RESULTS RECIPIENT
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Report Date: 11/09/2020

MALE
DONOR 10503
DOB [redacted]
Ethnicity: Northern European
Sample Type: EDTA Blood
Date of Collection: 10/30/2020
Date Received: 10/31/2020
Date Tested: 11/09/2020
Barcode: 11004512689639
Accession ID:
CSLWDN6W49Q9XMM
Indication: Egg or sperm donor

FEMALE
N/A

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 10503	Partner
Panel Information	Foresight Carrier Screen Universal Panel Fundamental Plus Panel Fundamental Panel **(175 conditions tested)**	N/A
POSITIVE: CARRIER Congenital Adrenal Hyperplasia, CYP21A2-related **Reproductive Risk: 1 in 220** **Inheritance: Autosomal Recessive**	**CARRIER*** NM_000500.7(CYP21A2):c.844G>T(V282L) 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 6.

CLINICAL NOTES

- None

NEXT STEPS

- Carrier testing should be considered for the diseases specified above for the patient's partner.
- 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.

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POSITIVE: CARRIER

Congenital Adrenal Hyperplasia, CYP21A2-related

Reproductive risk: 1 in 220
Risk before testing: 1 in 12,000

Gene: CYP21A2 | **Inheritance Pattern:** Autosomal Recessive

Patient	DONOR 10503	No partner tested
Result	✚ Carrier	N/A
Variant(s)	NM_000500.7(CYP21A2):c.844G>T(V282L) heterozygote	N/A
Methodology	Analysis of homologous regions	N/A
Interpretation	This individual is a carrier of congenital adrenal hyperplasia, CYP21A2-related. Carriers generally do not experience symptoms. NM_000500.7(CYP21A2):c.844G>T(V282L) is a non-classic congenital adrenal hyperplasia, CYP21A2-related mutation.	N/A
Detection rate	96%	N/A
Variants tested	CYP21A2 deletion, CYP21A2 duplication, CYP21A2 triplication, G111Vfs*21, I173N, L308Ffs*6, P31L, Q319*, Q319*+CYP21A2dup, R357W, V282L, [I237N;V238E;M240K], c.293-13C>G.	N/A

What Is Congenital Adrenal Hyperplasia, CYP21A2-Related?

Congenital adrenal hyperplasia (CAH) refers to a group of genetic disorders that affect the body's adrenal glands. The adrenal glands regulate essential functions in the body, including the production of several important hormones. CAH occurs when the adrenal glands are unable to produce these hormones properly, resulting in a hormone imbalance. CAH, CYP21A2-related is caused by mutations in the *CYP21A2* gene. The *CYP21A2* gene produces the 21-hydroxylase enzyme. Another name for this disorder is 21-hydroxylase-deficient CAH (21-OHD CAH).

When the 21-hydroxylase enzyme is missing or present at low levels, the adrenal glands are unable to produce two critical hormones, cortisol and aldosterone. The body responds to this deficiency by producing an excess of male sex hormones, called androgens. Collectively, the excess androgen production and hormone deficiencies can lead to a variety of medical problems, which vary in severity depending on the form of CAH. CAH associated with *CYP21A2* (21-OHD CAH) has two major forms: classic and non-classic.

CLASSIC FORM

The most severe form referred to as classic 21-OHD CAH, can be further divided into two different subtypes: salt wasting and simple virilizing (non-salt wasting) types. The classic salt-wasting type is associated with near-to-complete deficiency of the 21-hydroxylase enzyme, resulting in the complete inability to produce the hormones cortisol and aldosterone. In this type, the body cannot retain enough sodium (salt) and when too much salt is lost in the urine, it may lead to dehydration, vomiting, diarrhea, poor growth, heart-rhythm abnormalities (arrhythmias), and shock (salt wasting). If not properly treated, salt wasting can lead to death in some cases.

Additionally, female newborns often have external genitals that do not clearly appear either male or female (ambiguous genitalia), whereas male newborns may present with enlarged genitals. Signs of early puberty and the exaggerated development of male characteristics (virilization) occur in both males and females with CAH. These symptoms may include: rapid growth and development

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in early childhood, but shorter-than-average height in adulthood, abnormal menstruation cycles for females, excess facial hair for females, early facial-hair growth for males, severe acne, and infertility in both men and women. Male characteristics such as muscle bulk and a deep voice can occur in females and in boys (masculinization).

The simple virilizing type of CAH is associated with partial 21-hydroxylase deficiency. Unlike the salt-wasting type, individuals with this condition typically do not experience severe and life-threatening sodium-deficiency symptoms as newborns. However, the majority of female newborns with this type will have ambiguous genitalia, and both male and female children may show signs of early puberty.

NON-CLASSIC FORM

The non-classic type (late-onset type) is the the least-severe form of 21-OHD CAH and is caused by a mild deficiency of the 21-hydroxylase enzyme. Individuals with this type may start experiencing symptoms related to excess androgen production in childhood, adolescence, or adulthood. Both males and females may exhibit rapid growth in childhood, shorter-than-average stature in adulthood, virilization, and infertility. Additionally, girls may experience symptoms of masculinization and abnormal menstruation. However, some individuals with non-classic CAH may never know they are affected because the symptoms are so mild.

How Common Is Congenital Adrenal Hyperplasia, CYP21A2-Related?

The incidence of 21-OHD CAH varies by type and ethnicity. The incidence for the classic form is approximately 1 in 15,000 births worldwide. The prevalence of the classic form varies from 1 in 300 for Yupik Eskimos in Alaska to 1 in 21,000 in Japanese. The non-classic form of 21-OHD CAH is much more common, with an incidence of approximately 1 in 1000 births. The prevalence of the non-classic form is much higher in some ethnicities, namely in the Ashkenazi Jewish (1 in 27), Hispanic (1 in 40), Slavic (1 in 50), and Italian (1 in 300) ethnicities. Mutations in *CYP21A2* account for about 90% of CAH cases.

