



Expanded Carrier Screen by Next Generation Sequencing

LABORATORIES

Patient: [REDACTED]
DOB: [REDACTED] Age: 38 Gender: F
Patient Identifiers: [REDACTED]
[REDACTED]
Visit Number (FIN): [REDACTED]

Client: [REDACTED]
Physician: [REDACTED]

ARUP Test Code: 2014680
Collection Date: 08/13/2020
Received in lab: 08/19/2020
Completion Date: 08/31/2020

Test Information

Test performed at: Counsyl, Inc., 180 Kimball Way, South San Francisco, CA 94080

Patient Report

Patient's genetic report from Counsyl continues on following page(s).



Patient: [REDACTED]
ARUP Accession: 20-228-401272
[REDACTED]



RESULTS RECIPIENT
 ARUP LABORATORIES
 Attn: [REDACTED]
 500 Chipeta Way
 Salt Lake City, UT 84108
 Phone: (801) 583-2787
 Fax: (801) 584-5249
 NPI: 1679647770
 Report Date: 08/31/2020

FEMALE
 [REDACTED]
 DOB: [REDACTED]
 Ethnicity: Northern European
 Sample Type: EDTA Blood
 Date of Collection: 08/13/2020
 Date Received: 08/20/2020
 Date Tested: 08/30/2020
 Barcode: [REDACTED]
 Accession ID: 20-228-401272
 Indication: Screening for genetic disease carrier status

MALE
 N/A

Foresight® Carrier Screen

POSITIVE: CARRIER

ABOUT THIS TEST

The **Myriad 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	[REDACTED]	Partner
Panel Information	Foresight Carrier Screen Universal Panel Fundamental Plus Panel Fundamental Panel (175 conditions tested)	N/A
POSITIVE: CARRIER Congenital Adrenal Hyperplasia, CYP21A2-related Reproductive Risk: 1 in 220 Inheritance: Autosomal Recessive	+ CARRIER* NM_000500.7(CYP21A2):c.844G>T(V282L, aka V281L) 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".
POSITIVE: CARRIER Methylmalonic Aciduria and Homocystinuria, cbIC Type Reproductive Risk: 1 in 630 Inheritance: Autosomal Recessive	+ CARRIER* NM_015506.2(MMACHC):c.271dupA(R91Kfs*14) 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 8.

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.



Patient [REDACTED]
 ARUP Accession: 20-228-401272

POSITIVE: CARRIER
Congenital Adrenal Hyperplasia, CYP21A2-related

Reproductive risk: 1 in 220
 Risk before testing: 1 in 12,000

Gene: CYP21A2 | Inheritance Pattern: Autosomal Recessive

Patient	[REDACTED]	No partner tested
Result	Carrier	N/A
Variant(s)	NM_000500.7(CYP21A2):c.844G>T(V282L, aka V281L) heterozygote	N/A
Methodology	Analysis of homologous regions	N/A
Interpretation	This individual is a carrier of congenital adrenal hyperplasia, CYP21A2-related. Carriers generally do not experience symptoms. NM_000500.7(CYP21A2):c.844G>T(V282L, aka V281L) is a non-classic congenital adrenal hyperplasia, CYP21A2-related mutation.	N/A
Detection rate	96%	N/A
Variants tested	CYP21A2 deletion, CYP21A2 duplication, CYP21A2 triplication, G111Vfs*21, I173N, L308Ffs*6, P31L, Q319*, Q319*+CYP21A2dup, R357W, V281L, [I237N;V238E;M240K], c.293-13C>G.	N/A

What Is Congenital Adrenal Hyperplasia, CYP21A2-Related?

Congenital adrenal hyperplasia (CAH) refers to a group of genetic disorders that affect the body's adrenal glands. The adrenal glands regulate essential functions in the body, including the production of several important hormones. CAH occurs when the adrenal glands are unable to produce these hormones properly, resulting in a hormone imbalance. CAH, CYP21A2-related is caused by mutations in the *CYP21A2* gene. The *CYP21A2* gene produces the 21-hydroxylase enzyme. Another name for this disorder is 21-hydroxylase-deficient CAH (21-OHD CAH).

When the 21-hydroxylase enzyme is missing or present at low levels, the adrenal glands are unable to produce two critical hormones, cortisol and aldosterone. The body responds to this deficiency by producing an excess of male sex hormones, called androgens. Collectively, the excess androgen production and hormone deficiencies can lead to a variety of medical problems, which vary in severity depending on the form of CAH. CAH associated with *CYP21A2* (21-OHD CAH) has two major forms: classic and non-classic.

CLASSIC FORM

The most severe form referred to as classic 21-OHD CAH, can be further divided into two different subtypes: salt wasting and simple virilizing (non-salt wasting) types. The classic salt-wasting type is associated with near-to-complete deficiency of the 21-hydroxylase enzyme, resulting in the complete inability to produce the hormones cortisol and aldosterone. In this type, the body cannot retain enough sodium (salt) and when too much salt is lost in the urine, it may lead to dehydration, vomiting, diarrhea, poor growth, heart-rhythm abnormalities (arrhythmias), and shock (salt wasting). If not properly treated, salt wasting can lead to death in some cases.

Additionally, female newborns often have external genitals that do not clearly appear either male or female (ambiguous genitalia), whereas male newborns may present with enlarged genitals. Signs of early puberty and the exaggerated development of male characteristics (virilization) occur in both males and females with CAH. These symptoms may include: rapid growth and development



in early childhood, but shorter-than-average height in adulthood, abnormal menstruation cycles for females, excess facial hair for females, early facial-hair growth for males, severe acne, and infertility in both men and women. Male characteristics such as muscle bulk and a deep voice can occur in females and in boys (masculinization).

