



RESULTS RECIPIENT
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 Report Date: 12/11/2017

MALE
DONOR 12268
 DOB: ██████████
 Ethnicity: Northern European
 Sample Type: EDTA Blood
 Date of Collection: 11/30/2017
 Date Received: 12/01/2017
 Date Tested: 12/11/2017
 Barcode: 11004212187640
 Accession ID:
 CSLFN4CL4HDUW4F
 Indication: Egg or sperm donor

FEMALE
 N/A

Foresight™ Carrier Screen

POSITIVE: CARRIER

ABOUT THIS TEST

The **Counsyl Foresight Carrier Screen** utilizes sequencing, maximizing coverage across all DNA regions tested, to help you learn about your chance to have a child with a genetic disease.

RESULTS SUMMARY

Risk Details	DONOR 12268	Partner
Panel Information	Foresight Carrier Screen Universal Panel Minus X-Linked (102 conditions tested)	N/A
POSITIVE: CARRIER Metachromatic Leukodystrophy Reproductive Risk: 1 in 800 Inheritance: Autosomal Recessive	+ CARRIER* NM_000487.5(ARSA):c.869G>A (R290H) heterozygote †	The reproductive risk presented is based on a hypothetical pairing with a partner of the same ethnic group. Carrier testing should be considered. See "Next Steps".
POSITIVE: CARRIER Biotinidase Deficiency Reproductive Risk: 1 in 860 Inheritance: Autosomal Recessive	+ CARRIER* NM_000060.2(BTD):c.1330G>C (D444H) heterozygote	The reproductive risk presented is based on a hypothetical pairing with a partner of the same ethnic group. Carrier testing should be considered. See "Next Steps".

†Likely to have a negative impact on gene function.
 *Carriers generally do not experience symptoms.

No disease-causing mutations were detected in any other gene tested. A complete list of all conditions tested can be found on page 8.

CLINICAL NOTES

- None

NEXT STEPS

- Carrier testing should be considered for the diseases specified above for the patient's partner, as both parents must be carriers before a child is at high risk of developing the disease.
- Genetic counseling is recommended and patients may wish to discuss any positive results with blood relatives, as there is an increased chance that they are also carriers.

Counsyl has renamed its products effective July 19, 2017. The Family Prep Screen is now the Foresight Carrier Screen. The new names now appear on all communications from Counsyl. If you have any questions, please contact Counsyl directly.

POSITIVE: CARRIER

Metachromatic Leukodystrophy

Reproductive risk: 1 in 800
 Risk before testing: 1 in 160,000

Gene: ARSA | Inheritance Pattern: Autosomal Recessive

Patient	DONOR 12268	No partner tested
Result	⊕ Carrier	N/A
Variant(s)	NM_000487.5(ARSA):c.869G>A(R290H) heterozygote †	N/A
Methodology	Sequencing with copy number analysis	N/A
Interpretation	This individual is a carrier of metachromatic leukodystrophy. Carriers generally do not experience symptoms.	N/A
Detection rate	>99%	N/A
Exons tested	NM_000487:1-8.	N/A

†Likely to have a negative impact on gene function.

What is Metachromatic Leukodystrophy?

Metachromatic leukodystrophy (MLD) is an inherited genetic disease which damages the nervous system. People with MLD will progressively lose intellectual and motor functions. Symptoms may include spasticity, seizures, personality changes, and progressive dementia. As the disease progresses, the person loses the ability to walk, talk, see, and hear. Eventually he or she become paralyzed and unresponsive.

MLD is the most common in a group of diseases known as leukodystrophies. These diseases affect the myelin sheath, a fatty covering that insulates and protects nerve cells.

MLD results from a deficiency in an enzyme called arylsulfatase A. The lack of arylsulfatase A causes a fatty substance called sulfatide to build up to toxic levels in the body. This gradually destroys the myelin sheath, without which brain cells die and nerves in the body cannot function properly.

Metachromatic leukodystrophy can be divided into early-onset and late-onset forms. The early-onset form is also called the infantile form, and the late-onset form can be further divided into juvenile or adult forms. The course of the disease is similar, but the age at which symptoms appear varies, as does the rate at which symptoms progress. The age at which symptoms begin is usually similar among family members.

INFANTILE FORM

This is the most common form of MLD, accounting for 50-60% of all cases. Symptoms appear between the first and second years of life. Initially, affected children lose any language abilities they have developed and have trouble walking. Gradually their muscles waste away and become rigid. They will lose mental function and often experience seizures and loss of sensation in their limbs. By the final stages of the disease, children with infantile MLD become blind and deaf and require a feeding tube. They are unresponsive to their surroundings and become paralyzed. Infantile MLD is usually fatal by the age of 10.

JUVENILE FORM

In the juvenile form of MLD, symptoms appear after the age of 3 but before adolescence (12 to 14). Between 20-30% of people with MLD have the juvenile form. Initial signs of the disease are often difficulties in school and behavioral problems. Clumsiness, slurred speech, incontinence, and strange behavior often prompt parents to seek a diagnosis. As the disease continues, symptoms are similar to infantile MLD, but progress more slowly. The disease is usually fatal 10 or 20 years after symptoms appear.

