

Client: Example Client ABC123 123 Test Drive Salt Lake City, UT 84108 UNITED STATES

Physician: Doctor, Example

## **Patient: Patient, Example**

DOB	12/10/1954	
Gender:	Male	
Patient Identifiers:	01234567890ABCD, 012345	
Visit Number (FIN):	01234567890ABCD	
<b>Collection Date:</b>	00/00/0000 00:00	

## Shwachman-Diamond Syndrome (SBDS) Sequencing

ARUP test code 2006240

EER Shwachman-Diamond Syndrome (SBDS)

See Note Authorized individuals can access the ARUP Enhanced Report using the following link:

Shwachman-Diamond Syndrome (SBDS)

Negative

Date Test(s) Started: 12-SEP-2023 10:39:08 Sample Source: Blood in EDTA Date Collected: 12-SEP-2023 Date Received: 12-SEP-2023 Testing Date Started: 12-SEP-2023 Date Reported: 12-SEP-2023 Provider Account #: A.R.U.P Laboratories Additional Provider: Test(s) Requested SBDS Gene / Shwachman-Diamond Syndrome (SDS) Result: Negative No pathogenic, likely pathogenic, or variants of uncertain significance were identified by this analysis. Interpretation This negative result does not exclude a genetic basis for this individual's clinical features and/or family history. It is possible this individual has a pathogenic variant that is not detectable by this analysis or is in a gene not evaluated by this test. Recommendation(s) Genetic counseling is recommended to discuss the implications of these results Resources MyGene2 is a portal through which families with rare genetic conditions who are interested in sharing their health and genetic information can connect with other families, clinicians, and researchers. If you are interested in learning more and/or participating, please visit www.mygene2.org. GenomeConnect is an NIH initiative created to enable individuals and families with the same genetic variant or medical history to connect and share de-identified information. If you are interested in participating, please visit www.genomeconnect.org. Genes Evaluated SBDS Methods Using genomic DNA from the submitted specimen, the coding regions and

H=High, L=Low, \*=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:



splice junctions of the requested gene were PCR amplified and capillary sequencing was performed. Bi-directional sequence was assembled, aligned to reference gene sequences based on human genome build GRCh37/UCSC hg19, and analyzed for sequence variants. Capillary sequencing or another appropriate method was used to confirm all potentially pathogenic variants. If present, apparently homozygous variants were confirmed using alternate primer pairs to significantly reduce the possibility of allele drop-out. Sequence alterations were reported according to the Human Genome Variation Society (HGVS) nomenclature guidelines. Reportable variants include pathogenic variants, likely pathogenic variants and variants of uncertain significance. Likely benign and benign variants are not routinely reported but are available upon request. The methods used by GeneDx are expected to be greater than 99% sensitive in detecting variants identifiable by sequencing. Available evidence for variant classification may change over time and reported variant(s) may be reclassified according to the ACMG/AMP Standards and Guidelines (PMID: 25741868), which may lead to issuing a revised report. Disclaimer Genetic testing using the methods applied at GeneDx is expected to be highly accurate. Normal findings do not rule out the diagnosis of a genetic disorder since some genetic abnormalities may be undetectable by this test. The methods used cannot reliably detect deletions of 20bp to 500bp in size, or insertions of 10bp to 500bp in size. Sequencing cannot detect low-level mosaicism. The copy number assessment methods used with this test cannot reliably detect mosaicism and cannot identify balanced chromosome aberrations. Regions of certain genes have inherent sequence properties (for example: repeat, homology, or pseudogene regions, high GC content, rare polymorphisms) that yield suboptimal data, potentially impairing accuracy of the results. Inaccurate results may occur in the setting of allogeneic bone marrow/stem cell transplantation, active or chronic hematologic conditions, recent blood transfusion, suboptimal DNA quality, or in other rare circumstances. Rarely incidental findings of large chromosomal rearrangements outside the gene of interest may be identified. As the ability to detect genetic variants and naming conventions can differ among laboratories, rare false negative results may occur when no positive control is provided for testing of a specific variant identified at another laboratory. In addition, the chance of an erroneous result due to laboratory errors incurred during any phase of testing cannot be completely excluded. Interpretations are made with the assumption that any clinical information provided, including family

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ARUP LABORATORIES | 800-522-2787 | aruptab.com 500 Chipeta Way, Salt Lake City, UT 84108-1221 Jonathan R. Genzen, MD, PhD, Laboratory Director Patient: Patient, Example ARUP Accession: 23-248-106422 Patient Identifiers: 01234567890ABCD, 012345 Visit Number (FIN): 01234567890ABCD Page 2 of 3 | Printed: 12/1/2023 8:54:34 AM 4848



relationships, are accurate. Consultation with a genetics professional is interpretation of results. This test was developed and its performance characteristics determined by GeneDx. This test has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. The test is used for clinical purposes and should not be regarded as investigational or for research. The laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity clinical testing. References Lek et al. (2016) Nature 536 (7616): 285-91 (PMID: 27535533):Stenson et al. (2014) Human genetics 133 (1): 1-9 (PMID: 24077912);Landrum et al. (2016) Nucleic Acids Res. 44 (D1): D862-8 (PMID: 26582918);Lott et al. (2013) Curr Protoc Bioinformatics 44 : 1.23.1-26 (PMID: 25489354);Richards et al. (2015) Genetics In Medicine: 17 (5): 405-24 (PMID: 25741868); *#*## Report electronically signed by: LIMS Cardiology Performed by: GeneDx 207 Perry Parkway Gaithersburg, MD 20877 Anne Maddalena, Ph.D., FACMG,

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
EER Shwachman-Diamond Syndrome (SBDS)	23-248-106422	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Shwachman-Diamond Syndrome (SBDS)	23-248-106422	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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