

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: [REDACTED]/2001
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Genetic Carrier Screen, (CF, FXS, and SMA) with Reflex to Methylation

ARUP test code 3000258

FRAG X Specimen whole Blood

Fragile X Allele 1 20 CGG repeats

Fragile X Allele 2 Not Applicable CGG repeats

Fragile X Methylation Pattern Not Applicable

Fragile X Interpretation See Note

Interpretation: This individual has an FMR1 allele with a CGG repeat size in the normal range. This patient is predicted to be neither affected with nor a carrier of an FMR1-associated disorder, including fragile X syndrome (FXS), fragile X-associated tremor/ataxia syndrome (FXTAS), and fragile X-associated neuropsychiatric disorders (FXAND). This test does not detect rare FMR1 variants causing less than 1% of FXS.

This result has been reviewed and approved by [REDACTED]

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

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Laboratory Director

BACKGROUND INFORMATION: Fragile X (FMR1) with Reflex to Methylation Analysis

CHARACTERISTICS OF FRAGILE X SYNDROME (FXS): Affected males have moderate intellectual disability, hyperactivity, perseverative speech, social anxiety, poor eye contact, hand flapping or biting, autism spectrum disorders and connective tissue anomalies. Females are usually less severely affected than males. FXS is caused by FMR1 full mutations.

CHARACTERISTICS OF FRAGILE X-ASSOCIATED TREMOR ATAXIA SYNDROME (FXTAS):

Onset of progressive ataxia and intention tremor typically after the fifth decade of life. Cognitive impairment and behavioral features may also develop. FXTAS is caused by FMR1 premutations.

CHARACTERISTICS OF FRAGILE X-ASSOCIATED PRIMARY OVARIAN

INSUFFICIENCY (FXPOI): Primary ovarian insufficiency or hypergonadotropic hypogonadism before 40 years of age. FXPOI is associated with FMR1 premutations.

CHARACTERISTICS OF FRAGILE X-ASSOCIATED NEUROPSYCHIATRIC

DISORDERS (FXAND): Symptoms may include anxiety, depression, adult ADHD, or addictive behavior. FXAND is associated with FMR1 premutations.

PREVALENCE OF FXS: Approximately 1 in 4,000-7,000 males and 1 in 8,000-11,000 females.

PREVALENCE OF PREMUTATION ALLELE: Approximately 1 in 150-300 females and 1 in 300-800 males.

INHERITANCE: X-linked.

PENETRANCE OF FXS: Complete in males; 50 percent in females.

PENETRANCE OF FXTAS: For individuals greater than 50 years of age, approximately 40 percent in males and 16-20 percent in females.

PENETRANCE OF FXPOI: Approximately 20 percent in females.

CAUSE: Expansion of the FMR1 gene CGG triplet repeat.

Full mutation: Typically greater than 200 CGG repeats

(methylated). **Premutation:** 55 to approximately 200 CGG repeats

(unmethylated). **Intermediate:** 45-54 CGG repeats (unmethylated).

Normal: 5-44 CGG repeats (unmethylated).

CLINICAL SENSITIVITY: 99 percent.

METHODOLOGY: Triplet repeat-primed polymerase chain reaction (PCR) followed by size analysis using capillary electrophoresis. Methylation-specific PCR analysis is performed for CGG repeat lengths of greater than 100 to distinguish between premutation and full mutation alleles.

ANALYTICAL SENSITIVITY AND SPECIFICITY: 99 percent; estimated precision of sizing for intermediate and premutation alleles is within 2-3 CGG repeats.

LIMITATIONS: Diagnostic errors can occur due to rare sequence variations. Rare FMR1 variants unrelated to trinucleotide expansion will not be detected. A specific CGG repeat size estimate is not provided for full mutation alleles. AGG trinucleotide interruptions within the FMR1 CGG repeat tract are not assessed.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. 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.

Cystic Fibrosis, Allele 1

Negative

Cystic Fibrosis, Allele 2

Negative

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Cystic Fibrosis 5T Variant

Not Applicable

CF Expanded Variant Panel Interp

0 variants

None of the CFTR variants tested using the cystic fibrosis (CF) variant panel were detected. Please refer to the table below to determine this asymptomatic individual's post-test risk to be a CF carrier. If there is a family history of CF, the chart below does not apply. Please contact an ARUP genetic counselor (800-242-2787 x5100) and provide the specific familial variants to determine if they were tested by this assay. If the familial variants are unknown, the genetic counselor can perform Bayesian analysis to determine this individual's post-test risk to be a CF carrier.

