



Patient Information: DOB: Sex: M MR#: BFA0183 Patient#:

Partner Information: **Not Tested** 

Accession: N/A

Physician: Shaikly, Valerie ATTN: Shaikly, Valerie Fertility Genetics 1 Lanswood Park

Laboratory: **Fulgent Genetics** CAP#: 8042697 CLIA#: 05D2043189 Laboratory Director: Elmstead Market, Essex CO7 7FD GB Dr. Hanlin (Harry) Gao

Phone: 7711197938

Report Date: Apr 05,2023

Test# Specimen Type: Saliva Swab Collected: Mar 06,2023

Accession

### FINAL RESULTS

Carrier for genetic conditions in multiple genes. Genetic counseling is recommended.

### TEST PERFORMED

## 176 Matched Fors Male with

(177 Gene Panel; gene sequencing with deletion and duplication analysis)

Condition and Gene	Inheritance	Partner
Wilson disease	AR	Carrier N/A
ATP7B		c.3008C>T (p.Ala1003Val)
Methylmalonic aciduria and homocystinuria, cblC	AR	Carrier N/A
type MMACHC		Whole Gene Deletion
Congenital adrenal hyperplasia due to 21-	AR	Possible Carrier N/A
hydroxylase deficiency CYP21A2		c.955C>T(;)*12C>T + CYP21A2
CYPZIAZ		duplication
		p.(Gln319*)(;)(?)

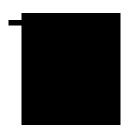
### INTERPRETATION:

### Notes and Recommendations:

- Based on these results, this individual is positive for carrier mutations in 3 genes. The risk estimates below are quantified based on general population carrier frequencies. Carrier screening for the reproductive partner is recommended to accurately assess the risk for any autosomal recessive conditions:
  - There is a 1/348 chance of having a child affected with Wilson disease, a ATP7B-related condition.
  - There is a 1/536 chance of having a child affected with Methylmalonic aciduria and homocystinuria, cblC type, a MMACHC-related condition.
  - There is a 1/244 chance of having a child affected with Congenital adrenal hyperplasia due to 21-hydroxylase deficiency, a CYP21A2-related condition.
- Repeat expansion testing for FMR1 indicates that 36 CGG repeats were observed in this individual. This result is within a normal range.
- Testing for copy number changes in the SMN1 gene was performed to screen for the carrier status of Spinal Muscular Atrophy. The results for this individual are within the normal range for non-carriers. See Limitations section for more
- This carrier screening test does not screen for all possible genetic conditions, nor for all possible mutations in every gene tested. Individuals with negative test results may still have up to a 3-4% risk to have a child with a birth defect due to genetic and/or environmental factors.
- Patients may wish to discuss any carrier results with blood relatives, as there is an increased chance that they are also carriers. These results should be interpreted in the context of this individual's clinical findings, biochemical profile, and family
- Gene specific notes and limitations may be present. See below.

Patient: FD Patient#: Sex: M: Accession#: DOB: MR#: BFA0183 DocID: PAGE 1 of 16





- This report does not include variants of uncertain significance.
- Genetic counseling is recommended. Contact your physician about the available options for genetic counseling.





PAGE 3 of 16



Patient		Partner
Result	• Carrier	N/A
Variant Details	<b>ATP7B</b> (NM_000053.4) c.3008C>T (p.Ala1003Val)	N/A

### What is Wilson disease?

Wilson disease is a disorder that affects the liver's ability to remove excess copper in the body. Normally, a healthy amount of copper is absorbed by the body through diet. When the liver is impaired and cannot properly excrete copper, the buildup over time can lead to symptoms such as liver disease, psychiatric disturbance, and neurologic disorder. Ages of onset vary, with symptoms most commonly reported between the ages of 5 to 35.

### What is my risk of having an affected child?

Wilson disease is inherited in an autosomal recessive manner. This means that when both parents are carriers for the condition, there is a 1 in 4 (25%) risk of having an affected child. The overall risk of being a carrier for *ATP7B*-related Wilson disease is 1 in 87 in the general population. Individuals of Caucasian/European descent have an increased carrier risk of 1 in 42.

### What kind of medical management is available?

Medical management is specific to each individual and should be discussed with your doctor. To treat Wilson disease, lifelong management is required. Administration of chelating agents (medications) to remove excess copper and reducing dietary intake of copper may help to prevent disease progression. Liver transplantation may also be required in severe cases of liver damage. Biannual surveillance is strongly recommended to assess the progression of the disease and/or treatment. Routine monitoring should include blood tests, physical examinations, and liver function tests.

### What mutation was detected?

The detected heterozygous variant was NM\_000053.4:c.3008C>T (p.Ala1003Val). This missense variant, [p.Ala1003Val], has been reported in homozygous or compound heterozygous in combination with another ATP7B variant in individuals affected with Wilson disease (PMID: 31059521, 10544227, 33763395, 17264425). Other variant(s) at this position in the gene (p.Ala1003Thr, p.Ala1003Pro) have been associated with Wilson disease, suggesting that a change at this position adversely affects protein structure and/or function and is potentially disease-causing (PubMed: 21610751, 12885331, 26799313). This variant is classified as "Pathogenic" or "Likely Pathogenic" in ClinVar, with multiple submitters in agreement (Variation ID:188781) The laboratory classifies this variant as pathogenic.

Patient:Sex: M;Accession#:FD Patient#:DOB:MR#: BFA0183DocID:





# METHYLMALONIC ACIDURIA AND HOMOCYSTINURIA, CBLC TYPE

Patient		Partner
Result	• Carrier	N/A
Variant Details	<i>MMACHC</i> (NM_015506.3) Whole Gene Deletion	N/A

### What is Methylmalonic aciduria and homocystinuria, cblC type?

Methylmalonic aciduria and homocystinuria is a condition in which the body is unable to process certain fats and proteins. When the condition begins early in life, affected individuals typically have failure to thrive, difficulty feeding, and an abnormally pale appearance. Neurological problems are also common in methylmalonic aciduria and homocystinuria, including hypotonia, seizures, microcephaly, delayed development, and intellectual disabilities. The signs and symptoms worsen over time and the condition can be life-threatening if not treated.

### What is my risk of having an affected child?

Methylmalonic aciduria and homocystinuria is inherited in an autosomal recessive manner. This means that when both parents are carriers for the same condition, there is a 25% (1 in 4) risk of having an affected child. The overall carrier frequency is estimated to be 1 in 134 in the general population.

### What kind of medical management is available?

There is currently no cure for Methylmalonic aciduria and homocystinuria, but the early institution of dietary therapy may reduce but not completely prevent primary symptoms. Avoidance of prolonged fasting and dehydration may reduce episodes of metabolic decompensation. Other options for medical management include the use of certain medications and antibiotics.

### What mutation was detected?

The detected heterozygous variant was NM\_015506.3:c.(?\_-170)\_(\*2219\_?)del (p.?). This is an apparent whole-gene deletion which encompasses the genomic region including exons 1-4 and is predicted to result in loss of function of the MMACHC gene. There is sufficient evidence that loss of function in this gene is a known disease mechanism for methylmalonic aciduria and homocystinuria of complementation group cblC (PubMed: 19370762, 16311595). This variant is absent from the general population. The scope of the performed analysis is not designed to determine the exact breakpoints or boundaries of copy number variants. The above whole gene deletion of MMACHC may or may not represent part of a larger deletion involving other potentially clinically relevant genes not assessed by this test. The laboratory classifies this variant as likely pathogenic.





### ONGENITAL ADRENAL HYPERPLASIA DUE TO 21-HYDROXYLASE DEFICIENCY

Patient		Partner
Result	Possible Carrier	N/A
Variant Details	<b>CYP21A2</b> (NM_000500.9) c.955C>T(;)*12C>T + CYP21A2 duplication p.(Gln319*)(;)(?)	N/A

### What is Congenital adrenal hyperplasia due to 21-hydroxylase deficiency?

Congenital adrenal hyperplasia (CAH) due to 21-hydroxylase deficiency is an inherited disorder that affects the adrenal glands and hormone production. Approximately 75 percent of individuals with classic 21-hydroxylase deficiency have the salt-wasting type, whereby the body excretes too much salt in urine. Affected infants present with poor feeding, weight loss, dehydration, and vomiting, all of which can be life-threatening. Females with this condition typically have ambiguous genitalia, while males usually have normal genitalia, but with small testes. Individuals with the simple virilizing form and the non-classic form of the disease do not experience salt loss. Males and females with either the classic or non-classic forms of 21-hydroxylase deficiency tend to have an early growth spurt, but their final adult height is usually shorter than others in their family, and affected individuals may have reduced fertility. Additionally, individuals may have excessive body hair growth, hair loss, and irregular menstruation. Some individuals (male or female) with the non-classic form of the disease may have mild, non-life-threatening symptoms, while others may never develop symptoms of the disorder at all.

