

RESULTS RECIPIENT SEATTLE SPERM BANK Attn: Jeffrey Olliffe 4915 25th Ave NE Ste 204W Seattle, WA 98105 Phone: (206) 588-1484 Fax: (206) 466-4696 NPI: 1306838271 Report Date: 10/22/2021 MALE DONOR 10588 DOB: Ethnicity: Northern European Sample Type: EDTA Blood Date of Collection: 10/07/2021 Date Received: 10/08/2021 Date Tested: 10/14/2021 Barcode: 11004512970754 Accession ID: CSL6H96K33V9LLA Indication: Egg or sperm donor FEMALE N/A

This is an **amended report**, from the 10/14/2021 original. Patient DOB corrected.

Foresight® Carrier Screen

POSITIVE: CARRIER

ABOUT THIS TEST

The **Myriad Foresight Carrier Screen** 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 10588	Partner
Panel Information	Foresight Carrier Screen Universal Panel Fundamental Plus Panel Fundamental Panel (175 conditions tested)	N/A
POSITIVE: CARRIER Cystic Fibrosis Reproductive Risk: 1 in 120 Inheritance: Autosomal Recessive	CARRIER [*] NM_000492.3(CFTR):c. 1521_1523delCTT(aka F508del) 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 Pompe Disease Reproductive Risk: 1 in 400 Inheritance: Autosomal Recessive	CARRIER [★] NM_000152.3(GAA):c. -32-13T>G(aka IVS1-13T>G) 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".

*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 9.

CLINICAL NOTES

None

NEXT STEPS

- Carrier testing should be considered for the diseases specified above for the patient's partner.
- Patients are recommended to discuss reproductive risks with their health care provider or a genetic counselor. Patients may also wish to discuss any positive results with blood relatives, as there is an increased chance that they are also carriers.



MALE DONOR 10588 DOB: Ethnicity: Northern European Barcode: 11004512970754

FEMALE N/A

positive: carrier Cystic Fibrosis

Reproductive risk: 1 in 120 Risk before testing: 1 in 3,700

Gene: CFTR | Inheritance Pattern: Autosomal Recessive

Patient	DONOR 10588	No partner tested
Result	Carrier	N/A
Variant(s)	NM_000492.3(CFTR):c.1521_1523delCTT(aka F508del) heterozygote	N/A
Methodology	Sequencing with copy number analysis (v3.1)	N/A
Interpretation	This individual is a carrier of cystic fibrosis. Carriers generally do not experience symptoms. F508del is a classic cystic fibrosis mutation. Disease phenotype is dependent on, but not necessarily predicted by, the combination of mutations inherited.	N/A
Detection rate	>99%	N/A
Exons tested	NM_000492:1-27.	N/A

What Is Cystic Fibrosis?

Cystic Fibrosis (CF) is an inherited condition characterized by the production of abnormally thick, sticky mucus, particularly in the lungs and digestive system. While it is normal to have mucus lining the organs of the respiratory, digestive, and reproductive systems in order to lubricate and protect them, in individuals with CF this mucus is thick and sticky. This abnormal mucus results in the clogging and obstructing of various systems in the body. CF is a chronic condition that worsens over time. CF is caused by mutations in the *CFTR* gene.

Most individuals with CF experience breathing problems and frequent lung infections that lead to permanent lung damage such as scarring (fibrosis) and sac-like growths (cysts). The pancreas, an organ that produces insulin and digestive enzymes, is often affected by CF. The sticky mucus caused by CF can block ducts which ferry enzymes from the pancreas to the rest of the body, resulting in problems such as diarrhea, malnutrition, and poor growth. Infertility, particularly in men, and delayed puberty are also common among people with CF.

The severity of symptoms varies from person to person, even among individuals with the same mutations. Most cases of CF are diagnosed in early childhood. However, in general, individuals with two classic mutations are more likely to have a severe form of the disease including problems with the pancreas, while individuals with one classic and one non-classic or individuals with two non-classic mutations are more likely to have a milder form of the condition and may avoid problems with the pancreas.

Mutations in the same gene that causes CF can result in a condition in males called congenital absence of the vas deferens (CAVD). In CAVD, the vas deferens (a reproductive organ involved in sperm transport) is improperly formed, leading to infertility.



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How Common Is Cystic Fibrosis?

According to the National Institutes of Health, CF is the most common deadly inherited condition among Caucasians in the United States, with a prevalence of 1 in 3000 in individuals of Caucasian or Ashkenazi Jewish descent. CF is rarer in other groups. The prevalence is 1 in 8,300 in Hispanics, 1 in 17,000 in African Americans, and 1 in 30,000 in Asians.

How Is Cystic Fibrosis Treated?

FDA approved medications are available for individuals with certain *CFTR* mutations. There are also many other options for treating the symptoms in everyone with CF, regardless of the mutation present. Because thick mucus can build up in the respiratory system, it is important to keep the patient's airways open in order to ease breathing and prevent infection. This can be accomplished with various prescription drugs as well as by physically loosening mucus by pounding on the patient's back in a prescribed way. This treatment, known as "postural drainage and chest percussion" must be performed by someone other than the affected person, and is typically done at least once daily. As respiratory infections occur, physicians typically prescribe antibiotics.

Physicians will also monitor the digestive system to ensure that the patient is getting proper nutrition. Enzymes or vitamin supplements may be prescribed. Both the respiratory and digestive systems of an individual with CF must be monitored regularly by a medical team.

Surgery may be needed to correct certain problems caused by CF and lung transplants are an option for some individuals.

What Is the Prognosis for an Individual with Cystic Fibrosis?

Thanks to improved treatments and a better understanding of the condition, the average life expectancy for individuals with CF who live to adulthood is near 40 years. Children born with CF today who receive early treatment may live even longer.



MALE DONOR 10588 DOB: Ethnicity: Northern European Barcode: 11004512970754 FEMALE N/A

Positive: carrier Pompe Disease

Reproductive risk: 1 in 400 Risk before testing: 1 in 40,000

Gene: GAA | Inheritance Pattern: Autosomal Recessive

Patient	DONOR 10588	No partner tested
Result	Carrier	N/A
Variant(s)	NM_000152.3(GAA):c32-13T>G(aka IVS1-13T>G) heterozygote	N/A
Methodology	Sequencing with copy number analysis (v3.1)	N/A
Interpretation	This individual is a carrier of Pompe disease. Carriers generally do not experience symptoms. GAA:IVS1-13T>G is seen in 36% to 90% of late-onset Pompe disease and is not associated with the infantile-onset form.	N/A
Detection rate	98%	N/A
Exons tested	NM_000152:2-20.	N/A

What Is Pompe Disease?

