPHY WITH RESPIRATORY DISTRESS TYPE 1 (IGHMBP2) negative
 SPINOCEREBELLAR ATAXIA, AUTOSOMAL RECESSIVE 10 (ANO10) negative
 SPINOCEREBELLAR ATAXIA, AUTOSOMAL RECESSIVE 12 (WWOX) negative
 SPONDYLOLOCOSTAL DYSOSTOSIS 1 (DL3) negative
 SPONDYLOTHORACIC DYSOSTOSIS, MESP2-Related (MESP2) negative
 STEEL SYNDROME (COL27A1) negative
 STEROID-RESISTANT NEPHROTIC SYNDROME (NPHS2) negative
 STUVE-WIEDEMANN SYNDROME (L1FR) negative
 SURF1-RELATED CONDITIONS (SURF1) negative
 SURFACTANT DYSFUNCTION, ABCA3-RELATED (ABCA3) negative

U
 USHER SYNDROME, TYPE 1B (MYO7A) negative
 USHER SYNDROME, TYPE 1C (USH1C) negative
 USHER SYNDROME, TYPE 1D (CDH23) see first page
 USHER SYNDROME, TYPE 1F (PCDH15) negative
 USHER SYNDROME, TYPE 1J/DEAFNESS, AUTOSOMAL RECESSIVE, 48 (CIB2) negative
 USHER SYNDROME, TYPE 2A (USH2A) negative
 USHER SYNDROME, TYPE 2C (ADGRV1) negative
 USHER SYNDROME, TYPE 3 (CLRN1) negative

V
 VERY LONG-CHAIN ACYL-CoA DEHYDROGENASE DEFICIENCY (ACADVL) negative
 VICI SYNDROME (EPG5) negative
 VITAMIN D-DEPENDENT RICKETS, TYPE 1A (CYP27B1) negative
 VITAMIN D-RESISTANT RICKETS TYPE 2A (VDR) negative
 VLDDL-ASSOCIATED CEREBELLAR HYPOPLASIA (VLDDL) negative

W
 WALKER-WARBURG SYNDROME, CRPPA-RELATED (CRPPA) negative
 WALKER-WARBURG SYNDROME, FKTN-RELATED (FKTN) negative
 WALKER-WARBURG SYNDROME, LARGE1-RELATED (LARGE1) negative
 WALKER-WARBURG SYNDROME, POMT1-RELATED (POMT1) negative
 WALKER-WARBURG SYNDROME, POMT2-RELATED (POMT2) negative
 WARSAW BREAKAGE SYNDROME (DDX11) negative
 WERNER SYNDROME (WRN) negative
 WILSON DISEASE (ATP7B) negative
 WOLCOTT-RALLISON SYNDROME (EIF2AK3) negative
 WOLMAN DISEASE (LIPA) negative
 WOODHOUSE-SAKATI SYNDROME (DCAF17) negative

X
 XERODERMA PIGMENTOSUM VARIANT TYPE (POLH) negative
 XERODERMA PIGMENTOSUM, GROUP A (XPA) negative
 XERODERMA PIGMENTOSUM, GROUP C (XPC) negative

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Z

ZELLWEGER SPECTRUM DISORDER, PEX13-RELATED (PEX13) negative

ZELLWEGER SPECTRUM DISORDER, PEX16-RELATED (PEX16) negative

ZELLWEGER SPECTRUM DISORDER, PEX5-RELATED (PEX5) negative

ZELLWEGER SPECTRUM DISORDERS, PEX10-RELATED (PEX10) negative

ZELLWEGER SPECTRUM DISORDERS, PEX12-RELATED (PEX12) negative

ZELLWEGER SPECTRUM DISORDERS, PEX1-RELATED (PEX1) negative

ZELLWEGER SPECTRUM DISORDERS, PEX26-RELATED (PEX26) negative

ZELLWEGER SPECTRUM DISORDERS, PEX2-RELATED (PEX2) negative

ZELLWEGER SPECTRUM DISORDERS, PEX6-RELATED (PEX6) negative



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**Testing Methodology, Limitations, and Comments:****Next-generation sequencing (NGS)**