ADULT FORM

In the adult form of MLD, symptoms appear after puberty and may not appear until a person's 40s or 50s. Roughly 15 to 20% of people with MLD have the adult form. Early signs of the disease often include personality changes, problems at school or work, numbness in the extremities of one's limbs, muscle weakness and loss of coordination, psychiatric problems such as delusions or hallucinations, or drug and alcohol abuse. It can be initially misdiagnosed as schizophrenia, depression, or multiple sclerosis.

Over time, an affected person's behavior will grow inappropriate and he or she will have trouble making good decisions. Everyday skills become difficult and movement will grow spastic and awkward. Eventually a person affected by the adult form will lose the ability to carry on a conversation. In the final stages of the disease, symptoms are similar to the infantile form—blindness, deafness, unresponsiveness, and paralysis.

This form of the disease progresses more slowly than the other forms. Those affected may experience periods of stability or periods of particularly rapid decline. People with the adult form of MLD may live 20 or 30 years after their initial diagnosis.

How common is Metachromatic Leukodystrophy?

Worldwide, 1 in every 40,000 to 160,000 people have metachromatic leukodystrophy. In certain populations, the prevalence can be much higher. These populations include Habbanite Jews in Israel (1 in 75), Israeli Arabs (1 in 8,000), Christian Israeli Arabs (1 in 10,000), and those in western portions of the Navajo Nation (1 in 2,500).

How is Metachromatic Leukodystrophy treated?

There is no cure for MLD. Bone marrow transplantation may be an option for some people with MLD. It has shown the most promise in people who are not yet showing symptoms of MLD. At best it slows, but does not stop, the progression of the disease. This is a controversial treatment because of its substantial health risks.

Other treatments aim to manage symptoms of the disease as they arise. Seizures and muscle tightness may be treated with medication. Physical therapy may help preserve movement as long as possible. Also helpful may be walking aids, wheelchairs, and feeding tubes.

What is the prognosis for a person with Metachromatic Leukodystrophy?

All people with metachromatic leukodystrophy will experience mental and motor deterioration, eventually reaching a state of paralysis and unresponsiveness.

Most children with the infantile form die by the age of 10. Those with the juvenile form typically develop symptoms between the ages of 3 and 14 and can live 10 to 20 years after the onset of symptoms. The adult form of the disease is more variable, but affected adults may not develop symptoms until their 40s or 50s and can live 20 to 30 years after symptoms begin. Death most commonly occurs from pneumonia or other infections.

POSITIVE: CARRIER

Biotinidase Deficiency

Reproductive risk: 1 in 860
Risk before testing: 1 in 3,200

Gene: **BTD** | Inheritance Pattern: Autosomal Recessive

Patient	DONOR 12268	No partner tested
Result	Carrier	N/A
Variant(s)	NM_000060.2(BTD):c.1330G>C(D444H) heterozygote	N/A
Methodology	Sequencing with copy number analysis	N/A
Interpretation	This individual is a carrier of biotinidase deficiency. Carriers generally do not experience symptoms. D444H is a partial biotinidase deficiency mutation.	N/A
Detection rate	>99%	N/A
Exons tested	NM_000060:1-4.	N/A

What is Biotinidase Deficiency?

Biotinidase deficiency is a highly-treatable inherited disease in which the body cannot process the vitamin biotin due to a deficiency in a particular enzyme. If left untreated, the disease can cause numerous life-threatening complications. By taking daily supplements of biotin before symptoms occur, however, all symptoms of the disease can be avoided. With early detection and treatment, a person with biotinidase deficiency can live a completely normal life.

PROFOUND BIOTINIDASE DEFICIENCY

People who have less than 10% of the normal amount of the enzyme biotinidase are said to have profound biotinidase deficiency. Without treatment, their symptoms tend to be significant. People with biotinidase deficiency can experience seizures, poor muscle tone, difficulty with movement and balance, vision and/or hearing loss, skin rashes, breathing problems, fungal infections, and intellectual and/or developmental delays. These symptoms often begin after the first few weeks or months of life and can be life-threatening if untreated.

If symptoms have already appeared, treatment with biotin can reverse damage to the body already done by the disease. Vision loss, hearing loss, and developmental delay are irreversible.

PARTIAL BIOTINIDASE DEFICIENCY

People who have between 10 and 30% of the normal amounts of biotinidase have a milder form of the disease known as partial biotinidase deficiency. They may experience less severe symptoms, or may be asymptomatic until periods of illness or stress.

How common is Biotinidase Deficiency?

Profound biotinidase deficiency occurs in about 1 in 137,000 births. Studies report that the milder partial biotinidase deficiency occurs in about 1 in 110,000 people. Counsyl's internal data suggests that partial biotinidase deficiency is more common.

How is Biotinidase Deficiency treated?

