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Genetic Testing Summary

Enclosed are the genetic testing results for

CB 567

*****A note about donor CB 567's genetic carrier screening:**

Cryobio donor CB 567 had genetic carrier screening when he entered our donor program through the lab, Sema4, who was Cryobio's testing provider at the time the large expanded carrier screening panel test was performed. Donor CB 567's original genetic carrier screening revealed inconclusive results that required additional testing of family members to clarify his carrier status for cystic fibrosis/CFTR-related conditions. Cryobio changed lab providers during the time between his original test and the follow-up parental studies, and therefore the single gene test was done with the lab, and Cryobio's current testing provider, Invitae. Donor CB 567's parents agreed to testing, and with their results Invitae was able to determine that CB 567 is a carrier of for Cystic Fibrosis/CFTR-related condition(s). We have provided all of donor CB 567's results from both labs, as well as the testing performed on his parents for your records. Please see CB 567's additional agreement for additional details regarding his specific results and follow up family testing.

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

Name: 567 Cb
 Date of Birth:
 Sema4 ID:
 Client ID: LP2905259
 Indication: Carrier Screening

Specimen Information

Specimen Type: Blood
 Date Collected: 11/11/2022
 Date Received: 11/12/2022
 Final Report: 12/06/2022

Referring Provider

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Expanded Carrier Screen (502 genes)
 with Personalized Residual Risk

SUMMARY OF RESULTS AND RECOMMENDATIONS

⊕ Positive	⊖ Negative
<p>May Exhibit Clinical Symptoms of Disorders Related to Cystic Fibrosis (AR)</p> <p>Associated gene(s): <i>CFTR</i> Variant(s) Detected: c.350G>A, p.R117H, Pathogenic, Heterozygous (one copy) <i>CFTR</i> Intron 9 Poly T Alleles: 5T-12TG/7T-12TG</p>	<p>Negative for all other genes tested</p> <p>To view a full list of genes and diseases tested please see Table 1 in this report</p>

AR=Autosomal recessive; XL=X-linked

Recommendations

- Testing the partner for the above positive disorder(s) and genetic counseling are recommended.
- Clinical correlation of the patient's *CFTR* genotype and phenotype is recommended.
- Please note that for female carriers of X-linked diseases, follow-up testing of a male partner is not indicated.
- CGG repeat analysis of *FMR1* for fragile X syndrome is not performed on males as repeat expansion of premutation alleles is not expected in the male germline.
- Individuals of Asian, African, Hispanic and Mediterranean ancestry should also be screened for hemoglobinopathies by CBC and hemoglobin electrophoresis.
- Consideration of residual risk by ethnicity after a negative carrier screen is recommended for the other diseases on the panel, especially in the case of a positive family history for a specific disorder. Please note that residual risks for X-linked diseases (including full repeat expansions for Fragile X syndrome) may not be accurate for males and the actual residual risk is likely to be lower.
- As genetic technologies may improve and variant classifications may change over time, it is recommended to obtain a new carrier screening test or reanalysis when a new pregnancy is being considered.

Interpretation of positive results

Cystic Fibrosis (AR)

Results and Interpretation

Next generation sequencing of the *CFTR* gene, targeted genotyping, and testing for the polymorphic strings of thymidines (5T, 7T and 9T) and thymidine-guanosine dinucleotides (10TG, 11TG, 12TG and 13TG) in intron 9 of *CFTR* was performed. A heterozygous missense variant, c.350G>A, p.R117H, was detected in the *CFTR* gene (NM_000492.3). The p.R117H mutation produces a partially functional CFTR protein product which is further reduced when the p.R117H mutation is on the same chromosome as the intron 9 5T variant. This individual was found to carry one copy of the 5T allele.

The 5T allele was determined to be in cis with the 12TG allele. The 5T allele has been demonstrated in several functional studies to result in significant increases of aberrant splicing leading the exclusion of exon 10, thereby resulting in a non-functional protein (PMID: 7684641, 10556281). The severity of the 5T allele is modulated by the length of the TG tract, with longer TG alleles causing a more severe effect on splicing. The 5T-12TG allele is associated with a moderate rate (approximately 40%) of incorrectly spliced *CFTR* product, and therefore moderate phenotypic effects (PMID: 14993601). When found in trans with a severe *CFTR* variant, individuals carrying the 5T-12TG allele are most often reported to have mild symptoms, most frequently CBAVD and occasionally mild or atypical cystic fibrosis (PMID: 9435322, 14685937, 27447098). Studies have suggested that when in trans with a pathogenic variant, approximately 67% of males with the 5T/12TG genotype may exhibit symptoms of CBAVD, and approximately 2% of patients may be affected with non-classic cystic fibrosis (PMID: 17394391).

The laboratory is presently unable to determine whether the 5T-12TG allele in this patient is on the same or opposite chromosome as the p.R117H variant. Testing of the parents or other close family members of this individual may be helpful in resolving this issue. Therefore, if these variants are in cis, this patient is a carrier of cystic fibrosis. If they are on opposite alleles, this patient carries two *CFTR* variants; the p.R117H mutation in the absence of the 5T variant may cause a variable phenotype, ranging from asymptomatic to classical cystic fibrosis and in males has been associated with congenital bilateral absence of the vas deferens, leading to infertility; and the 5T-12TG allele is considered to be associated with cystic fibrosis-related disorders if found in trans with a pathogenic variant. Therefore, if these variants are on opposite chromosomes, this patient may exhibit clinical symptoms of cystic fibrosis related-disorders or mild cystic fibrosis. Clinical correlation of the patient's genotype and phenotype is recommended.

What are Cystic Fibrosis and *CFTR*-Related Disorders?

Cystic fibrosis is an autosomal recessive disorder caused by pathogenic variants in the gene *CFTR*. It may be diagnosed in individuals worldwide, but has the highest prevalence in the Caucasian population, in individuals with Northern European ancestry. The clinical presentation includes thick mucus accumulation in the lungs leading to breathing difficulties and infection, poor digestion, and male infertility. The average life expectancy is in the 30s. Although some genotype/phenotype correlations exist, individuals with two classic pathogenic variants in *CFTR* are expected to present with a more severe disease phenotype.

CFTR-related disorders are inherited in an autosomal recessive manner and are caused by mutations in the *CFTR* gene. These disorders span a range of severity, from asymptomatic to male infertility caused by congenital bilateral absence of the vas deferens (CBAVD) to mild/atypical cystic fibrosis. *CFTR*-related disorders are caused by the presence of at least one mild *CFTR* pathogenic variant.

Test description

This patient was tested for a panel of diseases using a combination of sequencing, targeted genotyping and copy number analysis. Please note that negative results reduce but do not eliminate the possibility that this individual is a carrier for one or more of the disorders tested. Please see Table 1 for a list of genes and diseases tested with the patient's personalized residual risk. If personalized residual risk is not provided, please see the complete residual risk table at go.sema4.com/residualrisk. Only variants determined to be pathogenic or likely pathogenic are reported in this carrier screening test.



Anastasia Larmore, Ph.D., Associate Laboratory Director

Genes and diseases tested

The personalized residual risks listed below are specific to this individual. The complete residual risk table is available at go.sema4.com/residualrisk

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

Disease	Gene	Inheritance Pattern	Status	Detailed Summary
Positive				
Cystic Fibrosis	<i>CFTR</i>	AR	May Exhibit Clinical Symptoms	c.350G>A, p.R117H, Pathogenic, Heterozygous (one copy) <i>CFTR</i> Intron 9 Poly T Alleles: 5T-12TG/7T-12TG
Negative				
2-Methylbutyrylglycinuria	<i>ACADSB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
3-Beta-Hydroxysteroid Dehydrogenase Type II Deficiency	<i>HSD3B2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
3-Methylcrotonyl-CoA Carboxylase Deficiency (MCCC1-Related)	<i>MCCC1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,400
3-Methylcrotonyl-CoA Carboxylase Deficiency (MCCC2-Related)	<i>MCCC2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
3-Methylglutaconic Aciduria, Type III	<i>OPA3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 50,000
3-Phosphoglycerate Dehydrogenase Deficiency	<i>PHGDH</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 63,000
6-Pyruvoyl-Tetrahydropterin Synthase Deficiency	<i>PTS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
CD59-Mediated Hemolytic Anemia	<i>CD59</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 415,000
WNT10A-Related Ectodermal Dysplasia	<i>WNT10A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Abetalipoproteinemia	<i>MTTP</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Achalasia-Addisonianism-Alacrimia Syndrome	<i>AAAS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,500
Achromatopsia (CNGA3-Related)	<i>CNGA3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 830
Achromatopsia (CNGB3-related)	<i>CNGB3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,600
Acrodermatitis Enteropathica	<i>SLC39A4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Acute Infantile Liver Failure	<i>TRMU</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,400
Acyl-CoA Oxidase I Deficiency	<i>ACOX1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 39,000
Adams-Oliver Syndrome 4	<i>EOGT</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 44,000
Adenosine Deaminase Deficiency	<i>ADA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100
Adrenocorticotrophic Hormone Deficiency	<i>TBX19</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 35,000
Adrenoleukodystrophy, X-Linked	<i>ABCD1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 19,000
Agammaglobulinemia	<i>BTK</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 250,000
Agenesis of the Corpus Callosum	<i>FRMD4A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,393,000
Aicardi-Goutieres Syndrome (RNASEH2C-Related)	<i>RNASEH2C</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Aicardi-Goutieres Syndrome (SAMHD1-Related)	<i>SAMHD1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Aicardi-Goutieres Syndrome (TREX1-Related)	<i>TREX1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Albinism, Oculocutaneous, Type III	<i>TYRP1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,500
Alkaptonuria	<i>HGD</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Alpha-Mannosidosis	<i>MAN2B1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,200
Alpha-Thalassemia	<i>HBA1/HBA2</i>	AR	Reduced Risk	<i>HBA1</i> Copy Number: 2 <i>HBA2</i> Copy Number: 2 No pathogenic copy number variants detected <i>HBA1/HBA2</i> Sequencing: Negative Personalized Residual Risk: 1 in 10,000

Alpha-Thalassemia Intellectual Disability Syndrome	<i>ATRX</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 48,000
Alport Syndrome (<i>COL4A3</i> -Related)	<i>COL4A3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Alport Syndrome (<i>COL4A4</i> -Related)	<i>COL4A4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Alport Syndrome (<i>COL4A5</i> -Related)	<i>COL4A5</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 150,000
Alstrom Syndrome	<i>ALMS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,800
Andermann Syndrome	<i>SLC12A6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 151,000
Antley-Bixler Syndrome (<i>POR</i> -Related)	<i>POR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,000
Argininemia	<i>ARG1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,500
Argininosuccinic Aciduria	<i>ASL</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Aromatase Deficiency	<i>CYP19A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,400
Arthrogryposis, Intellectual Disability, and Seizures	<i>SLC35A3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 454,000
Asparagine Synthetase Deficiency	<i>ASNS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 202,000
Aspartylglycosaminuria	<i>AGA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Ataxia With Isolated Vitamin E Deficiency	<i>TTPA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 61,000
Ataxia-Telangiectasia	<i>ATM</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Ataxia-Telangiectasia-Like Disorder 1	<i>MRE11</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay	<i>SACS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,600
Bardet-Biedl Syndrome (<i>ARL6</i> -Related)	<i>ARL6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 29,000
Bardet-Biedl Syndrome (<i>BBS10</i> -Related)	<i>BBS10</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Bardet-Biedl Syndrome (<i>BBS12</i> -Related)	<i>BBS12</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,900
Bardet-Biedl Syndrome (<i>BBS1</i> -Related)	<i>BBS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,400
Bardet-Biedl Syndrome (<i>BBS2</i> -Related)	<i>BBS2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Bardet-Biedl Syndrome (<i>BBS4</i> -Related)	<i>BBS4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 22,000
Bare Lymphocyte Syndrome, Type II	<i>CIITA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 35,000
Barth Syndrome	<i>TAZ</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 183,000
Bartter Syndrome, Type 3	<i>CLCNKB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 740
Bartter Syndrome, Type 4A	<i>BSND</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 91,000
Bernard-Soutier Syndrome, Type A1	<i>GP1BA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 42,000
Bernard-Soutier Syndrome, Type C	<i>GP9</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
Beta-Globin-Related Hemoglobinopathies	<i>HBB</i>	AR	Reduced Risk	Personalized Residual Risk (Beta-Globin-Related Hemoglobinopathies): 1 in 2,000 Personalized Residual Risk (Beta-Globin-Related Hemoglobinopathies: HbS Variant): 1 in 790,000 Personalized Residual Risk (Beta-Globin-Related Hemoglobinopathies: HbC Variant): 1 in 2,107,000
Beta-Ketothiolase Deficiency	<i>ACAT1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,400
Beta-Mannosidosis	<i>MANBA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,100
BH4-Deficient Hyperphenylalaninemia C	<i>QDPR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,100
BH4-Deficient Hyperphenylalaninemia D	<i>PCBD1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,000
Bilateral Frontoparietal Polymicrogyria	<i>GPR56</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 203,000
Biotinidase Deficiency	<i>BTD</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 500
Bloom Syndrome	<i>BLM</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,400
Canavan Disease	<i>ASPA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,000
Carbamoylphosphate Synthetase I Deficiency	<i>CPS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Carnitine Acylcarnitine Translocase Deficiency	<i>SLC25A20</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,100
Carnitine Palmitoyltransferase IA Deficiency	<i>CPT1A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 24,000
Carnitine Palmitoyltransferase II Deficiency	<i>CPT2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 670
Carpenter Syndrome	<i>RAB23</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000