### What is my risk of having an affected child?

CAH due to 21-hydroxylase deficiency is inherited in an autosomal recessive manner. The risk for being a carrier for CYP21A2-related CAH is 1/61. Individuals of Inuit descent have an increased carrier risk of 1/9. Individuals of Middle-Eastern descent have an increased carrier risk of 1/35. If the patient and the partner are both carriers, the risk for an affected child is 1 in 4 (25%).

### What kind of medical management is available?

Treatment consists of early initiation of hormone replacement therapy and/or surgery for females. Prognosis is good for patients with appropriate medical management and psychological support.

### What mutation was detected?

The heterozygous variants c.955C>T (p.Gln319\*) and a whole gene duplication of CYP21A2 were detected in this sample. In addition, the benign polymorphism c.\*12C>T was also detected. The phase of these variants is unknown but could be determined through parental testing.

The nonsense variant, p.Gln319\*, introduces a premature stop codon and is expected to result in the loss of function of the protein product of the CYP21A2 gene, either as the result of protein truncation or of nonsense-mediated mRNA decay. This variant, also reported as Q318\*, is a classic 21-hydroxylase-deficient congenital adrenal hyperplasia mutation and has been reported in multiple affected individuals (PubMed: 3267225, 12220458, 12915679). The variant, p.Gln319\*, and the polymorphism c.\*12C>T are known to frequently occur in a duplicated copy of the CYP21A2 gene coexisting with a normal copy of CYP21A2 on the same chromosome. This haplotype was identified in approximately 2% of the general population and in ~80% of carriers of p.Gln319\*, and such a configuration may represent a benign allele (PubMed: 28401898, 19773403). Nonetheless, there is a possibility that p.Gln319\* occurs on a chromosome with only a single copy of CYP21A2, in which case it results in a pathogenic allele. If multiple copies of CYP21A2 are present, we cannot be certain if this p.Gln319\* variant occurs on a chromosome with one (i.e. pathogenic state) or two (i.e. benign state) copies of CYP21A2. While this combination of variants may represent a benign allele, the laboratory classifies the variant p.Gln319\* as likely pathogenic.





### **GENES TESTED:**

### 176 Matched Fors Male with XL - 177 Genes

This analysis was run using the 176 Matched Fors Male with XL gene list. 177 genes were tested with 99.15% of targets sequenced at >20x coverage. For more gene specific information and assistance with residual risk calculation, see the SUPPLEMENTAL TABLE.

ABCC8	ABCD1	ACADM	ACADS	ACADVL	ADA
AGA	AGL	AGXT	AIRE	ALDH3A2	ALDOB
ALG6	ALMS1	ALPL	AMT	ARG1	ARSA
ASL	ASPA	ASS1	ATM	ATP7A	ATP7B
BBS1	BBS10	BBS12	BBS2	BCKDHA	BCKDHB
BCS1L	BLM	BTD	CAPN3	CBS	CFTR
CLN3	CLN5	CLN6	CLN8	CLRN1	COL4A3
COL4A4	CPS1	CPT1A	CPT2	CRYL1	CTNS
CTSK	CYP11B1	CYP21A2	CYP27A1	DBT	DHCR7
DLD	DMD	DYSF	ELP1	ERCC6	ERCC8
EVC	EVC2	FAH	FANCA	FANCC	FKRP
FKTN	FMR1	G6PC	GAA	GALC	GALK1
GALT	GBA	GCDH	GJB2	GJB6	GLA
GLB1	GLDC	GNE	GNPTAB	GNPTG	GRHPR
HADHA	HBA1	HBA2	HBB	HEXA	HEXB
HGSNAT	HLCS	HMGCL	HOGA1	HSD17B4	HYLS1
IDS	IDUA	IL2RG	IVD	KCNJ11	LAMA2
LAMA3	LAMB3	LAMC2	LIPA	LRPPRC	MAN2B1
MCOLN1	MEFV	MESP2	MKS1	MLC1	MMAA
MMAB	MMACHC	MPI	MUT	MYO7A	NAGLU
NBN	NEB	NPC1	NPC2	NPHS1	NPHS2
NR0B1	OPA3	OTC	PAH	PC	PCCA
PCCB	PCDH15	PEX1	PEX10	PEX12	PEX2
PEX6	PEX7	PKHD1	PMM2	POMGNT1	PPT1
PROP1	PTS	RMRP	RS1	RTEL1	SACS
SGCA	SGCB	SGCD	SGCG	SGSH	SLC12A6
SLC17A5	SLC22A5	SLC26A2	SLC26A4	SLC37A4	SMN1
SMPD1	STAR	TAT	TCIRG1	TGM1	TH
TMEM216	TPP1	TTPA	USH1C	USH2A	VPS13B
XPA	XPC	ZFYVE26			

### **METHODS:**

Genomic DNA was isolated from the submitted specimen indicated above (if cellular material was submitted). DNA was barcoded, and enriched for the coding exons of targeted genes using hybrid capture technology. Prepared DNA libraries were then sequenced using a Next Generation Sequencing technology. Following alignment to the human genome reference sequence (assembly GRCh37), variants were detected in regions of at least 10x coverage. For this specimen, 99.27% and 99.15% of coding regions and splicing junctions of genes listed had been sequenced with coverage of at least 10x and 20x, respectively, by NGS or by Sanger sequencing. The remaining regions did not have 10x coverage, and were not evaluated. Variants were interpreted manually using locus specific databases, literature searches, and other molecular biological principles. To minimize false positive results, any variants that do not meet internal quality standards are confirmed by Sanger sequencing. Variants classified as pathogenic, likely pathogenic, or risk allele which are located in the coding regions and nearby intronic regions (+/- 20bp) of the genes listed above are reported. Variants outside these intervals may be reported but are typically not guaranteed. When a single pathogenic or likely pathogenic variant is identified in a clinically relevant gene with autosomal recessive inheritance, the laboratory will attempt to ensure 100% coverage of coding sequences either through NGS or Sanger sequencing technologies ("fill-in"). All genes listed were evaluated for large deletions and/or duplications. However, single exon deletions or duplications will not be detected in this assay, nor will copy number alterations in regions of genes with significant pseudogenes. Putative deletions or duplications are analyzed using Fulgent Germline proprietary pipeline for this specimen. Bioinformatics: The Fulgent Germline v2019.2 pipeline was used to analyze this specimen.





### LIMITATIONS:

#### General Limitations

These test results and variant interpretation are based on the proper identification of the submitted specimen, accuracy of any stated familial relationships, and use of the correct human reference sequences at the queried loci. In very rare instances, errors may result due to mix-up or co-mingling of specimens. Positive results do not imply that there are no other contributors, genetic or otherwise, to future pregnancies, and negative results do not rule out the genetic risk to a pregnancy. Official gene names change over time. Fulgent uses the most up to date gene names based on HUGO Gene Nomenclature Committee (https://www.genenames.org) recommendations. If the gene name on report does not match that of ordered gene, please contact the laboratory and details can be provided. Result interpretation is based on the available clinical and family history information for this individual, collected published information, and Alamut annotation available at the time of reporting. This assay is not designed or validated for the detection of low-level mosaicism or somatic mutations. This assay will not detect certain types of genomic aberrations such as translocations, inversions, or repeat expansions other than specified genes. DNA alterations in regulatory regions or deep intronic regions (greater than 20bp from an exon) may not be detected by this test. Unless otherwise indicated, no additional assays have been performed to evaluate genetic changes in this specimen. There are technical limitations on the ability of DNA sequencing to detect small insertions and deletions. Our laboratory uses a sensitive detection algorithm, however these types of alterations are not detected as reliably as single nucleotide variants. Rarely, due to systematic chemical, computational, or human error. DNA variants may be missed. Although next generation seguencing technologies and our bioinformatics analysis significantly reduce the confounding contribution of pseudogene sequences or other highly-homologous sequences, sometimes these may still interfere with the technical ability of the assay to identify pathogenic alterations in both sequencing and deletion/duplication analyses. Deletion/duplication analysis can identify alterations of genomic regions which include one whole gene (buccal swab specimens and whole blood specimens) and are two or more contiguous exons in size (whole blood specimens only); single exon deletions or duplications may occasionally be identified, but are not routinely detected by this test. When novel DNA duplications are identified, it is not possible to discern the genomic location or orientation of the duplicated segment, hence the effect of the duplication cannot be predicted. Where deletions are detected, it is not always possible to determine whether the predicted product will remain in-frame or not. Unless otherwise indicated, deletion/duplication analysis has not been performed in regions that have been sequenced by Sanger.

