Counsyl

RESU TS REC P ENT
SEATTLE SPERM BANK
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Report Date: 11/27/2018

MA E
DONOR 12394
DOB [redacted]
Ethnicity: African or African American
Sample Type: EDTA Blood
Date of Collection: 11/20/2018
Date Received: 11/21/2018
Date Tested: 11/27/2018
Barcode: [redacted]
Accession ID: CSLNGQEK93DZCEM
Indication: Egg or sperm donor

FEMA E
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 12394	Partner
Panel Information	Foresight Carrier Screen Universal Panel **(175 conditions tested)**	N/A
POSITIVE: CARRIER Biotinidase Deficiency **Reproductive Risk: 1 in 1,200** **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".

*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 6.

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.

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POSITIVE: CARRIER

Biotinidase Deficiency

Reproductive risk: 1 in 1,200
Risk before testing: 1 in 43,000

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

Patient	DONOR 12394	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 12394 [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 Myriad Women's Health, 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**.

LABORATORY DIRECTOR

Hyunseok Kang

H. Peter Kang, MD, MS, FCAP

Report content approved by Saurav Guha, PhD, FACMG on Nov 27, 2018

Conditions Tested

11-beta-hydroxylase-deficient Congenital Adrenal Hyperplasia - **Gene:** CYP11B1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000497:1-9. **Detection Rate:** African or African American 94%.
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, L308Ffs*6, P31L, Q319*, Q319*+CYP21A2dup, R357W, V281L, [I237N;V238E;M240K], c.293-13C>G. **Detection Rate:** African or African American 92%.
6-pyruvoyl-tetrahydropterin Synthase Deficiency - **Gene:** PTS. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000317:1-6. **Detection Rate:** African or African American >99%.
ABCC8-related Hyperinsulinism - **Gene:** ABCC8. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000352:1-39. **Detection Rate:** African or African American >99%.
Adenosine Deaminase Deficiency - **Gene:** ADA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000022:1-12. **Detection Rate:** African or African American >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:** African or African American 90%.
Alpha-mannosidosis - **Gene:** MAN2B1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000528:1-23. **Detection Rate:** African or African American >99%.
Alpha-sarcoglycanopathy - **Gene:** SGCA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000023:1-9. **Detection Rate:** African or African American >99%.
Alstrom Syndrome - **Gene:** ALMS1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_015120:1-23. **Detection Rate:** African or African American >99%.
AMT-related Glycine Encephalopathy - **Gene:** AMT. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000481:1-9. **Detection Rate:** African or African American >99%.
Andermann Syndrome - **Gene:** SLC12A6. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_133647:1-25. **Detection Rate:** African or African American >99%.
Argininemia - **Gene:** ARG1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001244438:1-8. **Detection Rate:** African or African American 97%.
Argininosuccinic Aciduria - **Gene:** ASL. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001024943:1-16. **Detection Rate:** African or African American >99%.
ARSACS - **Gene:** SACS. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_014363:2-10. **Detection Rate:** African or African American 99%.
Aspartylglycosaminuria - **Gene:** AGA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000027:1-9. **Detection Rate:** African or African American >99%.
Ataxia with Vitamin E Deficiency - **Gene:** TTPA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000370:1-5. **Detection Rate:** African or African American >99%.
Ataxia-telangiectasia - **Gene:** ATM. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000051:2-63. **Detection Rate:** African or African American >99%.
ATP7A-related Disorders - **Gene:** ATP7A. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000052:2-23. **Detection Rate:** African or African American 92%.
Autosomal Recessive Osteopetrosis Type 1 - **Gene:** TCIRG1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_006019:2-20. **Detection Rate:** African or African American >99%.
Bardet-Biedl Syndrome, BBS1-related - **Gene:** BBS1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_024649:1-17. **Detection Rate:** African or African American >99%.
Bardet-Biedl Syndrome, BBS10-related - **Gene:** BBS10. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_024685:1-2. **Detection Rate:** African or African American >99%.
Bardet-Biedl Syndrome, BBS12-related - **Gene:** BBS12. Autosomal Recessive. Sequencing with copy number analysis. **Exon:** NM_152618:2. **Detection Rate:** African or African American >99%.
Bardet-Biedl Syndrome, BBS2-related - **Gene:** BBS2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_031885:1-17. **Detection Rate:** African or African American >99%.
Beta-sarcoglycanopathy - **Gene:** SGCB. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000232:1-6. **Detection Rate:** African or African American >99%.
Biotinidase Deficiency - **Gene:** BTD. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000060:1-4. **Detection Rate:** African or African American >99%.
Bloom Syndrome - **Gene:** BLM. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000057:2-22. **Detection Rate:** African or African American >99%.
Calpainopathy - **Gene:** CAPN3. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000070:1-24. **Detection Rate:** African or African American >99%.
Canavan Disease - **Gene:** ASPA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000049:1-6. **Detection Rate:** African or African American 98%.
Carbamoylphosphate Synthetase I Deficiency - **Gene:** CPS1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001875:1-38. **Detection Rate:** African or African American >99%.
Carnitine Palmitoyltransferase IA Deficiency - **Gene:** CPT1A. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001876:2-19. **Detection Rate:** African or African American >99%.
Carnitine Palmitoyltransferase II Deficiency - **Gene:** CPT2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000098:1-5. **Detection Rate:** African or African American >99%.
Cartilage-hair Hypoplasia - **Gene:** RMRP. Autosomal Recessive. Sequencing with copy number analysis. **Exon:** NR_003051:1. **Detection Rate:** African or African American >99%.
Cerebrotendinous Xanthomatosis - **Gene:** CYP27A1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000784:1-9. **Detection Rate:** African or African American >99%.
Citrullinemia Type 1 - **Gene:** ASS1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000050:3-16. **Detection Rate:** African or African American >99%.
CLN3-related Neuronal Ceroid Lipofuscinosis - **Gene:** CLN3. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001042432:2-16. **Detection Rate:** African or African American >99%.
CLN5-related Neuronal Ceroid Lipofuscinosis - **Gene:** CLN5. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_006493:1-4. **Detection Rate:** African or African American >99%.
CLN6-related Neuronal Ceroid Lipofuscinosis - **Gene:** CLN6. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_017882:1-7. **Detection Rate:** African or African American >99%.
Cohen Syndrome - **Gene:** VPS13B. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_017890:2-62. **Detection Rate:** African or African American 97%.
COL4A3-related Alport Syndrome - **Gene:** COL4A3. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000091:1-52. **Detection Rate:** African or African American 97%.
COL4A4-related Alport Syndrome - **Gene:** COL4A4. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000092:2-48. **Detection Rate:** African or African American 98%.
Congenital Disorder of Glycosylation Type Ia - **Gene:** PMM2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000303:1-8. **Detection Rate:** African or African American >99%.
Congenital Disorder of Glycosylation Type Ib - **Gene:** MPI. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_002435:1-8. **Detection Rate:** African or African American >99%.

