Integrated GENETICS
LabCorp Specialty Testing Group

Client/Sending Facility:
Phoenix Sperm Bank

1492 S Mill Ave Suite 306
Tempe, AZ 85281
Ph: (602)888-7255
AZB-45

LCLS Specimen Number: **181-944-3491-0**
Patient Name: **10151, DONOR**
Date of Birth: [redacted]
Gender: M
Patient ID:
Lab Number: YU17-51996 L

Indications: NOT GIVEN

Account Number: [redacted]
Ordering Physician: **J OLLIFFE**
Specimen Type: **BLOOD**
Client Reference:
Date Collected: 06/30/2017
Date Received: 07/02/2017

Date Reported: **07/14/2017**

Test: **Chromosome, Blood, Routine**

Cells Counted: 20
Cells Analyzed: 20

Cells Karyotyped: 2
Band Resolution: 500

CYTOGENETIC RESULT: 46,XY

INTERPRETATION: NORMAL MALE KARYOTYPE

Cytogenetic analysis of PHA stimulated cultures has revealed a MALE karyotype with an apparently normal GTG banding pattern in all cells observed.

This result does not exclude the possibility of subtle rearrangements below the resolution of cytogenetics or congenital anomalies due to other etiologies.

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I. K. Gadi

Inder K. Gadi, PhD, FACMG

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Professional Component performed by LabCorp CLIA 34D1008914, 1904 TW Alexander Dr, Research Triangle Park, NC 27709. Medical Director, Arundhati Chatterjee, MD.
Integrated Genetics is a brand used by Esoterix Genetic Laboratories, LLC, a wholly-owned subsidiary of Laboratory Corporation of America Holdings.

Counsyl

RESULTS RECIPIENT
SEATTLE SPERM BANK
Attn: Dr. Jeffrey Olliffe
4915 25th Ave NE, Suite 204W
Seattle, WA 98105
Phone: (206) 588-1484
Fax: (206) 466-4696
NPI: 1306838271
Report Date: 07/10/2017

MALE
DONOR 10151
DOB: [redacted]
Ethnicity: Northern European
Sample Type: EDTA Blood
Date of Collection: 06/30/2017
Date Received: 07/01/2017
Date Tested: 07/10/2017
Barcode: 11004212111496
Indication: Egg or sperm donor

FEMALE
N/A

Family Prep Screen

POSITIVE: CARRIER

ABOUT THIS TEST

The Counsyl Family Prep Screen (version 2.0) utilizes sequencing, maximizing coverage across all DNA regions tested, to help you learn about your chance to have a child with a genetic disease.

RESULTS SUMMARY

Risk Details	DONOR 10151	Partner
Panel Information	Family Prep Screen 2.0 Universal Panel Minus X-Linked **(102 conditions tested)**	N/A
POSITIVE: CARRIER Mucopolysaccharidosis Type I **Reproductive Risk: 1 in 630** **Inheritance: Autosomal Recessive**	**CARRIER*** NM_000203.3(IDUA):c.1205G>A (W402*) heterozygote	The reproductive risk presented is based on a hypothetical pairing with a partner of the same ethnic group. Carrier testing should be considered. See "Next Steps".
POSITIVE: CARRIER Familial Mediterranean Fever **Reproductive Risk: 1 in 2,000** **Inheritance: Autosomal Recessive**	**CARRIER*** NM_000243.2(MEFV):c.2230G>T (A744S) heterozygote †	The reproductive risk presented is based on a hypothetical pairing with a partner of the same ethnic group. Carrier testing should be considered. See "Next Steps".

†Likely to have a negative impact on gene function.
*Carriers generally do not experience symptoms.

No disease-causing mutations were detected in any other gene tested. A complete list of all conditions tested can be found on page 8.

CLINICAL NOTES

- None

NEXT STEPS

- Carrier testing should be considered for the diseases specified above for the patient's partner, as both parents must be carriers before a child is at high risk of developing the disease.
- Genetic counseling is recommended and patients may wish to discuss any positive results with blood relatives, as there is an increased chance that they are also carriers.

Counsyl

RESULTS RECIPIENT
SEATTLE SPERM BANK
Attn: Dr. Jeffrey Olliffe
NPI: 1306838271
Report Date: 07/10/2017

MALE
DONOR 10151
DOB: [redacted]
Ethnicity: Northern European
Barcode: 11004212111496

FEMALE
N/A

POSITIVE: CARRIER

Mucopolysaccharidosis Type I

Reproductive risk: 1 in 630
Risk before testing: 1 in 100,000

Gene: IDUA | **Inheritance Pattern:** Autosomal Recessive

Patient	DONOR 10151	No partner tested
Result	Carrier	N/A
Variant(s)	NM_000203.3(IDUA):c.1205G>A(W402*) heterozygote	N/A
Methodology	Targeted genotyping	N/A
Interpretation	This individual is a carrier of mucopolysaccharidosis type I. Carriers generally do not experience symptoms.	N/A
Detection rate	67%	N/A
Variants tested	Q70*, W402*.	N/A

What is Mucopolysaccharidosis Type I?

Mucopolysaccharidosis type I (MPS I) is an inherited disease in which the body lacks an enzyme called alpha-L-iduronidase. Without this enzyme, the body cannot properly break down long chains of sugar molecules called glycosaminoglycans. As a result, these molecules accumulate in the body, causing numerous health problems. There are 2 forms of MPS I, a severe form and an attenuated form. Children with the severe form, also known as Hurler syndrome, typically die before the age of 10, but may live longer with treatment.