Pompe disease also called glycogen storage disease type II, is an inherited disorder where the body fails to produce enough alphaglucosidase (also called maltase), an enzyme needed to break down a type of sugar called glycogen. Without adequate amounts of alpha-glucosidase, glycogen builds up in the body, particularly in the muscles, and damages cells. Pompe disease is caused by mutations in the *GAA* gene. People with Pompe disease have muscle weakness that progresses over time, mainly in the muscles used for movement and breathing. The heart may also be affected. The level of alpha-glucosidase remaining is correlated to the severity of symptoms, the age of onset, and disease progression.

Pompe disease is separated into two forms, the infantile-onset form and the late-onset form. These forms are described below.

INFANTILE-ONSET FORM

Infantile-onset Pompe disease is the most severe form because alpha-glucosidase function is entirely absent. Muscle weakness and poor muscle tone causes infants to have trouble moving, holding up their heads, and feeding. They have trouble gaining weight and grow at a slower pace. Infants also have trouble breathing, which can worsen with lung infections. They typically have enlarged hearts, livers, and tongues. Disease progression is usually rapid, and the most common causes of death are heart or lung failure.

LATE-ONSET FORM

Late-onset Pompe disease is less severe because some alpha-glucosidase is still present. Symptoms start with muscle weakness and breathing problems. Some individuals with late-onset Pompe disease have heart problems but without an enlarged heart. They may eventually lose the ability to walk and require a wheelchair, and they may need mechanical assistance to breathe. Disease progression is more gradual, and the most common cause of death is lung failure.

How Common Is Pompe Disease?

The incidence of Pompe disease is approximately 1 in 100,000. Infantile-onset Pompe disease is the most common form.



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How Is Pompe Disease Treated?

The FDA has approved enzyme replacement therapy for both infantile-onset and late-onset Pompe disease. Enzyme replacement therapy can help maintain a healthy heart size and normal heart function and may also help improve muscle tone and strength. Individuals need to follow a protein-rich diet, attend physical therapy, and monitor and treat lung infections.

What Is the Prognosis for a Person with Pompe Disease?

In infantile-onset Pompe disease, symptoms may begin at birth but more often begin in the first few months of life. Patients typically die within the first year of life, although enzyme replacement therapy can now prolong life into early childhood. In late-onset Pompe disease, symptoms can begin at any age from childhood to adulthood, and the lifespan depends on how early symptoms begin. The most common cause of death in individuals with Pompe disease is lung failure.



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FEMALE N/A

Methods and Limitations

DONOR 10588 [Foresight Carrier Screen]: Sequencing with copy number analysis, spinal muscular atrophy, analysis of homologous regions, and alpha thalassemia (HBA1/ HBA2) sequencing with targeted copy number analysis (Assay(s): DTS v3.2).

Sequencing with copy number analysis

High-throughput sequencing and read-depth-based copy number analysis are used to analyze the genes listed in the Conditions Tested section of the report. Except where otherwise noted, the region of interest (ROI) comprises the indicated coding regions and 20 non-coding bases flanking each region. In a minority of cases where genomic features (e.g., long homopolymers) compromise calling fidelity, the affected non-coding bases are excluded from the ROI. The ROI is sequenced to a minimum acceptable read depth, and the sequences are compared to a reference genomic sequence (Genome Reference Consortium Human Build 37 [GRCh37]/hg19). On average, 99% of all bases in the ROI are sequenced at a read depth that is greater than the minimum read depth. Sequence variants may not be detected in areas of lower sequence coverage. Insertions and deletions may not be detected as accurately as single-nucleotide variants. Select genes or regions for which pseudogenes or other regions of homology impede reliable variant detection may be assayed using alternate technology, or they may be excluded from the ROI. *CFTR* and *DMD* testing includes analysis for exon-level deletions and duplications with an average sensitivity of ~99%. Only exon-level deletions are assayed for other genes on the panel and such deletions are detected with a sensitivity of ≥75%. Selected founder deletions may be detected at slightly higher sensitivity. Affected exons and/or breakpoints of copy number variant are provided in the variant nomenclature. In some cases, the copy number variant may be larger or smaller than indicated. If *GJB2* is tested, large upstream deletions involving the *GJB6* and/or *CRYL1* genes that may affect the expression of *GJB2* are also analyzed.

Spinal muscular atrophy

Targeted copy number analysis via high-throughput sequencing is used to determine the copy number of exon 7 of the *SMN1* gene. Other genetic variants may interfere with this analysis. Some individuals with two copies of *SMN1* are "silent" carriers with both *SMN1* genes on one chromosome and no copies of the gene on the other chromosome. This is more likely in individuals who have two copies of the *SMN1* gene and are positive for the g.27134T>G single-nucleotide polymorphism (SNP) (PMID: 9199562, 23788250, and 28676062), 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 two 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 variants in certain genes that have homology to other genomic regions. The precise breakpoints of large deletions in these genes cannot be determined but are instead estimated from copy number analysis. Pseudogenes may interfere with this analysis, especially when many pseudogene copies are present.

If *CYP21A2* is tested, patients who have one or more additional copies of the *CYP21A2* gene and a pathogenic variant may or may not be a carrier of 21-hydroxylase deficient CAH, depending on the chromosomal location of the variants (phase). Benign *CYP21A2* gene duplications and/or triplications will only be reported in this context. Some individuals with two functional *CYP21A2* gene copies may be "silent" carriers, with two gene copies resulting from a duplication on one chromosome and a gene deletion on the other chromosome. This and other similar rare carrier states, where complementary changes exist between the chromosomes, may not be detected by the assay. Given that the true incidence of non-classic CAH is unknown, the residual carrier and reproductive risk numbers on the report are based only on the published incidence 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 for CAH, especially in the aforementioned populations, as they do not account for non-classic CAH.



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Alpha thalassemia (HBA1/HBA2) sequencing with targeted copy number analysis

High-throughput sequencing and read-depth-based copy number analysis are used to identify sequence variation and functional gene copies within the region of interest (ROI) of *HBA1* and *HBA2*, which includes the listed exons plus 20 intronic flanking bases. In a minority of cases where genomic features (e.g., long homopolymers) compromise calling fidelity, the affected intronic bases are not included in the ROI. The ROI is sequenced to a minimum acceptable read depth, and the sequences are compared to a reference genomic sequence (Genome Reference Consortium Human Build 37 [GRCh37]/hg19). On average, 99% of all bases in the ROI are sequenced at a read depth that is greater than the minimum read depth. Sequence variants may not be detected in areas of lower sequence coverage. Insertions and deletions may not be detected as accurately as single-nucleotide variants. For large deletions or duplications in these genes, the precise breakpoints cannot be determined but are instead estimated from copy number analysis. This assay has been validated to detect up to two additional copies of each alpha globin gene. In rare instances where assay results suggest greater than two additional copies are present, this will be noted but the specific number of gene copies observed will not be provided.