Ethnicity	Carrier Risk After Negative Test
African American	1 in 275
Ashkenazi Jewish	1 in 575
Asian American	1 in 210
Caucasian	1 in 300
Hispanic American	1 in 285

Specimen: Whole Blood

Symptoms: No

Family History: No

This result has been reviewed and approved by [REDACTED]

BACKGROUND INFORMATION: Cystic Fibrosis (CFTR),
Expanded Variant Panel

CHARACTERISTICS OF CYSTIC FIBROSIS (CF): Chronic sinopulmonary disease, gastrointestinal malabsorption/pancreatic insufficiency, and obstructive azoospermia. Symptoms of CFTR-related disorders include: pancreatitis, bilateral absence of the vas deferens, nasal polyposis, and bronchiectasis. INCIDENCE: 1 in 2,300 Ashkenazi Jewish, 1 in 2,500 Caucasians, 1 in 13,500 Hispanics, 1 in 15,100 African Americans, 1 in 35,100 Asians.

INHERITANCE: Autosomal recessive.

PENETRANCE: High for severe pathogenic variants and variable for variants of varying clinical consequences.

Cause of CF: Two severe pathogenic CFTR variants on opposite chromosomes.

Cause of CFTR-related disorders: Two pathogenic CFTR variants on opposite chromosomes, at least one of which is classified as mild or a variant of varying clinical consequences.

VARIANTS TESTED:

*Note: variants are listed by standard nomenclature. Legacy names are also provided for the 23 recommended ACMG variants. c.1A>G, p.Met1Val; c.54-5940_273+10250del21kb, Exons 2-3del; c.115C>T, p.Gln39X; c.178G>T, p.Glu60X; c.200C>T, p.Pro67Leu; c.223C>T, p.Arg75X; c.254G>A (Legacy G85E), p.Gly85Glu; c.262_263delTT, p.Leu88IlefsX22 (aka p.Leu88fs); c.273+1G>A, Intronic; c.273+3A>C, Intronic; c.274-1G>A, Intronic; c.274G>A, p.Glu92Lys; c.274G>T, p.Glu92X; c.292C>T, p.Gln98X; c.313delA, p.Ile105SerfsX2 (aka p.Ile105fs); c.325_327delTATinsG, p.Tyr109GlyfsX4 (aka p.Tyr109fs); c.328G>C, p.Asp110His; c.349C>T, p.Arg117Cys; c.350G>A (Legacy R117H), p.Arg117His; c.366T>A, p.Tyr122X; c.442delA, p.Ile148LeufsX5 (aka p.Ile148fs); c.489+1G>T (Legacy 621+1G>T), Intronic; c.531delT, p.Ile177MetfsX12 (aka p.Ile177fs); c.532G>A, p.Gly178Arg; c.579+1G>T (Legacy 711+1G>T), Intronic; c.579+5G>A, Intronic; c.579+3A>G, Intronic; c.580-1G>T, Intronic; c.595C>T, p.His199Tyr; c.613C>T, p.Pro205Ser; c.617T>G, p.Leu206Trp; c.658C>T, p.Gln220X; c.680T>G, p.Leu227Arg; c.722_743del, p.Gly241GlufsX13 (aka p.Gly241fs); c.803delA, p.Asn268IlefsX17

