

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 3/29/2021
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Cytogenomic SNP Microarray Buccal Swab

ARUP test code 2006267

Cytogenomic SNP Microarray Buccal Swab

Abnormal * (Ref Interval: Normal)

Test Performed: Cytogenomic SNP Microarray-Buccal Swab (CMA BUCCAL)
Specimen Type: Buccal
Indication for Testing: IUGR, polyhydramnios, short long bones, echogenic kidneys, SGA, gross motor delay, hypotonia, perinatal depression (HIE?), PDA, ureter obstruction, renal pyelectasis

RESULT SUMMARY

Abnormal Microarray Result (Male)

17q12 Deletion (Renal cysts and Diabetes syndrome)

Classification: Pathogenic
Copy number change: 17q12 loss
Size: 1.4 Mb

RESULT DESCRIPTION

This analysis showed an interstitial deletion (1 copy present) involving chromosome 17, within 17q12. This region contains at least 19 genes (listed below), including the gene HNF1B (formerly TCF2).

Deletion of this region is associated with the 17q12 deletion syndrome, also known as renal cysts and diabetes (RCAD) syndrome. The reported size of this deletion may vary across studies due to variability in breakpoints within flanking repeat regions.

INTERPRETATION

This result is consistent with a clinical diagnosis of 17q12 deletion syndrome. Features associated with this disorder are variable, and may include renal and urinary tract abnormalities (most commonly cystic dysplasia and tubulointerstitial disease), maturity-onset diabetes of the young type 5 (MODY5), developmental delay/intellectual disability, learning and behavioral difficulties, autism, neuropsychiatric disorders, mild dysmorphic features, and hyperparathyroidism. Other findings may include structural and functional abnormalities of the liver and pancreas, genital anomalies, structural brain abnormalities, and other variable features.

Up to 25 percent of 17q12 deletions are inherited, sometimes from a mildly affected or unaffected parent. Parental testing (FISH or genomic microarray) is recommended to evaluate the potential origin of this deletion and for recurrence risk counseling.

Recommendations:

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

1) Genetic counseling

Health care providers with questions may contact an ARUP genetic counselor at (800) 242-2787 ext. 2141.

References:

- 1) Mitchell et al. 17q12 Recurrent Deletion Syndrome. GeneReviews. 2020. (<https://www.ncbi.nlm.nih.gov/books/NBK401562/>). PMID: 27929632.
- 2) Rasmussen et al. 17q12 deletion and duplication syndrome in Denmark-A clinical cohort of 38 patients and review of the literature. Am J Med Genet A. 2016 Nov;170(11):2934-2942. PMID: 27409573.
- 3) Laffargue et al. Towards a new point of view on the phenotype of patients with a 17q12 microdeletion syndrome. Arch Dis Child 2015; 100(3):259-64. PMID: 25324567.
- 4) Lalive et al. School level of children carrying a HNF1B variant or a deletion. Eur J Hum Genet. 2020 Jan;28(1):56-63. PMID: 31481685.
- 5) Moreno-De-Luca et al. Deletion 17q12 is a recurrent copy number variant that confers high risk of autism and schizophrenia. Am J Hum Genet. 2010 Nov 12;87(5):618-30. PMID: 21055719.
- 6) Nagamani et al. Clinical spectrum associated with recurrent genomic rearrangements in chromosome 17q12. Eur J Hum Genet 2010; 18(3):278-84. PMID: 19844256.
- 7) Unique: Understanding Rare Chromosome and Gene Disorders. (www.rarechromo.org)

Cytogenomic Nomenclature (ISCN):

arr[GRCh37] 17q12(34822465_36188909)x1

Genes within the 17q12 deleted region:

ZNHIT3, MYO19, PIGW, GGNBP2, DHRS11, MRM1, LHX1-DT, LHX1, AATF, MIR2909, ACACA, SNORA90, C17orf78, TADA2A, DUSP14, SYNRG, DDX52, MIR378J, HNF1B