The simple virilizing type of CAH is associated with partial 21-hydroxylase deficiency. Unlike the salt-wasting type, individuals with this condition typically do not experience severe and life-threatening sodium-deficiency symptoms as newborns. However, the majority of female newborns with this type will have ambiguous genitalia, and both male and female children may show signs of early puberty.

NON-CLASSIC FORM

The non-classic type (late-onset type) is the the least-severe form of 21-OHD CAH and is caused by a mild deficiency of the 21-hydroxylase enzyme. Individuals with this type may start experiencing symptoms related to excess androgen production in childhood, adolescence, or adulthood. Both males and females may exhibit rapid growth in childhood, shorter-than-average stature in adulthood, virilization, and infertility. Additionally, girls may experience symptoms of masculinization and abnormal menstruation. However, some individuals with non-classic CAH may never know they are affected because the symptoms are so mild.

How Common Is Congenital Adrenal Hyperplasia, CYP21A2-Related?

The incidence of 21-OHD CAH varies by type and ethnicity. The incidence for the classic form is approximately 1 in 15,000 births worldwide. The prevalence of the classic form varies from 1 in 300 for Yupik Eskimos in Alaska to 1 in 21,000 in Japanese. The non-classic form of 21-OHD CAH is much more common, with an incidence of approximately 1 in 1000 births. The prevalence of the non-classic form is much higher in some ethnicities, namely in the Ashkenazi Jewish (1 in 27), Hispanic (1 in 40), Slavic (1 in 50), and Italian (1 in 300) ethnicities. Mutations in *CYP21A2* account for about 90% of CAH cases.

How Is Congenital Adrenal Hyperplasia, CYP21A2-Related Treated?

Currently, there is no cure for CAH. However, treatments are available to address some of the associated symptoms. Patients benefit from taking hormone-replacement medications, which work to increase levels of deficient hormones and suppress the overproduction of male hormones. Most individuals with classic CAH will need to take hormone medications for the rest of their lives. Those with the less-severe forms of CAH are sometimes able to stop taking these medications in adulthood and are typically treated with lower doses. Some individuals with non-classic CAH do not require any treatment. A multidisciplinary team of physicians, including an endocrinologist, will need to monitor the medication dosage, medication side effects, growth, and sexual development of patients who continue to receive treatment.

Newborn females with ambiguous genitalia may need surgery to correct the function and appearance of the external genitalia. Surgery, if needed, is most often performed during infancy, but can be performed later in life. Treatments provided during pregnancy may reduce the degree of virilization in female fetuses. However, because the long-term safety of prenatal treatment is unknown, these therapies are considered experimental and are not recommended by professional guidelines.

What Is the Prognosis for an Individual with Congenital Adrenal Hyperplasia, CYP21A2-Related?

With early diagnosis and proper medication management, most individuals with 21-OHD CAH will have a normal life expectancy. Early death can occur during periods of significant sodium loss (salt crises) if medication dosage is not adequately adjusted, especially during times of illness or trauma. Problems with growth and development, ambiguous genitalia, and virilization are monitored by physicians on an ongoing basis. Females with 21-OHD CAH can become pregnant, but fertility is reduced.



POSITIVE: CARRIER
Methylmalonic Aciduria and Homocystinuria, cbIC Type

Reproductive risk: 1 in 630
 Risk before testing: 1 in 100,000

Gene: MMACHC | Inheritance Pattern: Autosomal Recessive

Patient	[REDACTED]	No partner tested
Result	Carrier	N/A
Variant(s)	NM_015506.2(MMACHC):c.271dupA(R91Kfs*14) heterozygote	N/A
Methodology	Sequencing with copy number analysis (v3.1)	N/A
Interpretation	This individual is a carrier of methylmalonic aciduria and homocystinuria, cbIC type. Carriers generally do not experience symptoms. R91Kfs*14 may be associated with early onset methylmalonic aciduria and homocystinuria, cbIC type.	N/A
Detection rate	>99%	N/A
Exons tested	NM_015506:1-4.	N/A

What is Methylmalonic Aciduria and Homocystinuria, cbIC Type?

Methylmalonic aciduria and homocystinuria, cbIC type is a metabolic disorder that affects the body's ability to process a protein called cobalamin. Cobalamin is also known as vitamin B12. The most well-described form of methylmalonic aciduria and homocystinuria is type cbIC, or methylmalonic aciduria and homocystinuria, cbIC type; it is also the most common of these disorders.

The age of initial presentation of cbIC ranges from (1) newborns who can be small for gestational age with unusually small head size; to (2) infants who can have poor feeding, failure to thrive, and neurologic/developmental abnormalities; to (3) toddlers who can have failure to thrive, poor head growth, developmental delay, low muscle tone, and seizures; and to (4) young adults/adults who may develop confusion, mental illness, cognitive decline, and anemia.

How common is Methylmalonic Aciduria and Homocystinuria, cbIC Type?

The estimated incidence is estimated to be approximately 1 in 100,000 births.

How is Methylmalonic Aciduria and Homocystinuria, cbIC Type treated?

Currently, there is no treatment that cures or alleviates all the symptoms of methylmalonic aciduria and homocystinuria, cbIC type. Critically ill individuals must be stabilized, preferably in consultation with a metabolic specialist, by treating their metabolic disease. Dietary modifications may improve symptoms and gastrostomy tube placement for feeding is often required. Seizures are treated using standard protocols. Medications have proven effective in some cases.





RESULTS RECIPIENT
ARUP LABORATORIES
Attn: [REDACTED]
NPI: 1679647770
Report Date: 08/31/2020

FEMALE
[REDACTED]
DOB: [REDACTED]
Ethnicity: Northern European
Barcode: [REDACTED]

MALE
N/A

During the first year of life, infants may need to be evaluated once or twice a month. Routine medical care should include special attention to growth and development; neurologic evaluation for early signs of delay, behavioral disturbances, and seizures; and ophthalmologic evaluation for retinal and optic nerve changes. Prolonged fasting and excessive dietary protein intake should be limited.