SEVERE MUCOPOLYSACCHARIDOSIS TYPE I

Children with the disease appear normal at birth, but around the age of 9 months they typically begin developing some or all of the following symptoms:

- Appearance: Coarse facial features (broad mouth, square jaw), short neck, large head, small stature
- Brain: Progressive and profound intellectual and developmental disabilities, tendency toward a dangerous accumulation of fluid around the brain
- Heart: Heart disease including valve problems and narrowed arteries
- Eyes: Cloudy corneas leading to limited vision, glaucoma, and blindness
- Bones: Spinal abnormalities, back pain, joint disease leading to restricted movement, claw hand, carpal tunnel syndrome, misshapen bones
- Ears: Moderate to severe hearing loss
- Skin: Darkened areas
- Digestive System: Enlarged liver and spleen, diarrhea and constipation
- Lungs and Breathing: Progressive lung disease, frequent infection, chronic runny nose, airway blockages, sleep apnea

ATTENUATED MUCOPOLYSACCHARIDOSIS TYPE I

This form is also known as Hurler-Scheie syndrome or Scheie syndrome. Children usually develop symptoms between the ages of 3 and 10 years. The severity of disease varies from serious life-threatening complications leading to death in the second to third decades to a normal life span complicated by significant disability from progressive arthropathy and cardiorespiratory disease. Learning disabilities can be present, and hearing loss and cardiac valvular disease are common.

How common is Mucopolysaccharidosis Type I?

Approximately 1 in 100,000 people have the severe form and 1 in 500,000 have the attenuated form. It has been found in people of all ethnicities.

How is Mucopolysaccharidosis Type I treated?

Depending on the severity of MPS I and the age of the child, one of several treatments may prevent or ameliorate some symptoms of the disease.

Bone marrow transplants can be effective in relieving physical aspects of Hurler syndrome, although it does not seem to help the bone or eye symptoms. Children who receive bone marrow transplants early—before the age of 2—tend to have better mental development, although they still have learning problems and progressive mental decline. Outcomes of the procedure do vary, but a bone marrow transplant can prolong the lifespan of a person with Hurler syndrome, even though it will still be significantly shortened. Note that the procedure itself carries a high risk of fatality.

Umbilical cord blood is a more recent treatment for MPS I, allowing for an unrelated donor and eliminating the need for total body radiation, as is the norm with a bone marrow transplant. This treatment can prolong the lifespan of an affected child, but also does not help the bone and eye issues. A cord blood transplant can help prevent a certain measure of mental decline if it is performed before significant damage is done to the intellect, often before the age of 18 months. Like bone marrow transplants, the procedure itself carries a high risk of fatality and can result in a variety of outcomes.

Enzyme replacement therapy using recombinant human alpha-L-iduronidase has also been shown to benefit people with MPS I, relieving many of the physical symptoms. Enzyme replacement may be used in tandem with the above surgical options. This treatment is relatively new and further study is needed to determine its long-term success.

Other symptoms of the disease can be addressed as they arise. Examples of these treatments include special education for developmental delays, heart valve replacement, shunting to remove excess fluid and relieve pressure from around the brain, sunglasses or hats to promote better vision, and physical therapy to aid in movement.

What is the prognosis for a person with Mucopolysaccharidosis Type I?

The prognosis for people with severe MPS I is generally poor. They need special education and assistance to perform ordinary daily functions, and are often wheelchair-bound. Death usually occurs within the first 10 years of life, although early treatment such as a bone marrow transplant can extend the lifespan. Heart and breathing problems are often the cause of death among children with the disease. Patients with attenuated MPS I have a variable lifespan.

POSITIVE: CARRIER

Familial Mediterranean Fever

Reproductive risk: 1 in 2,000
Risk before testing: < 1 in 1,000,000

Gene: MEFV | **Inheritance Pattern:** Autosomal Recessive

Patient	DONOR 10151	No partner tested
Result	✚ Carrier	N/A
Variant(s)	NM_000243.2(MEFV):c.2230G>T(A744S) heterozygote †	N/A
Methodology	Sequencing	N/A
Interpretation	This individual is a carrier of familial Mediterranean fever. Carriers generally do not experience symptoms.	N/A
Detection rate	>99%	N/A
Exons tested	NM_000243:1-10.	N/A

†Likely to have a negative impact on gene function.

What is Familial Mediterranean Fever?

Familial Mediterranean fever (FMF) is an inherited condition which causes episodic attacks of fever and painful inflammation of the abdomen, chest, and joints. People with FMF may also develop a rash during these attacks. The attacks last for 1 to 3 days and can vary in severity. Between attacks, the person typically feels normal. These symptom-free periods can last for days or even years.

In 80-90% of people affected by FMF, the first attack occurs by the age of 20. Less commonly, symptoms begin later in life. Children who have FMF may experience periodic fever as their only symptom.

Some people with FMF develop a protein buildup in various parts of the body, notably the kidney. If left untreated, this can lead to life-threatening kidney failure. People who do not experience the characteristic attacks of FMF can still develop this particular form of kidney failure. This symptom is most common among people of Turkish and North African Jewish heritage, affecting 60% and 75% respectively.

Other symptoms that can occur during an attack of FMF include headache and inflammation of the heart and/or testicles. Affected people may also develop an inflammation of the membrane that surrounds the brain and spinal cord, though this is not usually serious or damaging. People with FMF who go untreated may experience decreased fertility.

About half of people with FMF have mild symptoms preceding an attack. These may include a mild, unpleasant sensation in parts of the body that will soon be affected or may consist of other physical and emotional symptoms.

How common is Familial Mediterranean Fever?

FMF is most common among ethnic groups from the Mediterranean region, notably people of Armenian, Arab, Turkish, Iraqi Jewish, and North African Jewish ancestry. One in every 200 to 1,000 people in these groups is affected by the disease and carrier rates in some populations have been estimated as high as 1 in 5.

Cases of FMF have also been found in other populations, including Italians, Greeks, Spaniards, Cypriots, and less commonly, Northern Europeans and Japanese.

How is Familial Mediterranean Fever treated?

There is no cure for FMF, however the drug colchicine has been very effective in preventing the disease's characteristic attacks. With daily doses of colchicine, 75% of people with FMF can avoid attacks with an additional 15% showing an improvement in their symptoms. Colchicine also prevents the dangerous buildup of proteins in the kidneys which could otherwise lead to kidney failure.

Episodic attacks of fever and inflammation can be treated with non-steroidal anti-inflammatory drugs. Those who do develop serious kidney failure may be helped by kidney transplantation.

