



Donor 4967

Genetic Testing Summary

Fairfax Cryobank recommends reviewing this genetic testing summary with your healthcare provider to determine suitability.

Last Updated: 08/17/18

Donor Reported Ancestry: Italian, Irish, German, European

Jewish Ancestry: No

Genetic Test*	Result	Comments/Donor's Residual Risk**
Chromosome analysis (karyotype)	Normal male karyotype	No evidence of clinically significant chromosome abnormalities
Hemoglobin evaluation	Normal hemoglobin fractionation and MCV/MCH results	Reduced risk to be a carrier for sickle cell anemia, beta thalassemia, alpha thalassemia trait (aa/-- and a-/a-) and other hemoglobinopathies
Cystic Fibrosis (CF) carrier screening	Negative by genotyping of 130 mutations in the CFTR gene	1/476
Spinal Muscular Atrophy (SMA) carrier screening	Negative for deletions of exon 7 in the SMN1 gene	1/632
Tay Sachs enzyme analysis	Non-carrier by Hexosaminidase A activity	
Standard testing attached- 21 diseases by genotyping	Negative for mutations tested	
Special Testing		
Pendred Syndrome	Negative by genotyping of 7 mutations in the SLC26A4 gene	1/100
Nephrotic Syndrome: Type 2	Negative by genotyping of 25 mutations in the NPHS2 gene	<1/226
Globoid Cell Leukodystrophy	Negative by gene sequencing in the GALC gene	1/1667

Phenylalanine Hydroxylase Deficiency	Negative by gene sequencing in the PAH gene	1/1695
Hereditary Thymine Uraciluria	Negative for mutations in the DPYD gene	Reduced risk

*No single test can screen for all genetic disorders. A negative screening result significantly reduces, but cannot eliminate, the risk for these conditions in a pregnancy.

**Donor residual risk is the chance the donor is still a carrier after testing negative.

Ordering Practice:

Practice Code: [REDACTED]
Fairfax Cryobank [REDACTED]
[REDACTED]
Physician: [REDACTED]
Report Generated: 2015-08-29

4967-[REDACTED]

DOB: [REDACTED]
Gender: Male
Ethnicity: European
Procedure ID: 28513
Kit Barcode: [REDACTED]
Method: Genotyping
Specimen: Blood, #29941
Specimen Collection: 2015-08-21
Specimen Received: 2015-08-24
Specimen Analyzed: 2015-08-29

Partner Not Tested

SUMMARY OF RESULTS

NO MUTATIONS IDENTIFIED


4967-[REDACTED] was not identified to carry any of the mutations tested.

All mutations analyzed were not detected, reducing but not eliminating your chance to be a carrier for the associated genetic diseases. A list of all the diseases and mutations you were screened for is included later in this report. The test does not screen for every possible genetic disease.

For disease information, please visit www.recombine.com/diseases. To speak with a Genetic Counselor, call [855.OUR.GENES](tel:855.OUR.GENES).

♂ Male

Panel: Fairfax Cryobank Panel , Diseases Tested: 21, Mutations Tested: 382, Genes Tested: 22, Null Calls: 0

Assay performed by 
Reprogenetics

CLIA ID: 31D1054821

Lab Technician Bo Chu

Reviewed by Pere Colls, PhD, HCLD, Lab Director

Methods and Limitations

Genotyping: Genotyping is performed using the Illumina Infinium Custom HD Genotyping assay to identify mutations in >200 genes. The assay is not validated for homozygous mutations, and it is possible that individuals affected with disease may not be accurately genotyped.

Spinal Muscular Atrophy: Spinal Muscular Atrophy is tested for via an Identity-by-State shared haplotype comparison algorithm. Detection is limited to haplotypes within our library of known carriers of the most common mutation (deletion of Exon 7).

































Limitations: In some cases, genetic variations other than that which is being assayed may interfere with mutation detection, resulting in false-negative or false-positive results. Additional sources of error include, but are not limited to: sample contamination, sample mix-up, bone marrow transplantation, blood transfusions, and technical errors.

The test does not test for all forms of genetic disease, birth defects, and intellectual disability. All results should be interpreted in the context of family history; additional evaluation may be indicated based on a history of these conditions. Additional testing may be necessary to determine mutation phase in individuals identified to carry more than one mutation in the same gene. All mutations included within the genes assayed may not be detected, and additional testing may be appropriate for some individuals.