Biotinidase deficiency is treated with a biotin pill taken daily by mouth. A physician can determine the proper dosage and adjust that dosage over time if necessary. This treatment is lifelong and highly effective. Biotin is non-toxic, so it is recommended that people with partial biotinidase deficiency also take biotin supplements.

If treatment is begun after symptoms appear, some symptoms, such as skin problems and hair loss, will disappear. If the disease has already caused irreversible hearing or vision loss, low vision aids or hearing aids may be helpful. Learning specialists can assist with any irreversible developmental deficits.

What is the prognosis for a person with Biotinidase Deficiency?

With early diagnosis and treatment, people with biotinidase deficiency can live completely normal lives with no symptoms. Those in whom the disease is not detected early may experience permanent damage to their hearing, vision, or intellect. In cases where the disease is entirely unrecognized, it can be life-threatening.

Methods and Limitations

DONOR 12268 [Foresight Carrier Screen]: sequencing with copy number analysis, spinal muscular atrophy, and analysis of homologous regions.

Sequencing with copy number analysis

High-throughput sequencing and read depth-based copy number analysis are used to analyze the listed exons, as well as selected intergenic and intronic regions, of the genes in the Conditions Tested section of the report. The region of interest (ROI) of the test comprises these regions, in addition to the 20 intronic bases flanking each exon. In a minority of cases where genomic features (e.g., long homopolymers) compromise calling fidelity, the affected intronic bases are not included in the ROI. The ROI is sequenced to high coverage and the sequences are compared to standards and references of normal variation. More than 99% of all bases in the ROI are sequenced at greater than the minimum read depth. Mutations may not be detected in areas of lower sequence coverage. Small insertions and deletions may not be as accurately determined as single nucleotide variants. Genes that have closely related pseudogenes may be addressed by a different method. *CFTR* and *DMD* testing includes analysis for both large (exon-level) deletions and duplications with an average sensitivity of 99%, while other genes are only analyzed for large deletions with a sensitivity of >75%. However, the sensitivity may be higher for selected founder deletions. If *GJB2* is tested, two large upstream deletions which overlap *GJB6* and affect the expression of *GJB2*, *del(GJB6-D13S1830)* and *del(GJB6-D13S1854)*, are also analyzed. Mosaicism or somatic variants present at low levels may not be detected. If detected, these may not be reported.

Detection rates are determined by using literature to estimate the fraction of disease alleles, weighted by frequency, that the methodology is unable to detect. Detection rates only account for analytical sensitivity and certain variants that have been previously described in the literature may not be reported if there is insufficient evidence for pathogenicity. Detection rates do not account for the disease-specific rates of de novo mutations.

All variants that are a recognized cause of the disease will be reported. In addition, variants that have not previously been established as a recognized cause of disease may be identified. In these cases, only variants classified as "likely" pathogenic are reported. Likely pathogenic variants are described elsewhere in the report as "likely to have a negative impact on gene function". Likely pathogenic variants are evaluated and classified by assessing the nature of the variant and reviewing reports of allele frequencies in cases and controls, functional studies, variant annotation and effect prediction, and segregation studies. Exon level duplications are assumed to be in tandem and are classified according to their predicted effect on the reading frame. Benign variants, variants of uncertain significance, and variants not directly associated with the intended disease phenotype are not reported. Curation summaries of reported variants are available upon request.

Spinal muscular atrophy

Targeted copy number analysis is used to determine the copy number of exon 7 of the *SMN1* gene relative to other genes. Other mutations may interfere with this analysis. Some individuals with two copies of *SMN1* are carriers with two *SMN1* genes on one chromosome and a *SMN1* deletion on the other chromosome. This is more likely in individuals who have 2 copies of the *SMN1* gene and are positive for the g.27134T>G SNP, which affects the reported residual risk; Ashkenazi Jewish or Asian patients with this genotype have a high post-test likelihood of being carriers for SMA and are reported as carriers. The g.27134T>G SNP is only reported in individuals who have 2 copies of *SMN1*.

Analysis of homologous regions

A combination of high-throughput sequencing, read depth-based copy number analysis, and targeted genotyping is used to determine the number of functional gene copies and/or the presence of selected loss of function mutations in certain genes that have homology to other regions. The precise breakpoints of large deletions in these genes cannot be determined, but are estimated from copy number analysis. High numbers of pseudogene copies may interfere with this analysis.

If *CYP21A2* is tested, patients who have one or more additional copies of the *CYP21A2* gene and a loss of function mutation may not actually be a carrier of 21-hydroxylase-deficient congenital adrenal hyperplasia (CAH). Because the true incidence of non-classic CAH is unknown, the residual carrier and reproductive risk numbers on the report are only based on published incidences for classic CAH. However, the published prevalence of non-classic CAH is highest in individuals of Ashkenazi Jewish, Hispanic, Italian, and Yugoslav descent. Therefore, the residual and reproductive risks are likely an underestimate of overall chances for 21-hydroxylase-deficient CAH, especially in the aforementioned populations, as they do not account for non-classic CAH. If *HBA1/HBA2* are tested, some individuals with four alpha globin genes may be carriers, with three genes on one chromosome and a deletion on the other chromosome. This and similar, but rare, carrier states, where complementary changes exist in both the gene and a pseudogene, may not be detected by the assay.