Congenital Disorder of Glycosylation Type Ic - **Gene:** ALG6. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_013339:2-15. **Detection Rate:** African or African American >99%.
Congenital Finnish Nephrosis - **Gene:** NPHS1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_004646:1-29. **Detection Rate:** African or African American >99%.
Costeff Optic Atrophy Syndrome - **Gene:** OPA3. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_025136:1-2. **Detection Rate:** African or African American >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:** African or African American >99%.
Cystinosis - **Gene:** CTNS. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_004937:3-12. **Detection Rate:** African or African American >99%.
D-bifunctional Protein Deficiency - **Gene:** HSD17B4. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000414:1-24. **Detection Rate:** African or African American 98%.
Delta-sarcoglycanopathy - **Gene:** SGCD. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000337:2-9. **Detection Rate:** African or African American 99%.
Dysferlinopathy - **Gene:** DYSF. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001130987:1-56. **Detection Rate:** African or African American 98%.
Dystrophinopathy (Including Duchenne/Becker Muscular Dystrophy) - **Gene:** DMD. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_004006:1-79. **Detection Rate:** African or African American >99%.
ERCC6-related Disorders - **Gene:** ERCC6. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000124:2-21. **Detection Rate:** African or African American 99%.
ERCC8-related Disorders - **Gene:** ERCC8. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000082:1-12. **Detection Rate:** African or African American 95%.
EVC-related Ellis-van Creveld Syndrome - **Gene:** EVC. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_153717:1-21. **Detection Rate:** African or African American 96%.
EVC2-related Ellis-van Creveld Syndrome - **Gene:** EVC2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_147127:1-22. **Detection Rate:** African or African American >99%.
Fabry Disease - **Gene:** GLA. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000169:1-7. **Detection Rate:** African or African American 98%.
Familial Dysautonomia - **Gene:** IKBKAP. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_003640:2-37. **Detection Rate:** African or African American >99%.
Familial Mediterranean Fever - **Gene:** MEFV. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000243:1-10. **Detection Rate:** African or African American >99%.
Fanconi Anemia Complementation Group A - **Gene:** FANCA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000135:1-43. **Detection Rate:** African or African American 92%.
Fanconi Anemia Type C - **Gene:** FANCC. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000136:2-15. **Detection Rate:** African or African American >99%.
FKRP-related Disorders - **Gene:** FKRP. Autosomal Recessive. Sequencing with copy number analysis. **Exon:** NM_024301:4. **Detection Rate:** African or African American >99%.
FKTN-related Disorders - **Gene:** FKTN. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001079802:3-11. **Detection Rate:** African or African American >99%.
Galactokinase Deficiency - **Gene:** GALK1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000154:1-8. **Detection Rate:** African or African American >99%.
Galactosemia - **Gene:** GALT. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000155:1-11. **Detection Rate:** African or African American >99%.
Gamma-sarcoglycanopathy - **Gene:** SGCG. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000231:2-8. **Detection Rate:** African or African American 88%.
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:** African or African American 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:** African or African American >99%.
GLB1-related Disorders - **Gene:** GLB1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000404:1-16. **Detection Rate:** African or African American >99%.
GLDC-related Glycine Encephalopathy - **Gene:** GLDC. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000170:1-25. **Detection Rate:** African or African American 94%.
Glutaric Acidemia Type 1 - **Gene:** GCDH. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000159:2-12. **Detection Rate:** African or African American >99%.
Glycogen Storage Disease Type Ia - **Gene:** G6PC. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000151:1-5. **Detection Rate:** African or African American >99%.
Glycogen Storage Disease Type Ib - **Gene:** SLC37A4. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001164277:3-11. **Detection Rate:** African or African American >99%.
Glycogen Storage Disease Type III - **Gene:** AGL. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000642:2-34. **Detection Rate:** African or African American >99%.
GNPTAB-related Disorders - **Gene:** GNPTAB. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_024312:1-21. **Detection Rate:** African or African American >99%.
GRACILE Syndrome - **Gene:** BCS1L. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_004328:3-9. **Detection Rate:** African or African American >99%.
HADHA-related Disorders - **Gene:** HADHA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000182:1-20. **Detection Rate:** African or African American >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:** African or African American >99%.
Hereditary Fructose Intolerance - **Gene:** ALDOB. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000035:2-9. **Detection Rate:** African or African American >99%.
Herlitz Junctional Epidermolysis Bullosa, LAMA3-related - **Gene:** LAMA3. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000227:1-38. **Detection Rate:** African or African American >99%.
Herlitz Junctional Epidermolysis Bullosa, LAMB3-related - **Gene:** LAMB3. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000228:2-23. **Detection Rate:** African or African American >99%.
Herlitz Junctional Epidermolysis Bullosa, LAMC2-related - **Gene:** LAMC2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_005562:1-23. **Detection Rate:** African or African American >99%.
Hexosaminidase A Deficiency (Including Tay-Sachs Disease) - **Gene:** HEXA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000520:1-14. **Detection Rate:** African or African American >99%.
HMG-CoA Lyase Deficiency - **Gene:** HMGCL. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000191:1-9. **Detection Rate:** African or African American 98%.
Holocarboxylase Synthetase Deficiency - **Gene:** HLCS. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000411:4-12. **Detection Rate:** African or African American >99%.
Homocystinuria Caused by Cystathionine Beta-synthase Deficiency - **Gene:** CBS. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000071:3-17. **Detection Rate:** African or African American >99%.
Hydrolethalus Syndrome - **Gene:** HYLS1. Autosomal Recessive. Sequencing with copy number analysis. **Exon:** NM_001134793:3. **Detection Rate:** African or African American >99%.
Hypophosphatasia, Autosomal Recessive - **Gene:** ALPL. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000478:2-12. **Detection Rate:** African or African American >99%.
Inclusion Body Myopathy 2 - **Gene:** GNE. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001128227:1-12. **Detection Rate:** African or African American >99%.