Diseases & Mutations Assayed

● High Impact ● Treatment Benefits ● X-Linked ● Moderate Impact

H	T	X	M	Disease	#	Mutations
●	○	○	○	Alpha Thalassemia	10	♂ Genotyping SEA deletion, 11.1 kb deletion, c.207C>A (p.N69K), c.223G>C (p.D75G), c.2T>C (p.M1T), c.207C>G (p.N69K), c.340_351delCTCCCGCCGAG (p.L114_E117del), c.377T>C (p.L126P), c.427T>C (p.X143Qext32), c.*+94A>G
●	●	○	○	Beta Thalassemia	83	♂ Genotyping c.17_18delCT, c.20delA (p.E7Gfs), c.217insA (p.S73Kfs), c.223+702_444+342del620insAAGTAGA, c.230delC, c.25_26delAA, c.315+1G>A, c.315+2T>C, c.316-197C>T, c.316-146T>G, c.315+745C>G, c.316-1G>A, c.316-1G>C, c.316-2A>G, c.316-3C>A, c.316-3C>G, c.4delG (p.V2Cfs), c.51delC (p.K18Rfs), c.93-21G>A, c.92+1G>A, c.92+5G>A, c.92+5G>C, c.92+5G>T, c.92+6T>C, c.93-1G>A, c.93-1G>T, c.-50A>C, c.a-78g, c.a-79g, c.a-81g, c.A52T (p.K18X), c.c-137g, c.c-138t, c.c-151t, c.C118T (p.Q40X), c.G169C (p.G57R), c.G295A (p.V99M), c.G34A (p.V12I), c.G415C (p.A139P), c.G47A (p.W16X), c.G48A (p.W16X), c.t-80a, c.T2C (p.M1T), c.T75A (p.G25G), c.444+111A>G, c.g-29a, c.68_74delAAGTTGG, c.G92C (p.R31T), c.27_28insG, c.92+1G>T, c.92+1G>C, c.93-15T>G, c.93-1G>C, c.112delT, c.G113A (p.W38X), c.G114A (p.W38X), c.126delC, c.444+113A>G, c.250delG, c.225delC, c.383_385delAGG (p.Q128_A129delQAinsP), c.321_322insG (p.N109fs), c.316-1G>T, c.316-2A>C, c.316-106C>T, c.287_288insA (p.L97fs), c.271G>T (p.E91X), c.203_204delTG (p.V68Afs), c.154delC (p.P52fs), c.135delC (p.F46fs), c.92+2T>A, c.92+2T>C, c.90C>T (p.G30G), c.59A>G (p.N20S), c.46delT (p.W16Gfs), c.45_46insG (p.L16fs), c.36delT (p.T13fs), c.2T>G (p.M1R), c.1A>G (p.M1V), c.c-137t, c.c-136g, c.c-142t, c.c-140t
●	○	○	○	Bloom Syndrome	24	♂ Genotyping c.2207_2212delATCTGAinsTAGATTC (p.Y736Lfs), c.2407insT, c.557_559delCAA (p.S186X), c.1284G>A (p.W428X), c.1701G>A (p.W567X), c.1933C>T (p.Q645X), c.C2528T (p.T843I), c.C2695T (p.R899X), c.G3107T (p.C1036F), c.2923delC (p.Q975K), c.3558+1G>T, c.3875-2A>G, c.2074+2T>A, c.2343_2344dupGA (p.781EfsX), c.380delC (p.127Tfs), c.3564delC (p.1188Dfs), c.4008delG (p.1336Rfs), c.C947G (p.S316X), c.2193+1_2193+9del9, c.C1642T (p.Q548X), c.3143delA (p.1048NfsX), c.356_357delTA (p.Cys120Hisfs), c.4076+1delG, c.C3281A (p.S1094X)
●	○	○	○	Canavan Disease	8	♂ Genotyping c.433-2A>G, c.A854C (p.E285A), c.C693A (p.Y231X), c.C914A (p.A305E), c.A71G (p.E24G), c.C654A (p.C218X), c.T2C (p.M1T), c.G79A (p.G27R)