How Is Congenital Adrenal Hyperplasia, CYP21A2-Related Treated?

Currently, there is no cure for CAH. However, treatments are available to address some of the associated symptoms. Patients benefit from taking hormone-replacement medications, which work to increase levels of deficient hormones and suppress the overproduction of male hormones. Most individuals with classic CAH will need to take hormone medications for the rest of their lives. Those with the less-severe forms of CAH are sometimes able to stop taking these medications in adulthood and are typically treated with lower doses. Some individuals with non-classic CAH do not require any treatment. A multidisciplinary team of physicians, including an endocrinologist, will need to monitor the medication dosage, medication side effects, growth, and sexual development of patients who continue to receive treatment.

Newborn females with ambiguous genitalia may need surgery to correct the function and appearance of the external genitalia. Surgery, if needed, is most often performed during infancy, but can be performed later in life. Treatments provided during pregnancy may reduce the degree of virilization in female fetuses. However, because the long-term safety of prenatal treatment is unknown, these therapies are considered experimental and are not recommended by professional guidelines.

What Is the Prognosis for an Individual with Congenital Adrenal Hyperplasia, CYP21A2-Related?

With early diagnosis and proper medication management, most individuals with 21-OHD CAH will have a normal life expectancy. Early death can occur during periods of significant sodium loss (salt crises) if medication dosage is not adequately adjusted, especially during times of illness or trauma. Problems with growth and development, ambiguous genitalia, and virilization are monitored by physicians on an ongoing basis. Females with 21-OHD CAH can become pregnant, but fertility is reduced.

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Methods and Limitations

DONOR 10503 [Foresight Carrier Screen]: Sequencing with copy number analysis, spinal muscular atrophy, and analysis of homologous regions (DTS v3.1).

Sequencing with copy number analysis

High-throughput sequencing and read depth-based copy number analysis are 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. The region of interest (ROI) of the test comprises these regions, in addition to the 20 intronic bases flanking each exon. 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 high coverage and the sequences are compared to standards and references of normal variation (Genome Reference Consortium Human Build 37 (GRCh37)/hg19). More than 99% of all bases in the ROI are sequenced at greater than the minimum read depth. Mutations may not be detected in areas of lower sequence coverage. Small insertions and deletions may not be as accurately determined as single nucleotide variants. Genes that have closely related pseudogenes may be addressed by a different method. *CFTR* and *DMD* testing includes analysis for both large (exon-level) deletions and duplications with an average sensitivity of 99%, while other genes are only analyzed for large deletions with a sensitivity of >75%. However, the sensitivity may be higher for selected founder deletions. The breakpoints of copy number variants and exons affected are estimated from probe positions. Only exons known to be included in the copy number variant are provided in the name. In some cases, the copy number variant may be larger or smaller than indicated. If *GJB2* is tested, large upstream deletions involving the genes *GJB6* and/or *CRYL1* that affect the expression of *GJB2* are also analyzed. Mosaicism or somatic variants present at low levels may not be detected. If detected, these may not be reported.

Detection rates are determined by using literature to estimate the fraction of disease alleles, weighted by frequency, that the methodology is unable to detect. Detection rates only account for analytical sensitivity and 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 mutations.

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 "likely" pathogenic are reported. Likely pathogenic variants are described elsewhere in the report as "likely to have a negative impact on gene function". Likely pathogenic variants are evaluated and classified by assessing the nature of the variant and reviewing reports of allele frequencies in cases and controls, functional studies, variant annotation and effect prediction, and segregation studies. Exon level duplications are assumed to be in tandem and are classified according to their predicted effect on the reading frame. Benign variants, variants of uncertain significance, and variants not directly associated with the intended disease phenotype are not reported. Curation summaries of reported variants are available upon request.

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.

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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. f 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. 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. Residual and reproductive risks provided assume a normal karyotype. Risks for individuals with abnormal karyotypes may be different. 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 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**.

Resources

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

Patients can share their reports via research registries such as Genome Connect, an online research registry working to build the knowledge base about genetics and health. 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



Jack Ji, PhD, FACMG

Report content approved by Jack Ji, PhD, FACMG on Nov 9, 2020

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Conditions Tested

11-beta-hydroxylase-deficient Congenital Adrenal Hyperplasia - **Gene:** CYP11B1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000497:1-9. **Detection Rate:** Northern European 94%.

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

ABCC8-related Familial Hyperinsulinism - **Gene:** ABCC8. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000352:1-39. **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 >99%.

Alpha Thalassemia, HBA1/HBA2-related - **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-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%.

AMT-related Glycine Encephalopathy - **Gene:** AMT. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000481:1-9. **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 98%.

ATP7A-related Disorders - **Gene:** ATP7A. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000052:2-23. **Detection Rate:** Northern European 96%.

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 >99%.

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%.

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

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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 97%.
COL4A4-related Alport Syndrome - **Gene:** COL4A4. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000092:2-48. **Detection Rate:** Northern European 98%.
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, 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 99%.
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 99%.
ERCC8-related Disorders - **Gene:** ERCC8. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000082:1-12. **Detection Rate:** Northern European 95%.
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 >99%.
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:** IKBKAP. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_003640:2-37. **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 88%.
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%.
Glycogen Storage Disease Type Ia - **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%.

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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%.
Herlitz Junctional Epidermolysis Bullosa, LAMB3-related - **Gene:** LAMB3. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000228 2-23. **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 98%.
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, LAMC2-related - **Gene:** LAMC2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_005562:1-23. **Detection Rate:** Northern European >99%.
KCNJ11-related Familial Hyperinsulinism - **Gene:** KCNJ11. Autosomal Recessive. Sequencing with copy number analysis. **Exon:** NM_000525:1. **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%.
LAMA2-related Muscular Dystrophy - **Gene:** LAMA2. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000426:1-65. **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 >99%.
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 96%.
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 >99%.
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 88%.
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%.
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%.
Niemann-Pick Disease Type C1 - **Gene:** NPC1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000271:1-25. **Detection Rate:** Northern European >99%.