### **Gene Specific Notes and Limitations**

BTD: If detected, the variant NM\_001370658.1:c.1270G>C (p.Asp424His) will not be reported as this variant is associated with low disease penetrance and is primarily associated with reduced enzyme activity when homozygous. *CFTR*: Analysis of the intron 8 polymorphic region (e.g. IVS8-5T allele) is only performed if the p.Arg117His (R117H) mutation is detected. Single exon deletion/duplication analysis is limited to deletions of previously reported exons: 1, 2, 3, 11, 19, 20, 21. CRYL1: As mutations in the CRYL1 gene are not known to be associated with any clinical condition, sequence variants in this gene are not analyzed. However, to increase copy number detection sensitivity for large deletions including this gene and a neighboring on gene on the panel (GJB6, also known as connexin 30), this gene was evaluated for copy number variation. CYP11B1: The current testing method is not able to reliably detect certain pathogenic variants in this gene due to the interference by highly homologous regions. This analysis is not designed to detect or rule-out copy-neutral chimeric CYP11B1/CYP11B2 gene. CYP21A2: Significant pseudogene interference and/or reciprocal exchanges between the CYP21A2 gene and its pseudogene, CYP21A1P, have been known to occur and may impact results. As such, the relevance of variants reported in this gene must be interpreted clinically in the context of the clinical findings, biochemical profile, and family history of each patient. CYP21A2 variants primarily associated with non-classic congenital adrenal hyperplasia (CAH) are not included in this analysis (PubMed: 23359698). The variants associated with non-classic disease, including but not limited to c.188A>T (p.His63Leu), c.844G>T (p.Val282Leu), c.1174G>A (p.Ala392Thr), and c.1360C>T (p.Pro454Ser) will not be reported. LR-PCR is not routinely ordered for NM 000500.9:c.955C>T (p.Gln319Ter). Individuals with c.955C>T (p.Gln319Ter) will be reported as a Possible Carrier indicating that the precise nature of the variant has not been determined by LR-PCR and that the variant may occur in the CYP21A2 wild-type gene or in the CYP21A1P pseudogene. The confirmation test is recommended if the second reproductive partner is tested positive for variants associated with classic CAH. <u>DMD:</u> Single exon deletion/duplication analysis is limited to exons with >1 patient reported in the UMD database (http://www.umd.be/DMD/W\_DMD/index.html), accessed Dec 29,2020 and all out-of-frame exons after exon 3. This includes deletion of exon 1, and duplication of exon 2, and del/dup for exons

3,6~8,11,12,17~22,43~46,48,50~56,58~63,65~70,75,76 and 78. Single-exon detection is limited to blood samples. *FMR1*: The exact size of alleles >200 CGG repeats cannot be determined; these alleles are pathogenic for X-Linked Fragile X Syndrome. Alleles with <10 repeats may fail to amplify; these alleles are benign. The repeat length for this gene may vary by +/- 1 repeat unit. Methylation is not analyzed. RP-PCR





analysis of the FMR1 promoter is not routinely performed in males. Small degrees of size mosaicism, including gonadal mosaicism, may not be detected. *GALT*: In general, the D2 "Duarte" allele is not reported if detected, but can be reported upon request. While this allele can cause positive newborn screening results, it is not known to cause clinical symptoms in any state (PubMed: 25473725, 30593450). *GBA*: The current testing method may not be able to reliably detect certain pathogenic variants in the GBA gene due to homologous recombination between the pseudogene and the functional gene. *HBA1*: The phase of heterozygous alterations in the *HBA1* gene cannot be determined, but can be confirmed through parental testing. *HBA2*: The phase of heterozygous alterations in the *HBA2* gene cannot be determined, but can be confirmed through parental testing. *NEB*: This gene contains a 32-kb triplicate region (exons 82-105) which is not amenable to sequencing and deletion/duplication analysis. *NPHS2*: If detected, the variant NM\_014625.3:c.686G>A (p.Arg229Gln) will not be reported as this variant is not significantly associated with disease when homozygous or in the compound heterozygous state with variants in exons 1-6 of NPHS2. *SMN1*: The current testing method detects sequencing variants in exon 7 and copy number variations in exons 7-8 of the SMN1 gene (NM\_022874.2). Sequencing and deletion/duplication analysis are not performed on any other region in this gene. About 5%-8% of the population have two copies of SMN1 on a single chromosome and a deletion on the other chromosome, known as a [2+0] configuration (PubMed: 20301526). The current testing method cannot directly detect carriers with a [2+0] SMN1 configuration, but can detect linkage between the silent carrier allele and certain population-specific single nucleotide changes. As a result, a negative result for carrier testing greatly reduces but does not eliminate the chance that a person is a carrier. Only abnormal results will be reported.

### SIGNATURE:

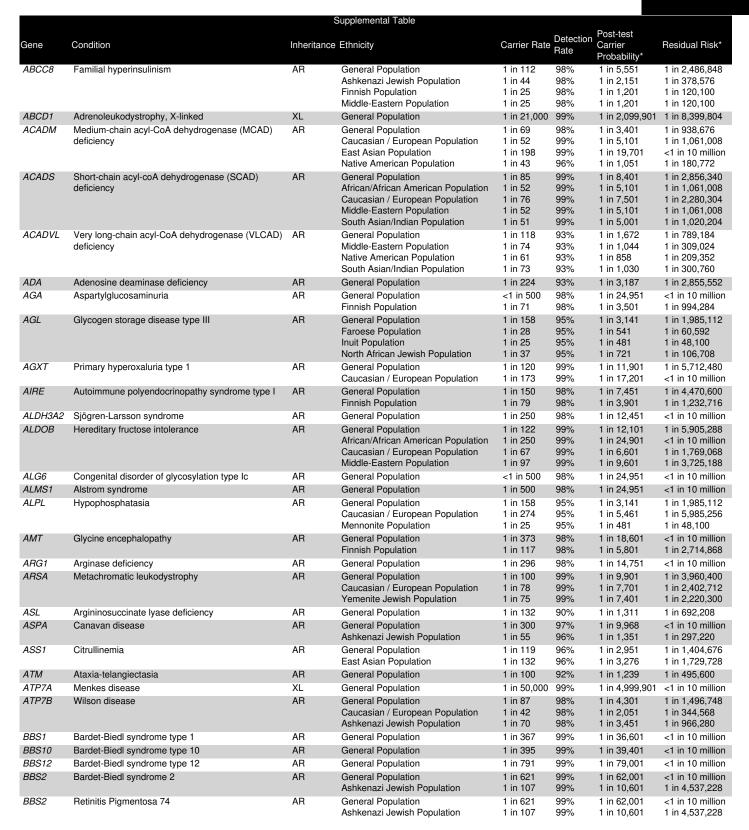
Yan Meng, Ph.D., CGMB, FACMG on 4/5/2023 08:41 PM PDT

Electronically signed

### DISCLAIMER:

This test was developed and its performance characteristics determined by **Fulgent Genetics**. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Since genetic variation, as well as systematic and technical factors, can affect the accuracy of testing, the results of testing should always be interpreted in the context of clinical and familial data. For assistance with interpretation of these results, healthcare professionals may contact us directly at (626) 350-0537 or info@fulgentgenetics.com. It is recommended that patients receive appropriate genetic counseling to explain the implications of the test result, including its residual risks, uncertainties and reproductive or medical options.