H	T	X	M	Disease	#	Mutations
				Cystic Fibrosis	130	♂ Genotyping c.1029delC, 1153_1154insAT, c.1519_1521delATC (p.507delI), c.1521_1523delCTT (p.508delF), c.1545_1546delTA (p.Y515Xfs), c.1585-1G>A, c.164+12T>C, c.1680-886A>G, c.1680-1G>A, c.1766+1G>A, c.1766+1G>T, c.1766+5G>T, c.1818delB4, c.1911delG, c.1923delCTCAAACTinsA, c.1973delGAAATTCATCTinsAGAAA, c.2052delA (p.K684fs), c.2052insA (p.Q685fs), c.2051_2052delAAinsG (p.K684SfsX38), c.2174insA, c.261delTT, c.2657+5G>A, c.273+1G>A, c.273+3A>C, c.274-1G>A, c.2988+1G>A, c.3039delC, c.3140-26A>G, c.325delTATinsG, c.3527delC, c.3535delACCA, c.3691delT, c.3717+12191C>T, c.3744delA, c.3773_3774insT (p.L1258fs), c.442delA, c.489+1G>T, c.531delT, c.579+1G>T, c.579+5G>A (IVS4+5G>A), c.803delA (p.N268fs), c.805_806delAT (p.I269fs), c.933_935delCTT (p.311delF), c.A1645C (p.S549R), c.A2128T (p.K710X), c.C1000T (p.R334W), c.C1013T (p.T338I), c.C1364A (p.A455E), c.C1477T (p.Q493X), c.C1572A (p.C524X), c.C1654T (p.Q552X), c.C1657T (p.R553X), c.C1721A (p.P574H), c.C2125T (p.R709X), c.C223T (p.R75X), c.C2668T (p.Q890X), c.C3196T (p.R1066C), c.C3276G (p.Y1092X), c.C3472T (p.R1158X), c.C3484T (p.R1162X), c.C349T (p.R117C), c.C3587G (p.S1196X), c.C3712T (p.Q1238X), c.C3764A (p.S1255X), c.C3909G (p.N1303K), c.G1040A (p.R347H), c.G1040C (p.R347P), c.G1438T (p.G480C), c.G1624T (p.G542X), c.G1646A (p.S549N), c.G1646T (p.S549I), c.G1652A (p.G551D), c.G1675A (p.A559T), c.G1679C (p.R560T), c.G178T (p.E60X), c.G1865A (p.G622D), c.G254A (p.G85E), c.G271A (p.G91R), c.G274T (p.E92X), c.G3209A (p.R1070Q), c.G3266A (p.W1089X), c.G3454C (p.D1152H), c.G350A (p.R117H), c.G3611A (p.W1204X), c.G3752A (p.S1251N), c.G3846A (p.W1282X), c.G3848T (p.R1283M), c.G532A (p.G178R), c.G988T (p.G330X), c.T1090C (p.S364P), c.T3302A (p.M1101K), c.T617G (p.L206W), c.C14T (p.P5L), c.G19T (p.E7X), c.G171A (p.W57X), c.313delA (p.I105fs), c.G328C (p.D110H), c.580-1G>T, c.G1055A (p.R352Q), c.C1075A (p.Q359K), c.C1079A (p.T360K), c.T1647G (p.S549R), c.1976delA (p.N659fs), c.C2290T (p.R764X), c.2737_2738insG (p.Y913X), c.3067_3072delATAGTG (p.I1023_V1024delT), c.3536_3539delCCAA (p.T1179fs), c.3659delC (p.T1220fs), c.G3808A (p.D1270N), c.G4056C (p.Q1352H), c.C4364G (p.S1455X), c.C4003T (p.L1335F), c.G2538A (p.W846X), c.C200T (p.P67L), c.C4426T (p.Q1476X), c.1116+1G>A, c.1986_1989delAACT (p.T663R), c.2089_2090insA (p.R697Kfs), c.2215delG (p.V739Y), c.T263G (p.L196X), c.3022delG (p.V1008S), c.3908dupA (p.N1303Kfs), c.C658T (p.Q220X), c.C868T (p.Q290X), c.1526delG (p.G509fs), c.2908+1085-3367+260del7201, c.C11A (p.S4X), c.A3700G (p.I1234V), c.A416T (p.H139I), c.T366A (p.Y122X)
				Familial Dysautonomia	4	♂ Genotyping c.2204+6T>C, c.C2741T (p.P914L), c.G2087C (p.R696P), c.C2128T (p.Q710X)
				Familial Hyperinsulinism: Type 1: ABCC8 Related	10	♂ Genotyping c.3989-9G>A, c.4159_4161delTTC (p.1387delF), c.C4258T (p.R1420C), c.C4477T (p.R1493W), c.G2147T (p.G716V), c.G4055C (p.R1352P), c.T560A (p.V187D), c.4516G>A (p.E1506K), c.C2506T (p.Q836X), c.579+2T>A
				Fanconi Anemia: Type C	8	♂ Genotyping c.456+4A>T, c.67delG, c.C37T (p.Q13X), c.C553T (p.R185X), c.T1661C (p.L554P), c.C1642T (p.R548X), c.G66A (p.W22X), c.G65A (p.W22X)
				Gaucher Disease	6	♂ Genotyping c.84_85insG, c.A1226G (p.N409S), c.A1343T (p.D448V), c.C1504T (p.R502C), c.G1297T (p.V433L), c.G1604A (p.R535H)
				Glycogen Storage Disease: Type IA	13	♂ Genotyping c.376_377insTA, c.79delC, c.979_981delTTC (p.327delF), c.C1039T (p.Q347X), c.C247T (p.R83C), c.C724T (p.Q242X), c.G248A (p.R83H), c.G562C (p.G188R), c.G648T, c.G809T (p.G270V), c.A113T (p.D38V), c.975delG (p.L326fs), c.724delC
				Joubert Syndrome	1	♂ Genotyping c.G35T (p.R12L)
				Maple Syrup Urine Disease: Type 1B	6	♂ Genotyping c.G1114T (p.E372X), c.G548C (p.R183P), c.G832A (p.G278S), c.C970T (p.R324X), c.G487T (p.E163X), c.C853T (p.R285X)