Extensive sequence homology exists between *HBA1* and *HBA2*. This sequence homology can prevent certain variants from being localized to one gene over the other. In these instances, variant nomenclature will be provided for both genes. If follow-up testing is indicated for patients with the nomenclature provided for both genes, both *HBA1* and *HBA2* should be tested. Some individuals with four functional alpha globin gene copies may be "silent" carriers, with three gene copies resulting from triplication on one chromosome and a single gene deletion on the other chromosome. This and other similar rare carrier states, where complementary changes exist between the chromosomes, may not be detected by the assay.

Interpretation of reported variants

The classification and interpretation of all variants identified in this assay reflects the current state of Myriad's scientific understanding at the time this report was issued. Variants are classified according to internally defined criteria, which are compatible with the ACMG Standards and Guidelines for the Interpretation of Sequence Variants (PMID: 25741868). Variants that have been determined by Myriad to be disease-causing or likely disease-causing (i.e. pathogenic or likely pathogenic) are reported. Benign variants, variants of uncertain clinical significance (VUS), and variants not directly associated with the specified disease phenotype(s) are not reported. Variant classification and interpretation may change for a variety of reasons, including but not limited to, improvements to classification techniques, availability of additional scientific information, and observation of a variant in more patients. If the classification of one or more variants identified in this patient changes, an updated report reflecting the new classification generally will not be issued. If an updated report is issued, the variants reported may change based on their current classification. This can include changes to the variants displayed in gene specific 'variants tested' sections. Healthcare providers may contact Myriad directly to request updated variant classification information specific to this test result.

Limitations

The MWH Foresight Carrier Screen is designed to detect and report germline (constitutional) alterations. Mosaic (somatic) variation may not be detected, and if it is detected, it 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 (phase). This test is not designed to detect sex-chromosome copy number variations. If present, sex-chromosome abnormalities may significantly reduce test sensitivity for X-linked conditions. Variant interpretation and residual and reproductive risk estimations assume a normal karyotype and may be different for individuals with abnormal karyotypes. The test does not fully address all inherited forms of intellectual disability, birth defects, or heritable diseases. Furthermore, not all forms of genetic variation are detected by this assay (i.e., duplications [except in specified genes], chromosomal rearrangements, structural abnormalities, etc.). Additional testing may be appropriate for some individuals. Pseudogenes and other regions of homology may interfere with this analysis. In an unknown number of cases, other genetic variation may interfere with variant detection. Rare carrier states where complementary changes exist between the chromosomes may not be detected by the assay. Other possible sources of diagnostic error include sample mix-up, trace contamination, bone marrow transplantation, blood transfusions, and technical or analytical errors.

Detection rates are determined using published scientific literature and/or reputable databases, when available, to estimate the fraction of disease alleles, weighted by frequency, that the methodology is predicted to be able or unable to detect. Detection rates are approximate and only account for analytical sensitivity. Certain variants that have been previously described in the literature may not be reported, if there is insufficient evidence for pathogenicity. Detection rates do not account for the disease specific rates of *de novo* variation.

This test was developed, and its performance characteristics determined by, Myriad Women's Health, 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.



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FEMALE N/A

Incidental Findings

Unless otherwise indicated, these results and interpretations are limited to the specific disease panel(s) requested by the ordering healthcare provider. In some cases, standard data analyses may identify genetic findings beyond the region(s) of interest specified by the test, and such findings may not be reported. These findings may include genomic abnormalities with major, minor, or no, clinical significance.

If you have questions or would like more information about any of the test methods or limitations, please contact (888) 268-6795.

Resources

GENOME CONNECT | http://www.genomeconnect.org

Patients can share their reports using research registries such as Genome Connect, an online research registry building a genetics and health knowledge base. Genome Connect provides patients, physicians, and researchers an opportunity to share genetic information to support the study of the impact of genetic variation on health conditions.

SENIOR LABORATORY DIRECTOR

Kenter R. Boules

Karla R. Bowles, PhD, FACMG, CGMB

Report content approved by Karla Bowles, PhD, FACMG, CGMB on Oct 22, 2021



MALE DONOR 10588 DOB: Ethnicity: Northern European Barcode: 11004512970754 FEMALE N/A

Conditions Tested

6-pyruvoyl-tetrahydropterin Synthase Deficiency - Gene: PTS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000317:1-6. Detection Rate: Northern European >99%.

Adenosine Deaminase Deficiency - Gene: ADA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000022:1-12. Detection Rate: Northern European 98%.

Alpha Thalassemia, HBA1/HBA2-related - Genes: HBA1, HBA2. Autosomal Recessive. Alpha thalassemia (HBA1/HBA2) sequencing with targeted copy number analysis. Exons: NM_000517:1-3; NM_000558:1-3. Variants (16): -(alpha)20.5, --BRIT, --MEDI, --MEDII, --SEA, --THAI or --FIL, -alpha3.7, -alpha4.2, HBA1+HBA2 deletion, Hb Constant Spring, Poly(A) AATAAA>AATA-, Poly(A) AATAAA>AATAAG, Poly(A) AATAAA>AATGAA, anti3.7, anti4.2, del HS-40. Detection Rate: Not calculated due to rarity of disease in this individual's reported ethnicity.

Alpha-mannosidosis - Gene: MAN2B1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000528:1-23. Detection Rate: Northern European >99%.

Alpha-sarcoglycanopathy - Gene: SGCA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000023:1-9. Detection Rate: Northern European >99%.

Alstrom Syndrome - Gene: ALMS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_015120:1-23. Detection Rate: Northern European >99%.

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

Argininemia - Gene: ARG1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000045:1-8. Detection Rate: Northern European 97%.

Argininosuccinic Aciduria - Gene: ASL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001024943:1-16. Detection Rate: Northern European >99%.

Aspartylglucosaminuria - Gene: AGA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000027:1-9. Detection Rate: Northern European >99%.

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

Ataxia-telangiectasia - Gene: ATM. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000051:2-63. Detection Rate: Northern European 96%.

ATP7A-related Disorders - Gene: ATP7A. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000052:2-23. Detection Rate: Northern European 90%.

Autoimmune Polyglandular Syndrome Type 1 - Gene: AIRE. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000383:1-14. Detection Rate: Northern European >99%.