What is the prognosis for a person with Familial Mediterranean Fever?

With early and regular treatment, people with FMF can live a normal lifespan and may even be symptom-free. The disease has the potential to be life-threatening only if the person is untreated (or does not respond to treatment) and develops kidney failure.

Methods and Limitations

DONOR 10151 [Family Prep Screen 2.0]: sequencing, targeted genotyping, spinal muscular atrophy, and analysis of homologous regions.

Sequencing

High-throughput sequencing is used to analyze the listed exons, as well as selected intergenic and intronic regions, of the genes in the Conditions Tested section of the report. These regions are sequenced to high coverage and the sequences are compared to standards and references of normal variation. Mutations may not be detected in areas of lower sequence coverage. On average, more than 99% of all bases in the exons listed for each gene are sequenced at the minimum read depth. Variants discovered in other exons of these genes will also be reported if they meet quality control criteria. Triplet repeats and large deletions and duplications may not be detected. Small insertions and deletions may not be as accurately determined as single nucleotide variants. Genes that have closely related pseudogenes are not well analyzed by this method.

Detection rates are calculated by estimating from literature the fraction of disease alleles that the methodology is unable to detect.

All variants that are a recognized cause of the disease will be reported. In addition, variants that have not previously been established as a recognized cause of disease may be identified. In these cases, only variants classified as "predicted" or "likely" pathogenic are reported. Predicted/likely pathogenic variants are described elsewhere in the report as "predicted/likely to have a negative impact on gene function". In general, predicted pathogenic variants are those which are predicted to be pathogenic based on the nature of the sequence change, while likely pathogenic variants are evaluated by reviewing reports of allele frequencies in cases and controls, functional studies, variant annotation and effect prediction, and segregation studies. Benign variants, variants of uncertain significance, and variants not directly associated with the intended disease phenotype are not reported. Literature citations validating reported variants are available upon request.

Targeted genotyping

Targeted DNA mutation analysis is used to determine the genotypes of the listed variants in the Conditions Tested section of the report.

Spinal muscular atrophy

Targeted copy number analysis is used to determine the copy number of exon 7 of the *SMN1* gene relative to other genes. Other mutations may interfere with this analysis. Some individuals with two copies of *SMN1* are carriers with two *SMN1* genes on one chromosome and a *SMN1* deletion on the other chromosome. This is more likely in individuals who have 2 copies of the *SMN1* gene and are positive for the g.27134T>G SNP, which affects the reported residual risk; Ashkenazi Jewish or Asian patients with this genotype have a high post-test likelihood of being carriers for SMA and are reported as carriers. The g.27134T>G SNP is only reported in individuals who have 2 copies of *SMN1*.

Analysis of homologous regions

A combination of high-throughput sequencing, read depth-based copy number analysis, and targeted genotyping is used to determine the number of functional gene copies and/or the presence of selected loss of function mutations in certain genes that have homology to other regions. The precise breakpoints of large deletions in these genes cannot be determined, but are estimated from copy number analysis. High numbers of pseudogene copies may interfere with this analysis.

If *CYP21A2* is tested, patients who have one or more additional copies of the *CYP21A2* gene and a loss of function mutation may not actually be a carrier of 21-hydroxylase-deficient congenital adrenal hyperplasia (CAH). Because the true incidence of non-classic CAH is unknown, the residual carrier and reproductive risk numbers on the report are only based on published incidences for classic CAH. However, the published prevalence of non-classic CAH is highest in individuals of Ashkenazi Jewish, Hispanic, Italian, and Yugoslav descent. Therefore, the residual and reproductive risks are likely an underestimate of overall chances for 21-hydroxylase-deficient CAH, especially in the aforementioned populations, as they do not account for non-classic CAH. If *HBA1/HBA2* are tested, some individuals with four alpha globin genes may be carriers, with three genes on one chromosome and a deletion on the other chromosome. This and similar, but rare, carrier states, where complementary changes exist in both the gene and a pseudogene, may not be detected by the assay.

Limitations

In an unknown number of cases, nearby genetic variants may interfere with mutation detection. Other possible sources of diagnostic error include sample mix-up, trace contamination, bone marrow transplantation, blood transfusions and technical errors. This test is designed to detect and report germline alterations. While somatic variants present at low levels may be detected, these may not be reported. If more than one variant is detected in a gene, additional studies may be necessary to determine if those variants lie on the same chromosome or different chromosomes. The test does not fully address all inherited forms of intellectual disability, birth defects and genetic disease. A family history of any of these conditions may warrant additional evaluation. Furthermore, not all mutations will be identified in the genes analyzed and additional testing may be beneficial for some patients. For example, individuals of African, Southeast Asian, and Mediterranean ancestry are at increased risk for being carriers for hemoglobinopathies, which can be identified by CBC and hemoglobin electrophoresis or HPLC (*ACOG Practice Bulletin No. 78. Obstet.Gynecol. 2007;109:229-37*).

This test was developed and its performance characteristics determined by Counsyl, Inc. It has not been cleared or approved by the US Food and Drug Administration (FDA). The FDA does not require this test to go through premarket review. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity clinical testing. These results are adjunctive to the ordering physician's evaluation. CLIA Number: **#05D1102604**.

LAB DIRECTORS

Hyunseok Kang

H. Peter Kang, MD, MS, FCAP

Conditions Tested

21-hydroxylase-deficient Congenital Adrenal Hyperplasia - **Gene:** CYP21A2. Autosomal Recessive. Analysis of Homologous Regions. **Variants (13):** CYP21A2 deletion, CYP21A2 duplication, CYP21A2 triplication, G111Vfs*21, I173N, L308FfsX6, P31L, Q319*, Q319*+CYP21A2dup, R357W, V281L, [I237N;V238E;M240K], c.293-13C>G. **Detection Rate:** Northern European 96%.

ABCC8-related Hyperinsulinism - **Gene:** ABCC8. Autosomal Recessive. Sequencing. **Exons:** NM_000352:1-39. **Detection Rate:** Northern European >99%.