Cartilage-Hair Hypoplasia	<i>RMRP</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 960
Catecholaminergic Polymorphic Ventricular Tachycardia	<i>CASQ2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,900
Central Hypothyroidism and Testicular Enlargement	<i>IGSF1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 781,000
Cerebral Creatine Deficiency Syndrome 1	<i>SLC6A8</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 208,000
Cerebral Creatine Deficiency Syndrome 2	<i>GAMT</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Cerebral Creatine Deficiency Syndrome 3	<i>GATM</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,900
Cerebral Dysgenesis, Neuropathy, Ichthyosis, and Palmoplantar Keratoderma Syndrome	<i>SNAP29</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,730,000
Cerebrotendinous Xanthomatosis	<i>CYP27A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,900
Charcot-Marie-Tooth Disease, Type 4D	<i>NDRG1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 730,000
Charcot-Marie-Tooth Disease, Type 5 / Arts Syndrome	<i>PRPS1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 114,000
Charcot-Marie-Tooth Disease, X-Linked	<i>GJB1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Chediak-Higashi Syndrome	<i>LYST</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,100
Chondrodysplasia Punctata	<i>ARSE</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 862,000
Choreoacanthocytosis	<i>VPS13A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Choroideremia	<i>CHM</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 125,000
Chronic Granulomatous Disease (CYBA-Related)	<i>CYBA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,000
Chronic Granulomatous Disease (CYBB-Related)	<i>CYBB</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 294,000
Citrin Deficiency	<i>SLC25A13</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Citrullinemia, Type 1	<i>ASS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,500
Cockayne Syndrome, Type A	<i>ERCC8</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,900
Cockayne Syndrome, Type B and other ERCC6-Related Disorders	<i>ERCC6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,100
Cohen Syndrome	<i>VPS13B</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,400
Combined Factor V and VIII Deficiency	<i>LMAN1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 102,000
Combined Malonic and Methylmalonic Aciduria	<i>ACSF3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Combined Oxidative Phosphorylation Deficiency 1	<i>GFM1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Combined Oxidative Phosphorylation Deficiency 3	<i>TSM</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 27,000
Combined Pituitary Hormone Deficiency 1	<i>POU1F1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,900
Combined Pituitary Hormone Deficiency 2	<i>PROP1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
Combined Pituitary Hormone Deficiency 3	<i>LHX3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 140,000
Combined SAP Deficiency	<i>PSAP</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 44,000
Cone-Rod Dystrophy 6 / Leber Congenital Amaurosis 1	<i>GUCY2D</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Congenital Adrenal Hyperplasia due to 11-Beta-Hydroxylase Deficiency	<i>CYP11B1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 520
Congenital Adrenal Hyperplasia due to 17-Alpha-Hydroxylase Deficiency	<i>CYP17A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency	<i>CYP21A2</i>	AR	Reduced Risk	<i>CYP21A2</i> copy number: 2 <i>CYP21A2</i> sequencing: Negative Personalized Residual Risk (Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency (Non-Classic)): 1 in 200 Personalized Residual Risk (Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency (Classic)): 1 in 1,300
Congenital Adrenal Hypoplasia (NR0B1-Related)	<i>NR0B1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 353,000
Congenital Adrenal Insufficiency (CYP11A1-Related)	<i>CYP11A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,100
Congenital Amegakaryocytic Thrombocytopenia	<i>MPL</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,100
Congenital Bile Acid Synthesis Defect (AKR1D1-Related)	<i>AKR1D1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,900

Congenital Bile Acid Synthesis Defect (HSD3B7-Related)	<i>HSD3B7</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,900
Congenital Disorder of Deglycosylation	<i>NGLY1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 14,000
Congenital Disorder of Glycosylation, Type Ia	<i>PMM2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 540
Congenital Disorder of Glycosylation, Type Ib	<i>MPI</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,600
Congenital Disorder of Glycosylation, Type Ic	<i>ALG6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,100
Congenital Disorder of Glycosylation, Type Im	<i>DOLK</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 134,000
Congenital Dyserythropoietic Anemia Type 2	<i>SEC23B</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,000
Congenital Dyserythropoietic Anemia, Type Ia	<i>CDAN1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 470
Congenital Ichthyosis 4A and 4B	<i>ABCA12</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100
Congenital Insensitivity to Pain with Anhidrosis	<i>NTRK1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,700
Congenital Muscular Dystrophy (LAMA2-Related)	<i>LAMA2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 640
Congenital Myasthenic Syndrome (CHAT-Related)	<i>CHAT</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,100
Congenital Myasthenic Syndrome (CHRNE-Related)	<i>CHRNE</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,100
Congenital Myasthenic Syndrome (DOK7-Related)	<i>DOK7</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Congenital Myasthenic Syndrome (RAPSN-Related)	<i>RAPSN</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,900
Congenital Neutropenia (HAX1-Related)	<i>HAX1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 82,000
Congenital Neutropenia (VPS45-Related)	<i>VPS45</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 163,000
Congenital Nongoitrous Hypothyroidism 1	<i>TSHR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,000
Congenital Nongoitrous Hypothyroidism 4	<i>TSHB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 118,000
Congenital Secretory Chloride Diarrhea 1	<i>SLC26A3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Corneal Dystrophy and Perceptive Deafness	<i>SLC4A11</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,600
Corticosterone Methyloxidase Deficiency	<i>CYP11B2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Cystinosis	<i>CTNS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,700
Cystinuria (SLC3A1-Related)	<i>SLC3A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 590
Cytochrome C Oxidase Deficiency / Leigh Syndrome (COX15-Related)	<i>COX15</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
D-Bifunctional Protein Deficiency	<i>HSD17B4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,000
Deafness, Autosomal Recessive 3	<i>MYO15A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 240
Deafness, Autosomal Recessive 59	<i>PJVK</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 57,000
Deafness, Autosomal Recessive 7	<i>TMC1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Deafness, Autosomal Recessive 76	<i>SYNE4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 43,000
Deafness, Autosomal Recessive 77	<i>LOXHD1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,700
Deafness, Autosomal Recessive 8/10	<i>TMPRSS3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 510
Deafness, Autosomal Recessive 9	<i>OTOF</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
Desbuquois Dysplasia 1	<i>CANT1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 24,000
Desmosterolosis	<i>DHCR24</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 27,000
Diaphanospondylodysostosis	<i>BMPER</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 18,000
Distal Renal Tubular Acidosis and other SLC4A1-related Disorders	<i>SLC4A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,000
Duchenne Muscular Dystrophy / Becker Muscular Dystrophy	<i>DMD</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Dyskeratosis Congenita (DKC1-related)	<i>DKC1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 9,259,000
Dyskeratosis Congenita (RTEL1-Related)	<i>RTEL1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,800
Dystrophic Epidermolysis Bullosa	<i>COL7A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 900
Ehlers-Danlos Syndrome, Type VI	<i>PLOD1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 20,000
Ehlers-Danlos Syndrome, Type VIIC	<i>ADAMTS2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 243,000
Ellis-Van Creveld Syndrome (EVC2-Related)	<i>EVC2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,300
Ellis-van Creveld Syndrome (EVC-Related)	<i>EVC</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,200

Emery-Dreifuss Myopathy 1	EMD	XL	Reduced Risk	Personalized Residual Risk: 1 in 833,000
Enhanced S-Cone Syndrome	NR2E3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Ethylmalonic Encephalopathy	ETHE1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,400
Fabry Disease	GLA	XL	Reduced Risk	Personalized Residual Risk: 1 in 7,700
Factor IX Deficiency	F9	XL	Reduced Risk	Personalized Residual Risk: 1 in 5,100
Factor VII Deficiency	F7	AR	Reduced Risk	Personalized Residual Risk: 1 in 450
Factor XI Deficiency	F11	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Familial Autosomal Recessive Hypercholesterolemia	LDLRAP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 136,000
Familial Dysautonomia	IKBKAP	AR	Reduced Risk	Personalized Residual Risk: 1 in 51,000
Familial Hypercholesterolemia	LDLR	AR	Reduced Risk	Personalized Residual Risk: 1 in 280
Familial Hyperinsulinemic Hypoglycemia 4 / 3-Hydroxyacyl-CoA Dehydrogenase Deficiency	HADH	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Familial Hyperinsulinism (ABCC8-Related)	ABCC8	AR	Reduced Risk	Personalized Residual Risk: 1 in 450
Familial Hyperinsulinism (KCNJ11-Related)	KCNJ11	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Familial Hyperphosphatemic Tumoral Calcinosis	GALNT3	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,800
Familial Mediterranean Fever	MEFV	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Fanconi Anemia, Group A	FANCA	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Fanconi Anemia, Group C	FANCC	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Fanconi Anemia, Group G	FANCG	AR	Reduced Risk	Personalized Residual Risk: 1 in 28,000
Fanconi-Bickel Syndrome	SLC2A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,000
Fragile X Syndrome	FMR1	XL	Reduced Risk	FMR1 CGG repeat sizes: Not Performed FMR1 Sequencing: Negative Fragile X CGG triplet repeat expansion testing was not performed at this time, as the patient has either been previously tested or is a male. Personalized Residual Risk: 1 in 19,000
Fructose-1,6-Bisphosphatase Deficiency	FBP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,600
Fucosidosis	FUCA1	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Fumarase Deficiency	FH	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,500
Fundus Albipunctatus	RDH5	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Galactokinase Deficiency	GALK1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Galactose Epimerase Deficiency	GALE	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,600
Galactosemia	GALT	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Galactosialidosis	CTSA	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,900
Gaucher Disease	GBA	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Generalized Thyrotropin-Releasing Hormone Resistance	TRHR	AR	Reduced Risk	Personalized Residual Risk: 1 in 104,000
Geroderma Osteodysplasticum	GORAB	AR	Reduced Risk	Personalized Residual Risk: 1 in 70,000
Gitelman Syndrome	SLC12A3	AR	Reduced Risk	Personalized Residual Risk: 1 in 290
Glanzmann Thrombasthenia (ITGA2B-Related)	ITGA2B	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Glanzmann Thrombasthenia (ITGB3-Related)	ITGB3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Glutaric Acidemia, Type I	GCDH	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Glutaric Acidemia, Type IIa	ETFA	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,700
Glutaric Acidemia, Type IIb	ETFB	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,900
Glutaric Acidemia, Type IIc	ETFDH	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Glutathione Synthetase Deficiency	GSS	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,500
Glycine Encephalopathy (AMT-Related)	AMT	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,700
Glycine Encephalopathy (GLDC-Related)	GLDC	AR	Reduced Risk	Personalized Residual Risk: 1 in 760
Glycogen Storage Disease, Type 0	GYS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Glycogen Storage Disease, Type Ia	G6PC	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Glycogen Storage Disease, Type Ib	SLC37A4	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,300
Glycogen Storage Disease, Type II	GAA	AR	Reduced Risk	Personalized Residual Risk: 1 in 520

Glycogen Storage Disease, Type III	<i>AGL</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,600
Glycogen Storage Disease, Type IV / Adult Polyglucosan Body Disease	<i>GBE1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Glycogen Storage Disease, Type IXb	<i>PHKB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,600
Glycogen Storage Disease, Type V	<i>PYGM</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Glycogen Storage Disease, Type VI	<i>PYGL</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Glycogen Storage Disease, Type VII	<i>PFKM</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,300
GM3 Synthase Deficiency	<i>ST3GAL5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 25,000
GRACILE Syndrome and Other <i>BCS1L</i> -Related Disorders	<i>BCS1L</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,900
Gray Platelet Syndrome	<i>NBEAL2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,800
Growth Hormone Deficiency, Type IB	<i>GHRHR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,900
Hemochromatosis, Type 2A	<i>HFE2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Hemochromatosis, Type 3	<i>TFR2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Hereditary Fructose Intolerance	<i>ALDOB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Hereditary Spastic Paraparesis 49	<i>TECPR2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 116,000
Hermansky-Pudlak Syndrome, Type 1	<i>HPS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,500
Hermansky-Pudlak Syndrome, Type 3	<i>HPS3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 49,000
Hermansky-Pudlak Syndrome, Type 4	<i>HPS4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 35,000
Hermansky-Pudlak Syndrome, Type 6	<i>HPS6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 87,000
HMG-CoA Lyase Deficiency	<i>HMGCL</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Hmg-CoA Synthase 2 Deficiency	<i>HMGCS2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Holocarboxylase Synthetase Deficiency	<i>HLCS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Homocystinuria (<i>CBS</i> -Related)	<i>CBS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
Homocystinuria due to <i>MTHFR</i> Deficiency	<i>MTHFR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Homocystinuria, cblE Type	<i>MTRR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,600
Homocystinuria-Megaloblastic Anemia, Cobalamin G Type	<i>MTR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Hydrocephalus	<i>L1CAM</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 40,000
Hydrolethals Syndrome	<i>HYLS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 52,000
Hyper-Igm Syndrome	<i>CD40LG</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 1,167,000
Hyperornithinemia-Hyperammonemia-Homocitrullinuria Syndrome	<i>SLC25A15</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,700
Hyperuricemia, Pulmonary Hypertension, Renal Failure, and Alkalosis	<i>SARS2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 23,000
Hypohidrotic Ectodermal Dysplasia 1	<i>EDA</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 22,000
Hypomagnesemia 1	<i>TRPM6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Hypomyelinating Leukodystrophy 3	<i>AIMP1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 341,000
Hypomyelinating Leukodystrophy 12	<i>VPS11</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 72,000
Hypophosphatasia	<i>ALPL</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 790
Hypophosphatemic Rickets with Hypercalciuria	<i>SLC34A3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Hypotrichosis 8 / Autosomal Recessive Woolly Hair 1	<i>LPAR6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 27,000
Immunodeficiency 18	<i>CD3E</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 73,000
Immunodeficiency 19	<i>CD3D</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 46,000
Inclusion Body Myopathy 2	<i>GNE</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Infantile Cerebral and Cerebellar Atrophy	<i>MED17</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 129,000
Infantile Neuroaxonal Dystrophy 1 and other <i>PLA2G6</i> -Related Disorders	<i>PLA2G6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 690
Intellectual Disability, Autosomal Recessive 3	<i>CC2D1A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 220,000
Intrahepatic Cholestasis	<i>ATP8B1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
Isovaleric Acidemia	<i>IVD</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Joubert Syndrome 2	<i>TMEM216</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 152,000