Isovaleric Acidemia - **Gene:** IVD. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_002225:1-12. **Detection Rate:** African or African American >99%.
Joubert Syndrome 2 - **Gene:** TMEM216. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001173990:1-5. **Detection Rate:** African or African American >99%.
KCNJ11-related Familial Hyperinsulinism - **Gene:** KCNJ11. Autosomal Recessive. Sequencing with copy number analysis. **Exon:** NM_000525:1. **Detection Rate:** African or African American >99%.
Krabbe Disease - **Gene:** GALC. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000153:1-17. **Detection Rate:** African or African American >99%.
LAMA2-related Muscular Dystrophy - **Gene:** LAMA2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000426:1-65. **Detection Rate:** African or African American >99%.
Leigh Syndrome, French-Canadian Type - **Gene:** LRPPRC. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_133259:1-38. **Detection Rate:** African or African American >99%.
Lipoamide Dehydrogenase Deficiency - **Gene:** DLD. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000108:1-14. **Detection Rate:** African or African American >99%.
Lipoid Congenital Adrenal Hyperplasia - **Gene:** STAR. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000349:1-7. **Detection Rate:** African or African American >99%.
Lysosomal Acid Lipase Deficiency - **Gene:** LIPA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000235:2-10. **Detection Rate:** African or African American >99%.
Maple Syrup Urine Disease Type 1B - **Gene:** BCKDHB. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_183050:1-10. **Detection Rate:** African or African American >99%.
Maple Syrup Urine Disease Type Ia - **Gene:** BCKDHA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000709:1-9. **Detection Rate:** African or African American >99%.
Maple Syrup Urine Disease Type II - **Gene:** DBT. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001918:1-11. **Detection Rate:** African or African American 96%.
Medium Chain Acyl-CoA Dehydrogenase Deficiency - **Gene:** ACADM. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000016:1-12. **Detection Rate:** African or African American >99%.
Megalencephalic Leukoencephalopathy with Subcortical Cysts - **Gene:** MLC1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_015166:2-12. **Detection Rate:** African or African American >99%.
Metachromatic Leukodystrophy - **Gene:** ARSA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000487:1-8. **Detection Rate:** African or African American >99%.
Methylmalonic Acidemia, cblA Type - **Gene:** MMAA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_172250:2-7. **Detection Rate:** African or African American >99%.
Methylmalonic Acidemia, cblB Type - **Gene:** MMAB. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_052845:1-9. **Detection Rate:** African or African American >99%.
Methylmalonic Aciduria and Homocystinuria, cblC Type - **Gene:** MMACHC. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_015506:1-4. **Detection Rate:** African or African American >99%.
MKS1-related Disorders - **Gene:** MKS1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_017777:1-18. **Detection Rate:** African or African American >99%.
Mucolipidosis III Gamma - **Gene:** GNPTG. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_032520:1-11. **Detection Rate:** African or African American >99%.
Mucolipidosis IV - **Gene:** MCOLN1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_020533:1-14. **Detection Rate:** African or African American >99%.
Mucopolysaccharidosis Type I - **Gene:** IDUA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000203:1-14. **Detection Rate:** African or African American >99%.
Mucopolysaccharidosis Type II - **Gene:** IDS. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000202:1-9. **Detection Rate:** African or African American 88%.
Mucopolysaccharidosis Type IIIA - **Gene:** SGSH. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000199:1-8. **Detection Rate:** African or African American >99%.
Mucopolysaccharidosis Type IIIB - **Gene:** NAGLU. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000263:1-6. **Detection Rate:** African or African American >99%.
Mucopolysaccharidosis Type IIIC - **Gene:** HGSNAT. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_152419:1-18. **Detection Rate:** African or African American >99%.
Muscle-eye-brain Disease - **Gene:** POMGNT1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_017739:2-22. **Detection Rate:** African or African American 96%.
MUT-related Methylmalonic Acidemia - **Gene:** MUT. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000255:2-13. **Detection Rate:** African or African American >99%.
MYO7A-related Disorders - **Gene:** MYO7A. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000260:2-49. **Detection Rate:** African or African American >99%.
NEB-related Nemaline Myopathy - **Gene:** NEB. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001271208:3-80,117-183. **Detection Rate:** African or African American 92%.
Nephrotic Syndrome, NPHS2-related - **Gene:** NPHS2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_014625:1-8. **Detection Rate:** African or African American >99%.
Niemann-Pick Disease Type C - **Gene:** NPC1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000271:1-25. **Detection Rate:** African or African American >99%.
Niemann-Pick Disease Type C2 - **Gene:** NPC2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_006432:1-5. **Detection Rate:** African or African American >99%.
Niemann-Pick Disease, SMPD1-associated - **Gene:** SMPD1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000543:1-6. **Detection Rate:** African or African American >99%.
Nijmegen Breakage Syndrome - **Gene:** NBN. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_002485:1-16. **Detection Rate:** African or African American >99%.
Northern Epilepsy - **Gene:** CLN8. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_018941:2-3. **Detection Rate:** African or African American >99%.
Ornithine Transcarbamylase Deficiency - **Gene:** OTC. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000531:1-10. **Detection Rate:** African or African American 97%.
PCCA-related Propionic Acidemia - **Gene:** PCCA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000282:1-24. **Detection Rate:** African or African American 95%.
PCCB-related Propionic Acidemia - **Gene:** PCCB. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001178014:1-16. **Detection Rate:** African or African American >99%.
PCDH15-related Disorders - **Gene:** PCDH15. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_033056:2-33. **Detection Rate:** African or African American 93%.
Pendred Syndrome - **Gene:** SLC26A4. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000441:2-21. **Detection Rate:** African or African American >99%.
Peroxisome Biogenesis Disorder Type 3 - **Gene:** PEX12. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000286:1-3. **Detection Rate:** African or African American >99%.
Peroxisome Biogenesis Disorder Type 4 - **Gene:** PEX6. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000287:1-17. **Detection Rate:** African or African American 97%.
Peroxisome Biogenesis Disorder Type 5 - **Gene:** PEX2. Autosomal Recessive. Sequencing with copy number analysis. **Exon:** NM_000318:4. **Detection Rate:** African or African American >99%.
Peroxisome Biogenesis Disorder Type 6 - **Gene:** PEX10. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_153818:1-6. **Detection Rate:** African or African American >99%.
PEX1-related Zellweger Syndrome Spectrum - **Gene:** PEX1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000466:1-24. **Detection Rate:** African or African American >99%.

Phenylalanine Hydroxylase Deficiency - **Gene:** PAH. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000277:1-13. **Detection Rate:** African or African American >99%.
PKHD1-related Autosomal Recessive Polycystic Kidney Disease - **Gene:** PKHD1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_138694:2-67. **Detection Rate:** African or African American >99%.
Polyglandular Autoimmune Syndrome Type 1 - **Gene:** AIRE. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000383:1-14. **Detection Rate:** African or African American >99%.
Pompe Disease - **Gene:** GAA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000152:2-20. **Detection Rate:** African or African American >99%.
PPT1-related Neuronal Ceroid Lipofuscinosis - **Gene:** PPT1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000310:1-9. **Detection Rate:** African or African American >99%.
Primary Carnitine Deficiency - **Gene:** SLC22A5. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_003060:1-10. **Detection Rate:** African or African American >99%.
Primary Hyperoxaluria Type 1 - **Gene:** AGXT. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000030:1-11. **Detection Rate:** African or African American >99%.
Primary Hyperoxaluria Type 2 - **Gene:** GRHPR. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_012203:1-9. **Detection Rate:** African or African American >99%.
Primary Hyperoxaluria Type 3 - **Gene:** HOGA1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_138413:1-7. **Detection Rate:** African or African American >99%.
PROP1-related Combined Pituitary Hormone Deficiency - **Gene:** PROP1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_006261:1-3. **Detection Rate:** African or African American >99%.
Pycnodysostosis - **Gene:** CTSK. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000396:2-8. **Detection Rate:** African or African American >99%.
Pyruvate Carboxylase Deficiency - **Gene:** PC. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_022172:2-21. **Detection Rate:** African or African American >99%.
Rhizomelic Chondrodysplasia Punctata Type 1 - **Gene:** PEX7. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000288:1-10. **Detection Rate:** African or African American >99%.
RTEL1-related Disorders - **Gene:** RTEL1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_032957:2-35. **Detection Rate:** African or African American >99%.
Salla Disease - **Gene:** SLC17A5. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_012434:1-11. **Detection Rate:** African or African American 98%.
Sandhoff Disease - **Gene:** HEXB. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000521:1-14. **Detection Rate:** African or African American 99%.
Segawa Syndrome - **Gene:** TH. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000360:1-13. **Detection Rate:** African or African American >99%.
Short Chain Acyl-CoA Dehydrogenase Deficiency - **Gene:** ACADS. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000017:1-10. **Detection Rate:** African or African American >99%.
Sjogren-Larsson Syndrome - **Gene:** ALDH3A2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000382:1-10. **Detection Rate:** African or African American 97%.
Smith-Lemli-Opitz Syndrome - **Gene:** DHCR7. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001360:3-9. **Detection Rate:** African or African American >99%.
Spastic Paraplegia Type 15 - **Gene:** ZFYVE26. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_015346:2-42. **Detection Rate:** African or African American >99%.
Spinal Muscular Atrophy - **Gene:** SMN1. Autosomal Recessive. Spinal muscular atrophy. **Variant (1):** SMN1 copy number. **Detection Rate:** African or African American 71%.
Spondylothoracic Dysostosis - **Gene:** MESP2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_001039958:1-2. **Detection Rate:** African or African American >99%.
Sulfate Transporter-related Osteochondrodysplasia - **Gene:** SLC26A2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000112:2-3. **Detection Rate:** African or African American >99%.
TGM1-related Autosomal Recessive Congenital Ichthyosis - **Gene:** TGM1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000359:2-15. **Detection Rate:** African or African American >99%.
TPP1-related Neuronal Ceroid Lipofuscinosis - **Gene:** TPP1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000391:1-13. **Detection Rate:** African or African American >99%.
Tyrosinemia Type I - **Gene:** FAH. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000137:1-14. **Detection Rate:** African or African American >99%.
Tyrosinemia Type II - **Gene:** TAT. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000353:2-12. **Detection Rate:** African or African American >99%.
USH1C-related Disorders - **Gene:** USH1C. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_153676:1-27. **Detection Rate:** African or African American >99%.
USH2A-related Disorders - **Gene:** USH2A. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_206933:2-72. **Detection Rate:** African or African American 94%.
Usher Syndrome Type 3 - **Gene:** CLRN1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_174878:1-3. **Detection Rate:** African or African American >99%.
Very Long Chain Acyl-CoA Dehydrogenase Deficiency - **Gene:** ACADVL. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000018:1-20. **Detection Rate:** African or African American >99%.
Wilson Disease - **Gene:** ATP7B. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000053:1-21. **Detection Rate:** African or African American >99%.
X-linked Adrenoleukodystrophy - **Gene:** ABCD1. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000033:1-6. **Detection Rate:** African or African American 77%.
X-linked Alport Syndrome - **Gene:** COL4A5. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000495:1-51. **Detection Rate:** African or African American 95%.
X-linked Congenital Adrenal Hypoplasia - **Gene:** NR0B1. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000475:1-2. **Detection Rate:** African or African American 99%.
X-linked Juvenile Retinoschisis - **Gene:** RS1. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000330:1-6. **Detection Rate:** African or African American 98%.
X-linked Myotubular Myopathy - **Gene:** MTM1. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000252:2-15. **Detection Rate:** African or African American 98%.
X-linked Severe Combined Immunodeficiency - **Gene:** IL2RG. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000206:1-8. **Detection Rate:** African or African American >99%.
Xeroderma Pigmentosum Group A - **Gene:** XPA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000380:1-6. **Detection Rate:** African or African American >99%.
Xeroderma Pigmentosum Group C - **Gene:** XPC. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_004628:1-16. **Detection Rate:** African or African American 97%.