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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%.
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 >99%.
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 94%.
Usher Syndrome Type 3 - **Gene:** CLRN1. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_174878:1-3. **Detection Rate:** Northern European >99%.
Very-long-chain Acyl-CoA Dehydrogenase Deficiency - **Gene:** ACADVL. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000018:1-20. **Detection Rate:** Northern European >99%.

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Wilson Disease - **Gene:** ATP7B. Autosomal Recessive. Sequencing with copy number analysis. **Exons:** NM_000053:1-21. **Detection Rate:** Northern European >99%.
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 95%.
X-linked Congenital Adrenal Hypoplasia - **Gene:** NR0B1. X-linked Recessive. Sequencing with copy number analysis. **Exons:** NM_000475:1-2. **Detection Rate:** Northern European 99%.
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 98%.
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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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 10503 Residual Risk	Reproductive Risk
11-beta-hydroxylase-deficient Congenital Adrenal Hyperplasia	1 in 3,800	< 1 in 1,000,000
6-pyruvoyl-tetrahydropterin Synthase Deficiency	< 1 in 50,000	< 1 in 1,000,000
ABCC8-related Familial Hyperinsulinism	1 in 17,000	< 1 in 1,000,000
Adenosine Deaminase Deficiency	1 in 22,000	< 1 in 1,000,000
Alpha Thalassemia, HBA1/HBA2-related	Alpha globin status: aa/aa.	Not calculated
Alpha-mannosidosis	1 in 35,000	< 1 in 1,000,000
Alpha-sarcoglycanopathy	< 1 in 50,000	< 1 in 1,000,000
Alstrom Syndrome	< 1 in 50,000	< 1 in 1,000,000
AMT-related Glycine Encephalopathy	1 in 22,000	< 1 in 1,000,000
Andermann Syndrome	< 1 in 50,000	< 1 in 1,000,000
Argininemia	< 1 in 17,000	< 1 in 1,000,000
Argininosuccinic Aciduria	1 in 13,000	< 1 in 1,000,000
Aspartylglucosaminuria	< 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 11,000	< 1 in 1,000,000
ATP7A-related Disorders	< 1 in 1,000,000	1 in 600,000
Autoimmune Polyglandular Syndrome Type 1	1 in 15,000	< 1 in 1,000,000
Autosomal Recessive Osteopetrosis Type 1	1 in 35,000	< 1 in 1,000,000
Autosomal Recessive Polycystic Kidney Disease, PKHD1-related	1 in 8,100	< 1 in 1,000,000
Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay	< 1 in 44,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS1-related	1 in 32,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS10-related	1 in 42,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS12-related	< 1 in 50,000	< 1 in 1,000,000
Bardet-Biedl Syndrome, BBS2-related	< 1 in 50,000	< 1 in 1,000,000
BCS1L-related Disorders	< 1 in 50,000	< 1 in 1,000,000
Beta-sarcoglycanopathy	1 in 39,000	< 1 in 1,000,000
Biotinidase Deficiency	1 in 13,000	1 in 650,000
Bloom Syndrome	< 1 in 50,000	< 1 in 1,000,000
Calpainopathy	1 in 13,000	< 1 in 1,000,000
Canavan Disease	1 in 9,700	< 1 in 1,000,000
Carbamoylphosphate Synthetase I Deficiency	< 1 in 57,000	< 1 in 1,000,000
Carnitine Palmitoyltransferase IA Deficiency	< 1 in 50,000	< 1 in 1,000,000
Carnitine Palmitoyltransferase II Deficiency	1 in 25,000	< 1 in 1,000,000
Cartilage-hair Hypoplasia	< 1 in 50,000	< 1 in 1,000,000
Cerebrotendinous Xanthomatosis	1 in 11,000	< 1 in 1,000,000
Citrullinemia Type 1	1 in 14,000	< 1 in 1,000,000
CLN3-related Neuronal Ceroid Lipofuscinosis	1 in 8,600	< 1 in 1,000,000
CLN5-related Neuronal Ceroid Lipofuscinosis	< 1 in 50,000	< 1 in 1,000,000
CLN6-related Neuronal Ceroid Lipofuscinosis	1 in 43,000	< 1 in 1,000,000
CLN8-related Neuronal Ceroid Lipofuscinosis	< 1 in 50,000	< 1 in 1,000,000
Cohen Syndrome	< 1 in 15,000	< 1 in 1,000,000
COL4A3-related Alport Syndrome	1 in 6,200	< 1 in 1,000,000
COL4A4-related Alport Syndrome	1 in 12,000	< 1 in 1,000,000
Combined Pituitary Hormone Deficiency, PROP1-related	1 in 6,100	< 1 in 1,000,000
Congenital Adrenal Hyperplasia, CYP21A2-related	NM_000500.7(CYP21A2):c.844G>T(V282L) heterozygote †	1 in 220
Congenital Disorder of Glycosylation Type Ia	1 in 16,000	< 1 in 1,000,000
Congenital Disorder of Glycosylation Type Ic	< 1 in 50,000	< 1 in 1,000,000
Congenital Disorder of Glycosylation, MPI-related	< 1 in 50,000	< 1 in 1,000,000