What is the prognosis for a person with Methylmalonic Aciduria and Homocystinuria, cbIC Type?

Some affected individuals have early and severe symptoms, while others reach adulthood without evidence of ongoing disease progression. In some cases, severe neurologic symptoms and/or cognitive impairment persist. It is difficult to discern whether or not such impairments are due to the disease progression prior to treatment or ongoing neurological decline.



Patient: [REDACTED]
ARUP Accession: 20-228-401272
[REDACTED]

Methods and Limitations

[REDACTED] Foresight Carrier Screen]: Sequencing with copy number analysis, spinal muscular atrophy, and analysis of homologous regions (DTS v3.1).

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 (Genome Reference Consortium Human Build 37 (GRCh37)/hg19). 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. The breakpoints of copy number variants and exons affected are estimated from probe positions. Only exons known to be included in the copy number variant are provided in the name. In some cases, the copy number variant may be larger or smaller than indicated. If *GJB2* is tested, large upstream deletions involving the genes *GJB6* and/or *CRYL1* that affect the expression of *GJB2* 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.





RESULTS RECIPIENT
 ARUP LABORATORIES
 Attn: [REDACTED]
 NPI: 1679647770
 Report Date: 08/31/2020

FEMALE
 [REDACTED]
 DOB: [REDACTED]
 Ethnicity: Northern European
 Barcode: [REDACTED]

MALE
 N/A

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. This test is not designed to detect sex chromosome copy number variations. If present, sex chromosome abnormalities may significantly reduce test sensitivity for X-linked conditions. Residual and reproductive risks provided assume a normal karyotype. Risks for individuals with abnormal karyotypes may be different. 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.

Resources

GENOME CONNECT | <http://www.genomeconnect.org>

Patients can share their reports via research registries such as Genome Connect, an online research registry working to build the knowledge base about genetics and health. Genome Connect provides patients, physicians, and researchers an opportunity to share genetic information to support the study of the impact of genetic variation on health conditions.

SENIOR LABORATORY DIRECTOR

Jack Ji, PhD, FACMG

Report content approved by Jack Ji, PhD, FACMG on Aug 31, 2020



Patient: [REDACTED]
 ARUP Accession: 20-228-401272
 [REDACTED]

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: Northern European 94%.

6-pyruvoyl-tetrahydropterin Synthase Deficiency - Gene: PTS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000317:1-6. Detection Rate: Northern European >99%.

ABCC8-related Familial Hyperinsulinism - Gene: ABCC8. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000352:1-39. Detection Rate: Northern European >99%.

Adenosine Deaminase Deficiency - Gene: ADA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000022:1-12. Detection Rate: Northern European >99%.

Alpha Thalassemia, HBA1/HBA2-related - Genes: HBA1, HBA2. Autosomal Recessive. Analysis of homologous regions. Variants (13): -(alpha)20.5, --BRT, --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: Unknown due to rarity of disease.

Alpha-mannosidosis - Gene: MAN2B1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000528:1-23. Detection Rate: Northern European >99%.

Alpha-sarcoglycanopathy - Gene: SGCA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000023:1-9. Detection Rate: Northern European >99%.

Alstrom Syndrome - Gene: ALMS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_015120:1-23. Detection Rate: Northern European >99%.

AMT-related Glycine Encephalopathy - Gene: AMT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000481:1-9. Detection Rate: Northern European >99%.

Andermann Syndrome - Gene: SLC12A6. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_133647:1-25. Detection Rate: Northern European >99%.

Argininemia - Gene: ARG1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000045:1-8. Detection Rate: Northern European 97%.

Argininosuccinic Aciduria - Gene: ASL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001024943:1-16. Detection Rate: Northern European >99%.

Aspartylglucosaminuria - Gene: AGA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000027:1-9. Detection Rate: Northern European >99%.

Ataxia with Vitamin E Deficiency - Gene: TTPA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000370:1-5. Detection Rate: Northern European >99%.

Ataxia-telangiectasia - Gene: ATM. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000051:2-63. Detection Rate: Northern European 98%.

ATP7A-related Disorders - Gene: ATP7A. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000052:2-23. Detection Rate: Northern European 96%.

Autoimmune Polyglandular Syndrome Type 1 - Gene: AIRE. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000383:1-14. Detection Rate: Northern European >99%.

Autosomal Recessive Osteopetrosis Type 1 - Gene: TCIRG1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_006019:2-20. Detection Rate: Northern European >99%.

Autosomal Recessive Polycystic Kidney Disease, PKHD1-related - Gene: PKHD1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_138694:2-67. Detection Rate: Northern European >99%.

Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay - Gene: SACS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_014363:2-10. Detection Rate: Northern European 99%.

Bardet-Biedl Syndrome, BBS1-related - Gene: BBS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_024649:1-17. Detection Rate: Northern European >99%.

Bardet-Biedl Syndrome, BBS10-related - Gene: BBS10. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_024685:1-2. Detection Rate: Northern European >99%.

Bardet-Biedl Syndrome, BBS12-related - Gene: BBS12. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_152618:2. Detection Rate: Northern European >99%.

Bardet-Biedl Syndrome, BBS2-related - Gene: BBS2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_031885:1-17. Detection Rate: Northern European >99%.

BCS1L-related Disorders - Gene: BCS1L. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_004328:3-9. Detection Rate: Northern European >99%.

Beta-sarcoglycanopathy - Gene: SGCB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000232:1-6. Detection Rate: Northern European >99%.

Biotinidase Deficiency - Gene: BTD. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000060:1-4. Detection Rate: Northern European >99%.

Bloom Syndrome - Gene: BLM. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000057:2-22. Detection Rate: Northern European >99%.