Achromatopsia - **Gene:** CNGB3. Autosomal Recessive. Sequencing. **Exons:** NM_019098:1-18. **Detection Rate:** Northern European >99%.

Alkaptonuria - **Gene:** HGD. Autosomal Recessive. Sequencing. **Exons:** NM_000187:1-14. **Detection Rate:** Northern European >99%.

Alpha Thalassemia - **Genes:** HBA1, HBA2. Autosomal Recessive. Analysis of Homologous Regions. **Variants (13):** -(alpha)20.5, --BRIT, --MEDI, --MEDII, --SEA, --THAI or --FIL, -alpha3.7, -alpha4.2, HBA1+HBA2 deletion, Hb Constant Spring, anti3.7, anti4.2, del HS-40. **Detection Rate:** Unknown due to rarity of disease.

Alpha-1 Antitrypsin Deficiency - **Gene:** SERPINA1. Autosomal Recessive. Sequencing. **Exons:** NM_000295:2-5. **Detection Rate:** Northern European >99%.

Alpha-mannosidosis - **Gene:** MAN2B1. Autosomal Recessive. Sequencing. **Exons:** NM_000528:1-15,17-24. **Detection Rate:** Northern European >99%.

Alpha-sarcoglycanopathy - **Gene:** SGCA. Autosomal Recessive. Sequencing. **Exons:** NM_000023:1-9. **Detection Rate:** Northern European 99%.

Andermann Syndrome - **Gene:** SLC12A6. Autosomal Recessive. Sequencing. **Exons:** NM_133647:1-25. **Detection Rate:** Northern European >99%.

ARSACS - **Gene:** SACS. Autosomal Recessive. Sequencing. **Exons:** NM_014363:2-10. **Detection Rate:** Northern European 97%.

Aspartylglycosaminuria - **Gene:** AGA. Autosomal Recessive. Sequencing. **Exons:** NM_000027:1-9. **Detection Rate:** Northern European >99%.

Ataxia with Vitamin E Deficiency - **Gene:** TTPA. Autosomal Recessive. Sequencing. **Exons:** NM_000370:1-5. **Detection Rate:** Northern European >99%.

Ataxia-telangiectasia - **Gene:** ATM. Autosomal Recessive. Sequencing. **Exons:** NM_000051:2-63. **Detection Rate:** Northern European 92%.

Bardet-Biedl Syndrome, BBS1-related - **Gene:** BBS1. Autosomal Recessive. Sequencing. **Exons:** NM_024649:1-17. **Detection Rate:** Northern European >99%.

Bardet-Biedl Syndrome, BBS10-related - **Gene:** BBS10. Autosomal Recessive. Sequencing. **Exons:** NM_024685:1-2. **Detection Rate:** Northern European >99%.

Beta-sarcoglycanopathy - **Gene:** SGCB. Autosomal Recessive. Sequencing. **Exons:** NM_000232:1-6. **Detection Rate:** Northern European >99%.

Biotinidase Deficiency - **Gene:** BTD. Autosomal Recessive. Sequencing. **Exons:** NM_000060:1-4. **Detection Rate:** Northern European >99%.

Bloom Syndrome - **Gene:** BLM. Autosomal Recessive. Sequencing. **Exons:** NM_000057:2-22. **Detection Rate:** Northern European 96%.

Canavan Disease - **Gene:** ASPA. Autosomal Recessive. Sequencing. **Exons:** NM_000049:1-6. **Detection Rate:** Northern European 94%.

Carnitine Palmitoyltransferase IA Deficiency - **Gene:** CPT1A. Autosomal Recessive. Sequencing. **Exons:** NM_001876:2-19. **Detection Rate:** Northern European 98%.

Carnitine Palmitoyltransferase II Deficiency - **Gene:** CPT2. Autosomal Recessive. Sequencing. **Exons:** NM_000098:1-5. **Detection Rate:** Northern European >99%.

Cartilage-hair Hypoplasia - **Gene:** RMRP. Autosomal Recessive. Sequencing. **Exon:** NR_003051:1. **Detection Rate:** Northern European >99%.

Citrullinemia Type 1 - **Gene:** ASS1. Autosomal Recessive. Sequencing. **Exons:** NM_000050:3-16. **Detection Rate:** Northern European >99%.

CLN3-related Neuronal Ceroid Lipofuscinosis - **Gene:** CLN3. Autosomal Recessive. Sequencing. **Exons:** NM_001042432:2-16. **Detection Rate:** Northern European >99%.

CLN5-related Neuronal Ceroid Lipofuscinosis - **Gene:** CLN5. Autosomal Recessive. Sequencing. **Exons:** NM_006493:1-4. **Detection Rate:** Northern European 98%.

Cohen Syndrome - **Gene:** VPS13B. Autosomal Recessive. Sequencing. **Exons:** NM_017890:2-62. **Detection Rate:** Northern European 90%.

Congenital Disorder of Glycosylation Type Ia - **Gene:** PMM2. Autosomal Recessive. Sequencing. **Exons:** NM_000303:1-8. **Detection Rate:** Northern European >99%.

Congenital Disorder of Glycosylation Type Ib - **Gene:** MPI. Autosomal Recessive. Sequencing. **Exons:** NM_002435:1-8. **Detection Rate:** Northern European >99%.

Congenital Finnish Nephrosis - **Gene:** NPHS1. Autosomal Recessive. Sequencing. **Exons:** NM_004646:2-23,26-27,29. **Detection Rate:** Northern European >99%.

Costeff Optic Atrophy Syndrome - **Gene:** OPA3. Autosomal Recessive. Sequencing. **Exons:** NM_025136:1-2. **Detection Rate:** Northern European >99%.

Cystic Fibrosis - **Gene:** CFTR. Autosomal Recessive. Sequencing. **Exons:** NM_000492:1-27. IVS8-5T allele analysis is only reported in the presence of the R117H mutation. **Detection Rate:** Northern European 97%.