Limitations

In an unknown number of cases, nearby genetic variants may interfere with mutation detection. Other possible sources of diagnostic error include sample mix-up, trace contamination, bone marrow transplantation, blood transfusions and technical errors. This test is designed to detect and report germline alterations. While somatic variants present at low levels may be detected, these may not be reported. If more than one variant is detected in a gene, additional studies may be necessary to determine if those variants lie on the same chromosome or different chromosomes. The test does not fully address all inherited forms of intellectual disability, birth defects and genetic disease. A family history of any of these conditions may warrant additional evaluation. Furthermore, not all mutations will be identified in the genes analyzed and additional testing may be beneficial for some patients. For example, individuals of African, Southeast Asian, and Mediterranean ancestry are at increased risk for being carriers for hemoglobinopathies, which can be identified by CBC and hemoglobin electrophoresis or HPLC (*ACOG Practice Bulletin No. 78. Obstet. Gynecol. 2007;109:229-37*).

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

LAB DIRECTORS



H. Peter Kang, MD, MS, FCAP

Conditions Tested

21-hydroxylase-deficient Congenital Adrenal Hyperplasia - Gene: CYP21A2. Autosomal Recessive. Analysis of Homologous Regions. **Variants (13):** CYP21A2 deletion, CYP21A2 duplication, CYP21A2 triplication, G111Vfs*21, I173N, L308FfsX6, P31L, Q319*, Q319*+CYP21A2dup, R357W, V281L, [I237N;V238E;M240K], c.293-13C>G. **Detection Rate:** Northern European 96%.

ABCC8-related Hyperinsulinism - Gene: ABCC8. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000352:1-39. **Detection Rate:** Northern European >99%.

Alkaptonuria - Gene: HGD. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000187:1-14. **Detection Rate:** Northern European >99%.

Alpha Thalassemia - Genes: HBA1, HBA2. Autosomal Recessive. Analysis of Homologous Regions. **Variants (13):** -(alpha)20.5, --BRIT, --MEDI, --MEDII, --SEA, --THAI or --FIL, -alpha3.7, -alpha4.2, HBA1+HBA2 deletion, Hb Constant Spring, anti3.7, anti4.2, del HS-40. **Detection Rate:** Unknown due to rarity of disease.

Alpha-1 Antitrypsin Deficiency - Gene: SERPINA1. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000295:2-5. **Detection Rate:** Northern European >99%.

Alpha-mannosidosis - Gene: MAN2B1. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000528:1-23. **Detection Rate:** Northern European >99%.

Alpha-sarcoglycanopathy - Gene: SGCA. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000023:1-9. **Detection Rate:** Northern European >99%.

Andermann Syndrome - Gene: SLC12A6. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_133647:1-25. **Detection Rate:** Northern European >99%.

ARSACS - Gene: SACS. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_014363:2-10. **Detection Rate:** Northern European 99%.

Aspartylglycosaminuria - Gene: AGA. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000027:1-9. **Detection Rate:** Northern European >99%.

Ataxia with Vitamin E Deficiency - Gene: TTPA. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000370:1-5. **Detection Rate:** Northern European >99%.

Ataxia-telangiectasia - Gene: ATM. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000051:2-63. **Detection Rate:** Northern European 98%.

Bardet-Biedl Syndrome, BBS1-related - Gene: BBS1. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_024649:1-17. **Detection Rate:** Northern European >99%.

Bardet-Biedl Syndrome, BBS10-related - Gene: BBS10. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_024685:1-2. **Detection Rate:** Northern European >99%.

Beta-sarcoglycanopathy - Gene: SGCB. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000232:1-6. **Detection Rate:** Northern European >99%.

Biotinidase Deficiency - Gene: BTM. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000060:1-4. **Detection Rate:** Northern European >99%.

Bloom Syndrome - Gene: BLM. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000057:2-22. **Detection Rate:** Northern European >99%.

Canavan Disease - Gene: ASPA. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000049:1-6. **Detection Rate:** Northern European 98%.

Carnitine Palmitoyltransferase IA Deficiency - Gene: CPT1A. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_001876:2-19. **Detection Rate:** Northern European >99%.

Carnitine Palmitoyltransferase II Deficiency - Gene: CPT2. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000098:1-5. **Detection Rate:** Northern European >99%.

Cartilage-hair Hypoplasia - Gene: RMRP. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exon:** NR_003051:1. **Detection Rate:** Northern European >99%.

Citrullinemia Type 1 - Gene: ASS1. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000050:3-16. **Detection Rate:** Northern European >99%.

CLN3-related Neuronal Ceroid Lipofuscinosis - Gene: CLN3. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_001042432:2-16. **Detection Rate:** Northern European >99%.