Autosomal Recessive Osteopetrosis Type 1 - Gene: TCIRG1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_006019:2-20. Detection Rate: Northern European 96%.

Autosomal Recessive Polycystic Kidney Disease, PKHD1-related - Gene: PKHD1. Autosomal Recessive. Sequencing with copy number analysis. Exons:

NM_138694 2-67. Detection Rate: Northern European >99%

Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay - Gene: SACS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_014363 2-10. Detection Rate: Northern European 99%.

Bardet-Biedl Syndrome, BBS1-related - Gene: BBS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_024649:1-17. Detection Rate: Northern European >99%. **Bardet-Biedl Syndrome, BBS10-related** - Gene: BBS10. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_024685:1-2. Detection Rate: Northern European >99%.

Bardet-Biedl Syndrome, BBS12-related - Gene: BBS12. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_152618:2. Detection Rate: Northern European >99%.

Bardet-Biedl Syndrome, BBS2-related - Gene: BBS2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_031885:1-17. Detection Rate: Northern European >99%.

BCS1L-related Disorders - Gene: BCS1L. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_004328:3-9. Detection Rate: Northern European >99%.

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

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

Bloom Syndrome - Gene: BLM. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000057:2-22. Detection Rate: Northern European >99%.

Calpainopathy - Gene: CAPN3. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000070:1-24. Detection Rate: Northern European 99%.

Canavan Disease - Gene: ASPA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000049:1-6. Detection Rate: Northern European 98%. Carbamoylphosphate Synthetase I Deficiency - Gene: CPS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001875:1-38. Detection Rate: Northern European >99%.

Carnitine Palmitoyltransferase IA Deficiency - Gene: CPT1A. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001876:2-19. Detection Rate: Northern European >99%.

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

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

Cerebrotendinous Xanthomatosis - Gene: CYP27A1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000784:1-9. **Detection Rate:** Northern European >99%.

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

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

CLN5-related Neuronal Ceroid Lipofuscinosis - Gene: CLN5. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_006493:1-4. Detection Rate: Northern European >99%.

CLN8-related Neuronal Ceroid Lipofuscinosis - Gene: CLN8. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_018941:2-3. Detection Rate: Northern European >99%.

Cohen Syndrome - Gene: VPS13B. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_017890:2-62. Detection Rate: Northern European 97%.

COL4A3-related Alport Syndrome - Gene: COL4A3. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000091:1-52. **Detection Rate:** Northern European 94%.



COL4A4-related Alport Syndrome - Gene: COL4A4. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000092:2-48. **Detection Rate:** Northern European >99%.

Combined Pituitary Hormone Deficiency, PROP1-related - Gene: PROP1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_006261:1-3. Detection Rate: Northern European >99%.

Congenital Adrenal Hyperplasia, CYP11B1-related - Gene: CYP11B1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000497:1-9. Detection Rate: Northern European 97%.

Congenital Adrenal Hyperplasia, CYP21A2-related - Gene: CYP21A2. Autosomal Recessive. Analysis of homologous regions. Variants (13): CYP21A2 deletion, CYP21A2 duplication, CYP21A2 triplication, G111Vfs*21, I173N, L308Ffs*6, P31L, Q319*, Q319*+CYP21A2dup, R357W, V282L, [I237N;V238E;M240K], c.293-13C>G. Detection Rate: Northern European 96%.

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

Congenital Disorder of Glycosylation Type Ic - Gene: ALG6. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_013339:2-15. **Detection Rate:** Northern European >99%.

Congenital Disorder of Glycosylation, MPI-related - Gene: MPI. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_002435:1-8. **Detection Rate:** Northern European >99%.

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

Cystic Fibrosis - Gene: CFTR. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000492:1-27. IVS8-5T allele analysis is only reported in the presence of the R117H mutation. **Detection Rate:** Northern European >99%.

Cystinosis - Gene: CTNS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_004937:3-12. Detection Rate: Northern European >99%. D-bifunctional Protein Deficiency - Gene: HSD17B4. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000414:1-24. Detection Rate: Northern European 98%.

Delta-sarcoglycanopathy - **Gene:** SGCD. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000337:2-9. **Detection Rate:** Northern European 96%.

Dihydrolipoamide Dehydrogenase Deficiency - Gene: DLD. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000108:1-14. Detection Rate: Northern European >99%.

Dysferlinopathy - Gene: DYSF. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_003494:1-55. Detection Rate: Northern European 98%.

Dystrophinopathy (Including Duchenne/Becker Muscular Dystrophy) - Gene: DMD. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_004006:1-79. Detection Rate: Northern European 99%.

ERCC6-related Disorders - Gene: ERCC6. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000124:2-21. **Detection Rate:** Northern European 96%.

ERCC8-related Disorders - Gene: ERCC8. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000082:1-12. **Detection Rate:** Northern European 97%.

EVC-related Ellis-van Creveld Syndrome - Gene: EVC. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_153717:1-21. **Detection Rate:** Northern European 96%.

EVC2-related Ellis-van Creveld Syndrome - Gene: EVC2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_147127:1-22. **Detection Rate:** Northern European 98%.

Fabry Disease - Gene: GLA. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000169:1-7. Detection Rate: Northern European 98%.
Familial Dysautonomia - Gene: ELP1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_003640:2-37. Detection Rate: Northern European >99%. MALE DONOR 10588 DOB: Ethnicity: Northern European Barcode: 11004512970754 FEMALE N/A

Familial Hyperinsulinism, ABCC8-related - Gene: ABCC8. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000352:1-39. Detection Rate: Northern European >99%.

Familial Hyperinsulinism, KCNJ11-related - Gene: KCNJ11. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_000525:1. Detection Rate: Northern European >99%.

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

Fanconi Anemia Complementation Group A - Gene: FANCA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000135:1-43. Detection Rate: Northern European 92%.

Fanconi Anemia, FANCC-related - Gene: FANCC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000136:2-15. Detection Rate: Northern European >99%.

FKRP-related Disorders - Gene: FKRP. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_024301:4. Detection Rate: Northern European >99%. FKTN-related Disorders - Gene: FKTN. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001079802:3-11. Detection Rate: Northern European >99%.

Free Sialic Acid Storage Disorders - Gene: SLC17A5. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_012434:1-11. Detection Rate: Northern European 98%.

Galactokinase Deficiency - Gene: GALK1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000154:1-8. Detection Rate: Northern European >99%.

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

Gamma-sarcoglycanopathy - Gene: SGCG. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000231:2-8. Detection Rate: Northern European 87%.