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 12394 Residual Risk	Reproductive Risk
11-beta-hydroxylase-deficient Congenital Adrenal Hyperplasia	1 in 3,300	< 1 in 1,000,000
21-hydroxylase-deficient Congenital Adrenal Hyperplasia	1 in 1,400	1 in 660,000
6-pyruvoyl-tetrahydropterin Synthase Deficiency	< 1 in 50,000	< 1 in 1,000,000
ABCC8-related Hyperinsulinism	1 in 11,000	< 1 in 1,000,000
Adenosine Deaminase Deficiency	1 in 39,000	< 1 in 1,000,000
Alpha Thalassemia	Alpha globin status: aa/aa.	Not calculated
Alpha-mannosidosis	1 in 35,000	< 1 in 1,000,000
Alpha-sarcoglycanopathy	1 in 45,000	< 1 in 1,000,000
Alstrom Syndrome	< 1 in 50,000	< 1 in 1,000,000
AMT-related Glycine Encephalopathy	1 in 22,000	< 1 in 1,000,000
Andermann Syndrome	< 1 in 50,000	< 1 in 1,000,000
Argininemia	< 1 in 17,000	< 1 in 1,000,000
Argininosuccinic Aciduria	1 in 13,000	< 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 16,000	< 1 in 1,000,000
ATP7A-related Disorders	< 1 in 1,000,000	1 in 600,000
Autosomal Recessive Osteopetrosis Type 1	1 in 35,000	< 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
Bardet-Biedl Syndrome, BBS12-related	< 1 in 50,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS2-related	< 1 in 50,000	< 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 1,200
Bloom Syndrome	< 1 in 50,000	< 1 in 1,000,000
Calpainopathy	1 in 13,000	< 1 in 1,000,000
Canavan Disease	< 1 in 31,000	< 1 in 1,000,000
Carbamoylphosphate Synthetase I Deficiency	< 1 in 57,000	< 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
Cerebrotendinous Xanthomatosis	1 in 11,000	< 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
CLN6-related Neuronal Ceroid Lipofuscinosis	< 1 in 50,000	< 1 in 1,000,000
Cohen Syndrome	< 1 in 15,000	< 1 in 1,000,000
COL4A3-related Alport Syndrome	1 in 11,000	< 1 in 1,000,000
COL4A4-related Alport Syndrome	1 in 21,000	< 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 Disorder of Glycosylation Type Ic	< 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 6,500	< 1 in 1,000,000
Cystinosis	1 in 22,000	< 1 in 1,000,000
D-bifunctional Protein Deficiency	1 in 9,000	< 1 in 1,000,000

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RESU TS REC P ENT
SEATTLE SPERM BANK
Attn: Dr. Jeffrey Olliffe
NPI: 1306838271
Report Date: 11/27/2018

MA E
DONOR 12394
DOB [redacted]
Ethnicity: African or African American
Barcode: [redacted]

FEMA E
N/A

Disease	DONOR 12394 Residual Risk	Reproductive Risk
Delta-sarcoglycanopathy	< 1 in 40,000	< 1 in 1,000,000
Dysferlinopathy	1 in 11,000	< 1 in 1,000,000
Dystrophinopathy (Including Duchenne/Becker Muscular Dystrophy)	Not calculated	Not calculated
ERCC6-related Disorders	1 in 19,000	< 1 in 1,000,000
ERCC8-related Disorders	1 in 7,300	< 1 in 1,000,000
EVC-related Ellis-van Creveld Syndrome	1 in 7,500	< 1 in 1,000,000
EVC2-related Ellis-van Creveld Syndrome	< 1 in 50,000	< 1 in 1,000,000
Fabry Disease	< 1 in 1,000,000	1 in 80,000
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 Complementation Group A	1 in 3,100	< 1 in 1,000,000
Fanconi Anemia Type C	1 in 16,000	< 1 in 1,000,000
FKRP-related Disorders	1 in 19,000	< 1 in 1,000,000
FKTN-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Galactokinase Deficiency	1 in 35,000	< 1 in 1,000,000
Galactosemia	1 in 8,600	< 1 in 1,000,000
Gamma-sarcoglycanopathy	1 in 3,000	< 1 in 1,000,000
Gaucher Disease	1 in 310	1 in 150,000
GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness	1 in 4,700	1 in 890,000
GLB1-related Disorders	1 in 19,000	< 1 in 1,000,000
GLDC-related Glycine Encephalopathy	1 in 2,800	< 1 in 1,000,000
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
GNPTAB-related Disorders	1 in 32,000	< 1 in 1,000,000
GRACILE Syndrome	< 1 in 50,000	< 1 in 1,000,000
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 950	1 in 38,000
Hereditary Fructose Intolerance	< 1 in 50,000	< 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
HMG-CoA Lyase Deficiency	< 1 in 33,000	< 1 in 1,000,000
Holocarboxylase Synthetase Deficiency	1 in 15,000	< 1 in 1,000,000
Homocystinuria Caused by Cystathionine Beta-synthase Deficiency	1 in 25,000	< 1 in 1,000,000
Hydrolethalus Syndrome	< 1 in 50,000	< 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
KCNJ11-related Familial Hyperinsulinism	< 1 in 50,000	< 1 in 1,000,000
Krabbe Disease	1 in 15,000	< 1 in 1,000,000
LAMA2-related Muscular Dystrophy	1 in 17,000	< 1 in 1,000,000
Leigh Syndrome, French-Canadian Type	< 1 in 50,000	< 1 in 1,000,000
Lipoamide Dehydrogenase Deficiency	< 1 in 50,000	< 1 in 1,000,000
Lipoid Congenital Adrenal Hyperplasia	< 1 in 50,000	< 1 in 1,000,000
Lysosomal Acid Lipase Deficiency	1 in 30,000	< 1 in 1,000,000
Maple Syrup Urine Disease Type 1B	1 in 25,000	< 1 in 1,000,000
Maple Syrup Urine Disease Type Ia	1 in 26,000	< 1 in 1,000,000
Maple Syrup Urine Disease Type II	1 in 13,000	< 1 in 1,000,000
Medium Chain Acyl-CoA Dehydrogenase Deficiency	1 in 11,000	< 1 in 1,000,000
Megalencephalic Leukoencephalopathy with Subcortical Cysts	< 1 in 50,000	< 1 in 1,000,000
Metachromatic Leukodystrophy	1 in 20,000	< 1 in 1,000,000
Methylmalonic Acidemia, cblA Type	< 1 in 50,000	< 1 in 1,000,000
Methylmalonic Acidemia, cblB Type	< 1 in 50,000	< 1 in 1,000,000
Methylmalonic Aciduria and Homocystinuria, cblC Type	1 in 16,000	< 1 in 1,000,000
MKS1-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Mucolipidosis III Gamma	< 1 in 50,000	< 1 in 1,000,000
Mucolipidosis IV	< 1 in 50,000	< 1 in 1,000,000