H	T	X	M	Disease	#	Mutations
●	●	○	○	Maple Syrup Urine Disease: Type 3	8	♂ Genotyping c.104_105insA, c.G685T (p.G229C), c.A214G (p.K72E), c.A1081G (p.M361V), c.G1123A (p.E375K), c.T1178C (p.I393T), c.C1463T (p.P488L), c.A1483G (p.R495G)
●	○	○	○	Mucopolidosis: Type IV	4	♂ Genotyping c.406-2A>G, c.G1084T (p.D362Y), c.C304T (p.R102X), c.244delC (p.L82fsX)
●	○	○	○	Nemaline Myopathy: NEB Related	1	♂ Genotyping c.7434_7536del2502bp
●	○	○	○	Niemann-Pick Disease: Type A	6	♂ Genotyping c.996delC, c.G1493T (p.R498L), c.T911C (p.L304P), c.C1267T (p.H423Y), c.G1734C (p.K578N), c.1493G>A (p.R498H)
●	○	○	○	Spinal Muscular Atrophy: SMN1 Linked	19	♂ Genotyping DEL EXON 7, c.22_23insA, c.43C>T (p.Q15X), c.91_92insT, c.305G>A (p.W102X), c.400G>A (p.E134K), c.439_443delGAAGT, c.558delA, c.585_586insT, c.683T>A (p.L228X), c.734C>T (p.P245L), c.768_778dupTGCTGATGCTT, c.815A>G (p.Y272C), c.821C>T (p.T274I), c.823G>A (p.G275S), c.834+2T>G, c.835-18_835-12delCCTTTAT, c.835G>T, c.836G>T
●	○	○	○	Tay-Sachs Disease	30	♂ Genotyping c.1073+1G>A, c.1277_1278insTATC, c.1421+1G>C, c.805+1G>A, c.C532T (p.R178C), c.G533A (p.R178H), c.G805A (p.G269S), c.C1510T (p.R504C), c.G1496A (p.R499H), c.G509A (p.R170Q), c.A1003T (p.I335F), c.910_912delTTC (p.305delF), c.G749A (p.G250D), c.T632C (p.F211S), c.C629T (p.S210F), c.613delC, c.A611G (p.H204R), c.G598A (p.V200M), c.A590C (p.K197T), c.571-1G>T, c.C540G (p.Y180X), c.T538C (p.Y180H), c.G533T (p.R178L), c.C508T (p.R170W), c.C409T (p.R137X), c.T380G (p.L127R), c.346+1G>C, c.T116G (p.L39R), c.G78A (p.W26X), c.A1G (p.M1V)
●	○	○	○	Usher Syndrome: Type 1F	6	♂ Genotyping c.C733T (p.R245X), c.2067C>A (p.Y684X), c.C7T (p.R3X), c.C1942T (p.R648X), c.2800C>T (p.R934X), c.4272delA (p.L1425fs)
●	○	○	○	Usher Syndrome: Type 3	4	♂ Genotyping c.T144G (p.N48K), c.T359A (p.M120K), c.300T>G (p.Y176X), c.C634T (p.Q212X)
●	○	○	○	Walker-Warburg Syndrome	1	♂ Genotyping c.1167insA (p.F390fs)