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 with copy number analysis. Exons: NM_004004:1-2. Detection Rate: Northern European >99%.

GLB1-related Disorders - Gene: GLB1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000404:1-16. Detection Rate: Northern European >99%.

GLDC-related Glycine Encephalopathy - Gene: GLDC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000170:1-25. Detection Rate: Northern European 94%.

Glutaric Acidemia, GCDH-related - Gene: GCDH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000159:2-12. Detection Rate: Northern European >99%.

Glycine Encephalopathy, AMT-related - Gene: AMT. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000481:1-9. **Detection Rate:** Northern European >99%.

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

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

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

GNE Myopathy - Gene: GNE. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001128227:1-12. Detection Rate: Northern European >99%. **GNPTAB-related Disorders** - Gene: GNPTAB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_024312:1-21. Detection Rate: Northern European >99%.



HADHA-related Disorders - Gene: HADHA. Autosomal Recessive. Sequencing with copy number analysis. 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 with copy number analysis. Exons: NM_000518:1-3. Detection Rate: Northern European >99%. Hereditary Fructose Intolerance - Gene: ALDOB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000035:2-9. Detection Rate: Northern European >99%.

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

HMG-CoA Lyase Deficiency - Gene: HMGCL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000191:1-9. Detection Rate: Northern European >99%.

Holocarboxylase Synthetase Deficiency - Gene: HLCS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000411:4-12. Detection Rate: Northern European >99%.

Homocystinuria, CBS-related - Gene: CBS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000071:3-17. Detection Rate: Northern European >99%.

Hydrolethalus Syndrome - Gene: HYLS1. Autosomal Recessive. Sequencing with copy number analysis. Exon: NM_145014:4. Detection Rate: Northern European >99%.

Hypophosphatasia - Gene: ALPL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000478:2-12. Detection Rate: Northern European >99%.

Isovaleric Acidemia - Gene: IVD. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_002225:1-12. Detection Rate: Northern European >99%.

Joubert Syndrome 2 - Gene: TMEM216. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001173990:1-5. Detection Rate: Northern European >99%.

Junctional Epidermolysis Bullosa, LAMA3-related - Gene: LAMA3. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000227:1-38. Detection Rate: Northern European >99%.

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

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

Krabbe Disease - Gene: GALC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000153:1-17. Detection Rate: Northern European >99%.

Leigh Syndrome, French-Canadian Type - Gene: LRPPRC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_133259:1-38. Detection Rate: Northern European >99%.

Lipoid Congenital Adrenal Hyperplasia - Gene: STAR. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000349:1-7. Detection Rate: Northern European >99%.

Lysosomal Acid Lipase Deficiency - Gene: LIPA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000235:2-10. Detection Rate: Northern European 98%.

Maple Syrup Urine Disease Type Ia - Gene: BCKDHA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000709:1-9. Detection Rate: Northern European >99%.

Maple Syrup Urine Disease Type Ib - Gene: BCKDHB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_183050:1-10. Detection Rate: Northern European >99%.

Maple Syrup Urine Disease Type II - Gene: DBT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001918:1-11. Detection Rate: Northern European 97%.

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Medium Chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADM. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000016:1-12. Detection Rate: Northern European >99%.

Megalencephalic Leukoencephalopathy with Subcortical Cysts - Gene: MLC1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_015166 2-12. Detection Rate: Northern European >99%.

Metachromatic Leukodystrophy - **Gene:** ARSA. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000487:1-8. **Detection Rate:** Northern European >99%.

Methylmalonic Acidemia, cblA Type - Gene: MMAA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_172250:2-7. Detection Rate: Northern European >99%.

Methylmalonic Acidemia, cblB Type - Gene: MMAB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_052845:1-9. Detection Rate: Northern European >99%.

Methylmalonic Aciduria and Homocystinuria, cblC Type - Gene: MMACHC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM 015506:1-4. Detection Rate: Northern European >99%.

MKS1-related Disorders - Gene: MKS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_017777:1-18. Detection Rate: Northern European >99%.

Mucolipidosis III Gamma - Gene: GNPTG. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_032520:1-11. Detection Rate: Northern European 98%.

Mucolipidosis IV - Gene: MCOLN1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_020533:1-14. Detection Rate: Northern European >99%.

Mucopolysaccharidosis Type I - Gene: IDUA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000203:1-14. Detection Rate: Northern European >99%.

Mucopolysaccharidosis Type II - Gene: IDS. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000202:1-9. Detection Rate: Northern European 89%.

Mucopolysaccharidosis Type IIIA - Gene: SGSH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000199:1-8. Detection Rate: Northern European >99%.

Mucopolysaccharidosis Type IIIB - Gene: NAGLU. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000263:1-6. Detection Rate: Northern European >99%.

Mucopolysaccharidosis Type IIIC - Gene: HGSNAT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_152419:1-18. Detection Rate: Northern European >99%.

Muscular Dystrophy, LAMA2-related - Gene: LAMA2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000426:1-43,45-65. Detection Rate: Northern European 98%.

MUT-related Methylmalonic Acidemia - Gene: MUT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000255:2-13. Detection Rate: Northern European >99%.

MYO7A-related Disorders - Gene: MYO7A. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000260:2-49. Detection Rate: Northern European >99%.

NEB-related Nemaline Myopathy - Gene: NEB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001271208:3-80,117-183. Detection Rate: Northern European 92%.

Nephrotic Syndrome, NPHS1-related - Gene: NPHS1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_004646:1-29. Detection Rate: Northern European >99%.

Nephrotic Syndrome, NPHS2-related - Gene: NPHS2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_014625:1-8. Detection Rate: Northern European >99%.

Neuronal Ceroid Lipofuscinosis, CLN6-related - Gene: CLN6. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_017882:1-7. Detection Rate: Northern European >99%.



Niemann-Pick Disease Type C1 - Gene: NPC1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000271:1-25. Detection Rate: Northern European >99%.

Niemann-Pick Disease Type C2 - Gene: NPC2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_006432:1-5. Detection Rate: Northern European >99%.

Niemann-Pick Disease, SMPD1-related - Gene: SMPD1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000543:1-6. Detection Rate: Northern European >99%.

Nijmegen Breakage Syndrome - Gene: NBN. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_002485:1-16. Detection Rate: Northern European >99%.

Ornithine Transcarbamylase Deficiency - Gene: OTC. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000531:1-10. **Detection Rate:** Northern European 97%.

PCCA-related Propionic Acidemia - Gene: PCCA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000282:1-24. Detection Rate: Northern European 95%.