CLN5-related Neuronal Ceroid Lipofuscinosis - Gene: CLN5. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_006493:1-4. **Detection Rate:** Northern European >99%.

CNGB3-related Achromatopsia - Gene: CNGB3. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_019098:1-18. **Detection Rate:** Northern European >99%.

Cohen Syndrome - Gene: VPS13B. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_017890:2-62. **Detection Rate:** Northern European 97%.

Congenital Disorder of Glycosylation Type Ia - Gene: PMM2. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000303:1-8. **Detection Rate:** Northern European >99%.

Congenital Disorder of Glycosylation Type Ib - Gene: MPI. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_002435:1-8. **Detection Rate:** Northern European >99%.

Congenital Finnish Nephrosis - Gene: NPHS1. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_004646:1-29. **Detection Rate:** Northern European >99%.

Costeff Optic Atrophy Syndrome - Gene: OPA3. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_025136:1-2. **Detection Rate:** Northern European >99%.

Cystic Fibrosis - Gene: CFTR. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000492:1-27. IVS8-5T allele analysis is only reported in the presence of the R117H mutation. **Detection Rate:** Northern European >99%.

Cystinosis - Gene: CTNS. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_004937:3-12. **Detection Rate:** Northern European >99%.

D-bifunctional Protein Deficiency - Gene: HSD17B4. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000414:1-24. **Detection Rate:** Northern European 98%.

Dihydropyrimidine Dehydrogenase Deficiency - Gene: DPYD. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000110:1-23. **Detection Rate:** Northern European 98%.

Factor XI Deficiency - Gene: F11. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000128:2-15. **Detection Rate:** Northern European >99%.

Familial Dysautonomia - Gene: IKBKAP. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_003640:2-37. **Detection Rate:** Northern European >99%.

Familial Mediterranean Fever - Gene: MEFV. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000243:1-10. **Detection Rate:** Northern European >99%.

Fanconi Anemia Type C - Gene: FANCC. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000136:2-15. **Detection Rate:** Northern European >99%.

FKTN-related Disorders - Gene: FKTN. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_001079802:3-11. **Detection Rate:** Northern European >99%.

Galactosemia - Gene: GALT. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000155:1-11. **Detection Rate:** Northern European >99%.

Gaucher Disease - Gene: GBA. Autosomal Recessive. Analysis of Homologous Regions. **Variants (10):** D409V, D448H, IVS2+1G>A, L444P, N370S, R463C, R463H, R496H, V394L, p.L29Afs*18. **Detection Rate:** Northern European 60%.

GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness - Gene: GJB2. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_004004:1-2. **Detection Rate:** Northern European >99%.

Glutaric Acidemia Type 1 - Gene: GCDH. Autosomal Recessive. Sequencing with Copy Number Analysis. **Exons:** NM_000159:2-12. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type Ia - Gene: G6PC. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000151:1-5. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type Ib - Gene: SLC37A4. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_001164277:3-11. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type III - Gene: AGL. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000642:2-34. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type V - Gene: PYGM. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_005609:1-20. **Detection Rate:** Northern European >99%.

GRACILE Syndrome - Gene: BCS1L. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_004328:3-9. **Detection Rate:** Northern European >99%.

HADHA-related Disorders - Gene: HADHA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000182:1-20. **Detection Rate:** Northern European >99%.

Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease) - Gene: HBB. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000518:1-3. **Detection Rate:** Northern European >99%.

Hereditary Fructose Intolerance - Gene: ALDOB. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000035:2-9. **Detection Rate:** Northern European >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMA3-related - Gene: LAMA3. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000227:1-38. **Detection Rate:** Northern European >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMB3-related - Gene: LAMB3. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000228:2-23. **Detection Rate:** Northern European >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMC2-related - Gene: LAMC2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_005562:1-23. **Detection Rate:** Northern European >99%.

Hexosaminidase A Deficiency (Including Tay-Sachs Disease) - Gene: HEXA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000520:1-14. **Detection Rate:** Northern European >99%.

Homocystinuria Caused by Cystathionine Beta-synthase Deficiency - Gene: CBS. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000071:3-17. **Detection Rate:** Northern European >99%.

Hypophosphatasia, Autosomal Recessive - Gene: ALPL. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000478:2-12. **Detection Rate:** Northern European >99%.

Inclusion Body Myopathy 2 - Gene: GNE. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_001128227:1-12. **Detection Rate:** Northern European >99%.

Isovaleric Acidemia - Gene: IVD. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_002225:1-12. **Detection Rate:** Northern European >99%.

Joubert Syndrome 2 - Gene: TMEM216. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_001173990:1-5. **Detection Rate:** Northern European >99%.

Krabbe Disease - Gene: GALC. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000153:1-17. **Detection Rate:** Northern European >99%.

Lipoamide Dehydrogenase Deficiency - Gene: DLD. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000108:1-14. **Detection Rate:** Northern European >99%.