Counsyl

RESU TS REC P ENT
SEATTLE SPERM BANK
Attn: Dr. Jeffrey Olliffe
NPI: 1306838271
Report Date: 11/27/2018

MA E
DONOR 12394
DOB [redacted]
Ethnicity: African or African American
Barcode: [redacted]

FEMA E
N/A

Disease	DONOR 12394 Residual Risk	Reproductive Risk
Mucopolysaccharidosis Type I	1 in 16,000	< 1 in 1,000,000
Mucopolysaccharidosis Type II	< 1 in 1,000,000	1 in 300,000
Mucopolysaccharidosis Type IIIA	1 in 16,000	< 1 in 1,000,000
Mucopolysaccharidosis Type IIIB	1 in 31,000	< 1 in 1,000,000
Mucopolysaccharidosis Type IIIC	1 in 43,000	< 1 in 1,000,000
Muscle-eye-brain Disease	< 1 in 12,000	< 1 in 1,000,000
MUT-related Methylmalonic Acidemia	1 in 18,000	< 1 in 1,000,000
MYO7A-related Disorders	1 in 15,000	< 1 in 1,000,000
NEB-related Nemaline Myopathy	< 1 in 6,700	< 1 in 1,000,000
Nephrotic Syndrome, NPHS2-related	1 in 35,000	< 1 in 1,000,000
Niemann-Pick Disease Type C	1 in 19,000	< 1 in 1,000,000
Niemann-Pick Disease Type C2	< 1 in 50,000	< 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
Ornithine Transcarbamylase Deficiency	< 1 in 1,000,000	1 in 140,000
PCCA-related Propionic Acidemia	1 in 4,200	< 1 in 1,000,000
PCCB-related Propionic Acidemia	1 in 22,000	< 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
Peroxisome Biogenesis Disorder Type 3	1 in 44,000	< 1 in 1,000,000
Peroxisome Biogenesis Disorder Type 4	1 in 9,300	< 1 in 1,000,000
Peroxisome Biogenesis Disorder Type 5	< 1 in 71,000	< 1 in 1,000,000
Peroxisome Biogenesis Disorder Type 6	< 1 in 50,000	< 1 in 1,000,000
PEX1-related Zellweger Syndrome Spectrum	1 in 11,000	< 1 in 1,000,000
Phenylalanine Hydroxylase Deficiency	1 in 16,000	< 1 in 1,000,000
PKHD1-related Autosomal Recessive Polycystic Kidney Disease	< 1 in 50,000	< 1 in 1,000,000
Polyglandular Autoimmune Syndrome Type 1	< 1 in 50,000	< 1 in 1,000,000
Pompe Disease	1 in 5,900	< 1 in 1,000,000
PPT1-related Neuronal Ceroid Lipofuscinosis	< 1 in 50,000	< 1 in 1,000,000
Primary Carnitine Deficiency	1 in 16,000	< 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
Primary Hyperoxaluria Type 3	< 1 in 50,000	< 1 in 1,000,000
PROP1-related Combined Pituitary Hormone Deficiency	1 in 11,000	< 1 in 1,000,000
Pycnodysostosis	< 1 in 50,000	< 1 in 1,000,000
Pyruvate Carboxylase Deficiency	1 in 25,000	< 1 in 1,000,000
Rhizomelic Chondrodysplasia Punctata Type 1	1 in 16,000	< 1 in 1,000,000
RTEL1-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Salla Disease	< 1 in 30,000	< 1 in 1,000,000
Sandhoff 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 50,000	< 1 in 1,000,000
Spastic Paraplegia Type 15	< 1 in 50,000	< 1 in 1,000,000
Spinal Muscular Atrophy	SMN1: 3+ copies 1 in 4,300	< 1 in 1,000,000
Spondylothoracic Dysostosis	< 1 in 50,000	< 1 in 1,000,000
Sulfate Transporter-related Osteochondrodysplasia	1 in 11,000	< 1 in 1,000,000
TGM1-related Autosomal Recessive Congenital Ichthyosis	1 in 22,000	< 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
Tyrosinemia Type II	1 in 25,000	< 1 in 1,000,000
USH1C-related Disorders	1 in 35,000	< 1 in 1,000,000
USH2A-related Disorders	1 in 2,200	< 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
X-linked Adrenoleukodystrophy	1 in 90,000	1 in 42,000
X-linked Alport Syndrome	Not calculated	Not calculated
X-linked Congenital Adrenal Hypoplasia	< 1 in 1,000,000	< 1 in 1,000,000

Counsyl

RESU TS REC P ENT
SEATTLE SPERM BANK
Attn: Dr. Jeffrey Olliffe
NPI: 1306838271
Report Date: 11/27/2018

MA E
DONOR 12394
DOB [redacted]
Ethnicity: African or African American
Barcode: [redacted]

FEMA E
N/A

Disease	DONOR 12394 Residual Risk	Reproductive Risk
X-linked Juvenile Retinoschisis	< 1 in 1,000,000	1 in 50,000
X-linked Myotubular Myopathy	Not calculated	Not calculated
X-linked Severe Combined Immunodeficiency	< 1 in 1,000,000	1 in 200,000
Xeroderma Pigmentosum Group A	< 1 in 50,000	< 1 in 1,000,000
Xeroderma Pigmentosum Group C	1 in 7,300	< 1 in 1,000,000

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Patient	Sample	Referring Doctor
Patient Name: Donor 12394 **Date of Birth:** [redacted] **Reference #:** LP2067519 **Indication:** Carrier Testing **Test Type:** *POLG* gene sequencing	**Specimen Type:** Blood **Lab #:** 20069314DC **Date Collected:** 2/5/2020 **Date Received:** 2/8/2020 **Final Report:** 3/10/2020	**Jeffrey Olliffe, M.D.** **Seattle Sperm Bank** **4915 25th Avenue NE** **Suite 204W** **Seattle, WA 98105** Fax: **206-466-4696**

RESULTS SUMMARY

No clinically significant variant(s) detected.

Gene(s) Analyzed:

Gene	Disease	Transcript
POLG	mitochondrial DNA depletion syndrome 4A and 4B and other POLG-related	NM_002693.2

1. All coding DNA sequence of the genes corresponding to the transcripts listed plus the flanking 5 base pair splice sites are sequenced relative to the hg19 assembly.
2. Alternate transcripts may also be tested.

Recommendations

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

Interpretation

Next generation sequencing of the *POLG* gene was performed on DNA extracted from the blood from this patient.