Calpainopathy - Gene: CAPN3. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000070:1-24. Detection Rate: Northern European >99%.

Canavan Disease - Gene: ASPA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000049:1-6. Detection Rate: Northern European 98%.

Carbamoylphosphate Synthetase I Deficiency - Gene: CPS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001875:1-38. Detection Rate: Northern European >99%.

Carnitine Palmitoyltransferase IA Deficiency - Gene: CPT1A. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001876:2-19. Detection Rate: Northern European >99%.

Carnitine Palmitoyltransferase II Deficiency - Gene: CPT2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000098:1-5. Detection Rate: Northern European >99%.

Cartilage-hair Hypoplasia - Gene: RMRP. Autosomal Recessive. Sequencing with copy number analysis. Exon: NR_003051:1. Detection Rate: Northern European >99%.

Cerebrotendinous Xanthomatosis - Gene: CYP27A1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000784:1-9. Detection Rate: Northern European >99%.

Citrullinemia Type 1 - Gene: ASS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000050:3-16. Detection Rate: Northern European >99%.

CLN3-related Neuronal Ceroid Lipofuscinosis - Gene: CLN3. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001042432:2-16. Detection Rate: Northern European >99%.

CLN5-related Neuronal Ceroid Lipofuscinosis - Gene: CLN5. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_006493:1-4. Detection Rate: Northern European >99%.

CLN6-related Neuronal Ceroid Lipofuscinosis - Gene: CLN6. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_017882:1-7. Detection Rate: Northern European >99%.



CLN8-related Neuronal Ceroid Lipofuscinosis - Gene: CLN8. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_018941:2-3. **Detection Rate:** Northern European >99%.

Cohen Syndrome - Gene: VPS13B. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_017890:2-62. **Detection Rate:** Northern European 97%.

COL4A3-related Alport Syndrome - Gene: COL4A3. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000091:1-52. **Detection Rate:** Northern European 97%.

COL4A4-related Alport Syndrome - Gene: COL4A4. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000092:2-48. **Detection Rate:** Northern European 98%.

Combined Pituitary Hormone Deficiency, PROP1-related - Gene: PROP1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_006261:1-3. **Detection Rate:** Northern European >99%.

Congenital Adrenal Hyperplasia, CYP21A2-related - 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:** Northern European 96%.

Congenital Disorder of Glycosylation Type Ia - Gene: PMM2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000303:1-8. **Detection Rate:** Northern European >99%.

Congenital Disorder of Glycosylation Type Ic - Gene: ALG6. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_013339:2-15. **Detection Rate:** Northern European >99%.

Congenital Disorder of Glycosylation, MPI-related - Gene: MPI. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_002435:1-8. **Detection Rate:** Northern European >99%.

Costeff Optic Atrophy Syndrome - Gene: OPA3. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_025136:1-2. **Detection Rate:** Northern European >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:** Northern European >99%.

Cystinosis - Gene: CTNS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_004937:3-12. **Detection Rate:** Northern European >99%.

D-bifunctional Protein Deficiency - Gene: HSD17B4. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000414:1-24. **Detection Rate:** Northern European 98%.

Delta-sarcoglycanopathy - Gene: SGCD. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000337:2-9. **Detection Rate:** Northern European 99%.

Dihydroipoamide Dehydrogenase Deficiency - Gene: DLD. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000108:1-14. **Detection Rate:** Northern European >99%.

Dysferlinopathy - Gene: DYSF. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_003494:1-55. **Detection Rate:** Northern European 98%.

Dystrophinopathy (Including Duchenne/Becker Muscular Dystrophy) - Gene: DMD. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_004006:1-79. **Detection Rate:** Northern European >99%.

ERCC6-related Disorders - Gene: ERCC6. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000124:2-21. **Detection Rate:** Northern European 99%.

ERCC8-related Disorders - Gene: ERCC8. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000082:1-12. **Detection Rate:** Northern European 95%.

EVC-related Ellis-van Creveld Syndrome - Gene: EVC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_153717:1-21. **Detection Rate:** Northern European 96%.

EVC2-related Ellis-van Creveld Syndrome - Gene: EVC2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_147127:1-22. **Detection Rate:** Northern European >99%.

Fabry Disease - Gene: GLA. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000169:1-7. **Detection Rate:** Northern European 98%.

Familial Dysautonomia - Gene: IKBKAP. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_003640:2-37. **Detection Rate:** Northern European >99%.

Familial Mediterranean Fever - Gene: MEFV. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000243:1-10. **Detection Rate:** Northern European >99%.

Fanconi Anemia Complementation Group A - Gene: FANCA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000135:1-43. **Detection Rate:** Northern European 92%.

Fanconi Anemia, FANCC-related - Gene: FANCC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000136:2-15. **Detection Rate:** Northern European >99%.

FKRP-related Disorders - Gene: FKRP. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_024301:4. **Detection Rate:** Northern European >99%.

FKTN-related Disorders - Gene: FKTN. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001079802:3-11. **Detection Rate:** Northern European >99%.

Free Sialic Acid Storage Disorders - Gene: SLC17A5. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_012434:1-11. **Detection Rate:** Northern European 98%.

Galactokinase Deficiency - Gene: GALK1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000154:1-8. **Detection Rate:** Northern European >99%.

Galactosemia - Gene: GALT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000155:1-11. **Detection Rate:** Northern European >99%.

Gamma-sarcoglycanopathy - Gene: SGCG. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000231:2-8. **Detection Rate:** Northern European 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:** Northern European 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:** Northern European >99%.

GLB1-related Disorders - Gene: GLB1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000404:1-16. **Detection Rate:** Northern European >99%.

GLDC-related Glycine Encephalopathy - Gene: GLDC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000170:1-25. **Detection Rate:** Northern European 94%.