Cystinosis - **Gene:** CTNS. Autosomal Recessive. Sequencing. **Exons:** NM_004937:3-12. **Detection Rate:** Northern European >99%.

D-bifunctional Protein Deficiency - **Gene:** HSD17B4. Autosomal Recessive. Sequencing. **Exons:** NM_000414:1-24. **Detection Rate:** Northern European 94%.

Dihydropyrimidine Dehydrogenase Deficiency - **Gene:** DPYD. Autosomal Recessive. Sequencing. **Exons:** NM_000110:1-23. **Detection Rate:** Northern European 93%.

Factor XI Deficiency - **Gene:** F11. Autosomal Recessive. Sequencing. **Exons:** NM_000128:2-15. **Detection Rate:** Northern European >99%.

Familial Dysautonomia - **Gene:** IKBKAP. Autosomal Recessive. Sequencing. **Exons:** NM_003640:2-37. **Detection Rate:** Northern European >99%.

Familial Mediterranean Fever - **Gene:** MEFV. Autosomal Recessive. Sequencing. **Exons:** NM_000243:1-10. **Detection Rate:** Northern European >99%.

Fanconi Anemia Type C - **Gene:** FANCC. Autosomal Recessive. Sequencing. **Exons:** NM_000136:2-15. **Detection Rate:** Northern European >99%.

FKTN-related Disorders - **Gene:** FKTN. Autosomal Recessive. Sequencing. **Exons:** NM_001079802:3-11. **Detection Rate:** Northern European >99%.

Galactosemia - **Gene:** GALT. Autosomal Recessive. Sequencing. **Exons:** NM_000155:1-11. **Detection Rate:** Northern European >99%.

Gaucher Disease - **Gene:** GBA. Autosomal Recessive. Analysis of Homologous Regions. **Variants (10):** D409V, D448H, IVS2+1G>A, L444P, N370S, R463C, R463H, R496H, V394L, p.L29Afs*18. **Detection Rate:** Northern European 60%.

GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness - **Gene:** GJB2. Autosomal Recessive. Sequencing. **Exons:** NM_004004:1-2. **Detection Rate:** Northern European 98%.

Glutaric Acidemia Type 1 - **Gene:** GCDH. Autosomal Recessive. Sequencing. **Exons:** NM_000159:2-12. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type Ia - **Gene:** G6PC. Autosomal Recessive. Sequencing. **Exons:** NM_000151:1-5. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type Ib - **Gene:** SLC37A4. Autosomal Recessive. Sequencing. **Exons:** NM_001164277:3-11. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type III - **Gene:** AGL. Autosomal Recessive. Sequencing. **Exons:** NM_000642:2-34. **Detection Rate:** Northern European >99%.

Glycogen Storage Disease Type V - **Gene:** PYGM. Autosomal Recessive. Sequencing. **Exons:** NM_005609:1-20. **Detection Rate:** Northern European >99%.

GRACILE Syndrome - **Gene:** BCS1L. Autosomal Recessive. Sequencing. **Exons:** NM_004328:3-9. **Detection Rate:** Northern European >99%.

HADHA-related Disorders - **Gene:** HADHA. Autosomal Recessive. Sequencing. **Exons:** NM_000182:1-20. **Detection Rate:** Northern European >99%.

Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease) - **Gene:** HBB. Autosomal Recessive. Sequencing. **Exons:** NM_000518:1-3. **Detection Rate:** Northern European 96%.

Hereditary Fructose Intolerance - **Gene:** ALDOB. Autosomal Recessive. Sequencing. **Exons:** NM_000035:2-9. **Detection Rate:** Northern European >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMA3-related - **Gene:** LAMA3. Autosomal Recessive. Sequencing. **Exons:** NM_000227:1-16,18-38. **Detection Rate:** Northern European >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMB3-related - **Gene:** LAMB3. Autosomal Recessive. Sequencing. **Exons:** NM_000228:2-23. **Detection Rate:** Northern European >99%.

Herlitz Junctional Epidermolysis Bullosa, LAMC2-related - **Gene:** LAMC2. Autosomal Recessive. Sequencing. **Exons:** NM_005562:1-23. **Detection Rate:** Northern European >99%.

Hexosaminidase A Deficiency (Including Tay-Sachs Disease) - **Gene:** HEXA. Autosomal Recessive. Sequencing. **Exons:** NM_000520:1-14. **Detection Rate:** Northern European >99%.