PCCB-related Propionic Acidemia - Gene: PCCB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000532:1-15. Detection Rate: Northern European >99%.

PCDH15-related Disorders - Gene: PCDH15. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_033056:2-33. Detection Rate: Northern European 93%.

Pendred Syndrome - Gene: SLC26A4. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000441:2-21. Detection Rate: Northern European >99%.

Peroxisome Biogenesis Disorder Type 1 - Gene: PEX1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000466:1-24. **Detection Rate:** Northern European >99%.

Peroxisome Biogenesis Disorder Type 3 - Gene: PEX12. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000286:1-3. **Detection Rate:** Northern European >99%.

Peroxisome Biogenesis Disorder Type 4 - Gene: PEX6. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000287:1-17. **Detection Rate:** Northern European 97%.

Peroxisome Biogenesis Disorder Type 5 - Gene: PEX2. Autosomal Recessive. Sequencing with copy number analysis. **Exon:** NM_000318:4. **Detection Rate:** Northern European >99%.

Peroxisome Biogenesis Disorder Type 6 - Gene: PEX10. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_153818:1-6. **Detection Rate:** Northern European >99%.

Phenylalanine Hydroxylase Deficiency - Gene: PAH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000277:1-13. Detection Rate: Northern European >99%.

POMGNT-related Disorders - Gene: POMGNT1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_017739:2-22. Detection Rate: Northern European 96%.

Pompe Disease - Gene: GAA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000152:2-20. Detection Rate: Northern European 98%.

PPT1-related Neuronal Ceroid Lipofuscinosis - Gene: PPT1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000310:1-9. **Detection Rate:** Northern European >99%.

Primary Carnitine Deficiency - Gene: SLC22A5. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_003060:1-10. **Detection Rate:** Northern European >99%.

Primary Hyperoxaluria Type 1 - Gene: AGXT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000030:1-11. Detection Rate: Northern European >99%.

Primary Hyperoxaluria Type 2 - Gene: GRHPR. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_012203:1-9. Detection Rate: Northern European >99%.

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Primary Hyperoxaluria Type 3 - Gene: HOGA1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_138413:1-7. **Detection Rate:** Northern European >99%.

Pycnodysostosis - Gene: CTSK. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000396:2-8. **Detection Rate:** Northern European >99%.

Pyruvate Carboxylase Deficiency - Gene: PC. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000920:3-22. **Detection Rate:** Northern European >99%.

Rhizomelic Chondrodysplasia Punctata Type 1 - Gene: PEX7. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000288:1-10. Detection Rate: Northern European >99%.

RTEL1-related Disorders - Gene: RTEL1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_032957:2-35. **Detection Rate:** Northern European >99%.

Sandhoff Disease - Gene: HEXB. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000521:1-14. Detection Rate: Northern European 98%.

Short-chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADS. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000017:1-10. Detection Rate: Northern European >99%.

Sjogren-Larsson Syndrome - Gene: ALDH3A2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000382:1-10. Detection Rate: Northern European 96%.

SLC26A2-related Disorders - Gene: SLC26A2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000112:2-3. Detection Rate: Northern European >99%.

Smith-Lemli-Opitz Syndrome - Gene: DHCR7. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001360:3-9. Detection Rate: Northern European >99%.

Spastic Paraplegia Type 15 - Gene: ZFYVE26. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_015346:2-42. 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%. Spondylothoracic Dysostosis - Gene: MESP2. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_001039958:1-2. Detection Rate: Northern European >99%.

TGM1-related Autosomal Recessive Congenital Ichthyosis - Gene: TGM1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000359 2-15. Detection Rate: Northern European >99%.

TPP1-related Neuronal Ceroid Lipofuscinosis - Gene: TPP1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000391:1-13. Detection Rate: Northern European >99%.

Tyrosine Hydroxylase Deficiency - Gene: TH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_199292:1-14. Detection Rate: Northern European >99%.

Tyrosinemia Type I - Gene: FAH. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000137:1-14. Detection Rate: Northern European >99%.

Tyrosinemia Type II - Gene: TAT. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000353:2-12. Detection Rate: Northern European >99%.

USH1C-related Disorders - Gene: USH1C. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_005709:1-21. Detection Rate: Northern European >99%.

USH2A-related Disorders - Gene: USH2A. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_206933:2-72. Detection Rate: Northern European 98%.

Usher Syndrome Type 3 - Gene: CLRN1. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_174878:1-3. Detection Rate: Northern European >99%.



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Very-Iong-chain Acyl-CoA Dehydrogenase Deficiency - Gene: ACADVL. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000018:1-20. Detection Rate: Northern European >99%.

Wilson Disease - Gene: ATP7B. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000053:1-21. Detection Rate: Northern European >99%.

X-linked Adrenal Hypoplasia Congenita - Gene: NR0B1. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000475:1-2. Detection Rate: Northern European 97%.

X-linked Adrenoleukodystrophy - Gene: ABCD1. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000033:1-6. Detection Rate: Northern European 77%.

X-linked Alport Syndrome - Gene: COL4A5. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000495:1-51. Detection Rate: Northern European 96%.

X-linked Juvenile Retinoschisis - Gene: RS1. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000330:1-6. Detection Rate: Northern European 98%.

X-linked Myotubular Myopathy - Gene: MTM1. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000252:2-15. Detection Rate: Northern European 96%.

X-linked Severe Combined Immunodeficiency - Gene: IL2RG. X-linked Recessive. Sequencing with copy number analysis. Exons: NM_000206:1-8. Detection Rate: Northern European >99%.

Xeroderma Pigmentosum Group A - Gene: XPA. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_000380:1-6. Detection Rate: Northern European >99%.

Xeroderma Pigmentosum Group C - Gene: XPC. Autosomal Recessive. Sequencing with copy number analysis. Exons: NM_004628:1-16. Detection Rate: Northern European 97%.



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FEMALE N/A

Risk Calculations

Below are the risk calculations for all conditions tested. Negative results do not rule out the possibility of being a carrier. Residual risk is an estimate of each patient's posttest likelihood of being a carrier, while the reproductive risk represents an estimated likelihood that the patients' 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 given a negative test result. Inaccurate reporting of ethnicity may cause errors in risk calculation. In addition, average carrier rates are estimated using incidence or prevalence data from published scientific literature and/or reputable databases, where available, and are incorporated into residual risk calculations for each population/ethnicity. When population-specific data is not available for a condition, average worldwide incidence or prevalence is used. Further, incidence and prevalence data are only collected for the specified phenotypes (which include primarily the classic or severe forms of disease) and may not include alternate or milder disease manifestations associated with the gene. Actual incidence rates, prevalence rates, and carrier rates, and therefore actual residual risks, may be higher or lower than the estimates provided. Carrier rates, incidence/prevalence, and/or residual risks are not provided for some genes with biological or heritable properties that would make these estimates inaccurate. A '†' symbol indicates a positive result. See the full clinical report for interpretation and details. The reproductive risk presented is based on a hypothetical pairing with a partner of the same ethnic group.