Glutaric Acidemia, GCDH-related - Gene: GCDH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000159:2-12. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type Ia - Gene: G6PC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000151:1-5. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type Ib - Gene: SLC37A4. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001164277:3-11. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type III - Gene: AGL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000642:2-34. **Detection Rate:** Northern European >99%.

GNE Myopathy - Gene: GNE. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001128227:1-12. **Detection Rate:** Northern European >99%.

GNPTAB-related Disorders - Gene: GNPTAB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_024312:1-21. **Detection Rate:** Northern European >99%.

HADHA-related Disorders - Gene: HADHA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000182:1-20. **Detection Rate:** Northern European >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: Northern European >99%.

Hereditary Fructose Intolerance - Gene: ALDOB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000035:2-9. Detection Rate: Northern European >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMB3-related - Gene: LAMB3. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000228:2-23. Detection Rate: Northern European >99%.

Hexosaminidase A Deficiency (Including Tay-Sachs Disease) - Gene: HEXA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000520:1-14. Detection Rate: Northern European >99%.

HMG-CoA Lyase Deficiency - Gene: HMGCL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000191:1-9. Detection Rate: Northern European 98%.

Holocarboxylase Synthetase Deficiency - Gene: HLCS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000411:4-12. Detection Rate: Northern European >99%.

Homocystinuria, CBS-related - Gene: CBS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000071:3-17. Detection Rate: Northern European >99%.

Hydrolethalus Syndrome - Gene: HYL5. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_145014:4. Detection Rate: Northern European >99%.

Hypophosphatase - Gene: ALPL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000478:2-12. Detection Rate: Northern European >99%.

Isovaleric Acidemia - Gene: IVD. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_002225:1-12. Detection Rate: Northern European >99%.

Joubert Syndrome 2 - Gene: TMEM216. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001173990:1-5. Detection Rate: Northern European >99%.

Junctional Epidermolysis Bullosa, LAMA3-related - Gene: LAMA3. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000227:1-38. Detection Rate: Northern European >99%.

Junctional Epidermolysis Bullosa, LAMC2-related - Gene: LAMC2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_005562:1-23. Detection Rate: Northern European >99%.

KCNJ11-related Familial Hyperinsulinism - Gene: KCNJ11. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_000525:1. Detection Rate: Northern European >99%.

Krabbe Disease - Gene: GALC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000153:1-17. Detection Rate: Northern European >99%.

LAMA2-related Muscular Dystrophy - Gene: LAMA2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000426:1-65. Detection Rate: Northern European >99%.

Leigh Syndrome, French-Canadian Type - Gene: LRPPRC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_133259:1-38. Detection Rate: Northern European >99%.

Lipoid Congenital Adrenal Hyperplasia - Gene: STAR. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000349:1-7. Detection Rate: Northern European >99%.

Lysosomal Acid Lipase Deficiency - Gene: LIPA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000235:2-10. Detection Rate: Northern European >99%.

Maple Syrup Urine Disease Type Ia - Gene: BCKDHA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000709:1-9. Detection Rate: Northern European >99%.

Maple Syrup Urine Disease Type Ib - Gene: BCKDHB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_183050:1-10. Detection Rate: Northern European >99%.

Maple Syrup Urine Disease Type II - Gene: DBT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001918:1-11. Detection Rate: Northern European 96%.

Medium Chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADM. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000016:1-12. Detection Rate: Northern European >99%.

Megalencephalic Leukoencephalopathy with Subcortical Cysts - Gene: MLC1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_015166:2-12. Detection Rate: Northern European >99%.

Metachromatic Leukodystrophy - Gene: ARSA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000487:1-8. Detection Rate: Northern European >99%.

Methylmalonic Acidemia, cblA Type - Gene: MMAA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_172250:2-7. Detection Rate: Northern European >99%.

Methylmalonic Acidemia, cblB Type - Gene: MMAB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_052845:1-9. Detection Rate: Northern European >99%.

Methylmalonic Aciduria and Homocystinuria, cblC Type - Gene: MMACHC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_015506:1-4. Detection Rate: Northern European >99%.

MKS1-related Disorders - Gene: MKS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_017777:1-18. Detection Rate: Northern European >99%.

Mucopolipidosis III Gamma - Gene: GNPTG. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_032520:1-11. Detection Rate: Northern European >99%.

Mucopolipidosis IV - Gene: MCOLN1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_020533:1-14. Detection Rate: Northern European >99%.

Mucopolysaccharidosis Type I - Gene: IDUA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000203:1-14. Detection Rate: Northern European >99%.

Mucopolysaccharidosis Type II - Gene: IDS. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000202:1-9. Detection Rate: Northern European 88%.

Mucopolysaccharidosis Type IIIA - Gene: SGSH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000199:1-8. Detection Rate: Northern European >99%.

Mucopolysaccharidosis Type IIIB - Gene: NAGLU. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000263:1-6. Detection Rate: Northern European >99%.

Mucopolysaccharidosis Type IIIC - Gene: HGSNAT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_152419:1-18. Detection Rate: Northern European >99%.

MUT-related Methylmalonic Acidemia - Gene: MUT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000255:2-13. Detection Rate: Northern European >99%.

MYO7A-related Disorders - Gene: MYO7A. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000260:2-49. Detection Rate: Northern European >99%.

NEB-related Nemaline Myopathy - Gene: NEB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001271208:3-80,117-183. Detection Rate: Northern European 92%.

Nephrotic Syndrome, NPHS1-related - Gene: NPHS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_004646:1-29. Detection Rate: Northern European >99%.

Nephrotic Syndrome, NPHS2-related - Gene: NPHS2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_014625:1-8. Detection Rate: Northern European >99%.

Niemann-Pick Disease Type C1 - Gene: NPC1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000271:1-25. Detection Rate: Northern European >99%.



Niemann-Pick Disease Type C2 - Gene: NPC2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_006432:1-5. **Detection Rate:** Northern European >99%.