Ordering Practice:

Practice Code: [REDACTED]

Fairfax Cryobank - [REDACTED]

Physician: [REDACTED]

Report Generated: 2016-11-14

[REDACTED] 4967

DOB: [REDACTED]

Gender: Male

Ethnicity: European

Procedure ID: 28513

Kit Barcode: [REDACTED]

Specimen: Blood, #29941

Specimen Collection: 2015-08-21

Specimen Received: 2015-08-24

Specimen Analyzed: 2016-11-14

Partner Not Tested

TEST INFORMATION

Test: CarrierMap^{GEN} (Genotyping)

Panel: Custom Panel

Diseases Tested: 1

Genes Tested: 1

Mutations Tested: 7

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

[REDACTED] 4967 was not identified to carry any of the mutation(s) tested.

No pathogenic mutations were identified in the genes tested, reducing but not eliminating the chance to be a carrier for the associated genetic diseases. CarrierMap assesses carrier status for genetic disease via molecular methods including targeted mutation analysis and/or next-generation sequencing; other methodologies such as CBC and hemoglobin electrophoresis for hemoglobinopathies and enzyme analysis for Tay-Sachs disease may further refine risks for these conditions. Results should be interpreted in the context of clinical findings, family history, and/or other testing. A list of all the diseases and mutations screened for is included at the end of the report. This test does not screen for every possible genetic disease.

For additional disease information, please visit recombine.com/diseases. To speak with a Genetic Counselor, call [855.OUR.GENES](tel:855.OUR.GENES).

Assay performed by
Reprogenetics

CLIA ID: 31D1054821

3 Regent Street, Livingston, NJ 07039

Lab Technician: Bo Chu

Recombine CLIA # 31D2100763

Reviewed by Pere Colls, PhD, HCLD, Lab Director

Methods and Limitations

Genotyping: Genotyping is performed using the Illumina Infinium Custom HD Genotyping assay to identify mutations in the genes tested. The assay is not validated for homozygous mutations, and it is possible that individuals affected with disease may not be accurately genotyped.

Limitations: In some cases, genetic variations other than that which is being assayed may interfere with mutation detection, resulting in false-negative or false-positive results. Additional sources of error include, but are not limited to: sample contamination, sample mix-up, bone marrow transplantation, blood transfusions, and technical errors. The test does not test for all forms of genetic disease, birth defects, and intellectual disability. All results should be interpreted in the context of family history; additional evaluation may be indicated based on a history of these conditions. Additional testing may be necessary to determine mutation phase in individuals identified to carry more than one mutation in the same gene. All mutations included within the genes assayed may not be detected, and additional testing may be appropriate for some individuals.

This test was developed and its performance determined by Recombine, Inc., and it has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary.

Diseases & Mutations Assayed

Pendred Syndrome (SLC26A4): Mutations (7): ♂ Genotyping | c.1001+1G>A, c.1151A>G (p.E384G), c.1246A>C (p.T416P), c.2168A>G (p.H723R), c.707T>C (p.L236P), c.716T>A (p.V239D), c.919-2A>G

Residual Risk Information

Detection rates are calculated from the primary literature and may not be available for all ethnic populations. The values listed below are for genotyping. Sequencing provides higher detection rates and lower residual risks for each disease. More precise values for sequencing may become available in the future.