Patient:Sex: M;Accession#:FD Patient#:DOB:MR#: BFA0183DocID:PAGE 9 of 16





		5	Supplemental Table				
Gene	Condition	Inheritance	Ethnicity	Carrier Rate	Detection Rate	Post-test Carrier Probability*	Residual Risk*
BCKDHA	Maple syrup urine disease type la	AR	General Population Mennonite Population	1 in 321 1 in 10	98% 98%	1 in 16,001 1 in 451	<1 in 10 million 1 in 18,040
BCKDHB	Maple syrup urine disease type Ib	AR	General Population Ashkenazi Jewish Population	1 in 364 1 in 97	98% 98%	1 in 18,151 1 in 4,801	<1 in 10 million 1 in 1,862,788
BCS1L	Björnstad syndrome	AR	General Population	<1 in 500	98%	1 in 24,951	<1 in 10 million
BCS1L	GRACILE syndrome	AR	General Population	<1 in 500	98%	1 in 24,951	<1 in 10 million
BCS1L	Mitochondrial complex III deficiency	AR	General Population	<1 in 500	98%	1 in 24,951	<1 in 10 million
BLM	Bloom syndrome	AR	General Population Ashkenazi Jewish Population	1 in 800 1 in 134	87% 99%	1 in 6,147 1 in 13,301	<1 in 10 million 1 in 7,129,336
BTD	Biotinidase deficiency	AR	General Population Caucasian / European Population Latino Population Middle-Eastern Population	1 in 124 1 in 71 1 in 136 1 in 55	99% 99% 99% 99%	1 in 12,301 1 in 7,001 1 in 13,501 1 in 5,401	1 in 6,101,296 1 in 1,988,284 1 in 7,344,544 1 in 1,188,220
CAPN3	Limb-girdle muscular dystrophy type 2A	AR	General Population Caucasian / European Population	<1 in 500 1 in 103	98% 98%	1 in 24,951 1 in 5,101	<1 in 10 million 1 in 2,101,612
CBS	Homocystinuria due to cystathionine beta-synthase deficiency	AR	General Population Caucasian / European Population Middle-Eastern Population	1 in 224 1 in 86 1 in 21	99% 99% 99%	1 in 22,301 1 in 8,501 1 in 2,001	<1 in 10 million 1 in 2,924,344 1 in 168,084
CFTR	Cystic Fibrosis	AR	General Population African/African American Population Ashkenazi Jewish Population Caucasian / European Population East Asian Population Latino Population	1 in 32 1 in 61 1 in 24 1 in 25 1 in 94 1 in 58	99% 99% 99% 99% 99%	1 in 3,101 1 in 6,001 1 in 2,301 1 in 2,401 1 in 9,301 1 in 5,701	1 in 396,928 1 in 1,464,244 1 in 220,896 1 in 240,100 1 in 3,497,176 1 in 1,322,632
CLN3	Neuronal ceroid lipofuscinosis	AR	General Population Finnish Population	1 in 230 1 in 72	98% 98%	1 in 11,451 1 in 3,551	<1 in 10 million 1 in 1,022,688
CLN5	Neuronal ceroid lipofuscinosis 5	AR	General Population Finnish Population	<1 in 500 1 in 115	95% 95%	1 in 9,981 1 in 2,281	<1 in 10 million 1 in 1,049,260
CLN6	Neuronal ceroid lipofuscinosis, CLN6-related	AR	General Population	<1 in 500	92%	1 in 6,239	<1 in 10 million
CLN8	Neuronal ceroid lipofuscinosis, CLN8-related	AR	General Population Finnish Population	<1 in 500 1 in 135	95% 95%	1 in 9,981 1 in 2,681	<1 in 10 million 1 in 1,447,740
CLRN1	Usher syndrome, type 3A	AR	General Population Ashkenazi Jewish Population Finnish Population	1 in 500 1 in 120 1 in 70	98% 98% 98%	1 in 24,951 1 in 5,951 1 in 3,451	<1 in 10 million 1 in 2,856,480 1 in 966,280
COL4A3	Alport syndrome, COL4A3-related	AR	General Population Ashkenazi Jewish Population	1 in 267 1 in 188	98% 98%	1 in 13,301 1 in 9,351	<1 in 10 million 1 in 7,031,952
COL4A4	Alport syndrome, COL4A4-related	AR	General Population	1 in 267	98%	1 in 13,301	<1 in 10 million
CPS1	Carbamoylphosphate synthetase I deficiency	AR	General Population	1 in 570	98%	1 in 28,451	<1 in 10 million
CPT1A	Carnitine palmitoyltransferase IA deficiency	AR	General Population Hutterite Population	1 in 354 1 in 16	90% 90%	1 in 3,531 1 in 151	1 in 4,999,896 1 in 9,664
CPT2	Carnitine palmitoyltransferase II deficiency	AR	General Population Ashkenazi Jewish Population	<1 in 500 1 in 51	95% 95%	1 in 9,981 1 in 1,001	<1 in 10 million 1 in 204,204
CRYL1	GJB6-CRYL1 related nonsyndromic hearing loss	UK	General Population	1 in 423	99%	1 in 42,201	<1 in 10 million
CTNS	Cystinosis	AR	General Population British Population Moroccan Jewish Population	1 in 158 1 in 81 1 in 100	99% 99% 99%	1 in 15,701 1 in 8,001 1 in 9,901	1 in 9,923,032 1 in 2,592,324 1 in 3,960,400
CTSK	Pycnodysostosis	AR	General Population	<1 in 500	98%	1 in 24,951	<1 in 10 million
CYP11B1	Congenital adrenal hyperplasia due to 11-beta- hydroxylase deficiency	AR	General Population Morrocan Jewish Population	1 in 158 1 in 35	98% 98%	1 in 7,851 1 in 1,701	1 in 4,961,832 1 in 238,140
CYP21A2	Congenital adrenal hyperplasia due to 21- hydroxylase deficiency	AR	General Population Inuit Population Middle-Eastern Population	1 in 61 1 in 9 1 in 35	99% 99% 99%	1 in 6,001 1 in 801 1 in 3,401	1 in 1,464,244 1 in 28,836 1 in 476,140
CYP27A1	Cerebrotendinous xanthomatosis	AR	General Population Morrocan Jewish Population	1 in 500 1 in 5	98% 98%	1 in 24,951 1 in 201	<1 in 10 million 1 in 4,020
DBT	Maple syrup urine disease, type II	AR	General Population	1 in 481	98%	1 in 24,001	<1 in 10 million
DHCR7	Smith-Lemli-Opitz syndrome	AR	General Population African/African American Population Ashkenazi Jewish Population	1 in 30 1 in 138 1 in 36	96% 96% 96%	1 in 726 1 in 3,426 1 in 876	1 in 87,120 1 in 1,891,152 1 in 126,144
DLD	Dihydrolipoamide dehydrogenase deficiency	AR	General Population Ashkenazi Jewish Population	1 in 500 1 in 107	98% 98%	1 in 24,951 1 in 5,301	<1 in 10 million 1 in 2,268,828
DMD	Duchenne Muscular Dystrophy	XL	General Population	1 in 2,350	93%	1 in 33,558	1 in 134,260
DMD	Becker Muscular Dystrophy	XL	General Population	1 in 2,350	93%	1 in 33,558	1 in 134,260

Patient:	Sex: M;	Accession#: FD Patient	#:
DOB:	MR#: BFA0183	DocID:	PAGE 10 of 16