Niemann-Pick Disease, SMPD1-related - Gene: SMPD1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000543:1-6. **Detection Rate:** Northern European >99%.

Nijmegen Breakage Syndrome - Gene: NBN. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_002485:1-16. **Detection Rate:** Northern European >99%.

Ornithine Transcarbamylase Deficiency - Gene: OTC. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000531:1-10. **Detection Rate:** Northern European 97%.

PCCA-related Propionic Acidemia - Gene: PCCA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000282:1-24. **Detection Rate:** Northern European 95%.

PCCB-related Propionic Acidemia - Gene: PCCB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000532:1-15. **Detection Rate:** Northern European >99%.

PCDH15-related Disorders - Gene: PCDH15. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_033056:2-33. **Detection Rate:** Northern European 93%.

Pendred Syndrome - Gene: SLC26A4. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000441:2-21. **Detection Rate:** Northern European >99%.

Peroxisome Biogenesis Disorder Type 1 - Gene: PEX1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000466:1-24. **Detection Rate:** Northern European >99%.

Peroxisome Biogenesis Disorder Type 3 - Gene: PEX12. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000286:1-3. **Detection Rate:** Northern European >99%.

Peroxisome Biogenesis Disorder Type 4 - Gene: PEX6. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000287:1-17. **Detection Rate:** Northern European 97%.

Peroxisome Biogenesis Disorder Type 5 - Gene: PEX2. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_000318:4. **Detection Rate:** Northern European >99%.

Peroxisome Biogenesis Disorder Type 6 - Gene: PEX10. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_153818:1-6. **Detection Rate:** Northern European >99%.

Phenylalanine Hydroxylase Deficiency - Gene: PAH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000277:1-13. **Detection Rate:** Northern European >99%.

POMGNT-related Disorders - Gene: POMGNT1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_017739:2-22. **Detection Rate:** Northern European 96%.

Pompe Disease - Gene: GAA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000152:2-20. **Detection Rate:** Northern European 98%.

PPT1-related Neuronal Ceroid Lipofuscinosis - Gene: PPT1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000310:1-9. **Detection Rate:** Northern European >99%.

Primary Carnitine Deficiency - Gene: SLC22A5. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_003060:1-10. **Detection Rate:** Northern European >99%.

Primary Hyperoxaluria Type 1 - Gene: AGXT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000030:1-11. **Detection Rate:** Northern European >99%.

Primary Hyperoxaluria Type 2 - Gene: GRHPR. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_012203:1-9. **Detection Rate:** Northern European >99%.

Primary Hyperoxaluria Type 3 - Gene: HOGA1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_138413:1-7. **Detection Rate:** Northern European >99%.

Pycnodysostosis - Gene: CTSK. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000396:2-8. **Detection Rate:** Northern European >99%.

Pyruvate Carboxylase Deficiency - Gene: PC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000920:3-22. **Detection Rate:** Northern European >99%.

Rhizomelic Chondrodysplasia Punctata Type 1 - Gene: PEX7. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000288:1-10. **Detection Rate:** Northern European >99%.

RTEL1-related Disorders - Gene: RTEL1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_032957:2-35. **Detection Rate:** Northern European >99%.

Sandhoff Disease - Gene: HEXB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000521:1-14. **Detection Rate:** Northern European >99%.

Short-chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000017:1-10. **Detection Rate:** Northern European >99%.

Sjogren-Larsson Syndrome - Gene: ALDH3A2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000382:1-10. **Detection Rate:** Northern European 96%.

SLC26A2-related Disorders - Gene: SLC26A2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000112:2-3. **Detection Rate:** Northern European >99%.

Smith-Lemli-Opitz Syndrome - Gene: DHCR7. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001360:3-9. **Detection Rate:** Northern European >99%.

Spastic Paraplegia Type 15 - Gene: ZFYVE26. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_015346:2-42. **Detection Rate:** Northern European >99%.

Spinal Muscular Atrophy - Gene: SMN1. Autosomal Recessive. Spinal muscular atrophy. Variant (1): SMN1 copy number. **Detection Rate:** Northern European 95%.

Spondylthoracic Dysostosis - Gene: MESP2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001039958:1-2. **Detection Rate:** Northern European >99%.

TGM1-related Autosomal Recessive Congenital Ichthyosis - Gene: TGM1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000359:2-15. **Detection Rate:** Northern European >99%.

TPP1-related Neuronal Ceroid Lipofuscinosis - Gene: TPP1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000391:1-13. **Detection Rate:** Northern European >99%.

Tyrosine Hydroxylase Deficiency - Gene: TH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_199292:1-14. **Detection Rate:** Northern European >99%.

Tyrosinemia Type I - Gene: FAH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000137:1-14. **Detection Rate:** Northern European >99%.

Tyrosinemia Type II - Gene: TAT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000353:2-12. **Detection Rate:** Northern European >99%.

USH1C-related Disorders - Gene: USH1C. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_005709:1-21. **Detection Rate:** Northern European >99%.

USH2A-related Disorders - Gene: USH2A. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_206933:2-72. **Detection Rate:** Northern European 94%.

Usher Syndrome Type 3 - Gene: CLRN1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_174878:1-3. **Detection Rate:** Northern European >99%.

Very-long-chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADVL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000018:1-20. **Detection Rate:** Northern European >99%.





RESULTS RECIPIENT
 ARUP LABORATORIES
 Attn: [REDACTED]
 NPI: 1679647770
 Report Date: 08/31/2020

FEMALE
 [REDACTED] MALE
 N/A
 DOB: [REDACTED]
 Ethnicity: Northern European
 Barcode: [REDACTED]

Wilson Disease - Gene: ATP7B. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000053:1-21. **Detection Rate:** Northern European >99%.