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Disease	DONOR 10503 Residual Risk	Reproductive Risk
Costeff Optic Atrophy Syndrome	< 1 in 50,000	< 1 in 1,000,000
Cystic Fibrosis	1 in 3,000	1 in 360,000
Cystinosis	1 in 22,000	< 1 in 1,000,000
D-bifunctional Protein Deficiency	1 in 9,000	< 1 in 1,000,000
Delta-sarcoglycanopathy	< 1 in 40,000	< 1 in 1,000,000
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 26,000	< 1 in 1,000,000
ERCC8-related Disorders	< 1 in 9,900	< 1 in 1,000,000
EVC-related Ellis-van Creveld Syndrome	1 in 7,500	< 1 in 1,000,000
EVC2-related Ellis-van Creveld Syndrome	< 1 in 50,000	< 1 in 1,000,000
Fabry Disease	< 1 in 1,000,000	1 in 80,000
Familial Dysautonomia	< 1 in 50,000	< 1 in 1,000,000
Familial Mediterranean Fever	< 1 in 50,000	< 1 in 1,000,000
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 10,000	< 1 in 1,000,000
Galactosemia	1 in 8,600	< 1 in 1,000,000
Gamma-sarcoglycanopathy	1 in 3,000	< 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 19,000	< 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
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
GNE Myopathy	1 in 23,000	< 1 in 1,000,000
GNPTAB-related Disorders	1 in 32,000	< 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 Disease)	1 in 3,100	1 in 390,000
Hereditary Fructose Intolerance	1 in 7,900	< 1 in 1,000,000
Herlitz Junctional Epidermolysis Bullosa, LAMB3-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
HMG-CoA Lyase Deficiency	< 1 in 33,000	< 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
Hypophosphatasia	1 in 27,000	< 1 in 1,000,000
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, LAMC2-related	< 1 in 50,000	< 1 in 1,000,000
KCNJ11-related Familial Hyperinsulinism	< 1 in 50,000	< 1 in 1,000,000
Krabbe Disease	1 in 14,000	< 1 in 1,000,000
LAMA2-related Muscular Dystrophy	1 in 34,000	< 1 in 1,000,000
Leigh Syndrome, French-Canadian Type	< 1 in 50,000	< 1 in 1,000,000
Lipoid Congenital Adrenal Hyperplasia	< 1 in 50,000	< 1 in 1,000,000
Lysosomal Acid Lipase Deficiency	1 in 18,000	< 1 in 1,000,000
Maple Syrup Urine Disease Type Ia	1 in 42,000	< 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 13,000	< 1 in 1,000,000
Medium Chain Acyl-CoA Dehydrogenase Deficiency	1 in 4,400	1 in 790,000
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
Methylmalonic Acidemia, cblB Type	1 in 48,000	< 1 in 1,000,000

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myriad WOMEN'S HEALTH

RESULTS RECIPIENT
SEATTLE SPERM BANK
Attn: Jeffrey Olliffe
NPI: 1306838271
Report Date: 11/09/2020

MALE
DONOR 10503
DOB: [redacted]
Ethnicity: Northern European
Barcode: 11004512689639

FEMALE
N/A

Disease	DONOR 10503 Residual Risk	Reproductive Risk
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 50,000	< 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 600,000	1 in 150,000
Mucopolysaccharidosis Type IIIA	1 in 12,000	< 1 in 1,000,000
Mucopolysaccharidosis Type IIIB	1 in 25,000	< 1 in 1,000,000
Mucopolysaccharidosis Type IIIC	1 in 37,000	< 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
Niemann-Pick Disease Type C1	1 in 19,000	< 1 in 1,000,000
Niemann-Pick Disease Type C2	< 1 in 50,000	< 1 in 1,000,000
Niemann-Pick Disease, SMPD1-related	1 in 25,000	< 1 in 1,000,000
Nijmegen Breakage Syndrome	1 in 15,000	< 1 in 1,000,000
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
Phenylalanine Hydroxylase Deficiency	1 in 4,800	1 in 940,000
POMGNT-related Disorders	< 1 in 12,000	< 1 in 1,000,000
Pompe Disease	1 in 4,000	< 1 in 1,000,000
PPT1-related Neuronal Ceroid Lipofuscinosis	1 in 7,700	< 1 in 1,000,000
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
Pycnodysostosis	1 in 43,000	< 1 in 1,000,000
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 32,000	< 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
Spinal Muscular Atrophy	Negative for g.27134T>G SNP SMN1: 2 copies 1 in 770	1 in 110,000
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 16,000	< 1 in 1,000,000
Tyrosinemia Type II	1 in 25,000	< 1 in 1,000,000
USH1C-related Disorders	1 in 35,000	< 1 in 1,000,000
USH2A-related Disorders	1 in 2,200	< 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
Wilson Disease	1 in 6,500	< 1 in 1,000,000
X-linked Adrenoleukodystrophy	1 in 90,000	1 in 42,000
X-linked Alport Syndrome	Not calculated	Not calculated

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Disease	DONOR 10503 Residual Risk	Reproductive Risk
X-linked Congenital Adrenal Hypoplasia	< 1 in 1,000,000	< 1 in 1,000,000
X-linked Juvenile Retinoschisis	< 1 in 1,000,000	1 in 40,000
X-linked Myotubular Myopathy	Not calculated	Not calculated
X-linked Severe Combined Immunodeficiency	< 1 in 1,000,000	1 in 200,000
Xeroderma Pigmentosum Group A	< 1 in 50,000	< 1 in 1,000,000
Xeroderma Pigmentosum Group C	1 in 7,300	< 1 in 1,000,000

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Patient Information	
Patient Name:	DONOR 10503
Date Of Birth:	[redacted]
Gender:	Male
Ethnicity:	Northern European Caucasian
Patient ID:	N/A
Medical Record #:	N/A
Collection Kit:	40864372-2-C
Accession ID:	N/A
Case File ID:	16189258

Test Information	
Ordering Physician:	Dr. James Kuan
Clinic Information:	Seattle Sperm Bank
Phone:	(206) 588-1484
Report Date:	04/02/2025
Sample Collected:	03/22/2025
Sample Received:	03/24/2025
Sample Type:	Blood

horizon™ natera carrier screen

CARRIER SCREENING REPORT

ABOUT THIS SCREEN: Horizon™ is a carrier screen for specific autosomal recessive and X-linked diseases. This information can help patients learn their risk of having a child with specific genetic conditions.