Homocystinuria Caused by Cystathionine Beta-synthase Deficiency - **Gene:** CBS. Autosomal Recessive. Sequencing. **Exons:** NM_000071:3-17. **Detection Rate:** Northern European >99%.
Hypophosphatasia, Autosomal Recessive - **Gene:** ALPL. Autosomal Recessive. Sequencing. **Exons:** NM_000478:2-12. **Detection Rate:** Northern European >99%.
Inclusion Body Myopathy 2 - **Gene:** GNE. Autosomal Recessive. Sequencing. **Exons:** NM_001128227:3-12. **Detection Rate:** Northern European >99%.
Isovaleric Acidemia - **Gene:** IVD. Autosomal Recessive. Sequencing. **Exons:** NM_002225:1-12. **Detection Rate:** Northern European >99%.
Joubert Syndrome 2 - **Gene:** TMEM216. Autosomal Recessive. Sequencing. **Exons:** NM_001173990:1-5. **Detection Rate:** Northern European >99%.
Krabbe Disease - **Gene:** GALC. Autosomal Recessive. Sequencing. **Exons:** NM_000153:1-17. **Detection Rate:** Northern European >99%.
Lipoamide Dehydrogenase Deficiency - **Gene:** DLD. Autosomal Recessive. Sequencing. **Exons:** NM_000108:1-14. **Detection Rate:** Northern European >99%.
Maple Syrup Urine Disease Type 1B - **Gene:** BCKDHB. Autosomal Recessive. Sequencing. **Exons:** NM_183050:1-10. **Detection Rate:** Northern European >99%.
Medium Chain Acyl-CoA Dehydrogenase Deficiency - **Gene:** ACADM. Autosomal Recessive. Sequencing. **Exons:** NM_000016:1-12. **Detection Rate:** Northern European >99%.
Megalencephalic Leukoencephalopathy with Subcortical Cysts - **Gene:** MLC1. Autosomal Recessive. Sequencing. **Exons:** NM_015166:2-12. **Detection Rate:** Northern European >99%.
Metachromatic Leukodystrophy - **Gene:** ARSA. Autosomal Recessive. Sequencing. **Exons:** NM_000487:1-8. **Detection Rate:** Northern European >99%.
Mucolipidosis IV - **Gene:** MCOLN1. Autosomal Recessive. Sequencing. **Exons:** NM_020533:1-14. **Detection Rate:** Northern European >99%.
Mucopolysaccharidosis Type I - **Gene:** IDUA. Autosomal Recessive. Targeted Genotyping. **Variants (2):** Q70*, W402*. **Detection Rate:** Northern European 67%.
Muscle-eye-brain Disease - **Gene:** POMGNT1. Autosomal Recessive. Sequencing. **Exons:** NM_017739:2-22. **Detection Rate:** Northern European 90%.
NEB-related Nemaline Myopathy - **Gene:** NEB. Autosomal Recessive. Sequencing. **Exons:** NM_001271208:3-80,117-183. **Detection Rate:** Northern European 91%.
Niemann-Pick Disease Type C - **Gene:** NPC1. Autosomal Recessive. Sequencing. **Exons:** NM_000271:1-25. **Detection Rate:** Northern European 96%.
Niemann-Pick Disease, SMPD1-associated - **Gene:** SMPD1. Autosomal Recessive. Sequencing. **Exons:** NM_000543:1-6. **Detection Rate:** Northern European >99%.
Nijmegen Breakage Syndrome - **Gene:** NBN. Autosomal Recessive. Sequencing. **Exons:** NM_002485:1-16. **Detection Rate:** Northern European >99%.
Northern Epilepsy - **Gene:** CLN8. Autosomal Recessive. Sequencing. **Exons:** NM_018941:2-3. **Detection Rate:** Northern European >99%.
PCDH15-related Disorders - **Gene:** PCDH15. Autosomal Recessive. Sequencing. **Exons:** NM_033056:2-33. **Detection Rate:** Northern European 85%.
Pendred Syndrome - **Gene:** SLC26A4. Autosomal Recessive. Sequencing. **Exons:** NM_000441:2-21. **Detection Rate:** Northern European >99%.
PEX1-related Zellweger Syndrome Spectrum - **Gene:** PEX1. Autosomal Recessive. Sequencing. **Exons:** NM_000466:1-24. **Detection Rate:** Northern European >99%.
Phenylalanine Hydroxylase Deficiency - **Gene:** PAH. Autosomal Recessive. Sequencing. **Exons:** NM_000277:1-13. **Detection Rate:** Northern European 98%.
PKHD1-related Autosomal Recessive Polycystic Kidney Disease - **Gene:** PKHD1. Autosomal Recessive. Sequencing. **Exons:** NM_138694:2-67. **Detection Rate:** Northern European 98%.
Polyglandular Autoimmune Syndrome Type 1 - **Gene:** AIRE. Autosomal Recessive. Sequencing. **Exons:** NM_000383:1-14. **Detection Rate:** Northern European >99%.
Pompe Disease - **Gene:** GAA. Autosomal Recessive. Sequencing. **Exons:** NM_000152:2-20. **Detection Rate:** Northern European 90%.
PPT1-related Neuronal Ceroid Lipofuscinosis - **Gene:** PPT1. Autosomal Recessive. Sequencing. **Exons:** NM_000310:1-9. **Detection Rate:** Northern European >99%.
Primary Carnitine Deficiency - **Gene:** SLC22A5. Autosomal Recessive. Sequencing. **Exons:** NM_003060:1-10. **Detection Rate:** Northern European >99%.
Primary Hyperoxaluria Type 1 - **Gene:** AGXT. Autosomal Recessive. Sequencing. **Exons:** NM_000030:1-11. **Detection Rate:** Northern European >99%.
Primary Hyperoxaluria Type 2 - **Gene:** GRHPR. Autosomal Recessive. Sequencing. **Exons:** NM_012203:1-9. **Detection Rate:** Northern European >99%.
PROP1-related Combined Pituitary Hormone Deficiency - **Gene:** PROP1. Autosomal Recessive. Sequencing. **Exons:** NM_006261:1-3. **Detection Rate:** Northern European >99%.
Pseudocholinesterase Deficiency - **Gene:** BCHE. Autosomal Recessive. Sequencing. **Exons:** NM_000055:2-4. **Detection Rate:** Northern European >99%.
Pycnodysostosis - **Gene:** CTSK. Autosomal Recessive. Sequencing. **Exons:** NM_000396:2-8. **Detection Rate:** Northern European >99%.
Rhizomelic Chondrodysplasia Punctata Type 1 - **Gene:** PEX7. Autosomal Recessive. Sequencing. **Exons:** NM_000288:1-10. **Detection Rate:** Northern European >99%.
Salla Disease - **Gene:** SLC17A5. Autosomal Recessive. Sequencing. **Exons:** NM_012434:1-11. **Detection Rate:** Northern European 93%.
Segawa Syndrome - **Gene:** TH. Autosomal Recessive. Sequencing. **Exons:** NM_000360:1-13. **Detection Rate:** Northern European 96%.
Short Chain Acyl-CoA Dehydrogenase Deficiency - **Gene:** ACADS. Autosomal Recessive. Sequencing. **Exons:** NM_000017:1-10. **Detection Rate:** Northern European >99%.
Sjogren-Larsson Syndrome - **Gene:** ALDH3A2. Autosomal Recessive. Sequencing. **Exons:** NM_000382:1-10. **Detection Rate:** Northern European 92%.
Smith-Lemli-Opitz Syndrome - **Gene:** DHCR7. Autosomal Recessive. Sequencing. **Exons:** NM_001360:3-9. **Detection Rate:** Northern European >99%.
Spinal Muscular Atrophy - **Gene:** SMN1. Autosomal Recessive. Spinal Muscular Atrophy. **Variant (1):** SMN1 copy number. **Detection Rate:** Northern European 95%.
Steroid-resistant Nephrotic Syndrome - **Gene:** NPHS2. Autosomal Recessive. Sequencing. **Exons:** NM_014625:1-8. **Detection Rate:** Northern European >99%.
Sulfate Transporter-related Osteochondrodysplasia - **Gene:** SLC26A2. Autosomal Recessive. Sequencing. **Exons:** NM_000112:2-3. **Detection Rate:** Northern European >99%.
TPP1-related Neuronal Ceroid Lipofuscinosis - **Gene:** TPP1. Autosomal Recessive. Sequencing. **Exons:** NM_000391:1-13. **Detection Rate:** Northern European >99%.
Tyrosinemia Type I - **Gene:** FAH. Autosomal Recessive. Sequencing. **Exons:** NM_000137:1-14. **Detection Rate:** Northern European >99%.
Usher Syndrome Type 3 - **Gene:** CLRN1. Autosomal Recessive. Sequencing. **Exons:** NM_174878:1-3. **Detection Rate:** Northern European >99%.
Very Long Chain Acyl-CoA Dehydrogenase Deficiency - **Gene:** ACADVL. Autosomal Recessive. Sequencing. **Exons:** NM_000018:1-20. **Detection Rate:** Northern European >99%.
Wilson Disease - **Gene:** ATP7B. Autosomal Recessive. Sequencing. **Exons:** NM_000053:1-21. **Detection Rate:** Northern European >99%.

