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	11/16/1982
Gender:	Male
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	00/00/0000 00:00

Dysautonomia, Familial (ELP1), 2 Variants

ARUP test code 3005882

Fam. Dysautonomia (ELP1), Specimen	Whole Blood
Fam. Dysautonomia (ELP1), Allele 1	c.2087G>C *
Fam. Dysautonomia (ELP1), Allele 2	Negative
Fam. Dysautonomia (ELP1), Interp	See Note

Section 79-1 of New York State Civil Rights Law requires informed consent be obtained from patients (or their legal guardians) prior to pursuing genetic testing. These forms must be kept on file by the ordering physician. Consent forms for genetic testing are available at www.aruplab.com. Incidental findings are not reported unless clinically significant but are available upon request.

Indication for testing: Carrier screening or diagnostic testing for familial dysautonomia.

Positive: One pathogenic variant, p.R696P (c.2087G>C), was detected in the ELP1 gene; therefore, this individual is at least a carrier of familial dysautonomia. Genetic counseling is recommended. This individual's reproductive partner should be offered screening for the disorder. At-risk family members should be offered testing to determine carrier status for the identified variant.

This result has been reviewed and approved by [redacted]

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

BACKGROUND INFORMATION: Dysautonomia, Familial (ELP1), 2 Variants
CHARACTERISTICS: Familial dysautonomia is a debilitating disease caused by abnormal development and survival of sensory, sympathetic, and parasympathetic neurons. Symptoms include gastrointestinal dysfunction, vomiting and autonomic crises, recurrent pneumonia, altered sensitivity to pain and temperature, scoliosis, and cardiovascular instability. Other characteristics include infantile hypotonia, deteriorating wide-based ataxic gait, and decreased life expectancy.
INCIDENCE: 1 in 3,600 Ashkenazi Jewish individuals.
INHERITANCE: Autosomal recessive.
CAUSE: ELP1 pathogenic variants.
VARIANTS TESTED: p.R696P (c.2087G>C) and c.2204+6T>C.
CLINICAL SENSITIVITY: 99 percent in Ashkenazi Jewish individuals, unknown in other ethnicities.
METHODOLOGY: Polymerase chain reaction (PCR) and fluorescence monitoring.
ANALYTICAL SENSITIVITY AND SPECIFICITY: 99 percent.
LIMITATIONS: Variants other than p.R696P (c.2087G>C) and c.2204+6T>C will not be detected. Diagnostic errors can occur due to rare sequence variations.

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
Fam. Dysautonomia (ELP1), Specimen	22-321-100743	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fam. Dysautonomia (ELP1), Allele 1	22-321-100743	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fam. Dysautonomia (ELP1), Allele 2	22-321-100743	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Fam. Dysautonomia (ELP1), Interp	22-321-100743	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