0588 isk	Reproductive Risk
1	< 1 in 1,000,000
	< 1 in 1,000,000
status: aa/aa.	Not calculated
	< 1 in 1,000,000
1	< 1 in 1,000,000
1	< 1 in 1,000,000
1	< 1 in 1,000,000
	< 1 in 1,000,000
	< 1 in 1,000,000
1	< 1 in 1,000,000
1	< 1 in 1,000,000
	< 1 in 1,000,000
000	1 in 250,000
	< 1 in 1,000,000
	< 1 in 1,000,000
	< 1 in 1,000,000
1	< 1 in 1,000,000
	< 1 in 1,000,000
	< 1 in 1,000,000
1	< 1 in 1,000,000
1	< 1 in 1,000,000
1	< 1 in 1,000,000
	< 1 in 1,000,000
	1 in 650,000
1	< 1 in 1,000,000
	< 1 in 1,000,000
1	< 1 in 1,000,000
1	< 1 in 1,000,000
	1 in 280,000
	< 1 in 1,000,000
	< 1 in 1,000,000
	< 1 in 1,000,000
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MALE DONOR 10588 DOB: Ethnicity: Northern European Barcode: 11004512970754 FEMALE

N/A

DONOR 10588 Residual Risk Reproductive Risk Disease **Costeff Optic Atrophy Syndrome** < 1 in 50.000 < 1 in 1,000,000 F508del heterozygote † 1 in 120 **Cystic Fibrosis** Cystinosis 1 in 22,000 < 1 in 1,000,000 **D-bifunctional Protein Deficiency** 1 in 9,000 < 1 in 1,000,000 < 1 in 13,000 < 1 in 1,000,000 Delta-sarcoglycanopathy Dihydrolipoamide Dehydrogenase Deficiency < 1 in 50,000 < 1 in 1,000,000 Dysferlinopathy 1 in 11,000 < 1 in 1,000,000 Dystrophinopathy (Including Duchenne/Becker Muscular Dystrophy) Not calculated Not calculated **ERCC6-related Disorders** 1 in 8,500 < 1 in 1,000,000 **ERCC8-related Disorders** < 1 in 16,000 < 1 in 1,000,000 EVC-related Ellis-van Creveld Syndrome 1 in 7.800 < 1 in 1,000,000 EVC2-related Ellis-van Creveld Syndrome 1 in 9,800 < 1 in 1,000,000 Fabry Disease < 1 in 1,000,000 1 in 220,000 Familial Dysautonomia < 1 in 50,000 < 1 in 1,000,000 Familial Hyperinsulinism, ABCC8-related 1 in 17,000 < 1 in 1,000,000 Familial Hyperinsulinism, KCNJ11-related < 1 in 50,000 < 1 in 1,000,000 < 1 in 1,000,000 **Familial Mediterranean Fever** 1 in 11.000 Fanconi Anemia Complementation Group A 1 in 2,800 < 1 in 1,000,000 Fanconi Anemia, FANCC-related < 1 in 50,000 < 1 in 1,000,000 **FKRP-related** Disorders 1 in 16,000 < 1 in 1,000,000 **FKTN-related Disorders** < 1 in 50,000 < 1 in 1.000.000 Free Sialic Acid Storage Disorders < 1 in 30,000 < 1 in 1,000,000 Galactokinase Deficiency 1 in 37,000 < 1 in 1,000,000 Galactosemia 1 in 8,600 < 1 in 1,000,000 Gamma-sarcoglycanopathy 1 in 3,300 < 1 in 1,000,000 Gaucher Disease 1 in 260 1 in 110,000 GJB2-related DFNB1 Nonsyndromic Hearing Loss and Deafness 1 in 2,500 1 in 260,000 **GLB1-related Disorders** 1 in 17,000 < 1 in 1,000,000 **GLDC-related Glycine Encephalopathy** 1 in 2,800 < 1 in 1,000,000 Glutaric Acidemia, GCDH-related 1 in 16.000 < 1 in 1,000,000 Glycine Encephalopathy, AMT-related 1 in 26,000 < 1 in 1,000,000 Glycogen Storage Disease Type la < 1 in 1,000,000 1 in 18,000 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 **GNE Myopathy** 1 in 23,000 < 1 in 1,000,000 **GNPTAB-related Disorders** 1 in 20,000 < 1 in 1,000,000 HADHA-related Disorders 1 in 20,000 < 1 in 1,000,000 Hb Beta Chain-related Hemoglobinopathy (Including Beta Thalassemia and Sickle Cell 1 in 3,700 1 in 560,000 Disease) Hereditary Fructose Intolerance 1 in 7,900 < 1 in 1,000,000 Hexosaminidase A Deficiency (Including Tay-Sachs Disease) 1 in 30,000 < 1 in 1,000,000 HMG-CoA Lyase Deficiency < 1 in 50.000 < 1 in 1.000.000 Holocarboxylase Synthetase Deficiency 1 in 15,000 < 1 in 1.000.000 Homocystinuria, CBS-related 1 in 9.400 < 1 in 1,000,000 Hydrolethalus Syndrome < 1 in 50,000 < 1 in 1,000,000 1 in 30 000 < 1 in 1,000,000 Hypophosphatasia Isovaleric Acidemia 1 in 32,000 < 1 in 1,000,000 Joubert Syndrome 2 < 1 in 50,000 < 1 in 1,000,000 Junctional Epidermolysis Bullosa, LAMA3-related < 1 in 50.000 < 1 in 1,000,000 Junctional Epidermolysis Bullosa, LAMB3-related 1 in 32,000 < 1 in 1,000,000 Junctional Epidermolysis Bullosa, LAMC2-related < 1 in 50,000 < 1 in 1,000,000 Krabbe Disease 1 in 14.000 < 1 in 1.000.000 Leigh Syndrome, French-Canadian Type < 1 in 1,000,000 < 1 in 50.000 < 1 in 1,000,000 Lipoid Congenital Adrenal Hyperplasia < 1 in 50.000 Lysosomal Acid Lipase Deficiency 1 in 14,000 < 1 in 1,000,000 Maple Syrup Urine Disease Type Ia 1 in 39 000 < 1 in 1,000,000 Maple Syrup Urine Disease Type Ib 1 in 39,000 < 1 in 1,000,000 Maple Syrup Urine Disease Type II 1 in 16,000 < 1 in 1,000,000 1 in 790,000 Medium Chain Acyl-CoA Dehydrogenase Deficiency 1 in 4 400 Megalencephalic Leukoencephalopathy with Subcortical Cysts < 1 in 50,000 < 1 in 1,000,000 Metachromatic Leukodystrophy 1 in 16,000 < 1 in 1,000,000 Methylmalonic Acidemia, cblA Type < 1 in 50.000 < 1 in 1,000,000



