

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: Unknown
Gender: Unknown
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Tuberous Sclerosis Complex Panel, Sequencing and Deletion/Duplication, Fetal

ARUP test code 3002096

Maternal Contamination Study Fetal Spec

Fetal Cells

Single fetal genotype present; no maternal cells present. Fetal and maternal samples were tested using STR markers to rule out maternal cell contamination.

Maternal Contam Study, Maternal Spec

Whole Blood

For quality assurance purposes, ARUP Laboratories will confirm the above result at no charge following delivery. Order Confirmation of Fetal Testing and include a copy of the original fetal report (or the mother's name and date of birth) with the test submission. Please contact an ARUP genetic counselor at (800) 242-2787 extension 2141 prior to specimen submission.

Tuberous Sclerosis Fetal Specimen

Cultured Amnio

Tuberous Sclerosis Fetal Interp

Negative

RESULT

No pathogenic variants were detected in any of the genes tested.

INTERPRETATION

No pathogenic variants were detected in any of the genes tested in this prenatal sample. This result decreases the likelihood of, but does not exclude, a diagnosis of tuberous sclerosis complex (TSC). Please refer to the background information included in this report for a list of the genes analyzed, methodology, and limitations of this test.

RECOMMENDATIONS

Medical screening and management should rely on clinical findings and family history. If this individual has a family history, determination of a causative familial variant in an affected family member is necessary for optimal interpretation of this negative result. Further testing may be warranted if there is a familial variant that is not detectable by this assay. Genetic consultation is recommended.

COMMENTS

Likely benign and benign variants are not reported. Variants in the following region(s) may not be detected by NGS with sufficient confidence in this sample due to technical limitations:

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

NONE

This result has been reviewed and approved by [REDACTED]
BACKGROUND INFORMATION: Tuberous Sclerosis Complex Panel,
Sequencing and Deletion/Duplication,

Fetal

CHARACTERISTICS: Tuberous sclerosis complex (TSC) is a multisystem, genetic disorder causing numerous benign tumors, as well as intellectual and developmental disabilities. Tumors can occur in the skin, brain, kidneys, and other organs, and can lead to significant health complications and may be life threatening.

PREVALENCE: 1 in 6,000 individuals

CAUSE: Pathogenic germline variants in TSC1 and TSC2

INHERITANCE: Autosomal dominant; approximately 66% are de novo

PENETRANCE: Complete penetrance with variable expressivity

CLINICAL SENSITIVITY: 95%

GENES TESTED: TSC1, TSC2

METHODOLOGY: Probe hybridization-based capture of all coding exons and exon-intron junctions of the targeted genes, followed by massively parallel sequencing. Sanger sequencing was performed as necessary to fill in regions of low coverage and to confirm reported variants that do not meet acceptable quality metrics. A proprietary bioinformatic algorithm was used to detect large (single exon-level or larger) deletions or duplications in the indicated genes. Large deletions/duplications confirmed using an orthogonal exon-level microarray. Human genome build 19 (Hg 19) was used for data analysis.

ANALYTICAL SENSITIVITY/SPECIFICITY: The analytical sensitivity is approximately 99 percent for single nucleotide variants (SNVs) and greater than 93 percent for insertions/duplications/deletions (indels) from 1-10 base pairs in size. Indels greater than 10 base pairs may be detected, but the analytical sensitivity may be reduced. Deletions of 2 exons or larger are detected with sensitivity greater than 97 percent; single exon deletions are detected with 62 percent sensitivity. Duplications of 3 exons or larger are detected at greater than 83 percent sensitivity. Specificity is greater than 99.9 percent for all variant classes.

LIMITATIONS: A negative result does not exclude a diagnosis of TSC. This test only detects variants within the coding regions and intron-exon boundaries of the targeted genes. Deletions/duplications/insertions of any size may not be detected by massively parallel sequencing. Regulatory region variants and deep intronic variants will not be identified. Precise breakpoints for large deletions or duplications are not determined in this assay and single exon deletions/duplications may not be detected based on the breakpoints of the rearrangement. The actual breakpoints for the deletion or duplication may extend beyond or be within the exon(s) reported. This test is not intended to detect duplications of 2 or fewer exons in size, though these may be identified. Single exon deletions are reported but called at a lower sensitivity. Diagnostic errors can occur due to rare sequence variations. In some cases, variants may not be identified due to technical limitations caused by the presence of pseudogenes, repetitive, or homologous regions. This test is not intended to detect low-level mosaic or somatic variants, gene conversion events, complex inversions, translocations, mitochondrial DNA (mtDNA) mutations, or repeat expansions. Interpretation of this test result may be impacted if this patient has had an allogeneic stem cell transplantation. Noncoding transcripts were not

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analyzed.

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.

BACKGROUND INFORMATION: Tuberous Sclerosis Complex Panel, Sequencing and Deletion/Duplication, Fetal

CHARACTERISTICS: Tuberous sclerosis complex (TSC) is a multisystem, genetic disorder causing numerous benign tumors as well as intellectual and developmental disabilities. Tumors can occur in the skin, brain, kidneys, and other organs, and can lead to significant health complications and may be life threatening.

PREVALENCE: 1 in 6,000 individuals

CAUSE: Pathogenic germline variants in TSC1 and TSC2

INHERITANCE: Autosomal dominant; approximately 66 percent are de novo

PENETRANCE: Complete penetrance with variable expressivity

CLINICAL SENSITIVITY: 95 percent

GENES TESTED: TSC1, TSC2

METHODOLOGY: Targeted capture of all coding exons and exon-intron junctions of the targeted genes, followed by massively parallel sequencing. Sanger sequencing was performed as necessary to fill in regions of low coverage and confirm reported variants. A custom tiled comparative genomic hybridization array (aCGH) was used to detect large deletions or duplications in the targeted genes. Human genome build 19 (Hg 19) was used for data analysis.

ANALYTICAL SENSITIVITY/SPECIFICITY: 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 diagnosis of TSC. This test only detects variants within the coding regions and intron-exon boundaries of the targeted genes. Regulatory region variants and deep intronic variants will not be identified and breakpoints of large deletions / duplications will not be determined. Single exon deletions / duplications or deletions / duplications less than 1kb may not be detected. 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 mosaic or 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. Single exon deletions / duplications will not be called for the following exons: TSC2 (NM_000548) 17,29,41

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VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Maternal Contamination Study Fetal Spec	22-333-106845	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Contam Study, Maternal Spec	22-333-106845	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Tuberous Sclerosis Fetal Specimen	22-333-106845	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Tuberous Sclerosis Fetal Interp	22-333-106845	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

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

Patient: Patient, Example
ARUP Accession: 22-333-106845
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 4 of 4 | Printed: 11/29/2022 12:10:54 PM
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