ORDER SELECTED: The Horizon Custom panel was ordered for this patient. Males are not screened for X-linked diseases

FINAL RESULTS SUMMARY:

Negative for 4 out of 4 diseases

No Pathogenic variants were detected in the genes that were screened. The patient's remaining carrier risk after the negative screening results is listed for each disease/gene on the Horizon website at https://www.natera.com/panel-option/h-all/. Please see the following pages of this report for a comprehensive list of all conditions included on this individual's screen.

Carrier screening is not diagnostic and may not detect all possible pathogenic variants in a given gene.

RECOMMENDATIONS

Individuals who would like to review their Horizon report with a Natera Laboratory Genetic Counselor may schedule a telephone genetic information session by calling 650-249-9090 or visiting naterasession.com. Clinicians with questions may contact Natera at 650-249-9090 or email support@natera.com.

Christine M. Eng, M.D.
Medical Director, Baylor Genetics

Linyan Meng, Ph.D.
Laboratory Director, Baylor Genetics

J. Dianne Keen-Kim, Ph.D., FACMGG
Senior Laboratory Director, Natera

Yang Wang, Ph.D., FACMGG
Laboratory Director, Natera

The pre-analytic and post-analytic phases of this test were performed by NSTX, Inc., 13011 McCallen Pass, Building A Suite 110, Austin, TX 78753 (CLIA ID 45D2093704). This test was performed by Baylor Miraca Genetics, DBA Baylor Genetics, 2450 Holcombe Blvd. Houston, TX 77021 (CLIA ID 45D0660090). The performance characteristics of this test were developed by Baylor Miraca Genetics, DBA Baylor Genetics (CLIA ID 45D0660090). This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). These laboratories are regulated under CLIA as qualified to perform high-complexity testing. © Natera, Inc. 2022. All Rights Reserved.

natera® Conceive. Deliver.

Patient Information
Patient Name: DONOR 10503
Date Of Birth: [redacted]
Case File ID: 16189258

Test Information
Ordering Physician: Dr. James Kuan
Clinic Information: Seattle Sperm Bank
Report Date: 04/02/2025

DISEASES SCREENED

Below is a list of all diseases screened and the result. Certain conditions have unique patient-specific numerical values, therefore, results for those conditions are formatted differently.

Autosomal Recessive

A
AICARDI-GOUTIERES SYNDROME, RNASEH2A-RELATED (*RNASEH2A*) **negative**

F
FRIEDREICH ATAXIA (*FXN*) **negative**

N
NEPHRONOPHTHISIS 1 (*NPHP1*) **negative**

R
RETINITIS PIGMENTOSA 25 (*EYS*) **negative**

Patient Information		Test Information	
Patient Name:	DONOR 10503	Ordering Physician:	Dr. James Kuan
		Clinic Information:	Seattle Sperm Bank
Date Of Birth:			
Case File ID:	16189258		
		Report Date:	04/02/2025

Testing Methodology, Limitations, and Comments:

Next-generation sequencing (NGS)

Sequencing library prepared from genomic DNA isolated from a patient sample is enriched for targets of interest using standard hybridization capture protocols and PCR amplification (for targets specified below). NGS is then performed to achieve the standards of quality control metrics, including a minimum coverage of 99% of targeted regions at 20X sequencing depth. Sequencing data is aligned to human reference sequence, followed by deduplication, metric collection and variant calling (coding region +/- 20bp). Variants are then classified according to ACMGG/AMP standards of interpretation using publicly available databases including but not limited to ENSEMBL, HGMD Pro, ClinGen, ClinVar, 1000G, ESP and gnomAD. Variants predicted to be pathogenic or likely pathogenic for the specified diseases are reported. It should be noted that the data interpretation is based on our current understanding of the genes and variants at the time of reporting. Putative positive sequencing variants that do not meet internal quality standards or are within highly homologous regions are confirmed by Sanger sequencing or gene-specific long-range PCR as needed prior to reporting.

Copy Number Variant (CNV) analysis is limited to deletions involving two or more exons for all genes on the panel, in addition to specific known recurrent single-exon deletions. CNVs of small size may have reduced detection rate. This method does not detect gene inversions, single-exonic and sub-exonic deletions (unless otherwise specified), and duplications of all sizes (unless otherwise specified). Additionally, this method does not define the exact breakpoints of detected CNV events. Confirmation testing for copy number variation is performed by specific PCR, Multiplex Ligation-dependent Probe Amplification (MLPA), next generation sequencing, or other methodology.

This test may not detect certain variants due to local sequence characteristics, high/low genomic complexity, homologous sequence, or allele dropout (PCR-based assays). Variants within noncoding regions (promoter, 5'UTR, 3'UTR, deep intronic regions, unless otherwise specified), small deletions or insertions larger than 25bp, low-level mosaic variants, structural variants such as inversions, and/or balanced translocations may not be detected with this technology.

Friedreich Ataxia (FXN)

The GAA repeat region of the FXN gene is assessed by trinucleotide PCR assay and capillary electrophoresis. Variances of +/-1 repeat for normal alleles and up to +/-3 repeats for premutation alleles may occur. For fully penetrant expanded alleles, the precise repeat size cannot be determined, therefore the approximate allele size is reported. Sequencing and copy number variants are analyzed by next-generation sequencing analysis.

Friedreich Ataxia Repeat Categories

Categories	GAA Repeat Sizes
Normal	<34
Premutation	34 - 65
Full	>65

Variant Classification

Only pathogenic or likely pathogenic variants are reported. Other variants including benign variants, likely benign variants, variants of uncertain significance, or inconclusive variants identified during this analysis may be reported in certain circumstances. Our laboratory's variant classification criteria are based on the ACMG and internal guidelines and our current understanding of the specific genes. This interpretation may change over time as more information about a gene and/or variant becomes available. Natera and its lab partner(s) may reclassify variants at certain intervals but may not release updated reports without a specific request made to Natera by the ordering provider. Natera may disclose incidental findings if deemed clinically pertinent to the test performed.