No clinically significant variant(s) detected during this analysis. This negative result does not rule out the possibility that a mutation not detectable by this test may be present in this individual. **Only known pathogenic variants or likely pathogenic variants are reported in this carrier screening test. If reporting of variant of uncertain clinical significance is desired in this patient, please contact the laboratory (tel. 212-241-2537) to request an amended report.**

This case has been reviewed and electronically signed by Funda Suer, Ph.D., FACMG, Laboratory Director
Laboratory Medical Consultant: George A. Diaz, M.D., Ph.D.

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Patient:	Donor 12394	DOB:	[redacted]	Lab #:	20069314DC

METHODS

Next Generation Sequencing (NGS) (Analytical Detection Rate >95%)
Agilent SureSelect™ QXT technology is 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. Samples are pooled and sequenced on the Illumina NovaSeq platform in the Xp workflow, using 100 bp paired-end reads. The sequencing data are analyzed using a custom bioinformatics algorithm designed and validated in-house. In our validation, average coverage was greater than 200X per sample with >99.9% of regions covered at greater than 20X.

The coding exons and splice junctions of the known protein-coding RefSeq genes are 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 include, but are not limited to, UTRs, promoters, and deep intronic areas. Regions (hg19 coordinates) that have been excluded due to lack of amenability to NGS or Sanger sequencing, high GC content, high homology, lack of known clinically significant variants, or overlap with repetitive regions are described above. Exons contained within these regions will not be reflexed to Sanger sequencing if the mapping quality or coverage is poor due to high sequence homology. Any clinically significant variants identified during testing in these regions are confirmed by a second method and reported.

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.

Copy Number Variant Analysis (Analytical Detection Rate >90%)
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. This algorithm is designed to pick up deletions and duplications of two or more exons/probed regions in length. For deletions (≥2 exons/probed regions), the analytical sensitivity and analytical specificity are >99%. For duplications (≥2 exons/probed regions), the analytical sensitivity is >80% and analytical specificity is >99%. All reported pathogenic or likely pathogenic deletions and/or duplications were confirmed by a custom aCGH platform, quantitative PCR, and/or MLPA, depending on CNV size and gene content.

Multiplex Ligation-Dependent Probe Amplification (MLPA) (Confirmation Method) (Analytical Detection Rate >99%)
MLPA® probe sets and reagents from MRC-Holland were used for copy number analysis of specific targets versus known control samples. False positive or negative results may occur due to rare sequence variants in target regions detected by MLPA probes. Analytical sensitivity and specificity of the MLPA method are both 99%.

Exon Array (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 one hundred and eighty thousand 60-mer oligonucleotide probes that cover the entire gene panel. This platform is designed based on human genome NCBI Build 37 (hg19) and the CGH probes are selected to target the exonic regions of the genes in this panel.

Quantitative PCR (Confirmation method) (Analytical detection rate >99%)
The relative quantification PCR is utilized on a Roche Universal L brary Probe (UPL) system, which relates the PCR signal of the target region in one group to another. To test for genomic imbalances, both sample DNA and reference DNA is amplified with primer/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 ΔΔCt formula.

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.

Variant Interpretation and Reporting
Variant interpretation and classification was performed based on the American College of Medical Genetics Standards and guidelines for the interpretation of sequence variants (PMID:25741868). Frequency in control populations were evaluated based on the Exome Aggregation Consortium (ExAC, http://exac.broadinstitute.org/) , and Genome Aggregation Database (gnomAD, http://gnomad.broadinstitute.org/). Variants that are related to the patient's phenotype and relevant to indications were investigated. Potentially pathogenic variants may be confirmed by Sanger sequencing if indicated. Familial samples are only tested for certain variants by Sanger sequencing if indicated and tested solely for the presence or absence of the variants. The non-paternity and germline mosaicism were not ruled out. Only variants determined to be pathogenic or likely pathogenic are reported in this carrier screening test. We cannot rule out the possibility that variants classified as uncertain clinical significance may contribute to disease. Variant interpretations, based on current knowledge, may change over time as more information arises.

Technical limitations
This NGS technology may not detect all small insertions/deletions and is not diagnostic for large duplications/deletions, repeat expansions, and structural genomic variation. This test will only detect variants within the exons and the intron-exon boundaries of the target genes as listed in the report table. Variants outside these regions will not be detected. These regions include, but are not limited to, UTRs, promoters, and deep intronic, low coverage areas. In addition, a mutation(s) in a gene not included on the panel could be present in this patient.

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Patient:	Donor 12394	DOB:	[redacted]	Lab #:	20069314DC

Comments
Please note these tests were developed and their performance characteristics were determined by Mount Sinai Genomics, Inc. They have not been cleared or approved by the FDA. These analyses generally provide highly accurate information regarding the patient's carrier or affected status. Although this testing is highly accurate, false positive or negative diagnostic errors may occur. Possible causes include but are not limited to: sample mix-up or misidentification, blood transfusion, bone marrow transplantation, technical errors, sample aging/degradation, interfering substances, conditions or genetic variants that interfere with one or more of the analyses.

LabCorp

Patient Report

Patient: 12394, DONOR
DOB: [redacted]
Patient ID:
Control ID: B0083348535
Specimen ID: 324-129-3881-0
Date collected: 11/20/2018 0924 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
			3X Avg.Risk	8.0 6.1	
	.				01
Hemoglobin Fractionation					01
Hgb F	0.0		%	0.0 - 2.0	02
Hgb A	97.6		%	96.4 - 98.8	02
Hgb S	0.0		%	0.0	02
Hgb C	0.0		%	0.0	02
Hgb A2	2.4		%	1.8 - 3.2	02
Hgb Variant	0.0		%	0.0	02
Interpretation					
Normal adult hemoglobin present.					02
	.				01
Serology/Immunology					01
ABO Grouping	A				01
Rh Factor	Positive				01
Please note: Prior records for this patient's ABO / Rh type are not available for additional verification.					
	.				01
CBC, Platelet Ct, and Diff					01
WBC	7.4		x10E3/uL	3.4 - 10.8	01
RBC	4.93		x10E6/uL	4.14 - 5.80	01
Hemoglobin	14.7		g/dL	13.0 - 17.7	01
Hematocrit	42.3		%	37.5 - 51.0	01
MCV	86		fL	79 - 97	01
MCH	29.8		pg	26.6 - 33.0	01
MCHC	34.8		g/dL	31.5 - 35.7	01
RDW	14.0		%	12.3 - 15.4	01
Platelets	376		x10E3/uL	150 - 379	01
Neutrophils	63		%	Not Estab.	01
Lymphs	25		%	Not Estab.	01
Monocytes	6		%	Not Estab.	01
Eos	5		%	Not Estab.	01
Basos	1		%	Not Estab.	01
Neutrophils (Absolute)	4.6		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.8		x10E3/uL	0.7 - 3.1	01
Monocytes(Absolute)	0.5		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.4		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
	.				01
Urinalysis Gross Exam					01
Specific Gravity	1.008			1.005 - 1.030	01

26 NOV 18

Patient Information	
Patient Name:	Donor 12394
Date Of Birth:	[redacted]
Gender:	Male
Ethnicity:	Other
Patient ID:	N/A
Medical Record #:	N/A
Collection Kit:	21388889-2-C
Accession ID:	N/A
Case File ID:	6785486

Test Information	
Ordering Physician:	Jeffrey Olliffe, MD
Clinic Information:	Seattle Sperm Bank
Phone:	(206) 588-1484
Report Date:	07/16/2022
Sample Collected:	07/01/2022
Sample Received:	07/05/2022
Sample Type:	Blood

horizon™ natera carrier screen

CARRIER SCREENING REPORT

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

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

FINAL RESULTS SUMMARY:

Negative for 1 out of 1 diseases

No Pathogenic variants were detected in the genes that were screened. The patient's remaining carrier risk after the negative screening results is listed for each disease/gene on the Horizon website at https://www.natera.com/panel-option/h421/. Please see the following pages of this report for a comprehensive list of all conditions included on this individual's screen.