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(aka p.Asn268fs); c.805_806delAT, p.Ile269Profsx4 (aka p.Ile269fs); c.935_937delTCT, p.Phe312del; c.948delT, p.Phe316LeufsX12 (aka p.Phe316fs); c.988G>T, p.Gly330X; c.1000C>T (Legacy R334W), p.Arg334Trp; c.1007T>A, p.Ile336Lys; c.1021T>C, p.Ser341Pro; c.1021_1022dupTC, p.Phe342Hisfsx28 (aka p.Phe342fs); c.1040G>A, p.Arg347His; c.1040G>C (Legacy R347P), p.Arg347Pro; c.1055G>A, p.Arg352Gln; c.1081delT, p.Trp361Glyfsx8 (aka p.Trp361fs); c.1116+1G>A, Intronic; c.1130dupA, p.Gln378AlafsX4 (aka p.Gln378fs); c.1155_1156dupTA, p.Asn386IlefsX3 (aka p.Asn386fs); c.1202G>A, p.Trp401X; c.1203G>A, p.Trp401X; c.1209+1G>A, Intronic; c.1327_1330dupGATA, p.Ile444ArgfsX3 (aka p.Ile444fs); c.1340delA, p.Lys447ArgfsX2 (aka p.Lys447fs); c.1364C>A (Legacy A455E), p.Ala455Glu; c.1393-1G>A, Intronic; c.1397C>A, p.Ser466X; c.1397C>G, p.Ser466X; c.1400T>C, p.Leu467Pro; c.1418delG, p.Gly473Glyfsx54 (aka p.Gly473fs); c.1438G>T, p.Gly480Cys; c.1466C>A, p.Ser489X; c.1475C>T, p.Ser492Phe; c.1477C>T, p.Gln493X; c.1519_1521delATC (Legacy I507del), p.Ile507del; c.1521_1523delCTT (Legacy F508del), p.Phe508del; c.1545_1546delTA, p.Tyr515X; c.1558G>T, p.Val520Phe; c.1572C>A, p.Cys524X; c.1573C>T, p.Gln525X; c.1585-1G>A (Legacy 1717-1G>A), Intronic; c.1585-8G>A, Intronic; c.1624G>T (Legacy G542X), p.Gly542X; c.1645A>C, p.Ser549Arg; c.1646G>A, p.Ser549Asn; c.1647T>G, p.Ser549Arg; c.1651G>A, p.Gly551Ser; c.1652G>A (Legacy G551D), p.Gly551Asp; c.1654C>T, p.Gln552X; c.1657C>T (Legacy R553X), p.Arg553X; c.1675G>A, p.Ala559Thr; c.1679G>A, p.Arg560Lys; c.1679G>C (Legacy R560T), p.Arg560Thr; c.1680-886A>G, Intronic; c.1680-1G>A, Intronic; c.1703delT, p.Leu568CysfsX4 (aka p.Leu568fs); c.1705T>G, p.Tyr569Asp; c.1721C>A, p.Pro574His; c.1753G>T, p.Glu585X; c.1766+1G>A (Legacy 1898+1G>A), Intronic; c.1766+3A>G, Intronic; c.1792_1798delAAACTA, p.Lys598GlyfsX11 (aka p.Lys598fs); c.1911delG, p.Gln637HisfsX26 (aka p.Gln637fs); c.1923_1931del9insA, p.Ser641ArgfsX5 (aka p.Ser641fs); c.1973_1985del13insAGAAA, p.Arg658LysfsX4 (aka p.Arg658fs); c.1976delA, p.Asn659IlefsX4 (aka p.Asn659fs); c.2012delT, p.Leu671X; c.2051_2052del, p.Lys684ThrfsX4; c.2051_2052delinsG (aka c.2051_2delinsG), p.Lys684SerfsX38; c.2052delA (Legacy 2184delA), p.Lys684AsnfsX38; c.2125C>T, p.Arg709X; c.2128A>T, p.Lys710X; c.2175dupA, p.Glu726ArgfsX4 (aka p.Glu726fs); c.2195T>G, p.Leu732X; c.2215delG, p.Val739TyrfsX16 (aka p.Val739fs); c.2290C>T, p.Arg764Ter; c.2453delT, p.Leu818TrpfsX3 (aka p.Leu818fs); c.2464G>T, p.Glu822X; c.2490+1G>A, Intronic; c.2491G>T, p.Glu831X; c.2537G>A, p.Trp846X; c.2538G>A, p.Trp846X; c.2551C>T, p.Arg851X; c.2583delT, p.Phe861LeufsX3 (aka p.Phe861fs); c.2657+5G>A (Legacy 2789+5G>A), Intronic; c.2668C>T, p.Gln890X; c.2737_2738insG, p.Tyr913X; c.2780T>C, p.Leu927Pro; c.2810dupT, p.Val938GlyfsX37 (aka p.Val938fs); c.2834C>T, p.Ser945Leu; c.2875delG, p.Ala959HisfsX9 (aka p.Ala959fs); c.2908G>C, p.Gly970Arg; c.2988+1G>A (Legacy 3120+1G>A), Intronic; c.2988G>A, Intronic; c.2989-1G>A, Intronic; c.3039delC, p.Tyr1014ThrfsX9 (aka p.Tyr1014fs); c.3067_3072delATAGTG, p.Ile1023_val1024del (aka I1023_v1024del); c.3140-26A>G, Intronic; c.3194T>C, p.Leu1065Pro; c.3196C>T, p.Arg1066Cys; c.3197G>A, p.Arg1066His; c.3230T>C, p.Leu1077Pro; c.3266G>A, p.Trp1089X; c.3276C>A, p.Tyr1092X; c.3276C>G, p.Tyr1092X; c.3302T>A, p.Met1101Lys; c.3310G>T, p.Glu1104X; c.3472C>T, p.Arg1158X; c.3484C>T (Legacy R1162X), p.Arg1162X; c.3528delC (Legacy 3659delC), p.Lys1177SerfsX15 (aka p.Lys1177fs); c.3532_3535dupTCAA, p.Thr1179IlefsX17 (aka p.Thr1179fs); c.3587C>G, p.Ser1196X; c.3611G>A, p.Trp1204X; c.3612G>A, p.Trp1204X; c.3659delC, p.Thr1220LysfsX8 (aka p.Thr1220fs); c.3691delT, p.Ser1231ProfsX4 (aka p.Ser1231fs); c.3712C>T, p.Gln1238X; c.3718-2477C>T (Legacy 3849+10kbC>T), Intronic; c.3731G>A, p.Gly1244Glu; c.3744delA, p.Lys1250ArgfsX9 (aka p.Lys1250fs); c.3752G>A, p.Ser1251Asn; c.3763T>C, p.Ser1255Pro; c.3764C>A, p.Ser1255X; c.3773dupT, p.Leu1258PhefsX7 (aka p.Leu1258fs); c.3846G>A (Legacy W1282X), p.Trp1282X; c.3873+1G>A, Intronic; c.3909C>G (Legacy N1303K), p.Asn1303Lys; c.3937C>T, p.Gln1313X; c.3964-78_4242+577del, Exons 22-23del; c.4025_4028dup, p.Cys1344GlyfsX16 (aka p.C1344fs); c.4046G>A, p.Gly1349Asp; c.4077_4080delTGTTinsAA, p.Val1360fsX3 (aka p.Val1360fs); c.4111G>T, p.Glu1371X;