X-linked Adrenoleukodystrophy - Gene: ABCD1. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000033:1-6. **Detection Rate:** Northern European 77%.

X-linked Alport Syndrome - Gene: COL4A5. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000495:1-51. **Detection Rate:** Northern European 95%.

X-linked Congenital Adrenal Hypoplasia - Gene: NROB1. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000475:1-2. **Detection Rate:** Northern European 99%.

X-linked Juvenile Retinoschisis - Gene: RS1. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000330:1-6. **Detection Rate:** Northern European 98%.

X-linked Myotubular Myopathy - Gene: MTM1. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000252:2-15. **Detection Rate:** Northern European 98%.

X-linked Severe Combined Immunodeficiency - Gene: IL2RG. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000206:1-8. **Detection Rate:** Northern European >99%.

Xeroderma Pigmentosum Group A - Gene: XPA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000380:1-6. **Detection Rate:** Northern European >99%.

Xeroderma Pigmentosum Group C - Gene: XPC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_004628:1-16. **Detection Rate:** Northern European 97%.



Patient: [REDACTED]
 ARUP Accession: 20-228-401272
 [REDACTED]

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	Residual Risk	Reproductive Risk
11-beta-hydroxylase-deficient Congenital Adrenal Hyperplasia	1 in 3,800	< 1 in 1,000,000
6-pyruvoyl-tetrahydropterin Synthase Deficiency	< 1 in 50,000	< 1 in 1,000,000
ABCC8-related Familial Hyperinsulinism	1 in 17,000	< 1 in 1,000,000
Adenosine Deaminase Deficiency	1 in 22,000	< 1 in 1,000,000
Alpha Thalassemia, HBA1/HBA2-related	Alpha globin status: aa/aa.	Not calculated
Alpha-mannosidosis	1 in 35,000	< 1 in 1,000,000
Alpha-sarcoglycanopathy	< 1 in 50,000	< 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
Aspartylglucosaminuria	< 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 11,000	< 1 in 1,000,000
ATP7A-related Disorders	< 1 in 1,000,000	< 1 in 1,000,000
Autoimmune Polyglandular Syndrome Type 1	1 in 15,000	< 1 in 1,000,000
Autosomal Recessive Osteopetrosis Type 1	1 in 35,000	< 1 in 1,000,000
Autosomal Recessive Polycystic Kidney Disease, PKHD1-related	1 in 8,100	< 1 in 1,000,000
Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay	< 1 in 44,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS1-related	1 in 32,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS10-related	1 in 42,000	< 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
BCS1L-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Beta-sarcoglycanopathy	1 in 39,000	< 1 in 1,000,000
Biotinidase Deficiency	1 in 13,000	1 in 650,000
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 9,700	< 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 25,000	< 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 14,000	< 1 in 1,000,000
CLN3-related Neuronal Ceroid Lipofuscinosis	1 in 8,600	< 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 43,000	< 1 in 1,000,000
CLN8-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 6,200	< 1 in 1,000,000
COL4A4-related Alport Syndrome	1 in 12,000	< 1 in 1,000,000
Combined Pituitary Hormone Deficiency, PROP1-related	1 in 6,100	< 1 in 1,000,000
Congenital Adrenal Hyperplasia, CYP21A2-related	NM_000500.7(CYP21A2):c.844G>T(V282L, aka V281L) heterozygote †	1 in 220
Congenital Disorder of Glycosylation Type Ia	1 in 16,000	< 1 in 1,000,000
Congenital Disorder of Glycosylation Type Ic	< 1 in 50,000	< 1 in 1,000,000
Congenital Disorder of Glycosylation, MPI-related	< 1 in 50,000	< 1 in 1,000,000





RESULTS RECIPIENT
 ARUP LABORATORIES
 Attn: [REDACTED]
 NPI: 1679647770
 Report Date: 08/31/2020

FEMALE
 [REDACTED]
 DOB: [REDACTED]
 Ethnicity: Northern European
 Barcode: [REDACTED]

MALE
 N/A

Disease	Residual Risk	Reproductive Risk
Costeff Optic Atrophy Syndrome	< 1 in 50,000	< 1 in 1,000,000
Cystic Fibrosis	1 in 3,000	1 in 360,000
Cystinosis	1 in 22,000	< 1 in 1,000,000
D-bifunctional Protein Deficiency	1 in 9,000	< 1 in 1,000,000
Delta-sarcoglycanopathy	< 1 in 40,000	< 1 in 1,000,000
Dihydrolipoamide Dehydrogenase Deficiency	< 1 in 50,000	< 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 26,000	< 1 in 1,000,000
ERCC8-related Disorders	< 1 in 9,900	< 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 1,000,000
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 2,800	< 1 in 1,000,000
Fanconi Anemia, FANCC-related	< 1 in 50,000	< 1 in 1,000,000
FKRP-related Disorders	1 in 16,000	< 1 in 1,000,000
FKTN-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Free Sialic Acid Storage Disorders	< 1 in 30,000	< 1 in 1,000,000
Galactokinase Deficiency	1 in 10,000	< 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 260	1 in 110,000
GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness	1 in 2,500	1 in 260,000
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, GCDH-related	1 in 16,000	< 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
GNE Myopathy	1 in 23,000	< 1 in 1,000,000
GNPTAB-related Disorders	1 in 32,000	< 1 in 1,000,000
HADHA-related Disorders	1 in 20,000	< 1 in 1,000,000
Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease)	1 in 3,100	1 in 390,000
Hereditary Fructose Intolerance	1 in 7,900	< 1 in 1,000,000
Herlitz Junctional Epidermolysis Bullosa, LAMB3-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, CBS-related	1 in 9,400	< 1 in 1,000,000
Hydrolethalus Syndrome	< 1 in 50,000	< 1 in 1,000,000
Hypophosphatasia	1 in 27,000	< 1 in 1,000,000
Isovaleric Acidemia	1 in 32,000	< 1 in 1,000,000
Joubert Syndrome 2	< 1 in 50,000	< 1 in 1,000,000
Junctional Epidermolysis Bullosa, LAMA3-related	< 1 in 50,000	< 1 in 1,000,000
Junctional Epidermolysis Bullosa, LAMC2-related	< 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 14,000	< 1 in 1,000,000
LAMA2-related Muscular Dystrophy	1 in 34,000	< 1 in 1,000,000
Leigh Syndrome, French-Canadian Type	< 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 18,000	< 1 in 1,000,000
Maple Syrup Urine Disease Type Ia	1 in 42,000	< 1 in 1,000,000
Maple Syrup Urine Disease Type Ib	1 in 39,000	< 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 4,400	1 in 790,000
Megalencephalic Leukoencephalopathy with Subcortical Cysts	< 1 in 50,000	< 1 in 1,000,000
Metachromatic Leukodystrophy	1 in 16,000	< 1 in 1,000,000
Methylmalonic Acidemia, cblA Type	< 1 in 50,000	< 1 in 1,000,000
Methylmalonic Acidemia, cblB Type	1 in 48,000	< 1 in 1,000,000