Sequencing library prepared from genomic DNA isolated from a patient sample is enriched for targets of interest using standard hybridization capture protocols and PCR amplification (for targets specified below). NGS is then performed to achieve the standards of quality control metrics, including a minimum coverage of 99% of targeted regions at 20X sequencing depth. Sequencing data is aligned to human reference sequence, followed by deduplication, metric collection and variant calling (coding region +/- 20bp). Variants are then classified according to ACMGG/AMP standards of interpretation using publicly available databases including but not limited to ENSEMBL, HGMD Pro, ClinGen, ClinVar, 1000G, ESP and gnomAD. Variants predicted to be pathogenic or likely pathogenic for the specified diseases are reported. It should be noted that the data interpretation is based on our current understanding of the genes and variants at the time of reporting. Putative positive sequencing variants that do not meet internal quality standards or are within highly homologous regions are confirmed by Sanger sequencing or gene-specific long-range PCR as needed prior to reporting.

Copy Number Variant (CNV) analysis is limited to deletions involving two or more exons for all genes on the panel, in addition to specific known recurrent single-exon deletions. CNVs of small size may have reduced detection rate. This method does not detect gene inversions, single-exonic and sub-exonic deletions (unless otherwise specified), and duplications of all sizes (unless otherwise specified). Additionally, this method does not define the exact breakpoints of detected CNV events. Confirmation testing for copy number variation is performed by specific PCR, Multiplex Ligation-dependent Probe Amplification (MLPA), next generation sequencing, or other methodology.

This test may not detect certain variants due to local sequence characteristics, high/low genomic complexity, homologous sequence, or allele dropout (PCR-based assays). Variants within noncoding regions (promoter, 5'UTR, 3'UTR, deep intronic regions, unless otherwise specified), small deletions or insertions larger than 25bp, low-level mosaic variants, structural variants such as inversions, and/or balanced translocations may not be detected with this technology.

SPECIAL NOTES

For ABCC6, variants in exons 1-9 are not detected due to the presence of regions of high homology.

For CFTR, when the CFTR R117H variant is detected, reflex analysis of the polythymidine variations (5T, 7T and 9T) at the intron 9 branch/acceptor site of the CFTR gene will be performed.

For CYP21A2, targets were enriched using long-range PCR amplification, followed by next generation sequencing. Duplication analysis will only be performed and reported when c.955C>T (p.Q319*) is detected. Sequencing and CNV analysis may have reduced sensitivity, if variants result from complex rearrangements, in trans with a gene deletion, or CYP21A2 gene duplication on one chromosome and deletion on the other chromosome. This analysis cannot detect sequencing variants located on the CYP21A2 duplicated copy.

For DDX11, only NM_030653.3:c.1763 - 1G > C variant will be analyzed and reported.

For HBA1/HBA2, CNV analysis is offered to detect common deletions of -alpha3.7, -alpha4.2, --MED, --SEA, --FIL, --THAI, --alpha20.5, and/or HS-40.

For OTOA, variants in exons 20 - 28 are not analyzed due to high sequence homology.

For RPGRIP1L, variants in exon 23 are not detected due to assay limitation.

For SAMD9, only p.K1495E variant will be analyzed and reported.

Friedreich Ataxia (FXN)

The GAA repeat region of the FXN gene is assessed by trinucleotide PCR assay and capillary electrophoresis. Variances of +/-1 repeat for normal alleles and up to +/-3 repeats for premutation alleles may occur. For fully penetrant expanded alleles, the precise repeat size cannot be determined, therefore the approximate allele size is reported. Sequencing and copy number variants are analyzed by next-generation sequencing analysis.

Friedreich Ataxia Repeat Categories

Categories	GAA Repeat Sizes
Normal	<34
Premutation	34 - 65
Full	>65

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**Spinal Muscular Atrophy (SMN1)**

The total combined copy number of SMN1 and SMN2 exon 7 is quantified based on NGS read depth. The ratio of SMN1 to SMN2 is calculated based on the read depth of a single nucleotide that distinguishes these two genes in exon 7. In addition to copy number analysis, testing for the presence or absence of a single nucleotide polymorphism (g.27134T>G in intron 7 of SMN1) associated with the presence of a SMN1 duplication allele is performed using NGS.

