ARUP LABORATORIES
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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

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

Physician: Doctor, Example

Patient: Patient, Example

DOB	Unknown
Gender:	Female
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
Tuberous Sclerosis Fetal Specimen	Cultured Amnio
Tuberous Sclerosis Fetal Interp	Negative 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 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	24-232-117750	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Maternal Contam Study, Maternal Spec	24-232-117750	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Tuberous Sclerosis Fetal Specimen	24-232-117750	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Tuberous Sclerosis Fetal Interp	24-232-117750	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

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