			Supplemental Table				
Gene	Condition	Inheritance	Ethnicity	Carrier Rate	Detection Rate	Post-test Carrier Probability*	Residual Risk*
DYSF	Limb-girdle muscular dystrophy type 2B	AR	General Population Japanese Population Libyan Jewish Population	<1 in 500 1 in 332 1 in 18	95% 95% 95%	1 in 9,981 1 in 6,621 1 in 341	<1 in 10 million 1 in 8,792,688 1 in 24,552
ELP1	Familial Dysautonomia	AR	General Population Ashkenazi Jewish Population	1 in 300 1 in 31	99% 99%	1 in 29,901 1 in 3,001	<1 in 10 million 1 in 372,124
ERCC6	De Sanctis-Cacchione syndrome	AR	General Population Japanese Population	1 in 500 1 in 74	99% 99%	1 in 49,901 1 in 7,301	<1 in 10 million 1 in 2,161,096
ERCC6	Cockayne syndrome type B	AR	General Population Japanese Population	1 in 500 1 in 74	99% 99%	1 in 49,901 1 in 7,301	<1 in 10 million 1 in 2,161,096
ERCC8	Cockayne syndrome type A	AR	General Population	1 in 822	98%	1 in 41,051	<1 in 10 million
EVC	Weyers acrofacial dysostosis, EVC-related	AR	General Population Amish Population	1 in 142 1 in 7	98% 98%	1 in 7,051 1 in 301	1 in 4,004,968 1 in 8,428
EVC	Ellis-van Creveld syndrome, EVC-related	AR	General Population Amish Population	1 in 142 1 in 7	98% 98%	1 in 7,051 1 in 301	1 in 4,004,968 1 in 8,428
EVC2	Weyers acrodental dysostosis, EVC2-related	AR	General Population Amish Population	1 in 240 1 in 7	98% 98%	1 in 11,951 1 in 301	<1 in 10 million 1 in 8,428
EVC2	Ellis-van Creveld syndrome, EVC2-related	AR	General Population Amish Population	1 in 240 1 in 7	98% 98%	1 in 11,951 1 in 301	<1 in 10 million 1 in 8,428
FAH	Tyrosinemia, type 1	AR	General Population Ashkenazi Jewish Population Finnish Population French Canadian Population South Asian/Indian Population	1 in 99 1 in 150 1 in 122 1 in 66 1 in 172	95% 95% 95% 95% 95%	1 in 1,961 1 in 2,981 1 in 2,421 1 in 1,301 1 in 3,421	1 in 776,556 1 in 1,788,600 1 in 1,181,448 1 in 343,464 1 in 2,353,648
FANCA	Fanconi anemia group A	AR	General Population Moroccan Jewish Indian Jewish Population	1 in 239 1 in 100 1 in 27	99% 99% 99%	1 in 23,801 1 in 9,901 1 in 2,601	<1 in 10 million 1 in 3,960,400 1 in 280,908
FANCC	Fanconi anemia group C	AR	General Population Ashkenazi Jewish Population	1 in 535 1 in 99	99% 99%	1 in 53,401 1 in 9,801	<1 in 10 million 1 in 3,881,196
FKRP	Muscular dystrophy-dystroglycanopathy, FKRP-related	AR	General Population	1 in 158	98%	1 in 7,851	1 in 4,961,832
FKTN	Muscular dystrophy-dystroglycanopathy, FKTN-related	AR	General Population Ashkenazi Jewish Population Japanese Population	<1 in 500 1 in 150 1 in 82	99% 99% 99%	1 in 49,901 1 in 14,901 1 in 8,101	<1 in 10 million 1 in 8,940,600 1 in 2,657,128
FKTN	Fukuyama congenital muscular dystrophy	AR	General Population Ashkenazi Jewish Population Japanese Population	<1 in 500 1 in 150 1 in 82	99% 99% 99%	1 in 49,901 1 in 14,901 1 in 8,101	<1 in 10 million 1 in 8,940,600 1 in 2,657,128
FMR1	Fragile X Syndrome Intermediate Allele	XL	General Population Ashkenazi Jewish Population	1 in 259 1 in 115	99% 99%	1 in 25,801 1 in 11,401	1 in 103,204 1 in 45,604
FMR1	Fragile X Syndrome Premutation	XL	General Population Ashkenazi Jewish Population	1 in 259 1 in 115	99% 99%	1 in 25,801 1 in 11,401	1 in 103,204 1 in 45,604
G6PC	Glycogen storage disease, type 1a	AR	General Population Ashkenazi Jewish Population	1 in 177 1 in 64	95% 95%	1 in 3,521 1 in 1,261	1 in 2,492,868 1 in 322,816
GAA	Pompe disease	AR	General Population African/African American Population East Asian Population Ashkenazi Jewish Population	1 in 100 1 in 60 1 in 112 1 in 76	98% 98% 98% 99%	1 in 4,951 1 in 2,951 1 in 5,551 1 in 7,501	1 in 1,980,400 1 in 708,240 1 in 2,486,848 1 in 2,280,304
GALC	Krabbe disease	AR	General Population Israeli Druze Population	1 in 158 1 in 6	99% 99%	1 in 15,701 1 in 501	1 in 9,923,032 1 in 12,024
GALK1	Galactokinase deficiency	AR	General Population Irish Population	1 in 110 1 in 64	95% 95%	1 in 2,181 1 in 1,261	1 in 959,640 1 in 322,816
GALT	Galactosemia	AR	General Population African/African American Population Ashkenazi Jewish Population	1 in 110 1 in 94 1 in 127	99% 99% 99%	1 in 10,901 1 in 9,301 1 in 12,601	1 in 4,796,440 1 in 3,497,176 1 in 6,401,308
GBA	Gaucher disease	AR	General Population African/African American Population Ashkenazi Jewish Population	1 in 77 1 in 35 1 in 15	99% 99% 99%	1 in 7,601 1 in 3,401 1 in 1,401	1 in 2,341,108 1 in 476,140 1 in 84,060
GCDH	Glutaric aciduria, type I	AR	General Population Amish Population	1 in 87 1 in 9	98% 98%	1 in 4,301 1 in 401	1 in 1,496,748 1 in 14,436

Patient:		Sex: M;	Accession#: FD Patier	nt#:
DOB:	MR#: BFA0183	<u> </u>	DocID:	PAGE 11 of 16





		S	Supplemental Table				
Gene	Condition	Inheritance	Ethnicity	Carrier Rate	Detection Rate	Post-test Carrier Probability*	Residual Risk*
GJB2	Nonsyndromic hearing loss 1A	AR	General Population African/African American Population Ashkenazi Jewish Population Caucasian / European Population Latino Population Middle-Eastern Population South Asian/Indian Population	1 in 42 1 in 25 1 in 21 1 in 33 1 in 100 1 in 83 1 in 148	99% 99% 99% 99% 99% 99%	1 in 4,101 1 in 2,401 1 in 2,001 1 in 3,201 1 in 9,901 1 in 8,201 1 in 14,701	1 in 688,968 1 in 240,100 1 in 168,084 1 in 422,532 1 in 3,960,400 1 in 2,722,732 1 in 8,702,992
GJB6	GJB6-CRYL1 related nonsyndromic hearing loss	AR	General Population	1 in 423	99%	1 in 42,201	<1 in 10 million
GLA	Fabry disease	XL	General Population	1 in 25,000	99%	1 in 2,499,901	1 in 9,999,804
GLB1	GM1-gangliosidosis	AR	General Population Maltese Population Roma Population	1 in 134 1 in 30 1 in 50	99% 99% 99%	1 in 13,301 1 in 2,901 1 in 4,901	1 in 7,129,336 1 in 348,120 1 in 980,200
GLB1	Mucopolysaccharidosis type IVB (Morquio syndrome B)	AR	General Population Maltese Population Roma Population	1 in 134 1 in 30 1 in 50	99% 99% 99%	1 in 13,301 1 in 2,901 1 in 4,901	1 in 7,129,336 1 in 348,120 1 in 980,200
GLDC	Glycine encephalopathy, GLDC-related	AR	General Population British Columbia Canadian Population Finnish Population	1 in 193 1 in 125 1 in 117	98% 99% 99%	1 in 9,601 1 in 12,401 1 in 11,601	1 in 7,411,972 1 in 6,200,500 1 in 5,429,268
GNE	Inclusion body myopathy type 2 (Nonaka myopathy)	AR	General Population Iranian Jewish Population	<1 in 500 1 in 11	99% 99%	1 in 49,901 1 in 1,001	1 in 99,802,000 1 in 44,044
GNPTAB	Mucolipidosis II alpha/beta	AR	General Population	<1 in 500	95%	1 in 9,981	<1 in 10 million
GNPTAB GNPTG	Mucolipidosis III alpha/beta Mucolipidosis III gamma	AR AR	General Population General Population	<1 in 500	95% 95%	1 in 9,981 1 in 9,981	<1 in 10 million
GRHPR	Primary hyperoxaluria type II	AR	General Population	<1 in 500	99%	1 in 49,901	<1 in 10 million
HADHA	Trifunctional protein deficiency	AR	General Population Finnish Population	<1 in 500 1 in 124	98% 98%	1 in 24,951 1 in 6,151	<1 in 10 million 1 in 3,050,896
HADHA	Long-chain 3-hydroxyacyl-CoA dehydrogenase (LCHAD) deficiency	AR	General Population Finnish Population	<1 in 500 1 in 124	98% 98%	1 in 24,951 1 in 6,151	<1 in 10 million 1 in 3,050,896
HBA1	Alpha thalassemia	AR	General Population General Population† Southeast Asian Population Southeast Asian Population† Mediterranean Population Mediterranean Population† African/African American Population	1 in 1000 1 in 18 ≤1 in 7 ≤1 in 14 ≤1 in 6 1 in 500 1 in 30	98% 98% 98% 98% 98% 98%	1 in 860 1 in 860 ≤1 in 305 ≤1 in 305 ≤1 in 229 ≤1 in 229 1 in 1,451	1 in 3,440,364 1 in 3,440,364 ≤1 in 17,228 ≤1 in 17,228 ≤1 in 457,556 ≤1 in 457,556 1 in 5,804,000
HBA2	Alpha thalassemia	AR	General Population General Population† Southeast Asian Population Southeast Asian Population† Mediterranean Population† Mediterranean Population† African/African American Population	1 in 1000 1 in 18 ≤1 in 7 ≤1 in 14 ≤1 in 6 1 in 500 1 in 30	98% 98% 98% 98% 98% 98%	1 in 860 1 in 860 ≤1 in 305 ≤1 in 305 ≤1 in 229 ≤1 in 229 1 in 1,451	1 in 3,440,364 1 in 3,440,364 ≤1 in 17,228 ≤1 in 17,228 ≤1 in 457,556 ≤1 in 457,556 1 in 5,804,000
HBB	Sickle cell disease	AR	General Population African/African American Population East Asian Population Latino Population Mediterranean Population South Asian/Indian Population	1 in 158 1 in 10 1 in 50 1 in 128 1 in 3 1 in 25	95% 95% 95% 95% 95% 95%	1 in 3,141 1 in 181 1 in 981 1 in 2,541 1 in 41 1 in 481	1 in 1,985,112 1 in 7,240 1 in 196,200 1 in 1,300,992 1 in 492 1 in 48,100
HBB	Hemoglobin C disease	AR	General Population African/African American Population East Asian Population Latino Population Mediterranean Population South Asian/Indian Population	1 in 158 1 in 10 1 in 50 1 in 128 1 in 3 1 in 25	95% 95% 95% 95% 95% 95%	1 in 3,141 1 in 181 1 in 981 1 in 2,541 1 in 41 1 in 481	1 in 1,985,112 1 in 7,240 1 in 196,200 1 in 1,300,992 1 in 492 1 in 48,100
HBB	Beta thalassemia	AR	General Population African/African American Population East Asian Population Latino Population Mediterranean Population South Asian/Indian Population	1 in 158 1 in 10 1 in 50 1 in 128 1 in 3 1 in 25	95% 95% 95% 95% 95%	1 in 3,141 1 in 181 1 in 981 1 in 2,541 1 in 41 1 in 481	1 in 1,985,112 1 in 7,240 1 in 196,200 1 in 1,300,992 1 in 492 1 in 48,100
HEXA	Tay-Sachs disease	AR	General Population Ashkenazi Jewish Population Moroccan Jewish Population	1 in 300 1 in 27 1 in 110	99% 99% 99%	1 in 29,901 1 in 2,601 1 in 10,901	<1 in 10 million 1 in 280,908 1 in 4,796,440
HEXB	Sandhoff disease	AR	General Population	1 in 600	98%	1 in 29,951	<1 in 10 million