Ethnicity	Two SMN1 copies carrier risk before g.27134T>G testing	Carrier risk after g.27134T>G testing	
		g.27134T>G ABSENT	g.27134T>G PRESENT
Caucasian	1 in 632	1 in 769	1 in 29
Ashkenazi Jewish	1 in 350	1 in 580	LIKELY CARRIER
Asian	1 in 628	1 in 702	LIKELY CARRIER
African-American	1 in 121	1 in 396	1 in 34
Hispanic	1 in 1061	1 in 1762	1 in 140

Variant Classification

Only pathogenic or likely pathogenic variants are reported. Other variants including benign variants, likely benign variants, variants of uncertain significance, or inconclusive variants identified during this analysis may be reported in certain circumstances. Our laboratory's variant classification criteria are based on the ACMG and internal guidelines and our current understanding of the specific genes. This interpretation may change over time as more information about a gene and/or variant becomes available. Natera and its lab partner(s) may reclassify variants at certain intervals but may not release updated reports without a specific request made to Natera by the ordering provider. Natera may disclose incidental findings if deemed clinically pertinent to the test performed.

Negative Results

A negative carrier screening result reduces the risk for a patient to be a carrier of a specific disease but does not completely rule out carrier status. Please visit <https://www.natera.com/panel-option/h-all/> for a table of carrier rates, detection rates, residual risks and promised variants/exons per gene. Carrier rates before and after testing vary by ethnicity and assume a negative family history for each disease screened and the absence of clinical symptoms in the patient. Any patient with a family history for a specific genetic disease will have a higher carrier risk prior to testing and, if the disease-causing mutation in their family is not included on the test, their carrier risk would remain unchanged. Genetic counseling is recommended for patients with a family history of genetic disease so that risk figures based on actual family history can be determined and discussed along with potential implications for reproduction. Horizon carrier screening has been developed to identify the reproductive risks for monogenic inherited conditions. Even when one or both members of a couple screen negative for pathogenic variants in a specific gene, the disease risk for their offspring is not zero. There is still a low risk for the condition in their offspring due to a number of different mechanisms that are not detected by Horizon including, but not limited to, pathogenic variant(s) in the tested gene or in a different gene not included on Horizon, pathogenic variant(s) in an upstream regulator, uniparental disomy, de novo mutation(s), or digenic or polygenic inheritance.

Additional Comments

These analyses generally provide highly accurate information regarding the patient's carrier status. Despite this high level of accuracy, it should be kept in mind that there are many potential sources of diagnostic error, including misidentification of samples, polymorphisms, or other rare genetic variants that interfere with analysis. Families should understand that rare diagnostic errors may occur for these reasons.

Client/Sending Facility:
Cryobio

4845 Knightsbridge Blvd., Ste 200
Columbus, OH 43214
Ph: (614)451-4375
OHB-12

LCLS Specimen Number: **131-488-4108-0**

Patient Name: **589, CB**

Date of Birth: **[REDACTED]/1990**

Gender: **M**

Patient ID:

Lab Number: **YU24-50560 L**

Indications: **NOT GIVEN**

Account Number: **34334785**

Ordering Physician:

Specimen Type: **BLOOD**

Client Reference:

Date Collected: **05/10/2024**

Date Received: **05/11/2024**

Date Reported: **06/11/2024**

Test: **Chromosome, Blood, Routine**

Cells Counted: **20**

Cells Karyotyped: **2**

Cells Analyzed: **20**

Band Resolution: **500**

CYTOGENETIC RESULT: **46,XY**

INTERPRETATION: NORMAL MALE KARYOTYPE

Cytogenetic analysis of PHA stimulated cultures has revealed a MALE karyotype with an apparently normal GTG banding pattern in all cells observed.

This result does not exclude the possibility of subtle rearrangements below the resolution of cytogenetics or congenital anomalies due to other etiologies.