Disease	Carrier Rate	Detection Rate	Residual Risk
Pendred Syndrome	♂ European: 1/58	42.11%	1/100
	♂ Japanese: Unknown	45.83%	Unknown
	♂ Pakistani: Unknown	29.82%	Unknown

Ordering Practice:

Practice Code: [REDACTED]

Fairfax Cryobank - [REDACTED]

Physician: [REDACTED]

Report Generated: 2016-07-13

[REDACTED] 4967

DOB: [REDACTED]

Gender: Male

Ethnicity: European

Procedure ID: 28513

Kit Barcode: [REDACTED]

Specimen: Blood, #29941

Specimen Collection: 2015-08-21

Specimen Received: 2015-08-24

Specimen Analyzed: 2016-07-13

Partner Not Tested

TEST INFORMATION

Test: CarrierMap^{GEN} (Genotyping)

Panel: Custom Panel

Diseases Tested: 1

Genes Tested: 1

Mutations Tested: 25

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

[REDACTED] 4967 was not identified to carry any of the mutation(s) tested.

No pathogenic mutations were identified in the genes tested, reducing but not eliminating the chance to be a carrier for the associated genetic diseases. CarrierMap assesses carrier status for genetic disease via molecular methods including targeted mutation analysis and/ or next-generation sequencing; other methodologies such as CBC and hemoglobin electrophoresis for hemoglobinopathies and enzyme analysis for Tay-Sachs disease may further refine risks for these conditions. Results should be interpreted in the context of clinical findings, family history, and/or other testing. A list of all the diseases and mutations screened for is included at the end of the report. This test does not screen for every possible genetic disease.

For additional disease information, please visit recombine.com/diseases. To speak with a Genetic Counselor, call [855.OUR.GENES](tel:855.OUR.GENES).

Assay performed by
Reprogenetics

CLIA ID: 31D1054821

3 Regent Street, Livingston, NJ 07039

Lab Technician: Bo Chu

Recombine CLIA # 31D2100763

Reviewed by Pere Colls, PhD, HCLD, Lab Director

Methods and Limitations

Genotyping: Genotyping is performed using the Illumina Infinium Custom HD Genotyping assay to identify mutations in the genes tested. The assay is not validated for homozygous mutations, and it is possible that individuals affected with disease may not be accurately genotyped.

Limitations: In some cases, genetic variations other than that which is being assayed may interfere with mutation detection, resulting in false-negative or false-positive results. Additional sources of error include, but are not limited to: sample contamination, sample mix-up, bone marrow transplantation, blood transfusions, and technical errors. The test does not test for all forms of genetic disease, birth defects, and intellectual disability. All results should be interpreted in the context of family history; additional evaluation may be indicated based on a history of these conditions. Additional testing may be necessary to determine mutation phase in individuals identified to carry more than one mutation in the same gene. All mutations included within the genes assayed may not be detected, and additional testing may be appropriate for some individuals.

This test was developed and its performance determined by Recombine, Inc., and it has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary.

Diseases & Mutations Assayed

Nephrotic Syndrome: Type 2 (NPHS2): Mutations (25): ♂ Genotyping | c.976_977insA (p.T326fsX345), c.964C>T (p.R322X), c.948delT (p.A317L), c.871C>T (p.R291W), c.868G>A (p.V290M), c.862G>A (p.A288T), c.855_856delAA (p.Q285fsX302), c.851C>T (p.A284V), c.779T>A (p.V260E), c.714G>T (p.R238S), c.622G>A (p.A208T), c.555delT (p.F185fsX186), c.538G>A (p.V180M), c.503G>A (p.R168H), c.502C>A (p.R168S), c.502C>T (p.R168C), c.479A>G (p.D160G), c.467delT (p.L156fsX180), c.467_468insT (p.L156fsX166), c.419delG (p.G140fsX180), c.413G>A (p.R138Q), c.412C>T (p.R138X), c.353C>T (p.P118L), c.274G>T (p.G92C), c.85G>A (p.A29T)

Residual Risk Information

Detection rates are calculated from the primary literature and may not be available for all ethnic populations. The values listed below are for genotyping. Sequencing provides higher detection rates and lower residual risks for each disease. More precise values for sequencing may become available in the future.