Joubert Syndrome 4 / Senior-Loken Syndrome 1 / Juvenile Nephronophthisis 1	<i>NPHP1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000
Joubert Syndrome 7 / Meckel Syndrome 5 / COACH Syndrome	<i>RPGRIPL</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 32,000
Junctional Epidermolysis Bullosa (<i>COL17A1</i> -Related)	<i>COL17A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 25,000
Junctional Epidermolysis Bullosa (<i>ITGA6</i> -Related)	<i>ITGA6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 125,000
Junctional Epidermolysis Bullosa (<i>ITGB4</i> -Related)	<i>ITGB4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Junctional Epidermolysis Bullosa (<i>LAMA3</i> -Related)	<i>LAMA3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000
Junctional Epidermolysis Bullosa (<i>LAMB3</i> -Related)	<i>LAMB3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Junctional Epidermolysis Bullosa (<i>LAMC2</i> -Related)	<i>LAMC2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 77,000
Kohlschutter-Tonz Syndrome	<i>ROGDI</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,300
Krabbe Disease	<i>GALC</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 860
Lamellar Ichthyosis, Type 1	<i>TGM1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Laron Dwarfism	<i>GHR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,700
Leber Congenital Amaurosis 10 and Other CEP290-Related Ciliopathies	<i>CEP290</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Leber Congenital Amaurosis 13	<i>RDH12</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Leber Congenital Amaurosis 15 / Retinitis Pigmentosa 14	<i>TULP1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
Leber Congenital Amaurosis 2 / Retinitis Pigmentosa 20	<i>RPE65</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,500
Leber Congenital Amaurosis 4	<i>AIP1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Leber Congenital Amaurosis 5	<i>LCA5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 14,000
Leber Congenital Amaurosis 8 / Retinitis Pigmentosa 12 / Pigmented Paravenous Chorioretinal Atrophy	<i>CRB1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 990
Leigh Syndrome (<i>NDUFS7</i> -Related)	<i>NDUFS7</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 26,000
Leigh Syndrome (<i>SURF1</i> -Related)	<i>SURF1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,400
Leigh Syndrome, French-Canadian Type	<i>LRPPRC</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 32,000
Lethal Congenital Contracture Syndrome 1 / Lethal Arthrogyposis with Anterior Horn Cell Disease	<i>GLE1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Lethal Congenital Contracture Syndrome 2	<i>ERBB3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 96,000
Lethal Congenital Contracture Syndrome 3	<i>PIP5K1C</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 318,000
Leukoencephalopathy with Vanishing White Matter	<i>EIF2B5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,300
Limb-Girdle Muscular Dystrophy, Type 2A	<i>CAPN3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 960
Limb-Girdle Muscular Dystrophy, Type 2B	<i>DYSF</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Limb-Girdle Muscular Dystrophy, Type 2C	<i>SGCG</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,900
Limb-Girdle Muscular Dystrophy, Type 2D	<i>SGCA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,500
Limb-Girdle Muscular Dystrophy, Type 2E	<i>SGCB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 31,000
Limb-Girdle Muscular Dystrophy, Type 2F	<i>SGCD</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 52,000
Limb-Girdle Muscular Dystrophy, Type 2H	<i>TRIM32</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Limb-Girdle Muscular Dystrophy, Type 2I	<i>FKRP</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
Limb-Girdle Muscular Dystrophy, Type 2L	<i>ANO5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 660
Lipoamide Dehydrogenase Deficiency	<i>DLD</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 14,000
Lipoid Adrenal Hyperplasia	<i>STAR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,600
Lipoprotein Lipase Deficiency	<i>LPL</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Long-Chain 3-Hydroxyacyl-CoA Dehydrogenase Deficiency	<i>HADHA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,900
Lowe Syndrome	<i>OCRL</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 1,375,000
Lysinuric Protein Intolerance	<i>SLC7A7</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,000

Malonyl-CoA Decarboxylase Deficiency	<i>MLYCD</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
Maple Syrup Urine Disease, Type 1a	<i>BCKDHA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100
Maple Syrup Urine Disease, Type 1b	<i>BCKDHB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Maple Syrup Urine Disease, Type 2	<i>DBT</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,600
Meckel Syndrome 1 / Bardet-Biedl Syndrome 13	<i>MKS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Medium Chain Acyl-CoA Dehydrogenase Deficiency	<i>ACADM</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
MEDNIK Syndrome	<i>AP1S1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 211,000
Megalencephalic Leukoencephalopathy with Subcortical Cysts	<i>MLC1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,300
Megaloblastic Anemia 1	<i>AMN</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,300
Menkes Disease	<i>ATP7A</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 172,000
Metachromatic Leukodystrophy	<i>ARSA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,000
Methionine Adenosyltransferase I/III Deficiency	<i>MAT1A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Methylmalonic Acidemia (MMAA-Related)	<i>MMAA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 15,000
Methylmalonic Acidemia (MMAB-Related)	<i>MMAB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Methylmalonic Acidemia (MUT-Related)	<i>MUT</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Methylmalonic Aciduria and Homocystinuria, Cobalamin C Type	<i>MMACHC</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,800
Methylmalonic Aciduria and Homocystinuria, Cobalamin D Type	<i>MMADHC</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 219,000
Methylmalonic Aciduria and Homocystinuria, Cobalamin F Type	<i>LMBRD1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,600
Methylmalonyl-CoA Epimerase Deficiency	<i>MCEE</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 98,000
Microphthalmia / Anophthalmia	<i>VSX2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 40,000
Mitochondrial Complex I Deficiency (ACAD9-Related)	<i>ACAD9</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Mitochondrial Complex I Deficiency (NDUFA11-Related)	<i>NDUFA11</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 414,000
Mitochondrial Complex I Deficiency (NDUFAF5-Related)	<i>NDUFAF5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 98,000
Mitochondrial Complex I Deficiency (NDUFS6-Related)	<i>NDUFS6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 353,000
Mitochondrial Complex I Deficiency (NDUFV1-Related)	<i>NDUFV1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 870
Mitochondrial Complex I Deficiency / Leigh Syndrome (FOXRED1-Related)	<i>FOXRED1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Mitochondrial Complex I Deficiency / Leigh Syndrome (NDUFAF2-Related)	<i>NDUFAF2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 168,000
Mitochondrial Complex I Deficiency / Leigh Syndrome (NDUFS4-Related)	<i>NDUFS4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 41,000
Mitochondrial Complex IV Deficiency (COX20-related)	<i>COX20</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 42,000
Mitochondrial Complex IV Deficiency (COX6B1-related)	<i>COX6B1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,116,000
Mitochondrial Complex IV Deficiency (APOPT1-Related)	<i>APOPT1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Mitochondrial Complex IV Deficiency (PET100-Related)	<i>PET100</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 469,000
Mitochondrial Complex IV Deficiency (SCO1-related)	<i>SCO1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Mitochondrial Complex IV Deficiency / Leigh Syndrome (COX10-Related)	<i>COX10</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Mitochondrial DNA Depletion Syndrome 2	<i>TK2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,900
Mitochondrial DNA Depletion Syndrome 3	<i>DGUOK</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,200
Mitochondrial DNA Depletion Syndrome 4A and 4B and other POLG-Related Disorders	<i>POLG</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 320
Mitochondrial DNA Depletion Syndrome 5	<i>SUCLA2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 78,000
Mitochondrial DNA Depletion Syndrome 6 / Navajo Neurohepatopathy	<i>MPV17</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,400

Mitochondrial Myopathy and Sideroblastic Anemia 1	<i>PUS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 449,000
Mitochondrial Trifunctional Protein Deficiency (HADHB-Related)	<i>HADHB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,000
Molybdenum Cofactor Deficiency A	<i>MOCS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,700
Mucopolipidosis II / IIIA	<i>GNPTAB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Mucopolipidosis III Gamma	<i>GNPTG</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 68,000
Mucopolipidosis IV	<i>MCOLN1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,400
Mucopolysaccharidosis Type I	<i>IDUA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
Mucopolysaccharidosis Type II	<i>IDS</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 76,000
Mucopolysaccharidosis Type IIIA	<i>SGSH</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Mucopolysaccharidosis Type IIIB	<i>NAGLU</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 950
Mucopolysaccharidosis Type IIIC	<i>HGSNAT</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Mucopolysaccharidosis Type IIID	<i>GNS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 137,000
Mucopolysaccharidosis Type IVa	<i>GALNS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 690
Mucopolysaccharidosis Type IVb / GM1 Gangliosidosis	<i>GLB1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Mucopolysaccharidosis type IX	<i>HYAL1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 149,000
Mucopolysaccharidosis type VI	<i>ARSB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Mucopolysaccharidosis VII	<i>GUSB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Mulibrey Nanism	<i>TRIM37</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 31,000
Multiple Congenital Anomalies-Hypotonia-Seizures Syndrome 1	<i>PIGN</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
Multiple Pterygium Syndrome	<i>CHRNA3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,900
Multiple Sulfatase Deficiency	<i>SUMF1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 69,000
Muscle-Eye-Brain Disease and Other POMGNT1-Related Congenital Muscular Dystrophy-Dystroglycanopathies	<i>POMGNT1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,200
Myoneurogastrointestinal Encephalopathy	<i>TYMP</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Myotubular Myopathy 1	<i>MTM1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 192,000
N-Acetylglutamate Synthase Deficiency	<i>NAGS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Nemaline Myopathy 2	<i>NEB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Nephrogenic Diabetes insipidus (AVPR2-related)/ Nephrogenic Syndrome of Inappropriate Antidiuresis	<i>AVPR2</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 471,000
Nephrogenic Diabetes Insipidus, Type II	<i>AQP2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,400
Nephronophthisis 2	<i>INVS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 56,000
Nephrotic Syndrome (NPHS1-Related) / Congenital Finnish Nephrosis	<i>NPHS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 920
Nephrotic Syndrome (NPHS2-Related) / Steroid-Resistant Nephrotic Syndrome	<i>NPHS2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 780
Neurodegeneration due to Cerebral Folate Transport Deficiency	<i>FOLR1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Neurodevelopmental Disorder with Progressive Microcephaly, Spasticity, and Brain Anomalies	<i>PLAA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 229,000
Neuronal Ceroid-Lipofuscinosis (CLN3-Related)	<i>CLN3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Neuronal Ceroid-Lipofuscinosis (CLN5-Related)	<i>CLN5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,300
Neuronal Ceroid-Lipofuscinosis (CLN6-Related)	<i>CLN6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,600
Neuronal Ceroid-Lipofuscinosis (CLN8-Related)	<i>CLN8</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,100
Neuronal Ceroid-Lipofuscinosis (MFSD8-Related)	<i>MFSD8</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,200
Neuronal Ceroid-Lipofuscinosis (PPT1-Related)	<i>PPT1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,500
Neuronal Ceroid-Lipofuscinosis (TPP1-Related)	<i>TPP1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,300
Niemann-Pick Disease (SMPD1-Related)	<i>SMPD1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Niemann-Pick Disease, Type C (NPC1-Related)	<i>NPC1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 690
Niemann-Pick Disease, Type C (NPC2-Related)	<i>NPC2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,600

Nijmegen Breakage Syndrome	<i>NBN</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 14,000
Non-Syndromic Hearing Loss (<i>GJB2</i> -Related)	<i>GJB2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 600
Oculocutaneous Albinism, Type IA / IB	<i>TYR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 240
Oculocutaneous Albinism, Type IV	<i>SLC45A2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 830
Omenn Syndrome (<i>RAG2</i> -Related)	<i>RAG2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 17,000
Omenn Syndrome / Severe Combined Immunodeficiency, Athabaskan-Type	<i>DCLRE1C</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Omenn Syndrome and other <i>RAG1</i> -Related Disorders	<i>RAG1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 850
Ornithine Aminotransferase Deficiency	<i>OAT</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,400
Ornithine Transcarbamylase Deficiency	<i>OTC</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 103,000
Osteogenesis Imperfecta, Type XI	<i>FKBP10</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,500
Osteopetrosis 1	<i>TCIRG1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,700
Osteopetrosis 8	<i>SNX10</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 16,000
Otospondylomegaepiphyseal Dysplasia / Deafness / Fibrochondrogenesis 2	<i>COL11A2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Papillon-Lefevre Syndrome	<i>CTSC</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,000
Pendred Syndrome	<i>SLC26A4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 390
Peroxisome Biogenesis Disorder 3A and 3B	<i>PEX12</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 30,000
Peroxisome Biogenesis Disorder 7A and 7B	<i>PEX26</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 70,000
Phenylalanine Hydroxylase Deficiency	<i>PAH</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 340
Polycystic Kidney Disease, Autosomal Recessive	<i>PKHD1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 450
Polyglandular Autoimmune Syndrome, Type 1	<i>AIRE</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Pontocerebellar Hypoplasia, Type 1A	<i>VRK1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 25,000
Pontocerebellar Hypoplasia, Type 1B	<i>EXOSC3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Pontocerebellar Hypoplasia, Type 2A and Type 4	<i>TSEN54</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,700
Pontocerebellar Hypoplasia, Type 2E	<i>VPS53</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 139,000
Pontocerebellar Hypoplasia, Type 6	<i>RARS2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,600
Primary Carnitine Deficiency	<i>SLC22A5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Primary Ciliary Dyskinesia (<i>CCDC103</i> -Related)	<i>CCDC103</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 27,000
Primary Ciliary Dyskinesia (<i>CCDC151</i> -Related)	<i>CCDC151</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 59,000
Primary Ciliary Dyskinesia (<i>CCDC39</i> -Related)	<i>CCDC39</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Primary Ciliary Dyskinesia (<i>DNAH5</i> -Related)	<i>DNAH5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Primary Ciliary Dyskinesia (<i>DNAI1</i> -Related)	<i>DNAI1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,000
Primary Ciliary Dyskinesia (<i>DNAI2</i> -Related)	<i>DNAI2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 76,000
Primary Ciliary Dyskinesia (<i>RSPH9</i> -Related)	<i>RSPH9</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 253,000
Primary Coenzyme Q10 Deficiency 7	<i>COQ4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Primary Congenital Glaucoma 3A	<i>CYP1B1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 880
Primary Hyperoxaluria, Type 1	<i>AGXT</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Primary Hyperoxaluria, Type 2	<i>GRHPR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Primary Hyperoxaluria, Type 3	<i>HOGA1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Progressive Cerebello-Cerebral Atrophy	<i>SEPSECS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,400
Progressive Familial Intrahepatic Cholestasis, Type 2	<i>ABCB11</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 950
Progressive Myoclonic Epilepsy, Type 1B	<i>PRICKLE1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 98,000
Progressive Pseudorheumatoid Dysplasia	<i>WISP3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,600
Prolidase Deficiency	<i>PEPD</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 30,000
Propionic Acidemia (<i>PCCA</i> -Related)	<i>PCCA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,600
Propionic Acidemia (<i>PCCB</i> -Related)	<i>PCCB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Pulmonary Surfactant Dysfunction	<i>ABCA3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Pycnodysostosis	<i>CTSK</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100