LCLS Specimen Number: 131-488-4108-0

Patient Name: **589, CB**

Date of Birth: [REDACTED]/1990

Gender: M

Patient ID:

Lab Number: YU24-50560 L

Account Number: 34334785

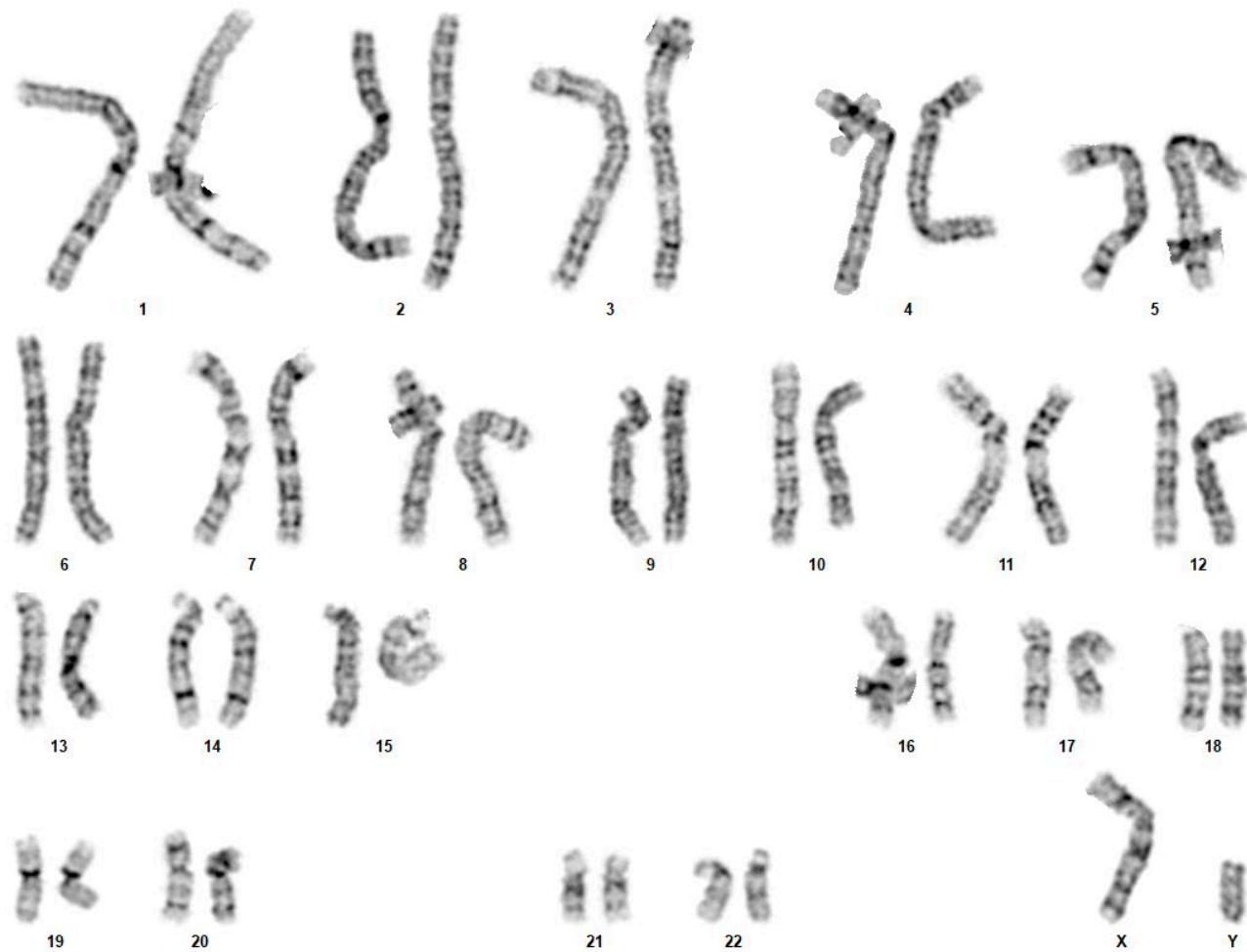
Ordering Physician:

Specimen Type: **BLOOD**

Client Reference:

Date Collected: 05/10/2024

Date Received: 05/11/2024



Client/Sending Facility:
Cryobio

4845 Knightsbridge Blvd., Ste 200
Columbus, OH 43214
Ph: (614)451-4375
OHB-12

LCLS Specimen Number: 131-488-4108-0

Patient Name: **589, CB**

Date of Birth: [REDACTED]/1990

Gender: M

Patient ID:

Lab Number: YU24-50560 L

Account Number: 34334785

Ordering Physician:

Specimen Type: **BLOOD**

Client Reference:

Date Collected: 05/10/2024

Date Received: 05/11/2024



Stephen R. Moore, PhD, FACMG

Anjen Chenn, M.D., Ph.D.
Medical Director

Technical component performed by Laboratory Corporation of America Holdings,
1904 TW Alexander Drive , RTP , NC , 27709-0153 (800) 345-4363

Professional Component performed by LabCorp CLIA 34D1008914, 6634 NE Durham Ave, Portland OR 97211. Medical Director, Anjen Chenn, M.D.,PhD.
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If you have received this document in error, please call 800-533-0567.

Cb, 589Patient ID:
Specimen ID: 023-488-4016-0

DOB: [REDACTED] /1990

Age: 33
Sex: Male**Patient Report**Account Number: 34334785
Ordering Physician: D PRESCOTT

Date Collected: 01/23/2024

Date Received: 01/23/2024

Date Reported: 01/24/2024

Fasting: No

Ordered Items: CBC With Differential/Platelet; Hgb Fractionation CascadeEntered: CF 2/8/24
Verified: OH 2/8/24

Date Collected: 01/23/2024

CBC With Differential/Platelet

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
WBC ⁰¹	6.1		x10E3/uL	3.4-10.8
RBC ⁰¹	4.86		x10E6/uL	4.14-5.80
Hemoglobin ⁰¹	14.9		g/dL	13.0-17.7
Hematocrit ⁰¹	43.7		%	37.5-51.0
MCV ⁰¹	90		fL	79-97
MCH ⁰¹	30.7		pg	26.6-33.0
MCHC ⁰¹	34.1		g/dL	31.5-35.7
RDW ⁰¹	12.6		%	11.6-15.4
Platelets ⁰¹	196		x10E3/uL	150-450
Neutrophils ⁰¹	47		%	Not Estab.
Lymphs ⁰¹	30		%	Not Estab.
Monocytes ⁰¹	9		%	Not Estab.
Eos ⁰¹	13		%	Not Estab.
Basos ⁰¹	1		%	Not Estab.
Neutrophils (Absolute) ⁰¹	2.9		x10E3/uL	1.4-7.0
Lymphs (Absolute) ⁰¹	1.9		x10E3/uL	0.7-3.1
Monocytes(Absolute) ⁰¹	0.5		x10E3/uL	0.1-0.9
▲ Eos (Absolute) ⁰¹	0.8	High	x10E3/uL	0.0-0.4
Baso (Absolute) ⁰¹	0.1		x10E3/uL	0.0-0.2
Immature Granulocytes ⁰¹	0		%	Not Estab.
Immature Grans (Abs) ⁰¹	0.0		x10E3/uL	0.0-0.1

Hgb Fractionation Cascade

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hgb Fractionation by CE ⁰¹				
Hgb F ⁰¹	0.0		%	0.0-2.0
Hgb A ⁰¹	97.1		%	96.4-98.8
Hgb A2 ⁰¹	2.9		%	1.8-3.2
Hgb S ⁰¹	0.0		%	0.0

Interpretation:⁰¹

Normal hemoglobin present; no hemoglobin variant or beta thalassemia identified.

Note: Alpha thalassemia may not be detected by the Hgb Fractionation Cascade panel. If alpha thalassemia is suspected, Labcorp offers Alpha-Thalassemia DNA Analysis (#511172).