Disease	Carrier Rate	Detection Rate	Residual Risk
Nephrotic Syndrome: Type 2	♂ Israeli-Arab: Unknown	55.56%	Unknown
	♂ Pakistani: Unknown	20.00%	Unknown
	♂ Polish: Unknown	16.18%	Unknown
	♂ Saudi Arabian: Unknown	72.73%	Unknown

Ordering Practice:

Practice Code: [REDACTED]

Fairfax Cryobank - [REDACTED]

Physician: [REDACTED]

Report Generated: 2017-07-26

4967 [REDACTED]

DOB: [REDACTED]

Gender: Male

Ethnicity: European

Procedure ID: 98669

Kit Barcode: [REDACTED]

Specimen: Blood, #99997

Specimen Collection: 2017-07-07

Specimen Received: 2017-07-08

Specimen Analyzed: 2017-07-26

Partner Not Tested

TEST INFORMATION

Test: CarrierMap^{SEQ} (Genotyping & Sequencing)

Panel: Custom Panel

Diseases Tested: 2

Genes Tested: 2

Genes Sequenced: 2

SUMMARY OF RESULTS: NO MUTATIONS IDENTIFIED

4967 [REDACTED] was not identified to carry any pathogenic mutations in the gene(s) tested.

No pathogenic mutations were identified in the genes tested, reducing but not eliminating the chance to be a carrier for the associated genetic diseases. CarrierMap assesses carrier status for genetic disease via molecular methods including targeted mutation analysis and/or next-generation sequencing; other methodologies such as CBC and hemoglobin electrophoresis for hemoglobinopathies and enzyme analysis for Tay-Sachs disease may further refine risks for these conditions. Results should be interpreted in the context of clinical findings, family history, and/or other testing. A list of all the diseases and mutations screened for is included at the end of the report. This test does not screen for every possible genetic disease.

For additional disease information, please visit recombine.com/diseases. To speak with a Genetic Counselor, call 855.OUR.GENES.

Assay performed by
Reprogenetics

CLIA ID: 31D1054821

3 Regent Street, Livingston, NJ 07039

Lab Technician: Bo Chu

Recombine CLIA # 31D2100763

Reviewed by Pere Colls, PhD, HCLD, Lab Director

Methods and Limitations

Genotyping: Genotyping is performed using the Illumina Infinium Custom HD Genotyping assay to identify mutations in the genes tested. The assay is not validated for homozygous mutations, and it is possible that individuals affected with disease may not be accurately genotyped.

Sequencing: Sequencing is performed using a custom next-generation sequencing (NGS) platform. Only the described exons for each gene listed are sequenced. Variants outside of these regions may not be identified. Some splicing mutations may not be identified. Triplet repeat expansions, intronic mutations, and large insertions and deletions may not be detected. All identified variants are curated, and determination of the likelihood of their pathogenicity is made based on examining allele frequency, segregation studies, predicted effect, functional studies, case/control studies, and other analyses. All variants identified via sequencing that are reported to cause disease in the primary scientific literature will be reported. Variants considered to be benign and variants of unknown significance (VUS) are NOT reported. In the sequencing process, interval drop-out may occur, leading to intervals of insufficient coverage. Intervals of insufficient coverage will be reported if they occur.

Limitations: In some cases, genetic variations other than that which is being assayed may interfere with mutation detection, resulting in false-negative or false-positive results. Additional sources of error include, but are not limited to: sample contamination, sample mix-up, bone marrow transplantation, blood transfusions, and technical errors. The test does not test for all forms of genetic disease, birth defects, and intellectual disability. All results should be interpreted in the context of family history; additional evaluation may be indicated based on a history of these conditions. Additional testing may be necessary to determine mutation phase in individuals identified to carry more than one mutation in the same gene. All mutations included within the genes assayed may not be detected, and additional testing may be appropriate for some individuals.