Maple Syrup Urine Disease Type 1B - Gene: BCKDHB. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_183050:1-10. **Detection Rate:** Northern European >99%.

Medium Chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADM. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000016:1-12. **Detection Rate:** Northern European >99%.

Megalencephalic Leukoencephalopathy with Subcortical Cysts - Gene: MLC1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_015166:2-12. **Detection Rate:** Northern European >99%.

Metachromatic Leukodystrophy - Gene: ARSA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000487:1-8. **Detection Rate:** Northern European >99%.

Mucopolipidosis IV - Gene: MCOLN1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_020533:1-14. **Detection Rate:** Northern European >99%.

Mucopolysaccharidosis Type I - Gene: IDUA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000203:1-14. **Detection Rate:** Northern European >99%.

Muscle-eye-brain Disease - Gene: POMGNT1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_017739:2-22. **Detection Rate:** Northern European 96%.

NEB-related Nemaline Myopathy - Gene: NEB. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_001271208:3-80,117-183. **Detection Rate:** Northern European 92%.

Niemann-Pick Disease Type C - Gene: NPC1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000271:1-25. **Detection Rate:** Northern European >99%.

Niemann-Pick Disease, SMPD1-associated - Gene: SMPD1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000543:1-6. **Detection Rate:** Northern European >99%.

Nijmegen Breakage Syndrome - Gene: NBN. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_002485:1-16. **Detection Rate:** Northern European >99%.

Northern Epilepsy - Gene: CLN8. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_018941:2-3. **Detection Rate:** Northern European >99%.

PCDH15-related Disorders - Gene: PCDH15. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_033056:2-33. **Detection Rate:** Northern European 93%.

Pendred Syndrome - Gene: SLC26A4. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000441:2-21. **Detection Rate:** Northern European >99%.

PEX1-related Zellweger Syndrome Spectrum - Gene: PEX1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000466:1-24. **Detection Rate:** Northern European >99%.

Phenylalanine Hydroxylase Deficiency - Gene: PAH. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000277:1-13. **Detection Rate:** Northern European >99%.

PKHD1-related Autosomal Recessive Polycystic Kidney Disease - Gene: PKHD1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_138694:2-67. **Detection Rate:** Northern European >99%.

Polyglandular Autoimmune Syndrome Type 1 - Gene: AIRE. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000383:1-14. **Detection Rate:** Northern European >99%.

Pompe Disease - Gene: GAA. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000152:2-20. **Detection Rate:** Northern European 98%.

PPT1-related Neuronal Ceroid Lipofuscinosis - Gene: PPT1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000310:1-9. **Detection Rate:** Northern European >99%.

Primary Carnitine Deficiency - Gene: SLC22A5. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_003060:1-10. **Detection Rate:** Northern European >99%.

Primary Hyperoxaluria Type 1 - Gene: AGXT. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000030:1-11. **Detection Rate:** Northern European >99%.

Primary Hyperoxaluria Type 2 - Gene: GRHRP. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_012203:1-9. **Detection Rate:** Northern European >99%.

PROP1-related Combined Pituitary Hormone Deficiency - Gene: PROP1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_006261:1-3. **Detection Rate:** Northern European >99%.

Pseudocholinesterase Deficiency - Gene: BCHE. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000055:2-4. **Detection Rate:** Northern European >99%.

Pycnodysostosis - Gene: CTSK. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000396:2-8. **Detection Rate:** Northern European >99%.

Rhizomelic Chondrodysplasia Punctata Type 1 - Gene: PEX7. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000288:1-10. **Detection Rate:** Northern European >99%.

Salla Disease - Gene: SLC17A5. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_012434:1-11. **Detection Rate:** Northern European 98%.

Segawa Syndrome - Gene: TH. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000360:1-13. **Detection Rate:** Northern European >99%.

Short Chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADS. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000017:1-10. **Detection Rate:** Northern European >99%.

Sjogren-Larsson Syndrome - Gene: ALDH3A2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000382:1-10. **Detection Rate:** Northern European 97%.

Smith-Lemli-Opitz Syndrome - Gene: DHCR7. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_001360:3-9. **Detection Rate:** Northern European >99%.

Spinal Muscular Atrophy - Gene: SMN1. Autosomal Recessive. Spinal Muscular Atrophy. **Variant (1):** SMN1 copy number. **Detection Rate:** Northern European 95%.

Steroid-resistant Nephrotic Syndrome - Gene: NPHS2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_014625:1-8. **Detection Rate:** Northern European >99%.

Sulfate Transporter-related Osteochondrodysplasia - Gene: SLC26A2. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000112:2-3. **Detection Rate:** Northern European >99%.

TPP1-related Neuronal Ceroid Lipofuscinosis - Gene: TPP1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000391:1-13. **Detection Rate:** Northern European >99%.

Tyrosinemia Type I - Gene: FAH. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000137:1-14. **Detection Rate:** Northern European >99%.

Usher Syndrome Type 3 - Gene: CLRN1. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_174878:1-3. **Detection Rate:** Northern European >99%.

