

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 12/9/2004  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 01/01/2017 12:34

**Duchenne/Becker Muscular Dystrophy (DMD) Sequencing**

ARUP test code 2011153

DMD Sequencing Specimen whole Blood

DMD Sequencing Interpretation

Negative

INDICATION FOR TESTING  
Myalgia/muscle cramping, headaches, and leg and back pain.

RESULT  
No pathogenic variants were detected in the DMD gene.

INTERPRETATION  
No pathogenic variants were detected in the DMD gene by massive parallel sequencing of the coding regions and exon-intron boundaries. This result decreases the likelihood of, but does not exclude, a diagnosis of Duchenne/Becker muscular dystrophy. Please refer to the background information included in this report for the clinical sensitivity and limitations of this test.

RECOMMENDATIONS  
This test does not detect all variants associated with Duchenne/Becker muscular dystrophy, as only a subset of variants are due to sequence variants. Consideration may be given to ordering Duchenne/Becker Muscular Dystrophy (DMD), Deletion/Duplication; ARUP test code 2011235, if clinical suspicion for Duchenne/Becker muscular dystrophy remains. Medical screening and management should rely on clinical findings and family history. Genetic consultation is recommended.

COMMENTS  
Benign variants are not included in this report, but are available upon request.

This result has been reviewed and approved by [REDACTED]

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

Unless otherwise indicated, testing performed at:

**BACKGROUND INFORMATION:** Duchenne/Becker Muscular Dystrophy (DMD) Sequencing

**CHARACTERISTICS:** Symptoms of Duchenne muscular dystrophy (DMD) usually begin in childhood and include fatigue, learning difficulties, muscle weakness, progressive difficulty walking with eventual wheelchair dependency, breathing difficulties and heart disease. Symptoms of Becker muscular dystrophy (BMD) are similar to DMD but begin at a later age and progress at a slower rate. Dilated cardiomyopathy has been observed in nearly all affected males and many female carriers of DMD and BMD.

**EPIDEMIOLOGY:** Incidence of DMD: 1 in 3,500 male births, BMD: 1 in 19,000 male births.

**INHERITANCE:** X-linked; de novo variants occur in 1/3 of cases.

**PENETRANCE:** Males: 100 percent. Females: Varies with X-chromosome inactivation.

**CLINICAL SENSITIVITY:** DMD 20-35 percent. BMD: 10-20 percent.

**METHODOLOGY:** Targeted capture of all coding exons and exon-intron junctions of the DMD gene, followed by massively parallel sequencing. Sanger sequencing was performed as necessary to fill in regions of low coverage and confirm reported variants. Human genome build 19 (Hg 19) was used for data analysis.

**ANALYTICAL SENSITIVITY:** The analytical sensitivity of this test is approximately 99 percent for single nucleotide variants (SNVs) and greater than 93 percent for insertions/duplications/deletions from 1-10 base pairs in size. Variants greater than 10 base pairs may be detected, but the analytical sensitivity may be reduced.

**LIMITATIONS:** A negative result does not exclude a heritable form of muscular dystrophy. This test only detects variants within the coding regions and intron-exon boundaries of the DMD gene. Regulatory region variants and deep intronic variants will not be identified. Deletions/duplications/insertions of any size may not be detected by massive parallel sequencing. Diagnostic errors can occur due to rare sequence variations. In some cases, variants may not be identified due to technical limitations in the presence of pseudogenes, repetitive, or homologous regions. This assay may not detect low-level somatic variants associated with disease. Interpretation of this test result may be impacted if this patient has had an allogeneic stem cell transplantation. Non-coding transcripts were not analyzed.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement C: aruplab.com/CS

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Unless otherwise indicated, testing performed at:

**ARUP LABORATORIES | 800-522-2787 | aruplab.com**  
500 Chipeta Way, Salt Lake City, UT 84108-1221  
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example  
ARUP Accession: 18-344-107568  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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VERIFIED/REPORTED DATES

| Procedure                     | Accession     | Collected              | Received               | Verified/Reported     |
|-------------------------------|---------------|------------------------|------------------------|-----------------------|
| DMD Sequencing Specimen       | 18-344-107568 | 12/10/2018 11:53 00 AM | 12/10/2018 11:53:16 AM | 12/10/2018 1:10:00 PM |
| DMD Sequencing Interpretation | 18-344-107568 | 12/10/2018 11:53 00 AM | 12/10/2018 11:53:16 AM | 12/10/2018 1:10:00 PM |

END OF CHART

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