Risk Calculations

Below are the risk calculations for all conditions tested. Since negative results do not completely rule out the possibility of being a carrier, the **residual risk** represents the patient's post-test likelihood of being a carrier and the **reproductive risk** represents the likelihood the patient's future children could inherit each disease. These risks are inherent to all carrier screening tests, may vary by ethnicity, are predicated on a negative family history and are present even after a negative test result. Inaccurate reporting of ethnicity may cause errors in risk calculation. The reproductive risk presented is based on a hypothetical pairing with a partner of the same ethnic group.

†Indicates a positive result. See the full clinical report for interpretation and details.

Disease	DONOR 10151 Residual Risk	Reproductive Risk
21-hydroxylase-deficient Congenital Adrenal Hyperplasia	1 in 1,400	1 in 310,000
ABCC8-related Hyperinsulinism	1 in 11,000	< 1 in 1,000,000
Achromatopsia	1 in 8,600	< 1 in 1,000,000
Alkaptonuria	< 1 in 50,000	< 1 in 1,000,000
Alpha Thalassemia	Alpha globin status: aa/aa.	Not calculated
Alpha-1 Antitrypsin Deficiency	1 in 3,400	1 in 460,000
Alpha-mannosidosis	1 in 35,000	< 1 in 1,000,000
Alpha-sarcoglycanopathy	1 in 31,000	< 1 in 1,000,000
Andermann Syndrome	< 1 in 50,000	< 1 in 1,000,000
ARSACS	< 1 in 18,000	< 1 in 1,000,000
Aspartylglycosaminuria	< 1 in 50,000	< 1 in 1,000,000
Ataxia with Vitamin E Deficiency	< 1 in 50,000	< 1 in 1,000,000
Ataxia-telangiectasia	1 in 2,100	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS1-related	1 in 16,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS10-related	1 in 16,000	< 1 in 1,000,000
Beta-sarcoglycanopathy	< 1 in 50,000	< 1 in 1,000,000
Biotinidase Deficiency	1 in 13,000	1 in 670,000
Bloom Syndrome	< 1 in 12,000	< 1 in 1,000,000
Canavan Disease	< 1 in 7,700	< 1 in 1,000,000
Carnitine Palmitoyltransferase IA Deficiency	< 1 in 31,000	< 1 in 1,000,000
Carnitine Palmitoyltransferase II Deficiency	< 1 in 50,000	< 1 in 1,000,000
Cartilage-hair Hypoplasia	< 1 in 50,000	< 1 in 1,000,000
Citrullinemia Type 1	1 in 12,000	< 1 in 1,000,000
CLN3-related Neuronal Ceroid Lipofuscinosis	1 in 22,000	< 1 in 1,000,000
CLN5-related Neuronal Ceroid Lipofuscinosis	< 1 in 23,000	< 1 in 1,000,000
Cohen Syndrome	< 1 in 5,200	< 1 in 1,000,000
Congenital Disorder of Glycosylation Type Ia	1 in 16,000	< 1 in 1,000,000
Congenital Disorder of Glycosylation Type Ib	< 1 in 50,000	< 1 in 1,000,000
Congenital Finnish Nephrosis	< 1 in 50,000	< 1 in 1,000,000
Costeff Optic Atrophy Syndrome	< 1 in 50,000	< 1 in 1,000,000
Cystic Fibrosis	1 in 910	1 in 99,000
Cystinosis	1 in 22,000	< 1 in 1,000,000
D-bifunctional Protein Deficiency	1 in 2,900	< 1 in 1,000,000
Dihydropyrimidine Dehydrogenase Deficiency	1 in 1,400	1 in 570,000
Factor XI Deficiency	< 1 in 50,000	< 1 in 1,000,000
Familial Dysautonomia	< 1 in 50,000	< 1 in 1,000,000
Familial Mediterranean Fever	NM_000243.2(MEFV):c.2230G>T(A744S) heterozygote †	1 in 2,000
Fanconi Anemia Type C	1 in 16,000	< 1 in 1,000,000
FKTN-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Galactosemia	1 in 8,600	< 1 in 1,000,000
Gaucher Disease	1 in 280	1 in 120,000
GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness	1 in 1,700	1 in 220,000
Glutaric Acidemia Type 1	1 in 10,000	< 1 in 1,000,000
Glycogen Storage Disease Type Ia	1 in 18,000	< 1 in 1,000,000
Glycogen Storage Disease Type Ib	1 in 35,000	< 1 in 1,000,000
Glycogen Storage Disease Type III	1 in 16,000	< 1 in 1,000,000
Glycogen Storage Disease Type V	1 in 16,000	< 1 in 1,000,000
GRACILE Syndrome	< 1 in 50,000	< 1 in 1,000,000