		(	Supplemental Table				
Gene	Condition	Inheritance	Ethnicity	Carrier Rate	Detection Rate	Post-test Carrier Probability*	Residual Risk*
HGSNAT	Mucopolysaccharidosis type IIIC (Sanfilippo syndrome C)	AR	General Population Caucasian / European Population	1 in 434 1 in 345	98% 98%	1 in 21,651 1 in 17,201	<1 in 10 million <1 in 10 million
HLCS	Holocarboxylase synthetase deficiency	AR	General Population	1 in 500	98%	1 in 24,951	<1 in 10 million
HMGCL	3-hydroxy-3-methylglutaryl-CoA lyase deficiency	AR	General Population	<1 in 500	98%	1 in 24,951	<1 in 10 million
HOGA1	Primary hyperoxaluria type III	AR	General Population	1 in 184	99%	1 in 18,301	<1 in 10 million
HSD17B4	D-bifunctional protein deficiency	AR	General Population	1 in 158	98%	1 in 7,851	1 in 4,961,832
HYLS1	Hydrolethalus syndrome	AR	General Population Finnish Population	<1 in 500 1 in 50	98% 98%	1 in 24,951 1 in 2,451	<1 in 10 million 1 in 490,200
IDS	Mucopolysaccharidosis type II (Hunter syndrome)	XL	General Population	1 in 50,000	91%	1 in 555,545	1 in 2,222,204
IDUA	Mucopolysaccharidosis, type I (Hurler syndrome)	AR	General Population Caucasian / European Population	<1 in 500 1 in 153	95% 95%	1 in 9,981 1 in 3,041	<1 in 10 million 1 in 1,861,092
IL2RG	Severe combined immunodeficiency, X-linked	XL	General Population	1 in 25,000	99%	1 in 2,499,901	1 in 9,999,804
IVD	Isovaleric Acidemia	AR	General Population African/African American Population Caucasian / European Population East Asian Population	1 in 167 1 in 100 1 in 115 1 in 407	90% 90% 90% 90%	1 in 1,661 1 in 991 1 in 1,141 1 in 4,061	1 in 1,109,548 1 in 396,400 1 in 524,860 1 in 6,611,308
KCNJ11	Congenital hyperinsulinism	AR	General Population Caucasian / European Population	1 in 423 1 in 232	99% 99%	1 in 42,201 1 in 23,101	<1 in 10 million <1 in 10 million
KCNJ11	Permanent neonatal diabetes mellitus	AR	General Population Caucasian / European Population	1 in 423 1 in 232	99% 99%	1 in 42,201 1 in 23,101	<1 in 10 million <1 in 10 million
LAMA2	Muscular dystrophy, LAMA2-related	AR	General Population	<1 in 500	99% 99%	1 in 49,901	<1 in 10 million
LAMA3	lunctional anidormalysis bulloos 1 AMA2 related	AR	Caucasian / European Population General Population	1 in 125 1 in 781	98%	1 in 12,401 1 in 39,001	1 in 6,200,500
LAMA3	Junctional epidermolysis bullosa, LAMA3-related Laryngo-onycho-cutaneous syndrome	AR	General Population	1 in 781	98%	1 in 39,001	<1 in 10 million
LAMB3	Junctional epidermolysis bullosa, LAMB3-related	AR	General Population	1 in 781	98%	1 in 39,001	<1 in 10 million
LAMC2	Junctional epidermolysis bullosa, LAMC2-related	AR	General Population	1 in 781	98%	1 in 39,001	<1 in 10 million
LIPA	Lysosomal acid lipase deficiency	AR	General Population	<1 in 500	99%	1 in 49,901	<1 in 10 million
LIFA	Lysusumai add lipase deliciency	An	Caucasian / European Population Iranian Jewish Population	1 in 112 1 in 26	99% 99%	1 in 11,101 1 in 2,501	1 in 4,973,248 1 in 260,104
LRPPRC	Leigh syndrome with Complex IV deficiency	AR	General Population Faroese Population French Canadian Population	1 in 447 1 in 21 1 in 22	98% 98% 98%	1 in 22,301 1 in 1,001 1 in 1,051	<1 in 10 million 1 in 84,084 1 in 92,488
MAN2B1	Alpha-Mannosidosis	AR	General Population Caucasian / European Population	1 in 354 1 in 274	99% 99%	1 in 35,301 1 in 27,301	<1 in 10 million <1 in 10 million
MCOLN1	Mucolipidosis IV	AR	General Population Ashkenazi Jewish Population	1 in 300 1 in 100	99% 99%	1 in 29,901 1 in 9,901	<1 in 10 million 1 in 3,960,400
MEFV	Familial Mediterranean fever	AR	General Population Mediterranean Population	1 in 20 1 in 7	99% 90%	1 in 1,901 1 in 61	1 in 152,080 1 in 1,708
MESP2	Spondylocostal dysostosis	AR	General Population	<1 in 500	98%	1 in 24,951	<1 in 10 million
MKS1	Bardet-Biedl syndrome 13	AR	General Population Finnish Population	1 in 260 1 in 47	98% 98%	1 in 12,951 1 in 2,301	<1 in 10 million 1 in 432,588
MKS1	Joubert syndrome 28	AR	General Population Finnish Population	1 in 260 1 in 47	98% 98%	1 in 12,951 1 in 2,301	<1 in 10 million 1 in 432,588
MKS1	Meckel syndrome 1	AR	General Population Finnish Population	1 in 260 1 in 47	98% 98%	1 in 12,951 1 in 2,301	<1 in 10 million 1 in 432,588
MLC1	Megalencephalic leukoencephalopathy with subcortical cysts	AR	General Population Libyan Jewish Population	<1 in 500 1 in 40	99% 99%	1 in 49,901 1 in 3,901	<1 in 10 million 1 in 624,160
MMAA	Methylmalonic aciduria, cblA type	AR	General Population	1 in 301	97%	1 in 10,001	<1 in 10 million
MMAB	Methylmalonic aciduria, cblB type	AR	General Population	1 in 435	98%	1 in 21,701	<1 in 10 million
MMACHC	Methylmalonic aciduria and homocystinuria, cblC type	AR	General Population	1 in 134	90%	1 in 1,331	1 in 713,416
MPI	Congenital disorder of glycosylation type lb	AR	General Population	<1 in 500	98%	1 in 24,951	<1 in 10 million
MUT	Methylmalonic aciduria–methylmalonyl–CoA mutase deficiency		General Population	1 in 100	99%	1 in 9,901	1 in 3,960,400
MYO7A	Usher syndrome, type 1B	AR	General Population East Asian Population	1 in 206 1 in 62	98% 98%	1 in 10,251 1 in 3,051	1 in 8,446,824 1 in 756,648
MYO7A	Non-syndromic hearing loss, MYO7A-related	AR	General Population East Asian Population	1 in 206 1 in 62	98% 98%	1 in 10,251 1 in 3,051	1 in 8,446,824 1 in 756,648
NAGLU	Mucopolysaccharidosis type IIIB (Sanfilippo syndrome B)	AR	General Population Caucasian / European Population East Asian Population	<1 in 500 1 in 346 1 in 298	99% 99% 99%	1 in 49,901 1 in 34,501 1 in 29,701	<1 in 10 million <1 in 10 million <1 in 10 million
NBN	Nijmegen breakage syndrome	AR	General Population	1 in 158	99%	1 in 15,701	1 in 9,923,032