Negative Results

A negative carrier screening result reduces the risk for a patient to be a carrier of a specific disease but does not completely rule out carrier status. Please visit https://www.natera.com/panel-option/h-all/ for a table of carrier rates, detection rates, residual risks and promised variants/exons per gene. Carrier rates before and after testing vary by ethnicity and assume a negative family history for each disease screened and the absence of clinical symptoms in the patient. Any patient with a family history for a specific genetic disease will have a higher carrier risk prior to testing and, if the disease-causing mutation in their family is not included on the test, their carrier risk would remain unchanged. Genetic counseling is recommended for patients with a family history of genetic disease so that risk figures based on actual family history can be determined and discussed along with potential implications for reproduction. Horizon carrier screening has been developed to identify the reproductive risks for monogenic inherited conditions. Even when one or both members of a couple screen negative for pathogenic variants in a specific gene, the disease risk for their offspring is not zero. There is still a low risk for the condition in their offspring due to a number of different mechanisms that are not detected by Horizon including, but not limited to, pathogenic variant(s) in the tested gene or in a different gene not included on Horizon, pathogenic variant(s) in an upstream regulator, uniparental disomy, de novo mutation(s), or digenic or polygenic inheritance.

Additional Comments

These analyses generally provide highly accurate information regarding the patient's carrier status. Despite this high level of accuracy, it should be kept in mind that there are many potential sources of diagnostic error, including misidentification of samples, polymorphisms, or other rare genetic variants that interfere with analysis. Families should understand that rare diagnostic errors may occur for these reasons.

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Lab Director: Arash Radfar M.D.
CLIA: 22D0957540

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Lakewood Pathology Associates
Cohen Dermatopathology
Therapath Partners

Patient Information:
10503 , Donor
DOB: [redacted]
Sex: M
MR#:
Patient#: FT-PT8962413

Partner Information:
Not Tested

Physician:
Kuan, James
Phoenix Sperm Bank
4915 25th Avenue NE, Ste 204W
Seattle, WA 98105
Phone: (206) 588-1484

Laboratory:
Fulgent Therapeutics LLC
CAP#: 8042697
CLIA#: 05D2043189
Laboratory Director:
Dr. Amar Jariwala
Report Date: **Feb 01,2025**

Accession:
FT-7292498
Test#: FT-TS15070772
Specimen Type: Blood (EDTA)
Collected: Not Provided

Accession:
N/A

FINAL RESULTS

No carrier mutations identified

TEST PERFORMED

Custom Beacon Preconception Carrier Screening Panel
(2 Gene Panel: *CNGA1 and MED17*; gene sequencing with deletion and duplication analysis)

INTERPRETATION:

Notes and Recommendations:

- No carrier mutations were identified in the submitted specimen. A negative result does not rule out the possibility of a genetic predisposition nor does it rule out any pathogenic mutations in areas not assessed by this test or in regions that were covered at a level too low to reliably assess. Also, it does not rule out mutations that are of the sort not queried by this test; see Methods and Limitations for more information. A negative result reduces, but does not eliminate, the chance to be a carrier for any condition included in this screen. Please see the supplemental table for details.
- This carrier screening test does not screen for all possible genetic conditions, nor for all possible mutations in every gene tested. This report does not include variants of uncertain significance; only variants classified as pathogenic or likely pathogenic at the time of testing, and considered relevant for reproductive carrier screening, are reported. Please see the gene specific notes for details. Please note that the classification of variants can change over time.
- Patients may wish to discuss any carrier results with blood relatives, as there is an increased chance that they are also carriers. These results should be interpreted in the context of this individual's clinical findings, biochemical profile, and family history.
- Gene specific notes and limitations may be present. See below.
- Genetic counseling is recommended. Available genetic counselors and additional resources can be found at the National Society of Genetic Counselors (NSGC; https://www.nsgc.org)

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Lab Director: Arash Radfar M.D.
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GENES TESTED:

Custom Beacon Preconception Carrier Screening Panel - 2 Genes

This analysis was run using the Custom Beacon Preconception Carrier Screening Panel gene list. 2 genes were tested with 100.0% of targets sequenced at >20x coverage. For more gene-specific information and assistance with residual risk calculation, see the SUPPLEMENTAL TABLE.

CNGA1, MED17

METHODS:

Genomic DNA was isolated from the submitted specimen indicated above (if cellular material was submitted). DNA was barcoded, and enriched for the coding exons of targeted genes using hybrid capture technology. Prepared DNA libraries were then sequenced using a Next Generation Sequencing technology. Following alignment to the human genome reference sequence (assembly GRCh37), variants were detected in regions of at least 10x coverage. For this specimen, 100.00% and 100.00% of coding regions and splicing junctions of genes listed had been sequenced with coverage of at least 10x and 20x, respectively, by NGS or by Sanger sequencing. The remaining regions did not have 10x coverage, and were not evaluated. Variants were interpreted manually using locus specific databases, literature searches, and other molecular biological principles. To minimize false positive results, any variants that do not meet internal quality standards are confirmed by Sanger sequencing. Variants classified as pathogenic, likely pathogenic, or risk allele which are located in the coding regions and nearby intronic regions (+/- 20bp) of the genes listed above are reported. Variants outside these intervals may be reported but are typically not guaranteed. When a single pathogenic or likely pathogenic variant is identified in a clinically relevant gene with autosomal recessive inheritance, the laboratory will attempt to ensure 100% coverage of coding sequences either through NGS or Sanger sequencing technologies ("fill-in"). All genes listed were evaluated for large deletions and/or duplications. However, single exon deletions or duplications will not be detected in this assay, nor will copy number alterations in regions of genes with significant pseudogenes. Putative deletions or duplications are analyzed using Fulgent Germline proprietary pipeline for this specimen. Bioinformatics: The Fulgent Germline v2019.2 pipeline was used to analyze this specimen.