Patient: [REDACTED]
 ARUP Accession: 20-228-401272

Disease	Residual Risk	Reproductive Risk
Methylmalonic Aciduria and Homocystinuria, cblC Type	NM_015506.2(MMACHC):c.271dupA(R91Kfs*14) heterozygote †	1 in 630
MKS1-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Mucopolipidosis III Gamma	< 1 in 50,000	< 1 in 1,000,000
Mucopolipidosis IV	< 1 in 50,000	< 1 in 1,000,000
Mucopolysaccharidosis Type I	1 in 16,000	< 1 in 1,000,000
Mucopolysaccharidosis Type II	1 in 300,000	< 1 in 1,000,000
Mucopolysaccharidosis Type IIIA	1 in 12,000	< 1 in 1,000,000
Mucopolysaccharidosis Type IIIB	1 in 25,000	< 1 in 1,000,000
Mucopolysaccharidosis Type IIIC	1 in 37,000	< 1 in 1,000,000
MUT-related Methylmalonic Acidemia	1 in 26,000	< 1 in 1,000,000
MYO7A-related Disorders	1 in 15,000	< 1 in 1,000,000
NEB-related Nermaline Myopathy	1 in 1,200	1 in 400,000
Nephrotic Syndrome, NPH51-related	< 1 in 50,000	< 1 in 1,000,000
Nephrotic Syndrome, NPH52-related	1 in 35,000	< 1 in 1,000,000
Niemann-Pick Disease Type C1	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-related	1 in 25,000	< 1 in 1,000,000
Nijmegen Breakage Syndrome	1 in 15,000	< 1 in 1,000,000
Ornithine Transcarbamylase Deficiency	< 1 in 1,000,000	< 1 in 1,000,000
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 3,300	< 1 in 1,000,000
Pendred Syndrome	1 in 8,200	< 1 in 1,000,000
Peroxisome Biogenesis Disorder Type 1	1 in 16,000	< 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
Phenylalanine Hydroxylase Deficiency	1 in 4,800	1 in 940,000
POMGNT-related Disorders	< 1 in 12,000	< 1 in 1,000,000
Pompe Disease	1 in 4,000	< 1 in 1,000,000
PPT1-related Neuronal Ceroid Lipofuscinosis	1 in 7,700	< 1 in 1,000,000
Primary Carnitine Deficiency	1 in 11,000	< 1 in 1,000,000
Primary Hyperoxaluria Type 1	1 in 17,000	< 1 in 1,000,000
Primary Hyperoxaluria Type 2	< 1 in 50,000	< 1 in 1,000,000
Primary Hyperoxaluria Type 3	1 in 13,000	< 1 in 1,000,000
Pycnodysostosis	1 in 43,000	< 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
Sandhoff Disease	1 in 32,000	< 1 in 1,000,000
Short-chain Acyl-CoA Dehydrogenase Deficiency	1 in 11,000	< 1 in 1,000,000
Sjogren-Larsson Syndrome	< 1 in 12,000	< 1 in 1,000,000
SLC26A2-related Disorders	1 in 16,000	< 1 in 1,000,000
Smith-Lemli-Opitz Syndrome	1 in 9,400	< 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 4,800	1 in 670,000
Spondylothoracic Dysostosis	< 1 in 50,000	< 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
Tyrosine Hydroxylase Deficiency	< 1 in 50,000	< 1 in 1,000,000
Tyrosinemia Type I	1 in 16,000	< 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 41,000	< 1 in 1,000,000
Very-long-chain Acyl-CoA Dehydrogenase Deficiency	1 in 18,000	< 1 in 1,000,000
Wilson Disease	1 in 6,500	< 1 in 1,000,000
X-linked Adrenoleukodystrophy	1 in 45,000	1 in 180,000
X-linked Alport Syndrome	Not calculated	Not calculated





RESULTS RECIPIENT
 ARUP LABORATORIES
 Attn: [REDACTED]
 NPI: 1679647770
 Report Date: 08/31/2020

FEMALE
 [REDACTED]
 MALE
 N/A
 DOB: [REDACTED]
 Ethnicity: Northern European
 Barcode: [REDACTED]

Disease	Residual Risk	Reproductive Risk
X-linked Congenital Adrenal Hypoplasia	< 1 in 1,000,000	< 1 in 1,000,000
X-linked Juvenile Retinoschisis	1 in 670,000	< 1 in 1,000,000
X-linked Myotubular Myopathy	Not calculated	Not calculated
X-linked Severe Combined Immunodeficiency	< 1 in 1,000,000	< 1 in 1,000,000
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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 [REDACTED]