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

RECOMMENDATIONS
Individuals who would like to review their Horizon report with a Natera Laboratory Genetic Counselor may schedule a telephone genetic information session by calling 650-249-9090 or visiting naterasession.com. Clinicians with questions may contact Natera at 650-249-9090 or email support@natera.com.

Christine M. Eng, M.D.
Medical Director, Baylor Genetics

Linyan Meng, Ph.D
Laboratory Director, Baylor Genetics

J. Eleanor Kyeyune-Kim, Ph.D., FACMGG
Senior Laboratory Director, Natera

Yang Wang, Ph.D., FACMGG
Laboratory Director, Natera

natera® Conceive. Deliver.

Patient Information
Patient Name: Donor 12394

Date Of Birth: [redacted]
Case File ID: 6785486

Test Information
Ordering Physician: Jeffrey Olliffe, MD

Clinic Information: Seattle Sperm Bank

Report Date: 07/16/2022

horizon™ natera carrier screen

DISEASES SCREENED

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

Autosomal Recessive

P
PSEUDOXANTHOMA ELASTICUM
(ABCC6) **negative**

Patient Information
Patient Name: Donor 12394
Date Of Birth: [redacted]
Case File ID: 6785486

Test Information
Ordering Physician: Jeffrey Olliffe, MD
Clinic Information: Seattle Sperm Bank
Report Date: 07/16/2022

horizon™ natera carrier screen

Testing Methodology, Limitations, and Comments:

Next-generation sequencing (NGS)

1. For the paired-end pre-capture library procedure, genomic DNA is fragmented by sonication and ligated to the Illumina multiplexing PE adapters with sequencing barcodes (indexes). The adapter-ligated DNA is then PCR amplified using primers. For the target enrichment capture procedure, the pre-capture libraries are pooled as a 47-plex and enriched by hybridizing to biotin-labeled probe (smallUTCv3) in-solution at 56C or 47C for 16-48 hours. The post-capture library DNA is subjected to massively parallel sequencing on the Illumina HiSeq 2500 platform for 100 bp paired-end reads. The following quality control metrics of the sequencing data are generally achieved: >98% target bases covered at >20X, >95% target bases covered at >40X, mean coverage of target bases at >120X. SNP concordance to genotype array: >95%. This test may not provide detection of a portion of the gene due to local sequence characteristics or the presence of closely related pseudogenes. Terminal deletions and duplications may not be fully delineated. Partial exonic copy number changes and sequences present in repetitive sequences may not be identified by this methodology.
2. As a quality control measure, analysis includes a genotyping assay performed by the Fluidigm SNPtype platform using the SNPTrace Panel. The SNPTrace Panel consists of 90 autosomal loci and 6 allosome loci (3 SNPs each on chrX and chrY). Samples and assays are transferred to a 96 Fluidigm Dynamic array, loaded to reaction chambers by an integrated fluidic circuit (IFC) controller, thermal cycled, and endpoint-imaged on the BioMark HD System (Fluidigm). The SNP data are first analyzed by SNP Genotyping Analysis Software (Fluidigm) and then by comparison with the genotype calls made from the Dragen BioIT Platform for NGS data to ensure correct sample identification. Once an assessment of identity match is established, contamination analysis is performed by using homozygous sites and computational inspection of BAM data.
3. Data analysis and interpretation are performed by the Baylor Genetics analytics pipeline. The output data from the Illumina HiSeq are converted from BCL files to FastQ files according to each samples specific adapter sequence using Illuminas recommended procedure. FastQ data are aligned to the human reference genome using the Dragen BioIT Platform (Illumina). The output of the alignment is a BAM file; QC metrics of the map-align process are recorded for quality review. QC statistics include coverage for target genes and known pathogenic variant sites, mate-pair alignment information as well as number of total and duplicate reads. Variant calling on the BAM file is performed using the Dragen haplotype-based variant calling system. The variant calling step generates a raw VCF file containing a list of detected variants, which are then annotated using a locally installed annotation system. The annotation platform leverages the GenomOncology Knowledge Management System API and provides annotations using open source data sets such as ExAC, EVS, and ClinVar and professional resources such as HGMD Pro. The API also provides HGVS nomenclature built using the Biocommons open-source suite of tools: HGVS python library, the UTA transcript repository, and SeqRepo sequence database. This annotation system reports zygosity as well as inference of mutation types including nonsense, missense, synonymous, splicing and frameshift, among others. Synonymous variants, intronic variants not affecting splicing sites, and common benign variants are excluded from interpretation unless previously reported as pathogenic variants. It should be noted that the data interpretation is based on our current understanding of the gene and variants at the time of reporting. The sequence alignment, variant calling and annotation algorithms may be updated periodically with validated improvements and increments to the knowledgebase.
4. Copy number variants (CNV) are analyzed by the Baylor Genetics analytics pipeline. CNV analysis is limited to deletions involving more than one exon for most genes in the panel, except specific known recurrent deletion events, and exonic deletion and multi-exonic duplication events of CFTR and HBB. The method does not detect gene inversions, most single-exonic deletions, and duplications. Additionally, the method does not define the exact deletion/duplication boundaries of detected CNV events. Confirmation testing for copy number variation is performed by specific PCR, Multiplex Ligation-dependent Probe Amplification (MLPA), next generation sequencing, or other methods for confirmation and variant sizing; additional information.
5. SMN1 exon 7 deletion and g.27134T>G SNP analysis is performed by the Baylor Genetics analytics pipeline. The SMN1 analysis does not identify a carrier who has an exon 7 deletion on one chromosome and two copies of the SMN1 gene on the other chromosome.
6. If CYP21A2 is tested, CYP21A2 deletion and sequencing variant analysis is performed by the Baylor Genetics analytics pipeline. Specific enhancement on variant detection is applied to c.92C>T (p.P31L), c.293-13C>G, c.332_339delGAGACTAC (p.G111Vfs*21), c.518T>A (p.I173N), c.(710T>A;713T>A)(I237N;V238E), c.844G>T (p.V282L), c.923dupT (p.L308Ffs*6), c.955C>T (p.Q319*), c.1069C>T (p.R357W), c.1360C>T (p.P454S). CYP21A2 duplication will be reflexed if c.955C>T (p.Q319*) is detected. Sequencing variants outside these regions might be detected as well.

Reflex Testing

If the CFTR R117H variant is detected, reflex testing of the polythymidine variations (5T, 7T and 9T) at the intron 9 (legacy intron number 8) branch/acceptor site of the CFTR gene will be performed. The polythymidine variations (5T, 7T and 9T) are analyzed by Sanger sequencing.

Sanger Sequencing

A PCR-based assay is used to amplify the region(s) of interest in the gene. Direct sequence analysis of PCR products is performed in both the forward and reverse directions using automated fluorescence dideoxy sequencing methods.