Counsyl

RESULTS RECIPIENT
SEATTLE SPERM BANK
Attn: Dr. Jeffrey Olliffe
NPI: 1306838271
Report Date: 07/10/2017

MALE
DONOR 10151
DOB: [redacted]
Ethnicity: Northern European
Barcode: 11004212111496

FEMALE
N/A

Disease	DONOR 10151 Residual Risk	Reproductive Risk
HADHA-related Disorders	1 in 15,000	< 1 in 1,000,000
Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell Disease)	1 in 1,200	1 in 240,000
Hereditary Fructose Intolerance	1 in 8,000	< 1 in 1,000,000
Herlitz Junctional Epidermolysis Bullosa, LAMA3-related	< 1 in 50,000	< 1 in 1,000,000
Herlitz Junctional Epidermolysis Bullosa, LAMB3-related	< 1 in 50,000	< 1 in 1,000,000
Herlitz Junctional Epidermolysis Bullosa, LAMC2-related	< 1 in 50,000	< 1 in 1,000,000
Hexosaminidase A Deficiency (Including Tay-Sachs Disease)	1 in 30,000	< 1 in 1,000,000
Homocystinuria Caused by Cystathionine Beta-synthase Deficiency	1 in 25,000	< 1 in 1,000,000
Hypophosphatasia, Autosomal Recessive	1 in 16,000	< 1 in 1,000,000
Inclusion Body Myopathy 2	< 1 in 50,000	< 1 in 1,000,000
Isovaleric Acidemia	1 in 25,000	< 1 in 1,000,000
Joubert Syndrome 2	< 1 in 50,000	< 1 in 1,000,000
Krabbe Disease	1 in 15,000	< 1 in 1,000,000
Lipoamide Dehydrogenase Deficiency	< 1 in 50,000	< 1 in 1,000,000
Maple Syrup Urine Disease Type 1B	1 in 25,000	< 1 in 1,000,000
Medium Chain Acyl-CoA Dehydrogenase Deficiency	1 in 5,900	< 1 in 1,000,000
Megalencephalic Leukoencephalopathy with Subcortical Cysts	< 1 in 50,000	< 1 in 1,000,000
Metachromatic Leukodystrophy	1 in 20,000	< 1 in 1,000,000
Mucolipidosis IV	< 1 in 50,000	< 1 in 1,000,000
Mucopolysaccharidosis Type I	W402* heterozygote †	1 in 630
Muscle-eye-brain Disease	< 1 in 5,000	< 1 in 1,000,000
NEB-related Nemaline Myopathy	< 1 in 5,500	< 1 in 1,000,000
Niemann-Pick Disease Type C	1 in 5,400	< 1 in 1,000,000
Niemann-Pick Disease, SMPD1-associated	1 in 25,000	< 1 in 1,000,000
Nijmegen Breakage Syndrome	1 in 16,000	< 1 in 1,000,000
Northern Epilepsy	< 1 in 50,000	< 1 in 1,000,000
PCDH15-related Disorders	1 in 2,300	< 1 in 1,000,000
Pendred Syndrome	1 in 7,000	< 1 in 1,000,000
PEX1-related Zellweger Syndrome Spectrum	1 in 11,000	< 1 in 1,000,000
Phenylalanine Hydroxylase Deficiency	1 in 3,000	1 in 600,000
PKHD1-related Autosomal Recessive Polycystic Kidney Disease	1 in 4,100	1 in 990,000
Polyglandular Autoimmune Syndrome Type 1	1 in 14,000	< 1 in 1,000,000
Pompe Disease	1 in 1,600	< 1 in 1,000,000
PPT1-related Neuronal Ceroid Lipofuscinosis	< 1 in 50,000	< 1 in 1,000,000
Primary Carnitine Deficiency	< 1 in 50,000	< 1 in 1,000,000
Primary Hyperoxaluria Type 1	1 in 35,000	< 1 in 1,000,000
Primary Hyperoxaluria Type 2	< 1 in 50,000	< 1 in 1,000,000
PROP1-related Combined Pituitary Hormone Deficiency	1 in 11,000	< 1 in 1,000,000
Pseudocholinesterase Deficiency (Mild Condition)	1 in 2,700	1 in 300,000
Pycnodysostosis	< 1 in 50,000	< 1 in 1,000,000
Rhizomelic Chondrodysplasia Punctata Type 1	1 in 16,000	< 1 in 1,000,000
Salla Disease	< 1 in 7,500	< 1 in 1,000,000
Segawa Syndrome	< 1 in 13,000	< 1 in 1,000,000
Short Chain Acyl-CoA Dehydrogenase Deficiency	1 in 16,000	< 1 in 1,000,000
Sjogren-Larsson Syndrome	1 in 3,100	< 1 in 1,000,000
Smith-Lemli-Opitz Syndrome	1 in 4,900	1 in 970,000
Spinal Muscular Atrophy	Negative for g.27134T>G SNP SMN1: 2 copies 1 in 770	1 in 110,000
Steroid-resistant Nephrotic Syndrome	1 in 40,000	< 1 in 1,000,000
Sulfate Transporter-related Osteochondrodysplasia	1 in 11,000	< 1 in 1,000,000
TPP1-related Neuronal Ceroid Lipofuscinosis	1 in 30,000	< 1 in 1,000,000
Tyrosinemia Type I	1 in 17,000	< 1 in 1,000,000
Usher Syndrome Type 3	< 1 in 50,000	< 1 in 1,000,000
Very Long Chain Acyl-CoA Dehydrogenase Deficiency	1 in 8,800	< 1 in 1,000,000
Wilson Disease	1 in 8,600	< 1 in 1,000,000