Pyridoxamine 5'-Phosphate Oxidase Deficiency	<i>PNPO</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Pyridoxine-Dependent Epilepsy	<i>ALDH7A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Pyruvate Carboxylase Deficiency	<i>PC</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,000
Pyruvate Dehydrogenase E1-Alpha Deficiency	<i>PDHA1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 139,000
Pyruvate Dehydrogenase E1-Beta Deficiency	<i>PDHB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 15,000
Renal Tubular Acidosis and Deafness	<i>ATP6V1B1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,600
Retinitis Pigmentosa 25	<i>EYS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Retinitis Pigmentosa 26	<i>CERKL</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Retinitis Pigmentosa 28	<i>FAM161A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 34,000
Retinitis Pigmentosa 36	<i>PRCD</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 304,000
Retinitis Pigmentosa 59	<i>DHDDS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 601,000
Retinitis Pigmentosa 64 / Bardet-Biedl Syndrome 21 / Cone-Rod Dystrophy 16	<i>C8ORF37</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 168,000
Rh Deficiency Syndrome	<i>RHAG</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 46,000
Rhizomelic Chondrodysplasia Punctata, Type 1	<i>PEX7</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Rhizomelic Chondrodysplasia Punctata, Type 3	<i>AGPS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 620,000
Roberts Syndrome	<i>ESCO2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 139,000
Salla Disease	<i>SLC17A5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,400
Sandhoff Disease	<i>HEXB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Sanjad-Sakati Syndrome	<i>TBCE</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000
Schimke Immunoosseous Dysplasia	<i>SMARCAL1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,800
Seckel Syndrome 5 / Microcephaly 9	<i>CEP152</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Segawa Syndrome	<i>TH</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,100
Sepiapterin Reductase Deficiency	<i>SPR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 35,000
Severe Combined Immunodeficiency (<i>IL7R</i> -Related)	<i>IL7R</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 20,000
Severe Combined Immunodeficiency (<i>JAK3</i> -Related)	<i>JAK3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Severe Combined Immunodeficiency (<i>PTPRC</i> -Related)	<i>PTPRC</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,500
Severe Congenital Neutropenia 4	<i>G6PC3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Severe Neonatal Hyperparathyroidism	<i>CASR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Short Stature, Onychodysplasia, Facial Dysmorphism, and Hypotrichosis	<i>POC1A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 108,000
Short-Chain Acyl-CoA Dehydrogenase Deficiency	<i>ACADS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 660
Shwachman-Diamond Syndrome	<i>SBDS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Sialidosis, Type I and Type II	<i>NEU1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Sjogren-Larsson Syndrome	<i>ALDH3A2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Smith-Lemli-Opitz Syndrome	<i>DHCR7</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 750
Spastic Paraplegia 15	<i>ZFYVE26</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 46,000
Spastic Tetraplegia, Thin Corpus Callosum, and Progressive Microcephaly	<i>SLC1A4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 855,000
Spherocytosis, Type 5	<i>EPB42</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Spinal Muscular Atrophy	<i>SMN1</i>	AR	Reduced Risk	<i>SMN1</i> copy number: 2 <i>SMN2</i> copy number: 1 c.*3>80T>G: Negative <i>SMN1</i> Sequencing: Negative Personalized Residual Risk: 1 in 1,107
Spinal Muscular Atrophy with Respiratory Distress 1 / Charcot-Marie-Tooth Disease, Type 2S	<i>IGHMBP2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Spinocerebellar Ataxia with Axonal Neuropathy 3	<i>COA7</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Spondylocostal Dysostosis 1	<i>DLL3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,200

Spondylometaepiphyseal Dysplasia (DDR2-Related)	DDR2	AR	Reduced Risk	Personalized Residual Risk: 1 in 236,000
Spondylothoracic Dysostosis	MESP2	AR	Reduced Risk	Personalized Residual Risk: 1 in 382,000
Steel Syndrome	COL27A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 93,000
Stuve-Wiedemann Syndrome	LIFR	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,000
Sulfate Transporter-Related Osteochondrodysplasia	SLC26A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Tay-Sachs Disease	HEXA	AR	Reduced Risk	<p>Tay-Sachs disease enzyme: Non-carrier</p> <p>White blood cells: Non-carrier</p> <ul style="list-style-type: none"> Hex A%: 67.9% (Non-carrier : 55.0 - 72.0%; Carrier: <50%) Total hexosaminidase activity: 1633 nmol/hr/mg <p>Plasma: Non-carrier</p> <ul style="list-style-type: none"> Hex A%: 66.5 (Non-carrier : 58.0 - 72.0%; Carrier: <54%) Total hexosaminidase activity: 272 nmol/hr/ml <p>HEXA Sequencing: Negative</p> <p>Personalized Residual Risk: 1 in 1,400</p>
Thiamine-Responsive Megaloblastic Anemia Syndrome	SLC19A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Thyroid Dysmorphogenesis 1	SLC5A5	AR	Reduced Risk	Personalized Residual Risk: 1 in 45,000
Thyroid Dysmorphogenesis 2A	TPO	AR	Reduced Risk	Personalized Residual Risk: 1 in 910
Thyroid Dysmorphogenesis 3	TG	AR	Reduced Risk	Personalized Residual Risk: 1 in 850
Thyroid Dysmorphogenesis 4	IYD	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Thyroid Dysmorphogenesis 5	DUOXA2	AR	Reduced Risk	Personalized Residual Risk: 1 in 29,000
Thyroid Dysmorphogenesis 6	DUOX2	AR	Reduced Risk	Personalized Residual Risk: 1 in 190
Trichohepatoenteric Syndrome 1	TTC37	AR	Reduced Risk	Personalized Residual Risk: 1 in 14,000
Tyrosinemia, Type I	FAH	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Tyrosinemia, Type II	TAT	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,800
Tyrosinemia, Type III	HPD	AR	Reduced Risk	Personalized Residual Risk: 1 in 266,000
Usher Syndrome, Type IB	MYO7A	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,000
Usher Syndrome, Type IC	USH1C	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Usher Syndrome, Type ID	CDH23	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
Usher Syndrome, Type IF	PCDH15	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,800
Usher Syndrome, Type IIA	USH2A	AR	Reduced Risk	Personalized Residual Risk: 1 in 290
Usher Syndrome, Type III	CLRN1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Very Long Chain Acyl-CoA Dehydrogenase Deficiency	ACADVL	AR	Reduced Risk	Personalized Residual Risk: 1 in 920
Vitamin D-Dependent Rickets, Type I	CYP27B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,900
Vitamin D-Resistant Rickets, Type IIA	VDR	AR	Reduced Risk	Personalized Residual Risk: 1 in 17,000
Walker-Warburg Syndrome and Other FKTN-Related Dystrophies	FKTN	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,200
Werner Syndrome	WRN	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Wilson Disease	ATP7B	AR	Reduced Risk	Personalized Residual Risk: 1 in 350
Wiskott-Aldrich Syndrome (WAS-Related)	WAS	XL	Reduced Risk	Personalized Residual Risk: 1 in 1,203,000
Wolcott-Rallison Syndrome	EIF2AK3	AR	Reduced Risk	Personalized Residual Risk: 1 in 22,000
Wolman Disease / Cholesteryl Ester Storage Disease	LIPA	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Woodhouse-Sakati Syndrome	DCAF17	AR	Reduced Risk	Personalized Residual Risk: 1 in 81,000
X-Linked Juvenile Retinoschisis	RS1	XL	Reduced Risk	Personalized Residual Risk: 1 in 40,000
X-Linked Severe Combined Immunodeficiency	IL2RG	XL	Reduced Risk	Personalized Residual Risk: 1 in 250,000
Xeroderma Pigmentosum (POLH-Related)	POLH	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,900

Xeroderma Pigmentosum, Group A	XPA	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Xeroderma Pigmentosum, Group C	XPC	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Xeroderma Pigmentosum, Group G	ERCC5	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,000
Zellweger Syndrome Spectrum (PEX10-Related)	PEX10	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,300
Zellweger Syndrome Spectrum (PEX1-Related)	PEX1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Zellweger Syndrome Spectrum (PEX2-Related)	PEX2	AR	Reduced Risk	Personalized Residual Risk: 1 in 77,000
Zellweger Syndrome Spectrum (PEX6-Related)	PEX6	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600

AR=Autosomal recessive; XL=X-linked

Test methods and comments

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

Fragile X CGG Repeat Analysis (Analytical Detection Rate >99%)

PCR amplification using Asuragen, Inc. AmpliX[®] *FMR1* PCR reagents followed by capillary electrophoresis for allele sizing was performed. Samples positive for *FMR1* premutations and full mutations greater than 90 CGG repeats in length were further analyzed by Southern blot analysis or methylation PCR to assess the size and methylation status of the *FMR1* CGG repeat. Additional testing to determine the status of AGG interruptions within the *FMR1* CGG repeat will be automatically performed for premutation alleles ranging from 55 to 90 repeats. These results, which may modify risk for expansion, will follow in a separate report.

Genotyping (Analytical Detection Rate >99%)

Multiplex PCR amplification and single-base pair probe extension analyses using the Agena Bioscience iPLEX Pro chemistry on a MassARRAY[®] System were used to identify certain recurrent variants that are complex in nature or are present in low copy repeats. Rare sequence variants may interfere with assay performance.

Multiplex Ligation-Dependent Probe Amplification (MLPA) (Analytical Detection Rate >99%)

Conventional MLPA and/or digitalMLPA[®] probe sets and reagents from MRC-Holland were used for copy number variations (CNVs) analysis of specific targets versus known control samples. digitalMLPA[®] is a semi-quantitative technique, based on the well-established conventional MLPA method, followed by Illumina based sequencing to determine read number for amplicon quantification. False positive or negative results may occur due to rare sequence variants in target regions detected by conventional MLPA or digitalMLPA[®] probes. Analytical sensitivity and specificity of both the conventional MLPA method and the digitalMLPA[®] method are greater than 99%.

For alpha thalassemia, the copy numbers of the *HBA1* and *HBA2* genes were analyzed. Alpha-globin gene deletions, duplications, and the Constant Spring (CS) mutation are assessed. This test is expected to detect approximately 90% of all alpha-thalassemia mutations, varying by ethnicity. Carriers of alpha-thalassemia with three or more *HBA* copies on one chromosome, and one or no copies on the other chromosome, may not be precisely specified without phase analysis. With the exception of duplications, other benign alpha-globin gene polymorphisms will not be reported. Analyses of *HBA1* and *HBA2* are performed in association with long-range PCR of the coding regions followed by short-read sequencing.

For Duchenne muscular dystrophy, the copy numbers of all *DMD* exons were analyzed. Potentially pathogenic single exon deletions and duplications are confirmed by a second method. Analysis of *DMD* is performed in association with sequencing of the coding regions.

For congenital adrenal hyperplasia, the copy number of the *CYP21A2* gene was analyzed. This analysis can detect large deletions typically due to unequal meiotic crossing-over between *CYP21A2* and the pseudogene *CYP21A1P*. Classic 30-kb deletions make up approximately 20% of *CYP21A2* pathogenic alleles. This test may also identify certain point mutations in *CYP21A2* caused by gene conversion events between *CYP21A2* and *CYP21A1P*. Some carriers may not be identified by dosage sensitive methods as this testing cannot detect individuals with two copies (duplication) of the *CYP21A2* gene on one chromosome and loss of *CYP21A2* (deletion) on the other chromosome. Analysis of *CYP21A2* is performed in association with long-range PCR of the coding regions followed by short-read sequencing.

For spinal muscular atrophy (SMA), the copy numbers of the *SMN1* and *SMN2* genes were analyzed. The individual dosage of exons 7 and 8 as well as the combined dosage of exons 1, 4, 6 and 8 of *SMN1* and *SMN2* were assessed. Copy number gains and losses can be detected. Depending on ethnicity, 6 - 29 % of carriers will not be identified by dosage sensitive methods as this testing cannot distinguish individuals with two copies (duplication) of the *SMN1* gene on one chromosome and loss of *SMN1* (deletion) on the other chromosome (silent 2+0 carrier) or identify intragenic mutation in *SMN1*. Please also note that 2% of individuals diagnosed with SMA have a causative *SMN1* variant that occurred de novo, therefore cannot be picked up by carrier screening in the parents. Analysis of *SMN1* is performed in association with short-read sequencing of exons 2a-7, followed by confirmation using long-range PCR (described below).

In individuals with two copies of *SMN1* with Ashkenazi Jewish, East Asian, African American, Native American or Caucasian ancestry, the presence or absence of c.380T>G significantly increases or decreases, respectively, the likelihood of being a silent or silent carrier. MLPA for Gaucher disease (*GBA*), cystic fibrosis (*CFTR*), and non-syndromic hearing loss (*GJB2/GJB6*) will only be performed if indicated for confirmation of detected CNVs. If *GBA* analysis was performed, the copy numbers of exons 1, 3, 4, and 6 - 10 of the *GBA* gene (of 11 exons total) were analyzed. If *CFTR* analysis was performed, the copy numbers of all 27 *CFTR* exons were analyzed. If *GJB2/GJB6* analysis was performed, the copy number of the two *GJB2* exons were analyzed, as well as the presence or absence of the two upstream deletions of the *GJB2* regulatory region, del(*GJB6*-D13S1830) and del(*GJB6*-D13S1854).

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

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

Agilent SureSelectTMXT Low Input technology was used with a custom capture library to target the exonic regions and intron/exon splice junctions of the relevant genes, as well as a number of UTR, intronic or promoter regions that contain previously reported mutations. Libraries were pooled and sequenced on the Illumina NovaSeq 6000 platform, using paired-end 100 bp reads. The sequencing data was analyzed using a custom bioinformatics algorithm designed and validated in house.

