

Client: ARUP Example Report Only 500 Chipeta Way Salt Lake City, UT 84108 UNITED STATES

Physician: arup, arup

Patient: HEXA NGS, Example

DOB

Female Sex: **Patient Identifiers:** 36424 **Visit Number (FIN):** 36743

**Collection Date:** 2/23/2022 08:56

## Tay-Sachs Disease (HEXA) Sequencing and Deletion/Duplication

ARUP test code 3004486

**HEXA Specimen** 

Whole Blood

**HEXA Interp** 

Negative

INDICATION FOR TESTING Carrier screening or diagnostic testing for Tay-Sachs disease

No pathogenic variants were detected in any of the genes tested

**INTERPRETATION** 

No pathogenic variants were identified in the coding regions and exon-intron boundaries of the HEXA gene by massively parallel sequencing. Additionally, no large exonic deletions or duplications were identified. This result significantly reduces the likelihood that this individual is affected with or a the line inhouse that this individual is affected with of a carrier of either Tay-Sachs disease or a late-onset form of hexosaminidase A deficiency. Please refer to the background information included in this report for the clinical sensitivity and limitations of this test.

RECOMMENDATIONS

RECOMMENDATIONS
This result should be correlated with clinical findings and hexosaminidase A activity level. If clinically indicated and this individual is of French-Canadian ancestry, consideration should be given to ordering additional testing to detect the 7.6kb deletion (Tay-Sachs Disease, (HEXA), 7 Variants; ARUP test code 0051428), which is a common pathogenic variant in the French-Canadian population and has a reduced detection sensitivity by this assay. Genetic consultation is recommended.

Likely benign and benign variants are not reported.

This result has been reviewed and approved by

BACKGROUND INFORMATION: Tay-Sachs Disease (HEXA) Sequencing and

Deletion/Duplication

CHARACTERISTICS: Hexosaminidase A (HEXA) enzyme deficiency is CHARACIERISTICS: Hexosaminidase A (HEXA) enzyme deficiency is characterized by neuronal deterioration resulting in intellectual disability and motor development. Clinical severity is variable. Onset by six months of age with rapid progression occurs with the acute infantile form of Tay-Sachs disease while juvenile- and adult-onset forms manifest a less severe course. HEXA deficiency results in the accumulation and lysosomal storage of GM2 (ganglioside).

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



INCIDENCE: Varies by ethnicity. 1 in 3 000 for Ashkenazi Jewish and French Canadians; other high-risk populations include Louisiana Cajuns and Old Order Amish. 1 in 300,000 for the general population

INHERITANCE: Autosomal recessive

CAUSE: Two pathogenic variants in the HEXA gene, located on

opposite chromosomes

CLINICAL SENSITIVITY: 99 percent GENE TESTED: HEXA (NM\_000520)

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 were confirmed using an orthogonal exon-level microarray. Human genome build 19 (Hg 19) was used for data analysis.

ANALYTICAL SENSITIVITY AND 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 two exons or larger are detected with sensitivity greater than 97 percent; single exon deletions are detected with 62 percent sensitivity. Duplications of three 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 Tay-Sachs disease. This test only detects variants within or overlapping the coding regions and intron-exon boundaries of the HEXA gene. 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 two or fewer exons in size, though these may be identified. Single exon deletions, such as the 7.6kb deletion common in French-Canadian populations, are reported but 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 are not analyzed.

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

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## testing. Consent forms are available online.

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
HEXA Specimen	22-054-101268	2/23/2022 8:56:00 AM	2/23/2022 8:57:02 AM	2/23/2022 9:00:00 AM
HEXA Interp	22-054-101268	2/23/2022 8:56:00 AM	2/23/2022 8:57:02 AM	2/23/2022 9:00:00 AM

END OF CHART

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

Patient: HEXA NGS, Example ARUP Accession: 22-054-101268 Patient Identifiers: 36424

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