Variant Classification

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

Negative Results

A negative carrier screening result reduces the risk for a patient to be a carrier of a specific disease but does not completely rule out carrier status. Please visit https://www.natera.com/panel-option/h421/ for a table of carrier rates, detection rates, residual risks and promised variants/exons per gene. Carrier rates before and after testing vary by ethnicity and assume a negative family history for each disease screened and the absence of clinical symptoms in the patient. Any patient with a family history for a specific genetic disease will have a higher carrier risk prior to testing and, if the disease-causing mutation in their family is not included on the test, their carrier risk would remain unchanged. Genetic counseling is recommended for patients with a family history of genetic disease so that risk figures based on actual family history can be determined and discussed along with potential implications for reproduction. Horizon carrier screening has been developed to identify the reproductive risks for monogenic inherited conditions. Even when one or both members of a couple screen negative for pathogenic variants in a

Patient Information
Patient Name: Donor 12394
Date Of Birth: [redacted]
Case File ID: 6785486

Test Information
Ordering Physician: Jeffrey Olliffe, MD
Clinic Information: Seattle Sperm Bank
Report Date: 07/16/2022

horizon™ natera carrier screen

specific gene, the disease risk for their offspring is not zero. There is still a low risk for the condition in their offspring due to a number of different mechanisms that are not detected by Horizon including, but not limited to, pathogenic variant(s) in the tested gene or in a different gene not included on Horizon, pathogenic variant(s) in an upstream regulator, uniparental disomy, de novo mutation(s), or digenic or polygenic inheritance.

Additional Comments

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

Integrated GENETICS
LabCorp Specialty Testing Group

Client/Sending Facility:
Seattle Sperm Bank

4915 25th Ave Ne Ste 204
SEATTLE, WA 98105
Ph: (206)588-1484
Fax: (206) 466-4696 WAB-55

LCLS Specimen Number:	**324-129-3897-0**	Account Number:	46857540
Patient Name:	**12394, DONOR**	Ordering Physician:	**J OLLIFFE**
Date of Birth:	[redacted]	Specimen Type:	**BLOOD**
Gender:	M	Client Reference:	
Patient ID:		Date Collected:	11/20/2018
Lab Number:	(J18-3989 L	Date Received:	11/21/2018
Indications:	DONOR	Date Reported:	**12/11/2018**

Test: **Chromosome, Blood, Routine**

Cells Counted:	15	Cells Karyotyped:	2
Cells Analyzed:	5	Band Resolution:	550

CYTOGENETIC RESULT: 46,XY

INTERPRETATION: NORMAL MALE KARYOTYPE

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

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

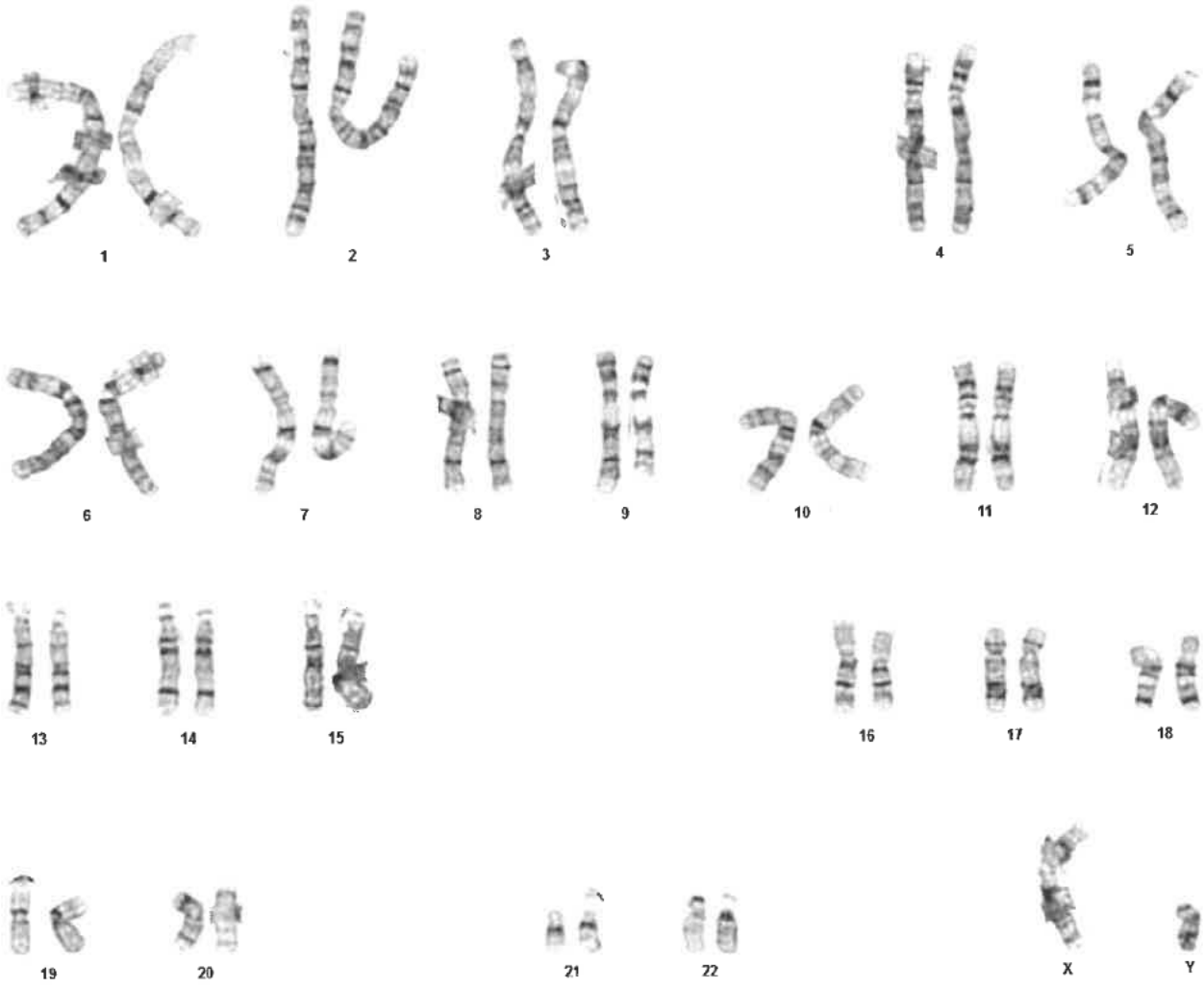
Integrated GENETICS
LabCorp Specialty Testing Group

Client/Sending Facility:
Seattle Sperm Bank

4915 25th Ave Ne Ste 204
SEATTLE, WA 98105
Ph: (206)588-1484
Fax: (206) 466-4696 WAB-55

LCLS Specimen Number: **324-129-3897-0**
Patient Name: **12394, DONOR**
Date of Birth: [redacted]
Gender: M
Patient ID:
Lab Number: (J18-3989 L

Account Number: 46857540
Ordering Physician: **J OLLIFFE**
Specimen Type: **BLOOD**
Client Reference:
Date Collected: 11/20/2018
Date Received: 11/21/2018



Integrated GENETICS
LabCorp Specialty Testing Group

Client/Sending Facility:
Seattle Sperm Bank

4915 25th Ave Ne Ste 204
SEATTLE, WA 98105
Ph: (206)588-1484
Fax: (206) 466-4696 WAB-55

LCLS Specimen Number:	**324-129-3897-0**
Patient Name:	**12394, DONOR**
Date of Birth:	[redacted]
Gender:	M
Patient ID:	
Lab Number:	(J18-3989 L

Account Number:	46857540
Ordering Physician:	**J OLLIFFE**
Specimen Type:	**BLOOD**
Client Reference:	
Date Collected:	11/20/2018
Date Received:	11/21/2018

Hiba Risheg, PhD., FACMG

Patricia Kandalaft, MD
Medical Director
Stuart Schwartz, PhD
National Director of Cytogenetics

Technical component performed by Laboratory Corporation of America Holdings, 550 17th Ave. Suite 200 , SEATTLE , WA , 98122-5789 (800) 676-8033

Professional Component performed by LabCorp/Dynacare CLIA 50D0632667, 550 17th Ave. Suite 200, Seattle WA 98122-5789. Medical Director, Patricia Kandalaft, MD

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