The coding exons and splice junctions of the known protein-coding RefSeq genes were assessed for the average depth of coverage (minimum of 20X) and data quality threshold values. Most exons not meeting a minimum of >20X read depth across the exon are further analyzed by Sanger sequencing. Please note that several genomic regions present difficulties in mapping or obtaining read depth >20X. These regions, which are described below, will not be reflexed to Sanger sequencing if the mapping quality or coverage is poor. Any variants identified during testing in these regions are confirmed by a second method and reported if determined to be pathogenic or likely pathogenic. However, as there is a possibility of false negative results within these regions, detection rates and residual risks for these genes have been calculated with the presumption that variants in these exons will not be detected, unless included in the MassARRAY[®] genotyping platform.

Exceptions: *ABCD1* (NM_000033.3) exons 8 and 9; *ACADSB* (NM_001609.3) chr10:124,810,695-124,810,707 (partial exon 9); *ADA* (NM_000022.2) exon 1; *ADAMTS2* (NM_014244.4) exon 1; *AGPS* (NM_003659.3) chr2:178,257,512-178,257,649 (partial exon 1); *ALDH7A1* (NM_001182.4) chr5:125,911,150-125,911,163 (partial exon 7) and chr5:125,896,807-125,896,821 (partial exon 10); *ALMS1* (NM_015120.4) chr2:73,612,990-73,613,041 (partial exon 1); *APOPT1* (NM_032374.4) chr14:104,040,437-104,040,455 (partial exon 3); *CDAN1* (NM_138477.2) exon 2; *CEP152* (NM_014985.3) chr15:49,061,146-49,061,165 (partial exon 14) and exon 22; *CEP290* (NM_025114.3) exon 5, exon 7, chr12:88,519,017-88,519,039 (partial exon 13), chr12:88,514,049-88,514,058 (partial exon 15), chr12:88,502,837-88,502,841 (partial exon 23), chr12:88,481,551-88,481,589 (partial exon 32), chr12:88,471,605-88,471,700 (partial exon 40); *CFTR* (NM_000492.3) exon 10; *COL4A4* (NM_000092.4) chr2:227,942,604-227,942,619 (partial exon 25); *COX10* (NM_001303.3) exon 6; *CYP11B1* (NM_000497.3) exons 3-7; *CYP11B2* (NM_000498.3) exons 3-7; *DNAI2* (NM_023036.4) chr17:72,308,136-72,308,147 (partial exon 12); *DOK7* (NM_173660.4) chr4:3,465,131-3,465,161 (partial exon 1) and exon 2; *DUOX2* (NM_014080.4) exons 6-8; *EIF2AK3* (NM_004836.5) exon 8; *EVC* (NM_153717.2) exon 1; *F5* (NM_000130.4) chr1:169,551,662-169,551,679 (partial exon 2); *FH* (NM_000143.3) exon 1; *GAMT* (NM_000156.5) exon 1; *GLDC* (NM_000170.2) exon 1; *GNPTAB* (NM_024312.4) chr17:4,837,000-4,837,400 (partial exon 2); *GNPTG* (NM_032520.4) exon 1; *GHR* (NM_000163.4) exon 3; *GYS2* (NM_021957.3) chr12:21,699,370-21,699,409 (partial exon 12); *HGSNAT* (NM_152419.2) exon 1; *IDS* (NM_000202.6) exon 3; *ITGB4* (NM_000213.4) chr17:73,749,976-73,750,060 (partial exon 33); *JAK3* (NM_000215.3) chr19:17,950,462-17,950,483 (partial exon 10); *LIFR* (NM_002310.5) exon 19; *LMBRD1* (NM_018368.3) chr6:70,459,226-70,459,257 (partial exon 5), chr6:70,447,828-70,447,836 (partial exon 7) and exon 12; *LYST* (NM_000081.3) chr1:235,944,158-235,944,176 (partial exon 16) and chr1:235,875,350-235,875,362 (partial exon 43); *MLYCD* (NM_012213.2) chr16:83,933,242-83,933,282 (partial exon 1); *MTR* (NM_000254.2) chr1:237,024,418-237,024,439 (partial exon 20) and chr1:237,038,019-237,038,029 (partial exon 24); *NBEAL2* (NM_015175.2) chr3:47,021,385-47,021,407 (partial exon 1); *NEB* (NM_001271208.1) exons 82-105; *NPC1* (NM_000271.4) chr18:21,123,519-21,123,538 (partial exon 14); *NPHP1* (NM_000272.3) chr2:110,937,251-110,937,263 (partial exon 3); *OCRL* (NM_000276.3) chrX:128,674,450-128,674,460 (partial exon 1); *PHKB* (NM_000293.2) exon 1 and chr16:47,732,498-47,732,504 (partial exon 30); *PIGN* (NM_176787.4) chr18:59,815,547-59,815,576 (partial exon 8); *PIP5K1C* (NM_012398.2) exon 1 and chr19:3637602-3637616 (partial exon 17); *POU1F1* (NM_000306.3) exon 5; *PTPRC* (NM_002838.4) exons 11 and 23; *PUS1* (NM_025215.5) chr12:132,414,446-132,414,532 (partial exon 2); *RPGRIP1L* (NM_015272.2) exon 23; *SGSH* (NM_000199.3) chr17:78,194,022-78,194,072 (partial exon 1); *SLC6A8* (NM_005629.3) exons 3 and 4; *ST3GAL5* (NM_003896.3) exon 1; *SURF1* (NM_003172.3) chr9:136,223,269-136,223,307 (partial exon 1); *TRPM6* (NM_017662.4) chr9:77,362,800-77,362,811 (partial exon 31); *TSEN54* (NM_207346.2) exon 1; *TYR* (NM_000372.4) exon 5; *VWF* (NM_000552.3) exons 24-26, chr12:6,125,675-6,125,684 (partial exon 30), chr12:6,121,244-6,121,265 (partial exon 33), and exon 34.

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

Variant interpretation and classification was performed based on the American College of Medical Genetics Standards and Guidelines for the Interpretation of Sequence Variants (Richards et al, 2015). All potentially pathogenic variants may be confirmed by either a specific genotyping

assay or Sanger sequencing, if indicated. Any benign variants, likely benign variants or variants of uncertain significance identified during this analysis will not be reported.

Next Generation Sequencing for *SMN1*

Exonic regions and intron/exon splice junctions of *SMN1* and *SMN2* were captured, sequenced, and analyzed as described above. Any variants located within exons 2a-7 and classified as pathogenic or likely pathogenic were confirmed to be in either *SMN1* or *SMN2* using gene-specific long-range PCR analysis followed by Sanger sequencing. Variants located in exon 1 cannot be accurately assigned to either *SMN1* or *SMN2* using our current methodology, and so these variants are not reported.

Copy Number Variant (CNV) Analysis (Analytical Detection Rate >98% for CNVs of 3 exons and larger, >90% for CNVs of 2 exons)

Large duplications and deletions were called from the relative read depths on an exon-by-exon basis using a custom exome hidden Markov model (XHMM) algorithm. Deletions or duplications determined to be pathogenic or likely pathogenic were confirmed by either a custom arrayCGH platform, quantitative PCR, or MLPA (depending on CNV size and gene content). While this algorithm is designed to pick up deletions and duplications of 2 or more exons in length, potentially pathogenic single-exon CNVs will be confirmed and reported, if detected. Deletions and duplications near the lower limit of detection may not be detected due to run variability. Genomic regions with high homology or highly repetitive sequences are excluded from this analysis.

Exon Array Comparative Genomic Hybridization (aCGH) (Confirmation method) (Accuracy >99%)

The customized oligonucleotide microarray (Oxford Gene Technology) is a highly-targeted exon-focused array capable of detecting medically relevant microdeletions and microduplications at a much higher resolution than traditional aCGH methods. Each array matrix has approximately 1,000,000 60-mer oligonucleotide probes that cover the entire genome. This platform is designed based on human genome NCBI Build 37 (hg19) and the CGH probes are enriched to target the exonic regions of the genes in this panel.

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

The relative quantification PCR is utilized on a Roche SYBR Green reagents on a LightCycler® 480 System, which relates the PCR signal of the target region in one group to another. To test for genomic imbalances, both sample DNA and reference DNA is amplified with primer/probe sets that specific to the target region and a control region with known genomic copy number. Relative genomic copy numbers are calculated based on the standard $\Delta\Delta C_t$ formula.

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

Long-range PCR was performed to generate locus-specific amplicons for *CYP21A2*, *HBA1* and *HBA2* and *GBA*. The PCR products were then prepared for short-read NGS sequencing and sequenced. Sequenced reads were mapped back to the original genomic locus and run through the bioinformatics pipeline. If indicated, copy number from MLPA was correlated with the sequencing output to analyze the results. Please note that in rare cases, allele drop-out may occur, which has the potential to lead to false negative results. For *CYP21A2*, a certain percentage of healthy individuals carry a duplication of the *CYP21A2* gene, which has no clinical consequences. In cases where multiple copies of *CYP21A2* are located on the same chromosome in tandem, only the last copy will be amplified and assessed for potentially pathogenic variants, due to size limitations of the PCR reaction. However, because these alleles contain at least two copies of the *CYP21A2* gene in tandem, it is expected that this patient has at least one functional gene in the tandem allele and this patient is therefore less likely to be a carrier. A

CYP21A1P/CYP21A2 hybrid gene detected only by MLPA but not by long-range PCR will not be reported when the long-range PCR indicates the presence of two full *CYP21A2* gene copies (one on each chromosome), as the additional hybrid gene is nonfunctional. Classic 30-kb deletions are identified by MLPA and are also identified by the presence of multiple common pathogenic *CYP21A2* variants by long-range PCR. Since multiple pseudogene-derived variants are detected in all cases with the classic 30kb deletion, we cannot rule out the possibility that some variant(s) detected could be present in trans with the chimeric *CYP21A1P/CYP21A2* gene created by the 30kb deletion. When an individual carries both a duplication allele and a pathogenic variant, or multiple pathogenic variants, the current analysis may not be able to determine the phase (cis/trans configuration) of the *CYP21A2* alleles identified. Family studies may be required in certain scenarios where phasing is required to determine the carrier status.

Residual Risk Calculations

Carrier frequencies and detection rates for each ethnicity were calculated through the combination of internal curations of >30,000 variants and genomic frequency data from >138,000 individuals across seven ethnic groups in the gnomAD database. Additional variants in HGMD and novel deleterious variants were also incorporated into the calculation. Residual risk values are calculated using a Bayesian analysis combining the *a priori* risk of being a pathogenic mutation carrier (carrier frequency) and the detection rate. They are provided only as a guide for assessing approximate risk given a negative result, and values will vary based on the exact ethnic background of an individual. This report does not represent medical advice but should be interpreted by a genetic counselor, medical geneticist or physician skilled in genetic result interpretation and the relevant medical literature.

Personalized Residual Risk Calculations

Agilent SureSelect™XT Low-Input technology was utilized in order to create whole-genome libraries for each patient sample. Libraries were then pooled and sequenced on the Illumina NovaSeq platform. Each sequencing lane was multiplexed to achieve 0.4-2x genome coverage, using paired-end 100 bp reads. The sequencing data underwent ancestral analysis using a customized, licensed bioinformatics algorithm that was validated in house. Identified sub-ethnic groupings were binned into one of 7 continental-level groups (African, East Asian, South Asian, Non-Finnish European, Finnish, Native American, and Ashkenazi Jewish) or, for those ethnicities that matched poorly to the continental-level groups, an 8th "unassigned" group, which were then used to select residual risk values for each gene. For individuals belonging to multiple high-level ethnic groupings, a weighting strategy was used to select the most appropriate residual risk. For genes that had insufficient data to calculate ethnic-specific residual risk values, or for sub-ethnic groupings that fell into the "unassigned" group, a "worldwide" residual risk was used. This "worldwide" residual risk was calculated using data from all available continental-level groups.

Several genes have multiple residual risks associated to reflect the likelihood of the tested individual being a carrier for different diseases that are attributed to non-overlapping pathogenic variants in that gene. When calculating the couples' combined reproductive risk, the highest residual risk for each patient was selected.

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

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

Tay-Sachs Disease (TSD) Enzyme Analysis (Analytical Detection Rate ≥98%)

Hexosaminidase activity and Hex A% activity were measured by a standard heat-inactivation, fluorometric method using artificial 4-MU-β-N-acetyl glucosaminide (4-MUG) substrate. This assay is highly sensitive and accurate in detecting Tay-Sachs carriers and individuals affected with TSD. Normal ranges of Hex A% activity are 55.0-72.0 for white blood cells and 58.0-72.0 for plasma. It is estimated that less than 0.5% of Tay-Sachs carriers have non-carrier levels of percent Hex A activity, and therefore may not be identified by this assay. In addition, this assay may detect individuals that are carriers of or are affected with Sandhoff disease. False positive results may occur if benign variants, such as pseudodeficiency alleles, interfere with the enzymatic assay. False negative results may occur if both *HEXA* and *HEXB* pathogenic or pseudodeficiency variants are present in the same individual.

Please note that it is not possible to perform Tay-Sachs disease enzyme analysis on saliva samples, buccal swabs, tissue samples, semen samples, or on samples received as extracted DNA.

This test was developed, and its performance characteristics determined by Sema4 Opco, Inc. It has not been cleared or approved by the US Food and Drug Administration. FDA does not require this test to go through premarket FDA review. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. These analyses generally provide highly accurate information regarding the patient's carrier or affected 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.

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Additional disease-specific references available upon request.

Patient name: CB 567	Sample type: Blood	Report date: 23-MAR-2023
DOB: [REDACTED]	Sample collection date: 17-FEB-2023	Invitae #: [REDACTED]
Sex assigned at birth: Male	Sample accession date: 18-FEB-2023	Clinical team: Chase Fulton David Prescott
Gender: Man		
Patient ID (MRN):		

Reason for testing

Gamete donor

Test performed

Invitae Carrier Screen

ADDED REPORT

This report supersedes [REDACTED] (26-Feb-2023) and includes new information.