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Diseases & Mutations Assayed

Globoid Cell Leukodystrophy (GALC): Mutations (10): ♂ Genotyping | c.1153G>T (p.E385X), c.857G>A (p.G286D), c.2002A>C (p.T668P), c.1700A>C (p.Y567S), c.1586C>T (p.T529M), c.1472delA (p.K491fs), c.913A>G (p.I305V), c.683_694delATCTCTGGGAGTinsCTC (p.N228_S232del5insTP), c.246A>G (p.I82M), c.1161+6555_*9573del31670bp Sequencing | NM_000153:2-17

Phenylalanine Hydroxylase Deficiency (PAH): Mutations (62): ♂ Genotyping | c.1066-11G>A (IVS10-11G>A), c.1315+1G>A (IVS12+1G>A), c.1241A>G (p.Y414C), c.1222C>T (p.R408W), c.754C>T (p.R252W), c.1223G>A (p.R408Q), c.473G>A (p.R158Q), c.782G>A (p.R261Q), c.814G>T (p.G272X), c.143T>C (p.L48S), c.194T>C (p.I65T), c.896T>G (p.F299C), c.842C>T (p.P281L), c.838G>A (p.E280K), c.117C>G (p.F39L), c.3G>A (p.M1I), c.1A>G (p.M1V), c.611A>G (p.Y204C), c.721C>T (p.R241C), c.727C>T (p.R243X), c.1139C>T (p.T380M), c.926C>T (p.A309V), c.898G>T (p.A300S), c.734T>C (p.V245A), c.818C>T (p.S273F), c.997C>T (p.L333F), c.199T>C (p.S67P), c.1042C>G (p.L348V), c.136G>A (p.G46S), c.728G>A (p.R243Q), c.745C>T (p.L249F), c.581T>C (p.L194P), c.722G>T (p.R241L), c.829T>G (p.Y277D), c.899C>T (p.A300V), c.926C>A (p.A309D), c.1045T>C (p.S349P), c.1157A>G (p.Y386C), c.1169A>G (p.E390G), c.331C>T (p.R111X), c.241_256delACCCATTGGATAAAC (p.T81fs), c.442-1G>A (IVS4-1G>A), c.463_464insTGTGTACC (p.R155fs), c.569T>G (p.V190G), c.682G>T (p.E228X), c.755G>A (p.R252Q), c.770G>T (p.G257V), c.781C>T (p.R261X), c.800A>G (p.Q267R), c.842+5G>A (IVS7+5G>A), c.856G>A (p.E286K), c.904delT (p.F302fs), c.913-7A>G (IVS8-7A>G), c.935G>T (p.G312V), c.1068C>G (p.Y356X), c.1238G>C (p.R413P), c.1301C>A (p.A434D), c.842+2T>A (IVS7+2T>A), c.764T>C (p.L255S), c.722G>A (p.R241H), c.533A>G (p.E178G), c.456_706+138del11653 Sequencing | NM_000277:1-13

Residual Risk Information

Detection rates are calculated from the primary literature and may not be available for all ethnic populations. The values listed below are for genotyping. Sequencing provides higher detection rates and lower residual risks for each disease. More precise values for sequencing may become available in the future.

Disease	Carrier Rate	Detection Rate	Residual Risk
Globoid Cell Leukodystrophy	♂ Dutch: 1/137	60.98%	1/351
	♂ European: 1/150	26.47%	1/204
	♂ Japanese: 1/150	36.00%	1/234
Phenylalanine Hydroxylase Deficiency	♂ Arab: Unknown	46.08%	Unknown
	♂ Ashkenazi Jewish: 1/224	44.44%	1/403
	♂ Brazilian: 1/71	56.41%	1/163
	♂ Chinese: 1/51	76.57%	1/218
	♂ Cuban: 1/71	69.64%	1/234
	♂ European: 1/51	73.00%	1/189
	♂ French Canadian: 1/80	76.27%	1/337
	♂ Iranian: 1/31	66.94%	1/94
	♂ Korean: 1/51	57.58%	1/120
	♂ Non-Ashkenazi Jewish: Unknown	63.64%	Unknown
	♂ Slovakian Gypsy: 1/39	>99%	<1/3,900
	♂ Spanish Gypsy: 1/4	93.75%	1/64
	♂ Taiwanese: Unknown	83.10%	Unknown
	♂ US Amish: 1/16	86.84%	1/122