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c.4251delA, p.Glu1418ArgfsX14 (aka p.Glu1418fs). The IVS-8 variant, c.1210-12[5], will be reported only when R117H is detected or in patients who are reported to be symptomatic.
CLINICAL SENSITIVITY: Ashkenazi Jewish 96 percent; Caucasian 92 percent; Hispanic 80 percent; African American 78 percent; Asian American 55 percent.
METHODOLOGY: Matrix-Assisted Laser Desorption Ionization-Time of Flight (MALDI-TOF)
Analytical sensitivity and specificity: 99 percent.
LIMITATIONS: Diagnostic errors can occur due to rare sequence variations. Only the CFTR variants listed above and 5T variant will be interrogated.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. 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.

SMA Copy Number, Specimen	whole Blood
SMA Copy Number, Symptoms	No
SMA Copy Number, SMN1 Copies	2 copies
SMA Copy Number, SMN2 Copies	1 copy
SMA Copy Number, Linked Variant	Not Present
SMA Copy Number, Int	See Note

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Indication for testing: Carrier screening for spinal muscular atrophy (SMA).

Result:

SMN1 gene copies: 2

SMN2 gene copies: 1 copy

Linked variant: not detected

Interpretation: Two copies of the SMN1 gene were detected by multiplex ligation-dependent probe amplification (MLPA); therefore, this individual's risk to be a carrier of spinal muscular atrophy (SMA) is reduced. See the table below for the ethnicity-specific post-test risk to be a carrier of SMA. Bayesian analysis is necessary to determine carrier risk for those with a positive family history. To review test limitations, see the background information in this report.