- Testing for the CFTR variants was performed on the submitted familial sample(s). Based on these results, c.1210-34TG[12]T[5] (Intronic) and c.350G>A (p.Arg117His) [listed in the Results to note section of the report] are on the same chromosome.


RESULT: POSITIVE

This carrier test evaluated 1 gene(s) for genetic changes (variants) that are associated with an increased risk of having a child with a genetic condition. Knowledge of carrier status for one of these conditions may provide information that can be used to assist with family planning and/or preparation. Carrier screening is not intended for diagnostic purposes. To identify a potential genetic basis for a condition in the individual being tested, diagnostic testing for the gene(s) of interest is recommended.

This test shows the presence of clinically significant genetic change(s) in this individual in the gene(s) indicated below. No other clinically significant changes were identified in the remaining genes evaluated with this test.

RESULTS	GENE	VARIANT(S)	INHERITANCE	PARTNER TESTING RECOMMENDED
Carrier: CFTR-related conditions	CFTR	c.1210-34TG[12]T[5] (Intronic)	Autosomal recessive	Yes



Patient name: CB 567 DOB:

Invitae #:

Next steps

- See the table above for recommendations regarding testing of this individual's reproductive partner.
- Even for genes that have a negative test result, there is always a small risk that an individual could still be a carrier. This is called “residual risk.” See the Carrier detection rates and residual risks document.
- Discussion with a physician and/or genetic counselor is recommended to further review the implications of this test result and to understand these results in the context of any family history of a genetic condition.
- All patients, regardless of result, may wish to consider additional screening for hemoglobinopathies by complete blood count (CBC) and hemoglobin electrophoresis, if this has not already been completed.
- Individuals can register their tests at <https://www.invitae.com/patients/> to access online results, educational resources, and next steps.

Clinical summary

RESULT: CARRIER

CFTR-related conditions

A single Pathogenic variant, c.1210-34TG[12]T[5] (Intronic), was identified in CFTR. This variant has unique interpretation considerations. See "What are CFTR-related conditions?" and Variant details for additional information.

What are CFTR-related conditions?

The c.1210-34TG[12]T[5] cystic fibrosis (CF) variant was identified in this individual. There are multiple forms of the 5T variant, which are classified by the number of TG repeats. Each form of the 5T variant is associated with a different degree of risk for CFTR-related symptoms when inherited in combination with a pathogenic variant from the other parent, ranging from a healthy individual to congenital absence of the vas deferens (CAVD) in males to an individual with mild/atypical CF. The combination of the c.1210-34TG[12]T[5] variant with a severe pathogenic CFTR variant from the other parent is associated with symptoms in the majority of individuals; however, most individuals who are homozygous for the c.1210-34TG[12]T[5] variant are asymptomatic (see Variant details section).

R117H is another change which can occur within CFTR as part of a complex allele with a 5T variant. If present, the R117H variant would be reported as a Result to Note.

CFTR-related conditions encompass a spectrum of disorders that typically impact the respiratory and/or digestive systems, and cause male infertility. Cystic fibrosis (CF) is typically a childhood-onset disease in which abnormally thick mucus production can cause a variety of symptoms including recurrent respiratory infections and progressive lung disease, as well as nutritional deficiencies and poor growth due to deficiency of enzymes produced by the pancreas to digest food (pancreatic insufficiency). Symptoms range from mild to severe. Prognosis depends on the severity of symptoms as well as response to treatments; many affected individuals live well into adulthood. Milder forms of CFTR-related conditions include CAVD associated with male infertility, variable respiratory manifestations, and hereditary pancreatitis. Life span is not typically impacted with less severe CFTR-related conditions. Intellect is not affected with the various CFTR-related conditions. The combination of variants identified in an affected individual impacts the observed clinical features and severity of the symptoms. Additional genetic and environmental factors are believed to play a role in determining the risk of developing these complex CFTR-related conditions.

Additionally, individuals with a single disease-causing CFTR variant (heterozygous carriers) may have an approximately 4-10 fold increased risk for chronic pancreatitis, although the absolute risk of pancreatitis remains low (less than 1 in 100). Hereditary pancreatitis is characterized by recurrent episodes of acute inflammation of the pancreas (pancreatitis) beginning in childhood or adolescence, leading to chronic pancreatitis. Chronic pancreatitis is a risk factor for pancreatic cancer. Due to this potential increased risk for chronic pancreatitis, heterozygous carriers may consider follow-up with a medical provider.

Follow-up depends on each affected individual's specific situation, and discussion with a healthcare provider should be considered.

Next steps

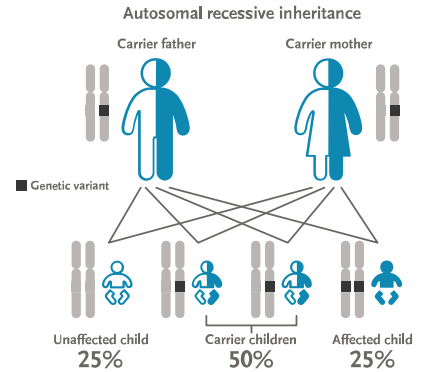
Carrier testing for the reproductive partner is recommended.

+ If your partner tests positive:

In autosomal recessive inheritance, an individual must have disease-causing genetic changes in each copy of the CFTR gene to be affected. Carriers, who have a disease-causing genetic change in only one copy of the gene, typically do not have symptoms. When both reproductive partners are carriers of an autosomal recessive condition, there is a 25% chance for each child to have the condition.

- If your partner tests negative:

A negative carrier test result reduces, but does not eliminate, the chance that a person may be a carrier. The risk that a person could still be a carrier, even after a negative test result, is called a residual risk. See the table below for your partner's hypothetical residual risk after testing negative for CFTR-related conditions. These values are provided only as a guide, are based on the detection rate for the condition as tested at Invitae, and assume a negative family history, the absence of symptoms, and vary based on the ethnic background of an individual. For genes associated with both dominant and recessive inheritance, the numbers provided apply to the recessive condition(s) associated with the gene.



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
CFTR-related conditions (AR) NM_000492.3	CFTR *	Pan-ethnic - classic CF	1 in 45	1 in 4400
		Pan-ethnic - classic CF and CFTR-related disorders	1 in 9	1 in 800

Results to note

CFTR

- c.350G>A (p.Arg117His) , also known as R117H, was identified in CFTR. Please note, Pathogenic CFTR Poly-T tract 5T variants would be reported, if present in this individual.
- This individual has a genetic change in the CFTR gene known as R117H. Individuals who have R117H may have an increased chance of having a child with a CFTR-related condition. This risk depends on the CFTR Poly-T tract result (typically 5T, 7T, or 9T) and, in the case of a 5T result, also depends on the number of TG repeats. When R117H is present in the same copy of the CFTR gene as a 5T variant in combination with certain TG repeats, the individual is a carrier for cystic fibrosis (CF) and the R117H may modify disease severity in any affected children. When R117H is present in the same copy of the CFTR gene as a 7T or 9T variant, the R117H is not expected to result in an increased risk for classic CF but may increase the risk for congenital absence of the vas deferens (CAVD) in an individual's male children if the child also inherits a clinically significant CFTR variant from the other parent.

Please note, changes in the Poly-T tract are analyzed, interpreted, and reported only if classified within a Pathogenic category, including Pathogenic, Likely Pathogenic, or Pathogenic (low penetrance). The 5T variant is categorized as Pathogenic when described as either c.1210-34TG[11]T[5], c.1210-34TG[12]T[5], or c.1210-34TG[13]T[5], and would be reported, if present, in this individual. The benign variants c.1210-34TG[10]T[5], 7T, 9T, and Poly-T variants of uncertain significance, if present, are not included in this report.

Of note, if the 5T variant is present in this individual, testing of family members would be necessary to determine whether R117H and 5T are present in the same copy of the CFTR gene or in different copies.

Variant details

CFTR, Intron 9, c.1210-34TG[12]T[5] (Intronic), heterozygous, PATHOGENIC

- This sequence change, also referred to as 5T;TG12 or TG12-5T in the literature, consists of 12 TG and 5 T sequence repeats on the same chromosome, and is located in intron 9 of the CFTR gene. It does not directly change the encoded amino acid sequence of the CFTR protein.
- The frequency data for this variant in the population databases is considered unreliable, as metrics indicate poor data quality at this position in the gnomAD database.
- The TG[12]T[5] allele has been observed in males with congenital bilateral absence of the vas deferens (CBAVD) and in both males and females with cystic fibrosis (CF) when present on the opposite chromosome (in trans) from a severe pathogenic CFTR variant (PMID: 14685937). When this allele is observed in trans with a severe pathogenic CFTR variant, the penetrance of CFTR-related conditions (CBAVD and/or non-classic CF) is expected to be high (>90%); however, the penetrance of classic CF is low (<20%) (PMID: 14685937, 27447098). Individuals who are homozygous for this variant, or who have this variant in combination with TG[11]T[5], are likely to be asymptomatic (PMID: 34196078).
- Algorithms developed to predict the effect of variants on protein structure and function are not available or were not evaluated for this variant.
- Experimental studies demonstrate that the 5T allele leads to exclusion of exon 10 (referred to as exon 9 in some publications) from the mRNA, which ultimately results in a non-functional CFTR protein (PMID: 7691356, 7684641, 10556281, 14685937, 21658649). Importantly, the number of TG repeats (11, 12 or 13) modifies the extent of exon 10 skipping when in cis with the 5T allele (PMID: 14685937, 10556281, 9435322). In a mini-gene assay, the percentage of CFTR mRNA without exon 10 was 54% for TG[11]T[5], 72% for TG[12]T[5] and 100% for TG[13]T[5] (PMID: 10556281).
- Algorithms developed to predict the effect of sequence changes on RNA splicing suggest that this variant is not likely to affect RNA splicing.
- For these reasons, this variant has been classified as Pathogenic.



Patient name: CB 567 DOB:

Invitae #:

Residual risk

No carrier test can detect 100% of carriers. There still remains a small risk of being a carrier after a negative test (residual risk). Residual risk values assume a negative family history and are inferred from published carrier frequencies and estimated detection rates based on testing technologies used at Invitae. You can view Invitae's complete Carrier detection rates and residual risks document (containing all carrier genes) online at <https://www.invitae.com/carrier-residual-risks/>. Additionally, the order-specific information for this report is available to download in the portal (under this order's documents) or can be requested by contacting Invitae Client Services. The complete Carrier detection rates and residual risks document will not be applicable for any genes with specimen-specific limitations in sequencing and/or deletion/duplication coverage. Please see the final bullet point in the Limitations section of this report to view if this specimen had any gene-specific coverage gaps.



Patient name: CB 567 DOB:

Invitae #:

Genes analyzed

This table represents a complete list of genes analyzed for this individual, including the relevant gene transcript(s). If more than one transcript is listed for a single gene, variants were reported using the first transcript listed unless otherwise indicated in the report. An asterisk (*) indicates that this gene has a limitation. Please see the Limitations section for details. Results are negative, unless otherwise indicated in the report.

GENE	TRANSCRIPT
CFTR*	NM_000492.3

Methods

- Genomic DNA obtained from the submitted sample is enriched for targeted regions using a hybridization-based protocol, and sequenced using Illumina technology. Unless otherwise indicated, all targeted regions are sequenced with $\geq 50\times$ depth or are supplemented with additional analysis. Reads are aligned to a reference sequence (GRCh37), and sequence changes are identified and interpreted in the context of a single clinically relevant transcript, indicated in the Genes analyzed section. Enrichment and analysis focus on the coding sequence of the indicated transcripts, 20bp of flanking intronic sequence, and other specific genomic regions demonstrated to be causative of disease at the time of assay design. Promoters, untranslated regions, and other non-coding regions are not otherwise interrogated. Exonic deletions and duplications are called using an in-house algorithm that determines copy number at each target by comparing the read depth for each target in the proband sequence with both mean read-depth and read-depth distribution, obtained from a set of clinical samples. Markers across the X and Y chromosomes are analyzed for quality control purposes and may detect deviations from the expected sex chromosome complement. Such deviations may be included in the report in accordance with internal guidelines. Invitae utilizes a classification methodology to identify next-generation sequencing (NGS)-detected variants that require orthogonal confirmation (Lincoln, et al. J Mol Diagn. 2019 Mar;21(2):318-329.). Confirmation of the presence and location of reportable variants is performed based on stringent criteria established by Invitae (1400 16th Street, San Francisco, CA 94103, #05D2040778), as needed, using one of several validated orthogonal approaches (PubMed ID 30610921). The following analyses are performed if relevant to the requisition. For GBA the reference genome has been modified to mask the sites of polymorphic paralog sequence variants (PSVs) in both the gene and pseudogene. For CYP21A2 and GBA, if one or more reportable variants, gene conversion, or fusion event is identified via our NGS pipeline (see Limitations), these variants are confirmed by PacBio sequencing of an amplicon generated by long-range PCR and subsequent short-range PCR. In some cases, it may not be possible to disambiguate between the gene and pseudogene. For GJB2, the reportable range includes large upstream deletions overlapping GJB6. For HBA1/2, the reference genome has been modified to force some sequencing reads derived from HBA1 to align to HBA2, and variant calling algorithms are modified to support an expectation of 4 alleles in these regions. HBA1/2 copy number calling is performed by a custom hypothesis testing algorithm which generates diplotype calls. If sequence data for a sample does not support a unique high confidence match from among hypotheses tested, that sample is flagged for manual review. Copy number variation is only reported for coding sequence of HBA1 and HBA2 and the HS-40 region. This assay does not distinguish among the $-\alpha 3.7$ subtypes, and all $-\alpha 3.7$ variants are called as HBA1 deletions. This assay may not detect overlapping copy gain and copy loss events when the breakpoints of those events are similar. For FMR1, triplet repeats are detected by PCR with fluorescently labeled primers followed by capillary electrophoresis. Reference ranges: Normal: <45 CGG repeats, intermediate: 45-54 CGG repeats, premutation: 55-200 CGG repeats, full mutation: >200 CGG repeats. For alleles with 55-90 triplet repeats, the region surrounding the FMR1 repeat is amplified by PCR. The PCR amplicons are then processed through PacBio SMRTBell library prep and sequenced using PacBio long read technology. The number of AGG interruptions within the 55-90 triplet repeat is read directly from the resulting DNA sequences. Technical component of confirmatory sequencing is performed by Invitae Corporation (1400 16th Street, San Francisco, CA 94103, #05D2040778).
- This report only includes variants that have a clinically significant association with the conditions tested as of the report date. Variants of uncertain significance, benign variants, and likely benign variants are not included in this report. However, if additional evidence becomes available to indicate that the clinical significance of a variant has changed, Invitae may update this report and provide notification.
- A PMID is a unique identifier referring to a published, scientific paper. Search by PMID at <http://www.ncbi.nlm.nih.gov/pubmed>.
- An rsID is a unique identifier referring to a single genomic position, and is used to associate population frequency information with sequence changes at that position. Reported population frequencies are derived from a number of public sites that aggregate data from large-scale population sequencing projects, including ExAC (<http://exac.broadinstitute.org>), gnomAD (<http://gnomad.broadinstitute.org>), and dbSNP (<http://ncbi.nlm.nih.gov/SNP>).