Very Long Chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADVL. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000018:1-20. **Detection Rate:** Northern European >99%.

Wilson Disease - Gene: ATP7B. Autosomal Recessive. Sequencing with Copy Number Analysis. Exons: NM_000053:1-21. **Detection Rate:** Northern European >99%.

Risk Calculations

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

†Indicates a positive result. See the full clinical report for interpretation and details.

Disease	DONOR 12268 Residual Risk	Reproductive Risk
21-hydroxylase-deficient Congenital Adrenal Hyperplasia	1 in 1,400	1 in 310,000
ABCC8-related Hyperinsulinism	1 in 11,000	< 1 in 1,000,000
Alkaptonuria	1 in 6,800	< 1 in 1,000,000
Alpha Thalassemia	Alpha globin status: aa/aa.	Not calculated
Alpha-1 Antitrypsin Deficiency	1 in 2,700	1 in 300,000
Alpha-mannosidosis	1 in 35,000	< 1 in 1,000,000
Alpha-sarcoglycanopathy	1 in 45,000	< 1 in 1,000,000
Andermann Syndrome	< 1 in 50,000	< 1 in 1,000,000
ARSACS	< 1 in 44,000	< 1 in 1,000,000
Aspartylglycosaminuria	< 1 in 50,000	< 1 in 1,000,000
Ataxia with Vitamin E Deficiency	< 1 in 50,000	< 1 in 1,000,000
Ataxia-telangiectasia	1 in 8,200	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS1-related	1 in 16,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS10-related	1 in 16,000	< 1 in 1,000,000
Beta-sarcoglycanopathy	< 1 in 50,000	< 1 in 1,000,000
Biotinidase Deficiency	NM_000060.2(BTD):c.1330G>C(D444H) heterozygote †	1 in 860
Bloom Syndrome	< 1 in 50,000	< 1 in 1,000,000
Canavan Disease	< 1 in 31,000	< 1 in 1,000,000
Carnitine Palmitoyltransferase IA Deficiency	< 1 in 50,000	< 1 in 1,000,000
Carnitine Palmitoyltransferase II Deficiency	< 1 in 50,000	< 1 in 1,000,000
Cartilage-hair Hypoplasia	< 1 in 50,000	< 1 in 1,000,000
Citrullinemia Type 1	1 in 12,000	< 1 in 1,000,000
CLN3-related Neuronal Ceroid Lipofuscinosis	1 in 22,000	< 1 in 1,000,000
CLN5-related Neuronal Ceroid Lipofuscinosis	< 1 in 50,000	< 1 in 1,000,000
CNGB3-related Achromatopsia	1 in 11,000	< 1 in 1,000,000
Cohen Syndrome	< 1 in 15,000	< 1 in 1,000,000
Congenital Disorder of Glycosylation Type Ia	1 in 16,000	< 1 in 1,000,000
Congenital Disorder of Glycosylation Type Ib	< 1 in 50,000	< 1 in 1,000,000
Congenital Finnish Nephrosis	< 1 in 50,000	< 1 in 1,000,000
Costeff Optic Atrophy Syndrome	< 1 in 50,000	< 1 in 1,000,000
Cystic Fibrosis	1 in 2,700	1 in 290,000
Cystinosis	1 in 22,000	< 1 in 1,000,000
D-bifunctional Protein Deficiency	1 in 9,000	< 1 in 1,000,000
Dihydropyrimidine Dehydrogenase Deficiency	< 1 in 29,000	< 1 in 1,000,000
Factor XI Deficiency	< 1 in 50,000	< 1 in 1,000,000
Familial Dysautonomia	< 1 in 50,000	< 1 in 1,000,000
Familial Mediterranean Fever	< 1 in 50,000	< 1 in 1,000,000
Fanconi Anemia Type C	1 in 16,000	< 1 in 1,000,000
FKTN-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Galactosemia	1 in 8,600	< 1 in 1,000,000
Gaucher Disease	1 in 280	1 in 120,000
GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness	1 in 3,200	1 in 420,000
Glutaric Acidemia Type 1	1 in 10,000	< 1 in 1,000,000
Glycogen Storage Disease Type Ia	1 in 18,000	< 1 in 1,000,000
Glycogen Storage Disease Type Ib	1 in 35,000	< 1 in 1,000,000
Glycogen Storage Disease Type III	1 in 16,000	< 1 in 1,000,000
Glycogen Storage Disease Type V	1 in 16,000	< 1 in 1,000,000
GRACILE Syndrome	< 1 in 50,000	< 1 in 1,000,000