Patient:Sex: M;Accession#:FD Patient#:DOB:MR#: BFA0183DocID:PAGE 13 of 16





			Supplemental Table				
Gene	Condition	Inheritance	Ethnicity	Carrier Rate	Detection Rate	Post-test Carrier Probability*	Residual Risk*
NEB	Nemaline myopathy	AR	General Population Amish Population Ashkenazi Jewish Population Finnish Population	1 in 112 1 in 11 1 in 108 1 in 112	98% 98% 98% 98%	1 in 5,551 1 in 501 1 in 5,351 1 in 5,551	1 in 2,486,848 1 in 22,044 1 in 2,311,632 1 in 2,486,848
NPC1	Niemann-Pick disease, type C1	AR	General Population	1 in 194	90%	1 in 1,931	1 in 1,498,456
NPC2	Niemann-Pick disease, type C2	AR	General Population	1 in 194	99%	1 in 19,301	<1 in 10 million
NPHS1	Congenital nephrotic syndrome, type 1	AR	General Population Finnish Population	1 in 289 1 in 50	98% 98%	1 in 14,401 1 in 2,451	<1 in 10 million 1 in 490,200
NPHS2	Congenital nephrotic syndrome, type 2	AR	General Population Finnish Population	1 in 289 1 in 50	98% 98%	1 in 14,401 1 in 2,451	<1 in 10 million 1 in 490,200
NR0B1	Congenital adrenal hypoplasia, X-linked	XL	General Population	1 in 6,250	99%	1 in 624,901	1 in 2,499,804
OPA3	Costeff syndrome	AR	General Population Iraqi Jewish Population	<1 in 500 1 in 50	98% 98%	1 in 24,951 1 in 2,451	<1 in 10 million 1 in 490,200
OTC	Ornithine transcarbamylase deficiency	XL	General Population	1 in 7,000	90%	1 in 69,991	1 in 279,984
PAH	Phenylalanine Hydroxylase deficiency (Phenylketonuria)	AR	General Population Caucasian / European Population Middle-Eastern Population South East Asian	1 in 93 1 in 63 1 in 74 1 in 59	99% 99% 99% 99%	1 in 9,201 1 in 6,201 1 in 7,301 1 in 5,801	1 in 3,422,772 1 in 1,562,652 1 in 2,161,096 1 in 1,369,036
PC	Pyruvate carboxylase deficiency	AR	General Population	1 in 250	95%	1 in 4,981	1 in 4,981,000
PCCA	Propionic acidemia, PCCA-related	AR	General Population Native American Population	1 in 224 1 in 85	96% 96%	1 in 5,576 1 in 2,101	1 in 4,996,096 1 in 714,340
PCCB	Propionic acidemia, PCCB-related	AR	General Population Native American Population	1 in 224 1 in 85	99% 99%	1 in 22,301 1 in 8,401	<1 in 10 million 1 in 2,856,340
PCDH15	Non-syndromic hearing loss, PCDH15-related	AR	General Population Ashkenazi Jewish Population	1 in 395 1 in 72	98% 98%	1 in 19,701 1 in 3,551	1 in 78,804 1 in 14,204
PCDH15	Usher syndrome, type 1F	AR	General Population Ashkenazi Jewish Population	1 in 395 1 in 72	98% 98%	1 in 19,701 1 in 3,551	1 in 78,804 1 in 14,204
PEX1	Zellweger syndrome, PEX1-related	AR	General Population	1 in 147	95%	1 in 2,921	1 in 1,717,548
PEX10	Zellweger syndrome, PEX10-related	AR	General Population Japanese Population	1 in 500 1 in 354	95% 95%	1 in 9,981 1 in 7,061	<1 in 10 million 1 in 9,998,376
PEX12	Zellweger syndrome, PEX12-related	AR	General Population	1 in 373	95%	1 in 7,441	<1 in 10 million
PEX2	Zellweger syndrome, PEX2-related	AR	General Population Ashkenazi Jewish Population	1 in 500 1 in 123	95% 95%	1 in 9,981 1 in 2,441	<1 in 10 million 1 in 1,200,972
PEX6	Zellweger syndrome, PEX6-related	AR	General Population Yemenite Jewish Population	1 in 280 1 in 18	99% 99%	1 in 27,901 1 in 1,701	<1 in 10 million 1 in 122,472
PEX7	Rhizomelic chondrodysplasia punctata, type 1	AR	General Population	1 in 158	99%	1 in 15,701	1 in 9,923,032
PKHD1	Polycystic kidney disease, PKHD1-related	AR	General Population Ashkenazi Jewish Population	1 in 70 1 in 107	98% 98%	1 in 3,451 1 in 5,301	1 in 966,280 1 in 2,268,828
PMM2	Congenital disorder of glycosylation type 1a	AR	General Population Ashkenazi Jewish Population Caucasian / European Population	1 in 63 1 in 57 1 in 71	99% 99% 99%	1 in 6,201 1 in 5,601 1 in 7,001	1 in 1,562,652 1 in 1,277,028 1 in 1,988,284
POMGNT1	Muscular dystrophy-dystroglycanopathy	AR	General Population Finnish Population	1 in 462 1 in 111	98% 98%	1 in 23,051 1 in 5,501	<1 in 10 million 1 in 2,442,444
POMGNT1	Retinitis pigmentosa 76	AR	General Population Finnish Population	1 in 462 1 in 111	98% 98%	1 in 23,051 1 in 5,501	<1 in 10 million 1 in 2,442,444
PPT1	Neuronal ceroid lipofuscinosis, PPT1-related	AR	General Population Caucasian / European Population Finnish Population	1 in 368 1 in 488 1 in 75	98% 98% 98%	1 in 18,351 1 in 24,351 1 in 3,701	<1 in 10 million <1 in 10 million 1 in 1,110,300
PROP1	Combined pituitary hormone deficiency 2	AR	General Population	1 in 45	98%	1 in 2,201	1 in 396,180
PTS	Tetrahydrobiopterin deficiency	AR	General Population	1 in 354	96%	1 in 8,826	<1 in 10 million
RMRP	Metaphyseal dysplasia without hypotrichosis	AR	General Population Amish Population Finnish Population	<1 in 500 1 in 16 1 in 76	99% 99% 99%	1 in 49,901 1 in 1,501 1 in 7,501	<1 in 10 million 1 in 96,064 1 in 2,280,304
RMRP	Cartilage-Hair Hypoplasia Anauxetic Dysplasia Spectrum Disorder	AR	General Population Amish Population Finnish Population	<1 in 500 <1 in 500 <1 in 500	99% 99% 99%	1 in 49,901 1 in 49,901 1 in 49,901	<1 in 10 million <1 in 10 million <1 in 10 million
RMRP	Anauxetic dysplasia	AR	General Population Amish Population Finnish Population	<1 in 500 1 in 16 1 in 76	99% 99% 99%	1 in 49,901 1 in 1,501 1 in 7,501	<1 in 10 million 1 in 96,064 1 in 2,280,304
RMRP	Cartilage-hair hypoplasia	AR	General Population Amish Population Finnish Population	<1 in 500 1 in 16 1 in 76	99% 99% 99%	1 in 49,901 1 in 1,501 1 in 7,501	<1 in 10 million 1 in 96,064 1 in 2,280,304
RS1	Juvenile retinoschisis, X-linked	XL	General Population	1 in 2,500	96%	1 in 62,476	1 in 249,956