Technical Information

- This assay was performed using the CytoScan(TM) HD Suite (Thermo Fisher Scientific) according to validated protocols within the Genomic Microarray Laboratory at ARUP Laboratories
- This assay is designed to detect alterations to DNA copy number state (gains and losses) as well as copy-neutral alterations (regions of homozygosity; ROH) that indicate an absence- or loss-of-heterozygosity (AOH or LOH)
- AOH may be present due to parental relatedness (consanguinity) or uniparental disomy (UPD)
- LOH may be present due to acquired UPD (segmental or whole chromosome)
- The detection sensitivity (resolution) for any particular genomic region may vary dependent upon the number of probes (markers), probe spacing, and thresholds for copy number and ROH determination
- The CytoScan HD array contains 2.67 million markers across the genome with average probe spacing of 1.15 kb, including 750,000 SNP probes and 1.9 million non-polymorphic probes
- In general, the genome-wide resolution is approximately 25-50 kb for copy number changes and approximately 3 Mb for ROH (See reporting criteria)
- The limit of detection for mosaicism varies dependent upon the size and type of genomic imbalance. In general, genotype mixture due to mosaicism (distinct cell lines from the same individual) or chimerism (cell lines from different individuals) will be detected when present at greater than 20-30 percent in the sample
- Genomic coordinates correspond to the Genome Reference Consortium human genome build 37/human genome issue 19 (GRCh37/hg19)

Variant Classification and Reporting Criteria

- Copy number variant (CNV) analysis is performed in accordance with recommendations by the American College of Medical Genetics and Genomics (ACMG), using standard 5-tier CNV classification

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

terminology: pathogenic, likely pathogenic, variant of uncertain significance (VUS), likely benign, and benign

- CNVs classified as pathogenic, likely pathogenic, or variant of uncertain significance are generally reported, based on information available at the time of review
- Known or expected pathogenic CNVs affecting genes with known clinical significance but which are unrelated to the indication for testing will generally be reported
- Variants that do not fall within these categories may be reported with descriptive language specific to that variant
- In general, recessive disease risk and recurrent CNVs with established reduced penetrance will be reported
- For a list of databases used in CNV classification, please refer to ARUP Constitutional CNV Assertion Criteria, which can be found on ARUP's Genetics website at www.aruplab.com/genetics
- CNVs classified as likely benign or benign that are devoid of relevant gene content or reported as common findings in the general population, are generally not reported
- CNV reporting (size) criteria: losses greater than 50 kb and gains greater than 400 kb are generally reported, dependent on genomic content
- ROH are generally reported when a single terminal ROH is greater than 3 Mb and a single interstitial ROH is greater than 10-15 Mb (dependent upon chromosomal location and likelihood of imprinting disorder) or when total autosomal homozygosity is greater than 3 percent (only autosomal ROH greater than 3 Mb are considered for this estimate)

Limitations

This analysis cannot provide structural (positional) information associated with genomic imbalance. Therefore, additional cytogenetic testing by chromosome analysis or fluorescence in situ hybridization (FISH) may be recommended.

Certain genomic alterations may not or cannot be detected by this technology. These alterations may include, but are not limited to:

- CNVs below the limit of resolution of this platform
- Sequence-level variants (mutations) including point mutations and indels
- Low-level mosaicism (generally, less than 20-30 percent)
- Balanced chromosomal rearrangements (translocations, inversions and insertions)
- Genomic imbalance in repetitive DNA regions (centromeres, telomeres, segmental duplications, and acrocentric chromosome short arms)

Data Sharing

In cooperation with the National Institutes of Health's effort to improve understanding of specific genetic variants, ARUP submits HIPAA-compliant, de-identified (cannot be traced back to the patient) genetic test results and health information to public databases. The confidentiality of each sample is maintained. If you prefer that your test result not be shared, call ARUP Laboratories at (800) 242-2787 ext. 3301. Your de-identified information will not be disclosed to public databases after your request is received, but a separate request is required for each genetic test. Additionally, patients have the opportunity to participate in patient registries and research. To learn more, visit ARUP's Genetics website at www.aruplab.com/genetics.

This result has been reviewed and approved by [REDACTED]

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INTERPRETIVE INFORMATION: Cytogenomic SNP Microarray
Buccal Swab

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

EER CMA BUCCAL

EERUnavailable

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Cytogenomic SNP Microarray Buccal Swab	21-092-401474	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER CMA BUCCAL	21-092-401474	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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