Disease	DONOR 12268 Residual Risk	Reproductive Risk
HADHA-related Disorders	1 in 15,000	< 1 in 1,000,000
Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease)	1 in 5,000	1 in 990,000
Hereditary Fructose Intolerance	1 in 8,000	< 1 in 1,000,000
Herlitz Junctional Epidermolysis Bullosa, LAMA3-related	< 1 in 50,000	< 1 in 1,000,000
Herlitz Junctional Epidermolysis Bullosa, LAMB3-related	< 1 in 50,000	< 1 in 1,000,000
Herlitz Junctional Epidermolysis Bullosa, LAMC2-related	< 1 in 50,000	< 1 in 1,000,000
Hexosaminidase A Deficiency (Including Tay-Sachs Disease)	1 in 30,000	< 1 in 1,000,000
Homocystinuria Caused by Cystathionine Beta-synthase Deficiency	1 in 25,000	< 1 in 1,000,000
Hypophosphatasia, Autosomal Recessive	1 in 16,000	< 1 in 1,000,000
Inclusion Body Myopathy 2	< 1 in 50,000	< 1 in 1,000,000
Isovaleric Acidemia	1 in 25,000	< 1 in 1,000,000
Joubert Syndrome 2	< 1 in 50,000	< 1 in 1,000,000
Krabbe Disease	1 in 15,000	< 1 in 1,000,000
Lipoamide Dehydrogenase Deficiency	< 1 in 50,000	< 1 in 1,000,000
Maple Syrup Urine Disease Type 1B	1 in 25,000	< 1 in 1,000,000
Medium Chain Acyl-CoA Dehydrogenase Deficiency	1 in 5,900	< 1 in 1,000,000
Megalencephalic Leukoencephalopathy with Subcortical Cysts	< 1 in 50,000	< 1 in 1,000,000
Metachromatic Leukodystrophy	NM_000487.5(ARSA):c.869G>A(R290H) heterozygote †	1 in 800
Mucopolidosis IV	< 1 in 50,000	< 1 in 1,000,000
Mucopolysaccharidosis Type I	1 in 16,000	< 1 in 1,000,000
Muscle-eye-brain Disease	< 1 in 12,000	< 1 in 1,000,000
NEB-related Nemaline Myopathy	< 1 in 6,700	< 1 in 1,000,000
Niemann-Pick Disease Type C	1 in 19,000	< 1 in 1,000,000
Niemann-Pick Disease, SMPD1-associated	1 in 25,000	< 1 in 1,000,000
Nijmegen Breakage Syndrome	1 in 16,000	< 1 in 1,000,000
Northern Epilepsy	< 1 in 50,000	< 1 in 1,000,000
PCDH15-related Disorders	1 in 5,300	< 1 in 1,000,000
Pendred Syndrome	1 in 7,000	< 1 in 1,000,000
PEX1-related Zellweger Syndrome Spectrum	1 in 11,000	< 1 in 1,000,000
Phenylalanine Hydroxylase Deficiency	1 in 5,000	1 in 990,000
PKHD1-related Autosomal Recessive Polycystic Kidney Disease	1 in 6,100	< 1 in 1,000,000
Polyglandular Autoimmune Syndrome Type 1	1 in 14,000	< 1 in 1,000,000
Pompe Disease	1 in 6,300	< 1 in 1,000,000
PPT1-related Neuronal Ceroid Lipofuscinosis	< 1 in 50,000	< 1 in 1,000,000
Primary Carnitine Deficiency	< 1 in 50,000	< 1 in 1,000,000
Primary Hyperoxaluria Type 1	1 in 35,000	< 1 in 1,000,000
Primary Hyperoxaluria Type 2	< 1 in 50,000	< 1 in 1,000,000
PROP1-related Combined Pituitary Hormone Deficiency	1 in 11,000	< 1 in 1,000,000
Pseudocholinesterase Deficiency (Mild Condition)	1 in 2,700	1 in 300,000
Pycnodysostosis	< 1 in 50,000	< 1 in 1,000,000
Rhizomelic Chondrodysplasia Punctata Type 1	1 in 16,000	< 1 in 1,000,000
Salla Disease	< 1 in 30,000	< 1 in 1,000,000
Segawa Syndrome	< 1 in 50,000	< 1 in 1,000,000
Short Chain Acyl-CoA Dehydrogenase Deficiency	1 in 16,000	< 1 in 1,000,000
Sjogren-Larsson Syndrome	1 in 9,100	< 1 in 1,000,000
Smith-Lemli-Opitz Syndrome	1 in 4,900	1 in 970,000
Spinal Muscular Atrophy	Negative for g.27134T>G SNP SMN1: 2 copies 1 in 770	1 in 110,000
Steroid-resistant Nephrotic Syndrome	1 in 40,000	< 1 in 1,000,000
Sulfate Transporter-related Osteochondrodysplasia	1 in 11,000	< 1 in 1,000,000
TPP1-related Neuronal Ceroid Lipofuscinosis	1 in 30,000	< 1 in 1,000,000
Tyrosinemia Type I	1 in 17,000	< 1 in 1,000,000
Usher Syndrome Type 3	< 1 in 50,000	< 1 in 1,000,000
Very Long Chain Acyl-CoA Dehydrogenase Deficiency	1 in 8,800	< 1 in 1,000,000
Wilson Disease	1 in 8,600	< 1 in 1,000,000