LIMITATIONS:

General Limitations

These test results and variant interpretation are based on the proper identification of the submitted specimen, accuracy of any stated familial relationships, and use of the correct human reference sequences at the queried loci. In very rare instances, errors may result due to mix-up or co-mingling of specimens. Positive results do not imply that there are no other contributors, genetic or otherwise, to future pregnancies, and negative results do not rule out the genetic risk to a pregnancy. Official gene names change over time. Fulgent uses the most up to date gene names based on HUGO Gene Nomenclature Committee (https://www.genenames.org) recommendations. If the gene name on report does not match that of ordered gene, please contact the laboratory and details can be provided. Result interpretation is based on the available clinical and family history information for this individual, collected published information, and Alamut annotation available at the time of reporting. This assay is not designed or validated for the detection of low-level mosaicism or somatic mutations. This assay will not detect certain types of genomic aberrations such as translocations, inversions, or repeat expansions other than specified genes. DNA alterations in regulatory regions or deep intronic regions (greater than 20bp from an exon) may not be detected by this test. Unless otherwise indicated, no additional assays have been performed to evaluate genetic changes in this specimen. There are technical limitations on the ability of DNA sequencing to detect small insertions and deletions. Our laboratory uses a sensitive detection algorithm, however these types of alterations are not detected as reliably as single nucleotide variants. Rarely, due to systematic chemical, computational, or human error, DNA variants may be missed. Although next generation sequencing technologies and our bioinformatics analysis significantly reduce the confounding contribution of pseudogene sequences or other highly-homologous sequences, sometimes these may still interfere with the technical ability of the assay to identify pathogenic alterations in both sequencing and deletion/duplication analyses. Deletion/duplication analysis can identify alterations of genomic regions which include one whole gene (buccal swab specimens and whole blood specimens) and are two or more contiguous exons in size (whole blood specimens only); single exon deletions or duplications may occasionally be identified, but are not routinely detected by this test. When novel DNA duplications are identified, it is not possible to discern the genomic location or orientation of the duplicated segment, hence the effect of the duplication cannot be predicted. Where deletions are detected, it is not always possible to determine whether the predicted product will remain in-frame or not. Unless otherwise indicated, deletion/duplication analysis has not been performed in regions that have been sequenced by Sanger.

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Gene Specific Notes and Limitations

No gene specific limitations apply to the genes on the tested panel.

SIGNATURE:

Dr. Harry Gao, DABMG, FACMG on **2/1/2025**
Laboratory Director, Fulgent

DISCLAIMER:

This test was developed and its performance characteristics determined by Fulgent Therapeutics LLC CAP #8042697 CLIA #05D2043189; 4399 Santa Anita Ave., El Monte, CA, 91731. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Since genetic variation, as well as systematic and technical factors, can affect the accuracy of testing, the results of testing should always be interpreted in the context of clinical and familial data. For assistance with interpretation of these results, healthcare professionals may contact us directly at **626-350-0537** or by email at **info@fulgentgenetics.com**. It is recommended that patients receive appropriate genetic counseling to explain the implications of the test result, including its residual risks, uncertainties and reproductive or medical options.

To view the supplemental table describing the carrier frequencies, detection rates, and residual risks associated with the genes tested on any Beacon panel, please visit the following link:
Beacon Expanded Carrier Screening Supplemental Table

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Patient Information:
10503 , Donor
DOB: [redacted]
Sex: M
MR#:
Patient#: FT-PT8962413

Partner Information:
Not Tested

Physician:
Kuan, James
Phoenix Sperm Bank
4915 25th Avenue NE, Ste 204W
Seattle, WA 98105
Phone: (206) 588-1484

Laboratory:
Fulgent Therapeutics LLC
CAP#: 8042697
CLIA#: 05D2043189
Laboratory Director:
Dr. Amar Jariwala
Report Date: **Feb 01,2025**

Accession:
FT-7292498
Test#: FT-TS15070773
Specimen Type: Blood (EDTA)
Collected: Not Provided

Accession:
N/A

FINAL RESULTS

No carrier mutations identified

TEST PERFORMED

Single Gene Carrier Screening: CNGB3
(1 Gene Panel: *CNGB3*; gene sequencing with deletion and duplication analysis)

INTERPRETATION:

Notes and Recommendations:

- No carrier mutations were identified in the submitted specimen. A negative result does not rule out the possibility of a genetic predisposition nor does it rule out any pathogenic mutations in areas not assessed by this test or in regions that were covered at a level too low to reliably assess. Also, it does not rule out mutations that are of the sort not queried by this test; see Methods and Limitations for more information. A negative result reduces, but does not eliminate, the chance to be a carrier for any condition included in this screen. Please see the supplemental table for details.
- This carrier screening test does not screen for all possible genetic conditions, nor for all possible mutations in every gene tested. This report does not include variants of uncertain significance; only variants classified as pathogenic or likely pathogenic at the time of testing, and considered relevant for reproductive carrier screening, are reported. Please see the gene specific notes for details. Please note that the classification of variants can change over time.
- Patients may wish to discuss any carrier results with blood relatives, as there is an increased chance that they are also carriers. These results should be interpreted in the context of this individual's clinical findings, biochemical profile, and family history.
- Gene specific notes and limitations may be present. See below.
- Genetic counseling is recommended. Available genetic counselors and additional resources can be found at the National Society of Genetic Counselors (NSGC; https://www.nsgc.org)

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GENES TESTED:

Custom Beacon Preconception Carrier Screening Panel - Gene

This analysis was run using the Custom Beacon Preconception Carrier Screening Panel gene list. 1 genes were tested with 100.0% of targets sequenced at >20x coverage. For more gene-specific information and assistance with residual risk calculation, see the SUPPLEMENTAL TABLE.

