

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

Physician: Doctor, Example

**Patient: Patient, Example** 

**DOB** 12/6/1992

**Gender:** Male

**Patient Identifiers:** 01234567890ABCD, 012345

**Visit Number (FIN):** 01234567890ABCD **Collection Date:** 00/00/0000 00:00

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

ARUP test code 3002100

**Tuberous Sclerosis Specimen** 

Whole Blood

**Tuberous Sclerosis Interp** 

Negative

RESILLT

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

TNTFRPRFTATTON

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

NONE

This result has been reviewed and approved by ■

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

 ${\tt PENETRANCE:} \ \ {\tt Complete} \ \ {\tt penetrance} \ \ {\tt with} \ \ {\tt variable} \ \ {\tt expressivity}$ 

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

4848



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. The U.S. Food and Drug Administration has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

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



VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Tuberous Sclerosis Specimen	23-044-107372	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Tuberous Sclerosis Interp	23-044-107372	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