Ethnicity	Carrier Risk Before Test(2)	Detection Rate(1)	Carrier Risk After Test(1)
Afr American	1 in 72	90 percent	1 in 375
Ash Jewish	1 in 67	93 percent	1 in 918
Asian	1 in 59	93 percent	1 in 907
Caucasian	1 in 47	95 percent	1 in 921
Hispanic	1 in 68	93 percent	1 in 906

References:

(1)Feng, Yanming et al. The next generation of population-based spinal muscular atrophy carrier screening: comprehensive pan-ethnic SMN1 copy-number and sequence variant analysis by massively parallel sequencing. Gen Med 2017; 19; 936-44.

(2)Sugarman, Elaine et al. Pan-ethnic carrier screening and prenatal diagnosis for spinal muscular atrophy: clinical laboratory analysis of >72400 specimens. Eur J Hum Gen 2012; 20; 27-32.

This result has been reviewed and approved by [REDACTED]

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

BACKGROUND INFORMATION: Spinal Muscular Atrophy (SMA) Copy Number Analysis

CHARACTERISTICS: Spinal muscular atrophy (SMA) is the most common lethal genetic disease in children and is characterized by progressive muscle weakness due to degeneration of the lower motor neurons. Onset ranges from before birth to adulthood and severity is highly variable. Individuals with SMA have no functioning copies of the SMN1 gene. Most (95 percent) have homozygous loss of SMN1 due to deletion or gene conversion, while a minority (5 percent) have a deletion of SMN1 on one chromosome and a SMN1 sequence variant on the other. The SMN2 gene, adjacent and highly homologous to SMN1, produces lower levels of survival motor neuron protein compared to SMN1. Disease severity has been shown to be modified by SMN2 gene copy number in some cases, though phenotype cannot be predicted with certainty. An SMN1 variant, c.*3+80T>G (rs143838139), that is part of a haplotype associated with SMN1 duplication in silent carriers (2 copies of SMN1 on one chromosome and no copies on the other), particularly in Ashkenazi Jews, increases the likelihood that 2 copies of SMN1 are on the same chromosome.

INHERITANCE: Autosomal recessive.

CAUSE: Pathogenic variants in the SMN1 gene.

VARIANTS TESTED: For copy number: SMN1 (NM_000344.3) exon 7 c.840C and exon 8 c.*239G, and SMN2 (NM_017411.3) exon 7 c.840T. For haplotype associated with SMN1 duplication (silent carriers): SMN1 c.*3+80T>G (rs143838139).

CLINICAL SENSITIVITY: 95-98 percent in individuals affected with SMA. Detection rate for carrier screening is 90 percent in African Americans, 93 percent in Ashkenazi Jewish, 93 percent in Asians, 95 percent in Caucasians, and 93 percent in Hispanics.

METHODOLOGY: Multiplex probe ligation-dependent amplification (MLPA) to detect SMN1 and SMN2 copy number and presence or absence of the SMN1 linked variant c.*3+80T>G (rs143838139).

ANALYTICAL SENSITIVITY AND SPECIFICITY: 99 percent.

LIMITATIONS: Diagnostic errors can occur due to rare sequence variations. Single base pair substitutions, small deletions/duplications, and regulatory region and deep intronic variants will not be detected. This test is unable to determine chromosomal phase of SMN1 or SMN2 copies. Even if the linked variant associated with SMN1 duplication is detected, the test cannot definitively differentiate between 1+ copies of SMN1 on each chromosome from 2+ copies of SMN1 on one chromosome and none on the other (silent carriers).

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VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
FRAG X Specimen	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fragile X Allele 1	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fragile X Allele 2	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fragile X Methylation Pattern	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fragile X Interpretation	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Cystic Fibrosis, Allele 1	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Cystic Fibrosis, Allele 2	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Cystic Fibrosis 5T Variant	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CF Expanded Variant Panel Interp	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SMA Copy Number, Specimen	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SMA Copy Number, Symptoms	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SMA Copy Number, SMN1 Copies	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SMA Copy Number, SMN2 Copies	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SMA Copy Number, Linked Variant	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SMA Copy Number, Int	25-051-112169	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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