SACS Autosomal re Saguenay SGCA Limb-girdle m SGCB Limb-girdle m SGCD Limb-girdle m SGCG Limb-girdle m SGCG Limb-girdle m SGCH Mucopolysace SLC12A6 Andermann s SLC17A5 Sialic acid sto	congenita type 5	Inheritance AR	Ethnicity  General Population	Carrier Rate	Bate (	Post-test Carrier Probability*	Residual Risk*
SACS Autosomal re Saguenay SGCA Limb-girdle m SGCB Limb-girdle m SGCD Limb-girdle m SGCG Limb-girdle m SGSH Mucopolysact SLC12A6 Andermann s SLC17A5 Sialic acid sto	<u> </u>	AR	Conoral Population				
Saguenay SGCA Limb-girdle m SGCB Limb-girdle m SGCD Limb-girdle m SGCG Limb-girdle m SGSH Mucopolysac SLC12A6 Andermann s SLC17A5 Sialic acid stc SLC22A5 Systemic prin	cessive spastic ataxia of Charlevoix-		Ashkenazi Jewish Population	1 in 500 1 in 203		1 in 49,901 1 in 20,201	<1 in 10 million <1 in 10 million
SGCB Limb-girdle m SGCD Limb-girdle m SGCG Limb-girdle m SGSH Mucopolysace SLC12A6 Andermann s SLC17A5 Sialic acid sto SLC22A5 Systemic prin		AR	General Population French Canadian Population	<1 in 500 1 in 19		1 in 9,981 1 in 361	<1 in 10 million 1 in 27,436
SGCD Limb-girdle m SGCG Limb-girdle m SGSH Mucopolysact SLC12A6 Andermann s SLC17A5 Sialic acid sto SLC22A5 Systemic prin	nuscular dystrophy, type 2D		General Population Caucasian / European Population Finnish Population	<1 in 500 1 in 288 1 in 150	98%	1 in 24,951 1 in 14,351 1 in 7,451	<1 in 10 million <1 in 10 million 1 in 4,470,600
SGCG Limb-girdle m  SGSH Mucopolysaci  SLC12A6 Andermann s  SLC17A5 Sialic acid sto  SLC22A5 Systemic prin	nuscular dystrophy, type 2E		General Population Caucasian / European Population	1 in 500 1 in 406		1 in 24,951 1 in 20,251	<1 in 10 million <1 in 10 million
SGSH Mucopolysace SLC12A6 Andermann s SLC17A5 Sialic acid sto SLC22A5 Systemic prin	nuscular dystrophy, type 2F	AR	General Population	<1 in 500	98%	1 in 24,951	<1 in 10 million
SLC12A6 Andermann s SLC17A5 Sialic acid sto SLC22A5 Systemic prin	nuscular dystrophy, type 2C		General Population Moroccan Population Roma / Gypsy Population	1 in 381 1 in 250 1 in 96	98% 98%	1 in 19,001 1 in 12,451 1 in 4,751	<1 in 10 million <1 in 10 million 1 in 1,824,384
SLC17A5 Sialic acid sto SLC22A5 Systemic prin	charidosis IIIA (Sanfilippo syndrome A)		General Population Caucasian / European Population	1 in 454 1 in 253	98%	1 in 22,651 1 in 12,601	<1 in 10 million <1 in 10 million
SLC22A5 Systemic prin	syndrome	AR	General Population French Canadian Population	<1 in 500 1 in 23		1 in 24,951 1 in 2,201	<1 in 10 million 1 in 202,492
, , , , , , , , , , , , , , , , , , , ,	orage disorder	AR	General Population Finnish Population	<1 in 500 1 in 100		1 in 5,545 1 in 1,101	<1 in 10 million 1 in 440,400
SLC26A2 Diastrophic d	nary carnitine deficiency		General Population African/African American Population East Asian Population Faroese Population Pacific Islander Population South Asian/Indian Population	1 in 129 1 in 86 1 in 77 1 in 9 1 in 37 1 in 51	99% 99% 99%	1 in 12,801 1 in 8,501 1 in 7,601 1 in 801 1 in 3,601 1 in 5,001	1 in 6,605,316 1 in 2,924,344 1 in 2,341,108 1 in 28,836 1 in 532,948 1 in 1,020,204
	ysplasia	AR	General Population Finnish Population	1 in 158 1 in 50		1 in 1,571 1 in 491	1 in 992,872 1 in 98,200
SLC26A2 Achondrogen	iesis, type IB	AR	General Population Finnish Population	1 in 158 1 in 50		1 in 1,571 1 in 491	1 in 992,872 1 in 98,200
SLC26A2 Multiple epiph	hyseal dysplasia		General Population Finnish Population	1 in 158 1 in 50		1 in 1,571 1 in 491	1 in 992,872 1 in 98,200
SLC26A2 Atelosteogen	esis II	AR	General Population Finnish Population	1 in 158 1 in 50		1 in 1,571 1 in 491	1 in 992,872 1 in 98,200
SLC26A4 Pendred sync	drome		General Population African/African American Population Caucasian / European Population East Asian Population	1 in 80 1 in 76 1 in 88 1 in 74	98% 98%	1 in 3,951 1 in 3,751 1 in 4,351 1 in 3,651	1 in 1,264,320 1 in 1,140,304 1 in 1,531,552 1 in 1,080,696
SLC37A4 Glycogen sto	rage disease, type lb	AR	General Population Ashkenazi Jewish Population	1 in 158 1 in 71		1 in 3,141 1 in 1,401	1 in 1,985,112 1 in 397,884
SMN1 Spinal muscu	ılar atrophy		General Population African/African American Population Ashkenazi Jewish Population Caucasian / European Population East Asian Population Latino Population Sephardic Jewish Population	1 in 54 1 in 72 1 in 67 1 in 47 1 in 59 1 in 68 1 in 34	71% 91% 95% 93% 90%	1 in 590 1 in 246 1 in 734 1 in 921 1 in 830 1 in 671 1 in 826	1 in 127,440 1 in 70,848 1 in 196,712 1 in 173,148 1 in 195,880 1 in 182,512 1 in 112,336
-	ular atrophy silent carrier		General Population	1 in 54		1 in 590	1 in 127,440
SMPD1 Niemann-Pick	k disease, type A/B	AR	General Population Ashkenazi Jewish Population Latino Population	1 in 250 1 in 115 1 in 106	95%	1 in 4,981 1 in 2,281 1 in 2,101	1 in 4,981,000 1 in 1,049,260 1 in 890,824
STAR Lipoid conger	nital adrenal hyperplasia	AR	General Population	<1 in 500	98%	1 in 24,951	<1 in 10 million
TAT Tyrosinemia,	type II	AR	General Population	1 in 250	98%	1 in 12,451	<1 in 10 million
TCIRG1 Osteopetrosis	s 1	AR	General Population	1 in 250	98%	1 in 12,451	<1 in 10 million
TGM1 Congenital icl	hthyosis	AR	General Population	1 in 224	95%	1 in 4,461	1 in 3,997,056
TH Segawa synd	Irome	AR	General Population	1 in 224	98%	1 in 11,151	1 in 9,991,296
TMEM216 Joubert syndi	rome 2	AR	General Population Ashkenazi Jewish Population	1 in 141 1 in 92		1 in 7,001 1 in 4,551	1 in 3,948,564 1 in 1,674,768
TMEM216 Meckel syndr	ome 2	AR	General Population Ashkenazi Jewish Population	1 in 141 1 in 92		1 in 7,001 1 in 4,551	1 in 3,948,564 1 in 1,674,768
TPP1 Neuronal cerd	aid linefuncingsin TDD4 ltl	AR	General Population	1 in 252		1 in 8,368	1 in 8,434,944
TTPA Ataxia with is	oid lipofuscinosis, TPP1-related		French Canadian Population	1 in 53	97%	1 in 1,734	1 in 367,608

Patient:Sex: M;Accession#:FD Patient#:DOB:MR#: BFA0183DocID:PAGE 15 of 16





Supplemental Table												
Gene	Condition	Inheritance	Ethnicity	Carrier Rate	Detection Rate	Post-test Carrier Probability*	Residual Risk*					
USH1C	Usher syndrome, type IC	AR	General Population French Canadian Population	1 in 353 1 in 227	90% 90%	1 in 3,521 1 in 2,261	1 in 4,971,652 1 in 2,052,988					
USH1C	Non-syndromic hearing loss, USH1C-related	AR	General Population French Canadian Population	1 in 353 1 in 227	90% 90%	1 in 3,521 1 in 2,261	1 in 4,971,652 1 in 2,052,988					
USH2A	Usher syndrome, type 2A	AR	General Population Caucasian / European Population Ashkenazi Jewish Population Iranian Jewish Population	1 in 126 1 in 73 1 in 35 1 in 60	96% 96% 99% 99%	1 in 3,126 1 in 1,801 1 in 3,401 1 in 5,901	1 in 1,575,504 1 in 525,892 1 in 476,140 1 in 1,416,240					
VPS13B	Cohen syndrome	AR	General Population	<1 in 500	98%	1 in 24,951	<1 in 10 million					
XPA	Xeroderma pigmentosum, group A	AR	General Population Japanese Population	1 in 500 1 in 74	99% 99%	1 in 49,901 1 in 7,301	<1 in 10 million 1 in 2,161,096					
XPC	Xeroderma pigmentosum, group C	AR	General Population	1 in 500	99%	1 in 49,901	<1 in 10 million					
ZFYVE26	Spastic paraplegia 15	AR	General Population	<1 in 500	98%	1 in 24,951	<1 in 10 million					

<sup>\*</sup> For genes that have tested negative

Abbreviations: AR, autosomal recessive; XL, X-linked

Patient: Sex: M;
DOB: MR#: BFA0183



<sup>†</sup> The carrier frequency for heterozygous alpha thalassemia carriers ( $\alpha\alpha/\alpha$ -) is described in rows marked with a dagger symbol. The carrier frequency for alpha thalassemia trait cis ( $\alpha\alpha/$ - -) is 1 in 1000.