Disclaimer

DNA studies do not constitute a definitive test for the selected condition(s) in all individuals. It should be realized that there are possible sources of error. Errors can result from trace contamination, rare technical errors, rare genetic variants that interfere with analysis, recent scientific developments, and alternative classification systems. This test should be one of many aspects used by the healthcare provider to help with a diagnosis and treatment plan, but it is not a diagnosis itself. This test was developed and its performance characteristics determined by Invitae. It has not been cleared or approved by the FDA. The laboratory is regulated under the Clinical Laboratory Improvement Act (CLIA) as qualified to perform high-complexity clinical tests (CLIA ID: 05D2040778). This test is used for clinical purposes. It should not be regarded as investigational or for research.

Limitations

- Based on validation study results, this assay achieves >99% analytical sensitivity and specificity for single nucleotide variants, insertions and deletions <15bp in length, and exon-level deletions and duplications. Invitae's methods also detect insertions and deletions larger than 15bp but smaller than a full exon but sensitivity for these may be marginally reduced. Invitae's deletion/duplication analysis determines copy number at a single exon resolution at virtually all targeted exons. However, in rare situations, single-exon copy number events may not be analyzed due to inherent sequence properties or isolated reduction in data quality. Certain types of variants, such as structural rearrangements (e.g. inversions, gene conversion events, translocations, etc.) or variants embedded in sequence with complex architecture (e.g. short tandem repeats or segmental duplications), may not be detected. Additionally, it may not be possible to fully resolve certain details about variants, such as mosaicism, phasing, or mapping ambiguity. Unless explicitly guaranteed, sequence changes in the promoter, non-coding exons, and other non-coding regions are not covered by this assay. Please consult the test definition on our website for details regarding regions or types of variants that are covered or excluded for this test. This report reflects the analysis of an extracted genomic DNA sample. While this test is intended to reflect the analysis of extracted genomic DNA from a referred patient, in very rare cases the analyzed DNA may not represent that individual's constitutional genome, such as in the case of a circulating hematolymphoid neoplasm, bone marrow transplant, blood transfusion, chimerism, culture artifact or maternal cell contamination.
- CFTR: Sequencing analysis for exons 7 includes only cds +/- 10 bp.
- For Added, Amended and Corrected reports, orthogonal confirmation may not have been performed on variants that would have otherwise met criteria for confirmation at the time of the original analysis.

This report has been reviewed and approved by:



Matteo Vatta, Ph.D., FACMG
Clinical Molecular Geneticist

Patient name: Mom of CB 567	Sample type: Saliva	Report date: 17-MAR-2023
DOB: [REDACTED]	Sample collection date: 04-MAR-2023	Invitae #: [REDACTED]
Sex assigned at birth: Female	Sample accession date: 07-MAR-2023	Clinical team: Chase Fulton David Prescott
Gender:		
Patient ID (MRN): Mom of [REDACTED]		

Reason for testing

Family history

Test performed

Invitae Carrier Screen


RESULT: POSITIVE

This carrier test evaluated 1 gene(s) for genetic changes (variants) that are associated with an increased risk of having a child with a genetic condition. Knowledge of carrier status for one of these conditions may provide information that can be used to assist with family planning and/or preparation. Carrier screening is not intended for diagnostic purposes. To identify a potential genetic basis for a condition in the individual being tested, diagnostic testing for the gene(s) of interest is recommended.

This test shows the presence of clinically significant genetic change(s) in this individual in the gene(s) indicated below. No other clinically significant changes were identified in the remaining genes evaluated with this test.

RESULTS	GENE	VARIANT(S)	INHERITANCE	PARTNER TESTING RECOMMENDED
Carrier: CFTR-related conditions	CFTR	c.1210-34TG[12]T[5] (Intronic)	Autosomal recessive	Yes

Next steps

- See the table above for recommendations regarding testing of this individual's reproductive partner.
- Even for genes that have a negative test result, there is always a small risk that an individual could still be a carrier. This is called “residual risk.” See the Carrier detection rates and residual risks document.
- Discussion with a physician and/or genetic counselor is recommended to further review the implications of this test result and to understand these results in the context of any family history of a genetic condition.
- All patients, regardless of result, may wish to consider additional screening for hemoglobinopathies by complete blood count (CBC) and hemoglobin electrophoresis, if this has not already been completed.
- Individuals can register their tests at <https://www.invitae.com/patients/> to access online results, educational resources, and next steps.

Clinical summary



RESULT: CARRIER

CFTR-related conditions

A single Pathogenic variant, c.1210-34TG[12]T[5] (Intronic), was identified in CFTR. This variant has unique interpretation considerations. See "What are CFTR-related conditions?" and Variant details for additional information.

What are CFTR-related conditions?

The c.1210-34TG[12]T[5] cystic fibrosis (CF) variant was identified in this individual. There are multiple forms of the 5T variant, which are classified by the number of TG repeats. Each form of the 5T variant is associated with a different degree of risk for CFTR-related symptoms when inherited in combination with a pathogenic variant from the other parent, ranging from a healthy individual to congenital absence of the vas deferens (CAVD) in males to an individual with mild/atypical CF. The combination of the c.1210-34TG[12]T[5] variant with a severe pathogenic CFTR variant from the other parent is associated with symptoms in the majority of individuals; however, most individuals who are homozygous for the c.1210-34TG[12]T[5] variant are asymptomatic (see Variant details section).

R117H is another change which can occur within CFTR as part of a complex allele with a 5T variant. If present, the R117H variant would be reported as a Result to Note.

CFTR-related conditions encompass a spectrum of disorders that typically impact the respiratory and/or digestive systems, and cause male infertility. Cystic fibrosis (CF) is typically a childhood-onset disease in which abnormally thick mucus production can cause a variety of symptoms including recurrent respiratory infections and progressive lung disease, as well as nutritional deficiencies and poor growth due to deficiency of enzymes produced by the pancreas to digest food (pancreatic insufficiency). Symptoms range from mild to severe. Prognosis depends on the severity of symptoms as well as response to treatments; many affected individuals live well into adulthood. Milder forms of CFTR-related conditions include CAVD associated with male infertility, variable respiratory manifestations, and hereditary pancreatitis. Life span is not typically impacted with less severe CFTR-related conditions. Intellect is not affected with the various CFTR-related conditions. The combination of variants identified in an affected individual impacts the observed clinical features and severity of the symptoms. Additional genetic and environmental factors are believed to play a role in determining the risk of developing these complex CFTR-related conditions.

Additionally, individuals with a single disease-causing CFTR variant (heterozygous carriers) may have an approximately 4-10 fold increased risk for chronic pancreatitis, although the absolute risk of pancreatitis remains low (less than 1 in 100). Hereditary pancreatitis is characterized by recurrent episodes of acute inflammation of the pancreas (pancreatitis) beginning in childhood or adolescence, leading to chronic pancreatitis. Chronic pancreatitis is a risk factor for pancreatic cancer. Due to this potential increased risk for chronic pancreatitis, heterozygous carriers may consider follow-up with a medical provider.

Follow-up depends on each affected individual's specific situation, and discussion with a healthcare provider should be considered.

Next steps

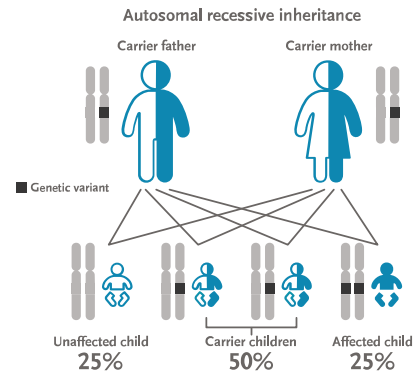
Carrier testing for the reproductive partner is recommended.

+ If your partner tests positive:

In autosomal recessive inheritance, an individual must have disease-causing genetic changes in each copy of the CFTR gene to be affected. Carriers, who have a disease-causing genetic change in only one copy of the gene, typically do not have symptoms. When both reproductive partners are carriers of an autosomal recessive condition, there is a 25% chance for each child to have the condition.

- If your partner tests negative:

A negative carrier test result reduces, but does not eliminate, the chance that a person may be a carrier. The risk that a person could still be a carrier, even after a negative test result, is called a residual risk. See the table below for your partner's hypothetical residual risk after testing negative for CFTR-related conditions. These values are provided only as a guide, are based on the detection rate for the condition as tested at Invitae, and assume a negative family history, the absence of symptoms, and vary based on the ethnic background of an individual. For genes associated with both dominant and recessive inheritance, the numbers provided apply to the recessive condition(s) associated with the gene.



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
CFTR-related conditions (AR) NM_000492.3	CFTR *	Pan-ethnic - classic CF	1 in 45	1 in 4400
		Pan-ethnic - classic CF and CFTR-related disorders	1 in 9	1 in 800

Results to note

CFTR

- c.350G>A (p.Arg117His), also known as R117H, was identified in CFTR. Please note, Pathogenic CFTR Poly-T tract 5T variants would be reported, if present in this individual.
- This individual has a genetic change in the CFTR gene known as R117H. Individuals who have R117H may have an increased chance of having a child with a CFTR-related condition. This risk depends on the CFTR Poly-T tract result (typically 5T, 7T, or 9T) and, in the case of a 5T result, also depends on the number of TG repeats. When R117H is present in the same copy of the CFTR gene as a 5T variant in combination with certain TG repeats, the individual is a carrier for cystic fibrosis (CF) and the R117H may modify disease severity in any affected children. When R117H is present in the same copy of the CFTR gene as a 7T or 9T variant, the R117H is not expected to result in an increased risk for classic CF but may increase the risk for congenital absence of the vas deferens (CAVD) in an individual's male children if the child also inherits a clinically significant CFTR variant from the other parent.

Please note, changes in the Poly-T tract are analyzed, interpreted, and reported only if classified within a Pathogenic category, including Pathogenic, Likely Pathogenic, or Pathogenic (low penetrance). The 5T variant is categorized as Pathogenic when described as either c.1210-34TG[11]T[5], c.1210-34TG[12]T[5], or c.1210-34TG[13]T[5], and would be reported, if present, in this individual. The benign variants c.1210-34TG[10]T[5], 7T, 9T, and Poly-T variants of uncertain significance, if present, are not included in this report.

Of note, if the 5T variant is present in this individual, testing of family members would be necessary to determine whether R117H and 5T are present in the same copy of the CFTR gene or in different copies.

Variant details

CFTR, Intron 9, c.1210-34TG[12]T[5] (Intronic), heterozygous, PATHOGENIC

- This sequence change, also referred to as 5T;TG12 or TG12-5T in the literature, consists of 12 TG and 5 T sequence repeats on the same chromosome, and is located in intron 9 of the CFTR gene. It does not directly change the encoded amino acid sequence of the CFTR protein.
- The frequency data for this variant in the population databases is considered unreliable, as metrics indicate poor data quality at this position in the gnomAD database.
- The TG[12]T[5] allele has been observed in males with congenital bilateral absence of the vas deferens (CBAVD) and in both males and females with cystic fibrosis (CF) when present on the opposite chromosome (in trans) from a severe pathogenic CFTR variant (PMID: 14685937). When this allele is observed in trans with a severe pathogenic CFTR variant, the penetrance of CFTR-related conditions (CBAVD and/or non-classic CF) is expected to be high (>90%); however, the penetrance of classic CF is low (<20%) (PMID: 14685937, 27447098). Individuals who are homozygous for this variant, or who have this variant in combination with TG[11]T[5], are likely to be asymptomatic (PMID: 34196078).
- Algorithms developed to predict the effect of variants on protein structure and function are not available or were not evaluated for this variant.
- Experimental studies demonstrate that the 5T allele leads to exclusion of exon 10 (referred to as exon 9 in some publications) from the mRNA, which ultimately results in a non-functional CFTR protein (PMID: 7691356, 7684641, 10556281, 14685937, 21658649). Importantly, the number of TG repeats (11, 12 or 13) modifies the extent of exon 10 skipping when in cis with the 5T allele (PMID: 14685937, 10556281, 9435322). In a mini-gene assay, the percentage of CFTR mRNA without exon 10 was 54% for TG[11]T[5], 72% for TG[12]T[5] and 100% for TG[13]T[5] (PMID: 10556281).
- Algorithms developed to predict the effect of sequence changes on RNA splicing suggest that this variant is not likely to affect RNA splicing.
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Patient name: Mom of CB 567 DOB:

Invitae #:

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Patient name: Mom of CB 567 DOB:

Invitae #:

Genes analyzed

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GENE	TRANSCRIPT
CFTR*	NM_000492.3

Methods

- Genomic DNA obtained from the submitted sample is enriched for targeted regions using a hybridization-based protocol, and sequenced using Illumina technology. Unless otherwise indicated, all targeted regions are sequenced with $\geq 50\times$ depth or are supplemented with additional analysis. Reads are aligned to a reference sequence (GRCh37), and sequence changes are identified and interpreted in the context of a single clinically relevant transcript, indicated in the Genes Analyzed table. Enrichment and analysis focus on the coding sequence of the indicated transcripts, 20bp of flanking intronic sequence, and other specific genomic regions demonstrated to be causative of disease at the time of assay design. Promoters, untranslated regions, and other non-coding regions are not otherwise interrogated. Exonic deletions and duplications are called using an in-house algorithm that determines copy number at each target by comparing the read depth for each target in the proband sequence with both mean read-depth and read-depth distribution, obtained from a set of clinical samples. Markers across the X and Y chromosomes are analyzed for quality control purposes and may detect deviations from the expected sex chromosome complement. Such deviations may be included in the report in accordance with internal guidelines. Invitae utilizes a classification methodology to identify next-generation sequencing (NGS)-detected variants that require orthogonal confirmation (Lincoln, et al. J Mol Diagn. 2019 Mar;21(2):318-329). Confirmation of the presence and location of reportable variants is performed as needed based on stringent criteria using one of several validated orthogonal approaches (PubMed ID 30610921). Sequencing is performed by Invitae Corporation (1400 16th Street, San Francisco, CA 94103, #05D2040778). Confirmatory sequencing is performed by Invitae Corporation (1400 16th Street, San Francisco, CA 94103, #05D2040778).