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DONOR 10588 Residual Risk Reproductive Risk Disease Methylmalonic Acidemia, cblB Type 1 in 48.000 < 1 in 1,000,000 Methylmalonic Aciduria and Homocystinuria, cblC Type 1 in 16,000 < 1 in 1,000,000 MKS1-related Disorders < 1 in 50.000 < 1 in 1,000,000 Mucolipidosis III Gamma < 1 in 20,000 < 1 in 1,000,000 Mucolipidosis IV < 1 in 50,000 < 1 in 1,000,000 Mucopolysaccharidosis Type I 1 in 16,000 < 1 in 1,000,000 Mucopolysaccharidosis Type II < 1 in 1,000,000 1 in 300,000 1 in 19,000 < 1 in 1,000,000 Mucopolysaccharidosis Type IIIA Mucopolysaccharidosis Type IIIB 1 in 27,000 < 1 in 1,000,000 Mucopolysaccharidosis Type IIIC < 1 in 50.000 < 1 in 1,000,000 Muscular Dystrophy, LAMA2-related 1 in 5,700 < 1 in 1,000,000 **MUT-related Methylmalonic Acidemia** 1 in 26,000 < 1 in 1,000,000 MYO7A-related Disorders 1 in 15,000 < 1 in 1,000,000 **NEB-related Nemaline Myopathy** 1 in 1,200 1 in 400,000 Nephrotic Syndrome, NPHS1-related < 1 in 50,000 < 1 in 1,000,000 Nephrotic Syndrome, NPHS2-related 1 in 35,000 < 1 in 1,000,000 Neuronal Ceroid Lipofuscinosis, CLN6-related 1 in 20,000 < 1 in 1,000,000 Niemann-Pick Disease Type C1 1 in 19,000 < 1 in 1,000,000 < 1 in 50,000 Niemann-Pick Disease Type C2 < 1 in 1,000,000 Niemann-Pick Disease, SMPD1-related 1 in 25.000 < 1 in 1,000,000 < 1 in 1,000,000 Nijmegen Breakage Syndrome 1 in 16,000 **Ornithine Transcarbamylase Deficiency** < 1 in 1,000,000 1 in 140,000 **PCCA-related Propionic Acidemia** 1 in 4,200 < 1 in 1,000,000 **PCCB-related Propionic Acidemia** 1 in 22,000 < 1 in 1,000,000 PCDH15-related Disorders 1 in 3,300 < 1 in 1,000,000 Pendred Syndrome 1 in 8,200 < 1 in 1,000,000 Peroxisome Biogenesis Disorder Type 1 1 in 16,000 < 1 in 1,000,000 Peroxisome Biogenesis Disorder Type 3 1 in 44,000 < 1 in 1,000,000 Peroxisome Biogenesis Disorder Type 4 1 in 9.300 < 1 in 1,000,000 Peroxisome Biogenesis Disorder Type 5 < 1 in 71,000 < 1 in 1,000,000 Peroxisome Biogenesis Disorder Type 6 < 1 in 50,000 < 1 in 1,000,000 1 in 940,000 Phenylalanine Hydroxylase Deficiency 1 in 4,800 POMGNT-related Disorders < 1 in 12.000 < 1 in 1.000.000 Pompe Disease IVS1-13T>G heterozygote ⁺ 1 in 400 PPT1-related Neuronal Ceroid Lipofuscinosis < 1 in 1,000,000 1 in 7,700 **Primary Carnitine Deficiency** 1 in 11,000 < 1 in 1,000,000 Primary Hyperoxaluria Type 1 1 in 17.000 < 1 in 1,000,000 Primary Hyperoxaluria Type 2 < 1 in 50,000 < 1 in 1,000,000 Primary Hyperoxaluria Type 3 1 in 13,000 < 1 in 1,000,000 1 in 43,000 < 1 in 1,000,000 Pycnodysostosis Pyruvate Carboxylase Deficiency 1 in 25,000 < 1 in 1,000,000 Rhizomelic Chondrodysplasia Punctata Type 1 1 in 16,000 < 1 in 1,000,000 **RTEL1-related Disorders** < 1 in 50,000 < 1 in 1,000,000 Sandhoff Disease 1 in 18,000 < 1 in 1,000,000 Short-chain Acyl-CoA Dehydrogenase Deficiency 1 in 11,000 < 1 in 1,000,000 Sjogren-Larsson Syndrome < 1 in 12,000 < 1 in 1,000,000 SLC26A2-related Disorders 1 in 16.000 < 1 in 1,000,000 Smith-Lemli-Opitz Syndrome 1 in 9,400 < 1 in 1,000,000 Spastic Paraplegia Type 15 < 1 in 50,000 < 1 in 1,000,000 Negative for g.27134T>G SNP Spinal Muscular Atrophy SMN1: 2 copies 1 in 110,000 1 in 770 Spondylothoracic Dysostosis < 1 in 50,000 < 1 in 1,000,000 TGM1-related Autosomal Recessive Congenital Ichthyosis 1 in 22,000 < 1 in 1,000,000 **TPP1-related Neuronal Ceroid Lipofuscinosis** 1 in 30,000 < 1 in 1,000,000 Tyrosine Hydroxylase Deficiency < 1 in 50,000 < 1 in 1,000,000 Tyrosinemia Type I < 1 in 1,000,000 1 in 16,000 Tyrosinemia Type II 1 in 25,000 < 1 in 1,000,000 USH1C-related Disorders 1 in 30.000 < 1 in 1,000,000 **USH2A-related** Disorders 1 in 4,100 < 1 in 1,000,000 Usher Syndrome Type 3 1 in 41,000 < 1 in 1,000,000

Very-long-chain Acyl-CoA Dehydrogenase Deficiency

1 in 18,000

< 1 in 1,000,000



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< 1 in 1,000,000
< 1 in 1,000,000
1 in 42,000
Not calculated
1 in 40,000
Not calculated
1 in 200,000
< 1 in 1,000,000
< 1 in 1,000,000