OK X David Prescott M.D.
Medical Dir. Review

02/08/2024
Date

labcorpDate Created and Stored 01/24/24 1512 ET **Final Report** Page 1 of 2

Cb, 589Patient ID:
Specimen ID: 023-488-4016-0

DOB: [REDACTED] /1990

Age: 33
Sex: Male**Patient Report**Account Number: 34334785
Ordering Physician: D PRESCOTT**Disclaimer**

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend

▲ Out of Reference Range ■ Critical or Alert

Performing Labs01: CB - Labcorp Dublin, 6370 Wilcox Road, Dublin, OH 43016-1269 Dir: Vincent Ricchiuti, PhD
For Inquiries, the physician may contact Branch: 800-321-3862 Lab: 800-282-7300**Patient Details****Cb, 589**

Phone:

Date of Birth: [REDACTED] /1990

Age: 33

Sex: Male

Patient ID:

Alternate Patient ID:

Physician Details**D PRESCOTT****Cryo Biology****4845 Knightsbridge Blvd., Ste 200,
Columbus, OH, 43214**

Phone: 614-451-4375

Account Number: 34334785

Physician ID: PRESCOTT,D

NPI: 1285675868

Specimen Details

Specimen ID: 023-488-4016-0

Control ID: A3U34334785

Alternate Control Number:

Date Collected: 01/23/2024 1200 Local

Date Received: 01/23/2024 0000 ET

Date Entered: 01/23/2024 1714 ET

Date Reported: 01/24/2024 1506 ET

589, Cb

Patient ID:
Specimen ID: 131-488-4108-0

DOB: [REDACTED] 1990

Age: 33
Sex: Male

Patient Report

Account Number: 34334785
Ordering Physician:

Date Collected: 05/10/2024

Date Received: 05/10/2024

Date Reported: 06/12/2024

Fasting: No

Ordered Items: Chromosome, Blood, Routine; Count 15-20 cells, 2 Karyotype; Chromosome Blood Routine 88230

ENTERED 6/11/24 08:24 AM
VERIFIED 6/18/24 08:24 AM

Date Collected: 05/10/2024

Chromosome, Blood, Routine

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Specimen Type ⁰¹	Comment: BLOOD			
Cells Counted ⁰¹	20			
Cells Analyzed ⁰¹	20			
Cells Karyotyped ⁰¹	2			
GTG Band Resolution				
Achieved ⁰¹	500			
Cytogenetic Result ⁰¹	Comment: 46, XY			
Interpretation ⁰¹	Comment: NORMAL MALE KARYOTYPE Cytogenetic analysis of PHA stimulated cultures has revealed a MALE karyotype with an apparently normal GTG banding pattern in all cells observed. This result does not exclude the possibility of subtle rearrangements below the resolution of cytogenetics or congenital anomalies due to other etiologies.			
Director Review: ⁰¹	Comment: Stephen R. Moore, PhD, FACMG			
PDF	.			

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend

▲ Out of Reference Range ■ Critical or Alert

Performing Labs

01: YU - Labcorp RTP, 1904 TW Alexander Drive Ste C, RTP, NC 27709-0153 Dir: Anjen Chenn, MDPH D
For Inquiries, the physician may contact Branch: 800-321-3862 Lab: 800-282-7300

589, Cb

Patient ID:

Specimen ID: 131-488-4108-0

DOB: [REDACTED] /1990

Age: 33

Sex: Male

Patient Report

Account Number: 34334785

Ordering Physician:



Patient Details

589, Cb

Phone:

Date of Birth: [REDACTED] /1990

Age: 33

Sex: Male

Patient ID:

Alternate Patient ID:

Physician Details

Cryobio
4845 Knightsbridge Blvd., Ste 200,
Columbus, OH, 43214

Phone: 614-451-4375
Account Number: 34334785
Physician ID:
NPI:

Specimen Details

Specimen ID: 131-488-4108-0

Control ID: A9Z34334785

Alternate Control Number:

Date Collected: 05/10/2024 1050 Local

Date Received: 05/10/2024 0000 ET

Date Entered: 05/10/2024 2138 ET

Date Reported: 06/12/2024 0810 ET