The following additional analyses are performed if relevant to the requisition. For GBA the reference genome has been modified to mask the sites of polymorphic paralog sequence variants (PSVs) in both the gene and pseudogene. For CYP21A2 and GBA, if one or more reportable variants, gene conversion, or fusion event is identified via our NGS pipeline (see Limitations), these variants are confirmed by PacBio sequencing of an amplicon generated by long-range PCR and subsequent short-range PCR. In some cases, it may not be possible to disambiguate between the gene and pseudogene. For GJB2, the reportable range includes large upstream deletions overlapping GJB6. For HBA1/2, the reference genome has been modified to force some sequencing reads derived from HBA1 to align to HBA2, and variant calling algorithms are modified to support an expectation of 4 alleles in these regions. HBA1/2 copy number calling is performed by a custom hypothesis testing algorithm which generates diplotype calls. If sequence data for a sample does not support a unique high confidence match from among hypotheses tested, that sample is flagged for manual review. Copy number variation is only reported for coding sequence of HBA1 and HBA2 and the HS-40 region. This assay does not distinguish among the $\alpha 3.7$ subtypes, and all $\alpha 3.7$ variants are called as HBA1 deletions. This assay may not detect overlapping copy gain and copy loss events when the breakpoints of those events are similar. For FMR1, cytosine-guanine-guanine (CGG) triplet repeats in the 5' untranslated region (5' UTR) of the FMR1 gene are detected by triplet repeat-primed PCR (RP-PCR) with fluorescently labeled primers followed by capillary electrophoresis. Reference ranges: Normal: <45 CGG repeats, intermediate: 45-54 CGG repeats, premutation: 55-200 CGG repeats, full mutation: >200 CGG repeats. For alleles with 55-90 triplet repeats, the region surrounding the FMR1 repeat is amplified by PCR. The PCR amplicons are then processed through PacBio SMRTBell library prep and sequenced using PacBio long read technology. The number of AGG interruptions within the 55-90 triplet repeat is read directly from the resulting DNA sequences.

- This report only includes variants that have a clinically significant association with the conditions tested as of the report date. Variants of uncertain significance, benign variants, and likely benign variants are not included in this report. However, if additional evidence becomes available to indicate that the clinical significance of a variant has changed, Invitae may update this report and provide notification.
- A PMID is a unique identifier referring to a published, scientific paper. Search by PMID at <http://www.ncbi.nlm.nih.gov/pubmed>.
- An rsID is a unique identifier referring to a single genomic position, and is used to associate population frequency information with sequence changes at that position. Reported population frequencies are derived from a number of public sites that aggregate data from large-scale population sequencing projects, including ExAC (<http://exac.broadinstitute.org>), gnomAD (<http://gnomad.broadinstitute.org>), and dbSNP (<http://ncbi.nlm.nih.gov/SNP>).

Disclaimer

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Patient name: Mom of CB 567 DOB:

Invitae #:

the FDA. The laboratory is regulated under the Clinical Laboratory Improvement Act (CLIA) as qualified to perform high-complexity clinical tests (CLIA ID: 05D2040778). This test is used for clinical purposes. It should not be regarded as investigational or for research.

Limitations

- Based on validation study results, this assay achieves >99% analytical sensitivity and specificity for single nucleotide variants, insertions and deletions <15bp in length, and exon-level deletions and duplications. Invitae's methods also detect insertions and deletions larger than 15bp but smaller than a full exon but sensitivity for these may be marginally reduced. Invitae's deletion/duplication analysis determines copy number at a single exon resolution at virtually all targeted exons. However, in rare situations, single-exon copy number events may not be analyzed due to inherent sequence properties or isolated reduction in data quality. Certain types of variants, such as structural rearrangements (e.g. inversions, gene conversion events, translocations, etc.) or variants embedded in sequence with complex architecture (e.g. short tandem repeats or segmental duplications), may not be detected. Additionally, it may not be possible to fully resolve certain details about variants, such as mosaicism, phasing, or mapping ambiguity. Unless explicitly guaranteed, sequence changes in the promoter, non-coding exons, and other non-coding regions are not covered by this assay. Please consult the test definition on our website for details regarding regions or types of variants that are covered or excluded for this test. This report reflects the analysis of an extracted genomic DNA sample. While this test is intended to reflect the analysis of extracted genomic DNA from a referred patient, in very rare cases the analyzed DNA may not represent that individual's constitutional genome, such as in the case of a circulating hematolymphoid neoplasm, bone marrow transplant, blood transfusion, chimerism, culture artifact or maternal cell contamination.
- CFTR: Sequencing analysis for exons 7 includes only cds +/- 10 bp.

This report has been reviewed and approved by:



Mei Zhu, Ph.D., FACMG
Clinical Molecular Geneticist

Patient name: Dad of CB 567	Sample type: Saliva	Report date: 16-MAR-2023
DOB: [REDACTED]	Sample collection date: 04-MAR-2023	Invitae #: [REDACTED]
Sex assigned at birth: Male	Sample accession date: 06-MAR-2023	Clinical team: Chase Fulton David Prescott
Gender:		
Patient ID (MRN): Dad of [REDACTED]		

Reason for testing

Carrier screening

Test performed

Invitae Carrier Screen

**RESULT: NEGATIVE**

This carrier test evaluated 1 gene(s) for genetic changes (variants) that are associated with an increased risk of having a child with a genetic condition. Knowledge of carrier status for one of these conditions may provide information that can be used to assist with family planning and/or preparation. Carrier screening is not intended for diagnostic purposes. To identify a potential genetic basis for a condition in the individual being tested, diagnostic testing for the gene(s) of interest is recommended.

This test did not identify any genetic changes in the gene(s) analyzed that are currently recognized as clinically significant. This negative result reduces, but does not eliminate, the chance that this individual is a carrier for conditions caused by any of the genes tested. This individual may still be a carrier for a genetic condition that is not evaluated by this test.

Next steps

- Even for genes that have a negative test result, there is always a small risk that an individual could still be a carrier. This is called “residual risk.” See the Carrier detection rates and residual risks document.
- Discussion with a physician and/or genetic counselor is recommended to further review the implications of this test result and to understand these results in the context of any family history of a genetic condition.
- All patients, regardless of result, may wish to consider additional screening for hemoglobinopathies by complete blood count (CBC) and hemoglobin electrophoresis, if this has not already been completed.
- Individuals can register their tests at <https://www.invitae.com/patients/> to access online results, educational resources, and next steps.



Patient name: Dad of CB 567 DOB:

Invitae #:

Residual risk

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GENE	TRANSCRIPT
CFTR*	NM_000492.3

Methods

- Genomic DNA obtained from the submitted sample is enriched for targeted regions using a hybridization-based protocol, and sequenced using Illumina technology. Unless otherwise indicated, all targeted regions are sequenced with $\geq 50\times$ depth or are supplemented with additional analysis. Reads are aligned to a reference sequence (GRCh37), and sequence changes are identified and interpreted in the context of a single clinically relevant transcript, indicated in the Genes Analyzed table. Enrichment and analysis focus on the coding sequence of the indicated transcripts, 20bp of flanking intronic sequence, and other specific genomic regions demonstrated to be causative of disease at the time of assay design. Promoters, untranslated regions, and other non-coding regions are not otherwise interrogated. Exonic deletions and duplications are called using an in-house algorithm that determines copy number at each target by comparing the read depth for each target in the proband sequence with both mean read-depth and read-depth distribution, obtained from a set of clinical samples. Markers across the X and Y chromosomes are analyzed for quality control purposes and may detect deviations from the expected sex chromosome complement. Such deviations may be included in the report in accordance with internal guidelines. Invitae utilizes a classification methodology to identify next-generation sequencing (NGS)-detected variants that require orthogonal confirmation (Lincoln, et al. J Mol Diagn. 2019 Mar;21(2):318-329). Confirmation of the presence and location of reportable variants is performed as needed based on stringent criteria using one of several validated orthogonal approaches (PubMed ID 30610921). Sequencing is performed by Invitae Corporation (1400 16th Street, San Francisco, CA 94103, #05D2040778). Confirmatory sequencing is performed by Invitae Corporation (1400 16th Street, San Francisco, CA 94103, #05D2040778).

The following additional analyses are performed if relevant to the requisition. For GBA the reference genome has been modified to mask the sites of polymorphic paralog sequence variants (PSVs) in both the gene and pseudogene. For CYP21A2 and GBA, if one or more reportable variants, gene conversion, or fusion event is identified via our NGS pipeline (see Limitations), these variants are confirmed by PacBio sequencing of an amplicon generated by long-range PCR and subsequent short-range PCR. In some cases, it may not be possible to disambiguate between the gene and pseudogene. For GJB2, the reportable range includes large upstream deletions overlapping GJB6. For HBA1/2, the reference genome has been modified to force some sequencing reads derived from HBA1 to align to HBA2, and variant calling algorithms are modified to support an expectation of 4 alleles in these regions. HBA1/2 copy number calling is performed by a custom hypothesis testing algorithm which generates diplotype calls. If sequence data for a sample does not support a unique high confidence match from among hypotheses tested, that sample is flagged for manual review. Copy number variation is only reported for coding sequence of HBA1 and HBA2 and the HS-40 region. This assay does not distinguish among the $\alpha 3.7$ subtypes, and all $\alpha 3.7$ variants are called as HBA1 deletions. This assay may not detect overlapping copy gain and copy loss events when the breakpoints of those events are similar. For FMR1, cytosine-guanine-guanine (CGG) triplet repeats in the 5' untranslated region (5' UTR) of the FMR1 gene are detected by triplet repeat-primed PCR (RP-PCR) with fluorescently labeled primers followed by capillary electrophoresis. Reference ranges: Normal: <45 CGG repeats, intermediate: 45-54 CGG repeats, premutation: 55-200 CGG repeats, full mutation: >200 CGG repeats. For alleles with 55-90 triplet repeats, the region surrounding the FMR1 repeat is amplified by PCR. The PCR amplicons are then processed through PacBio SMRTBell library prep and sequenced using PacBio long read technology. The number of AGG interruptions within the 55-90 triplet repeat is read directly from the resulting DNA sequences.

- This report only includes variants that have a clinically significant association with the conditions tested as of the report date. Variants of uncertain significance, benign variants, and likely benign variants are not included in this report. However, if additional evidence becomes available to indicate that the clinical significance of a variant has changed, Invitae may update this report and provide notification.
- A PMID is a unique identifier referring to a published, scientific paper. Search by PMID at <http://www.ncbi.nlm.nih.gov/pubmed>.
- An rsID is a unique identifier referring to a single genomic position, and is used to associate population frequency information with sequence changes at that position. Reported population frequencies are derived from a number of public sites that aggregate data from large-scale population sequencing projects, including ExAC (<http://exac.broadinstitute.org>), gnomAD (<http://gnomad.broadinstitute.org>), and dbSNP (<http://ncbi.nlm.nih.gov/SNP>).

Disclaimer

DNA studies do not constitute a definitive test for the selected condition(s) in all individuals. It should be realized that there are possible sources of error. Errors can result from trace contamination, rare technical errors, rare genetic variants that interfere with analysis, recent scientific developments, and alternative classification systems. This test should be one of many aspects used by the healthcare provider to help with a diagnosis and treatment plan, but it is not a diagnosis itself. This test was developed and its performance characteristics determined by Invitae. It has not been cleared or approved by

the FDA. The laboratory is regulated under the Clinical Laboratory Improvement Act (CLIA) as qualified to perform high-complexity clinical tests (CLIA ID: 05D2040778). This test is used for clinical purposes. It should not be regarded as investigational or for research.

Limitations

- Based on validation study results, this assay achieves >99% analytical sensitivity and specificity for single nucleotide variants, insertions and deletions <15bp in length, and exon-level deletions and duplications. Invitae's methods also detect insertions and deletions larger than 15bp but smaller than a full exon but sensitivity for these may be marginally reduced. Invitae's deletion/duplication analysis determines copy number at a single exon resolution at virtually all targeted exons. However, in rare situations, single-exon copy number events may not be analyzed due to inherent sequence properties or isolated reduction in data quality. Certain types of variants, such as structural rearrangements (e.g. inversions, gene conversion events, translocations, etc.) or variants embedded in sequence with complex architecture (e.g. short tandem repeats or segmental duplications), may not be detected. Additionally, it may not be possible to fully resolve certain details about variants, such as mosaicism, phasing, or mapping ambiguity. Unless explicitly guaranteed, sequence changes in the promoter, non-coding exons, and other non-coding regions are not covered by this assay. Please consult the test definition on our website for details regarding regions or types of variants that are covered or excluded for this test. This report reflects the analysis of an extracted genomic DNA sample. While this test is intended to reflect the analysis of extracted genomic DNA from a referred patient, in very rare cases the analyzed DNA may not represent that individual's constitutional genome, such as in the case of a circulating hematolymphoid neoplasm, bone marrow transplant, blood transfusion, chimerism, culture artifact or maternal cell contamination.
- CFTR: Sequencing analysis for exons 7 includes only cds +/- 10 bp.

This report has been released utilizing a validated procedure approved by:



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