

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

Physician: Doctor, Example

Patient: Patient, Example

DOB	12/31/1752
Sex:	Male
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	01/01/2017 12:34

Connexin 26 (GJB2) Sequencing and Deletion/Duplication

ARUP test code 3004720

CX26 Specimen	Whole Blood
CX26 Interp	Negative RESULT No pathogenic variants were detected in the GJB2 gene.
	INTERPRETATION No pathogenic variants were identified by massively parallel sequencing of the coding regions and exon-intron boundaries of the GJB2 gene. No large exonic deletions and duplications were identified in the GJB2 gene. This result significantly decreases the likelihood of GJB2-associated hearing loss or carrier status for GJB2-associated hearing loss. This individual could still be a carrier of an inherited form of hearing loss or have hearing loss due to other genetic or environmental causes. Please refer to the background information included in this report for limitations of this test.
	RECOMMENDATIONS Medical screening and management should rely on clinical findings and family history. If suspicion for an inherited form of hearing loss remains, consider analysis of other associated genes (Expanded Hearing Loss Panel, Sequencing and Deletion/Duplication, ARUP test code 2008803). Genetic consultation is recommended.
	COMMENTS Likely benign and benign variants are not reported.
	This result has been reviewed and approved by
	BACKGROUND INFORMATION: Connexin 26 (GJB2) Sequencing and Deletion/Duplication
	CHARACTERISTICS: Biallelic autosomal recessive GJB2 variants are associated with autosomal recessive deafness type 1A (DFNB1A), characterized by mild to profound nonsyndromic hearing loss (NSHL) that is typically nonprogressive. A pathogenic GJB2 variant on the opposite chromosome from a large GJB6 gene deletion, involving GJB2 cis-regulatory elements and loss of expression of GJB2, is also causative for NSHL. Autosomal dominant GJB2 sequence variants are causative for a variety of phenotypes including autosomal dominant deafness type 3A (DFNA3A) and syndromic forms of hearing loss which may include keratosis or ichthyosis.
	EPIDEMIOLOGY: Approximately 1:6500

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: 22-136-101100 Patient Identifiers: 01234567890ABCD, 012345 Visit Number (FIN): 01234567890ABCD Page 1 of 3 | Printed: 7/20/2022 7:18:39 AM CAUSE: Pathogenic germline variants in GJB2

 $\ensuremath{\mathsf{INHERITANCE}}$. Autosomal recessive or dominant depending on specific GJB2 variant

CLINICAL SENSITIVITY: Greater than 99 percent for GJB2-associated hearing loss (DFNB1A)

GENE TESTED: GJB2 (NM_004004).

METHODOLOGY: Probe hybridization-based capture of all coding exons, exon-intron junctions, and selected noncoding variants of the GJB2 gene, 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 GJB2 gene. Large deletions/duplications were 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 and duplications of the full GJB2 coding exon are detected with 97 percent and 83 percent sensitivity, respectively. Specificity is greater than 99.9 percent for all variant classes.

LIMITATIONS: A negative result does not exclude a heritable form of hearing loss. This test only detects variants within the coding regions, intron-exon boundaries, and selected noncoding variants of the GJB2 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. 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) variants, 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 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.

VERIFIED/REPORTED DATES					
Procedure	Accession	Collected	Received	Verified/Reported	
CX26 Specimen	22-136-101100	5/16/2022 8:31:00 AM	5/16/2022 8:32:14 AM	5/16/2022 8:44:00 AM	
CX26 Interp	22-136-101100	5/16/2022 8:31:00 AM	5/16/2022 8:32:14 AM	5/16/2022 8:44:00 AM	

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END OF CHART

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

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ARUP LABORATORIES | 800-522-2787 | arupiab.com 500 Chipeta Way, Salt Lake City, UT 84108-1221 Jonathan R. Genzen, MD, PhD, Laboratory Director Patient: Patient, Example ARUP Accession: 22-136-101100 Patient Identifiers: 01234567890ABCD, 012345 Visit Number (FIN): 01234567890ABCD Page 3 of 3 | Printed: 7/20/2022 7:18:39 AM