CNGB3

METHODS:

Genomic DNA was isolated from the submitted specimen indicated above (if cellular material was submitted). DNA was barcoded, and enriched for the coding exons of targeted genes using hybrid capture technology. Prepared DNA libraries were then sequenced using a Next Generation Sequencing technology. Following alignment to the human genome reference sequence (assembly GRCh37), variants were detected in regions of at least 10x coverage. For this specimen, 100.00% and 100.00% of coding regions and splicing junctions of genes listed had been sequenced with coverage of at least 10x and 20x, respectively, by NGS or by Sanger sequencing. The remaining regions did not have 10x coverage, and were not evaluated. Variants were interpreted manually using locus specific databases, literature searches, and other molecular biological principles. To minimize false positive results, any variants that do not meet internal quality standards are confirmed by Sanger sequencing. Variants classified as pathogenic, likely pathogenic, or risk allele which are located in the coding regions and nearby intronic regions (+/- 20bp) of the genes listed above are reported. Variants outside these intervals may be reported but are typically not guaranteed. When a single pathogenic or likely pathogenic variant is identified in a clinically relevant gene with autosomal recessive inheritance, the laboratory will attempt to ensure 100% coverage of coding sequences either through NGS or Sanger sequencing technologies ("fill-in"). All genes listed were evaluated for large deletions and/or duplications. However, single exon deletions or duplications will not be detected in this assay, nor will copy number alterations in regions of genes with significant pseudogenes. Putative deletions or duplications are analyzed using Fulgent Germline proprietary pipeline for this specimen. Bioinformatics: The Fulgent Germline v2019.2 pipeline was used to analyze this specimen.

LIMITATIONS:

General Limitations

These test results and variant interpretation are based on the proper identification of the submitted specimen, accuracy of any stated familial relationships, and use of the correct human reference sequences at the queried loci. In very rare instances, errors may result due to mix-up or co-mingling of specimens. Positive results do not imply that there are no other contributors, genetic or otherwise, to future pregnancies, and negative results do not rule out the genetic risk to a pregnancy. Official gene names change over time. Fulgent uses the most up to date gene names based on HUGO Gene Nomenclature Committee (https://www.genenames.org) recommendations. If the gene name on report does not match that of ordered gene, please contact the laboratory and details can be provided. Result interpretation is based on the available clinical and family history information for this individual, collected published information, and Alamut annotation available at the time of reporting. This assay is not designed or validated for the detection of low-level mosaicism or somatic mutations. This assay will not detect certain types of genomic aberrations such as translocations, inversions, or repeat expansions other than specified genes. DNA alterations in regulatory regions or deep intronic regions (greater than 20bp from an exon) may not be detected by this test. Unless otherwise indicated, no additional assays have been performed to evaluate genetic changes in this specimen. There are technical limitations on the ability of DNA sequencing to detect small insertions and deletions. Our laboratory uses a sensitive detection algorithm, however these types of alterations are not detected as reliably as single nucleotide variants. Rarely, due to systematic chemical, computational, or human error, DNA variants may be missed. Although next generation sequencing technologies and our bioinformatics analysis significantly reduce the confounding contribution of pseudogene sequences or other highly-homologous sequences, sometimes these may still interfere with the technical ability of the assay to identify pathogenic alterations in both sequencing and deletion/duplication analyses. Deletion/duplication analysis can identify alterations of genomic regions which include one whole gene (buccal swab specimens and whole blood specimens) and are two or more contiguous exons in size (whole blood specimens only); single exon deletions or duplications may occasionally be identified, but are not routinely detected by this test. When novel DNA duplications are identified, it is not possible to discern the genomic location or orientation of the duplicated segment, hence the effect of the duplication cannot be predicted. Where deletions are detected, it is not always possible to determine whether the predicted product will remain in-frame or not. Unless otherwise indicated, deletion/duplication analysis has not been performed in regions that have been sequenced by Sanger.

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CLIA: 22D0957540

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Metroplex Pathology Associates
Lakewood Pathology Associates
Cohen Dermatopathology
Therapath Partners

Gene Specific Notes and Limitations

No gene specific limitations apply to the genes on the tested panel.

SIGNATURE:

Dr. Harry Gao, DABMG, FACMG on **2/1/2025**
Laboratory Director, Fulgent

DISCLAIMER:

This test was developed and its performance characteristics determined by Fulgent Therapeutics LLC CAP #8042697 CLIA #05D2043189; 4399 Santa Anita Ave., El Monte, CA, 91731. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Since genetic variation, as well as systematic and technical factors, can affect the accuracy of testing, the results of testing should always be interpreted in the context of clinical and familial data. For assistance with interpretation of these results, healthcare professionals may contact us directly at **626-350-0537** or by email at **info@fulgentgenetics.com**. It is recommended that patients receive appropriate genetic counseling to explain the implications of the test result, including its residual risks, uncertainties and reproductive or medical options.

To view the supplemental table describing the carrier frequencies, detection rates, and residual risks associated with the genes tested on any Beacon panel, please visit the following link:
Beacon Expanded Carrier Screening Supplemental Table

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:	**304-944-1582-0**	Account Number:	02003540
Patient Name:	**10503, DONOR**	Ordering Physician:	**J OLLIFFE**
Date of Birth:	[redacted]	Specimen Type:	**BLOOD**
Gender:	M	Client Reference:	
Patient ID:		Date Collected:	10/30/2020
Lab Number:	YU20-81015 L	Date Received:	11/01/2020
Indications:	NOT GIVEN	Date Reported:	**11/12/2020**

Test: **Chromosome, Blood, Routine**

Cells Counted:	20	Cells Karyotyped:	2
Cells Analyzed:	20	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.

Chromosome analysis performed by LabCorp, CLIA 45D0674994. 7207 North Gessner Rd., Houston, TX 77040. Laboratory Director, Venkateswara R Potluri PhD.

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Tempe, AZ 85281
Ph: (602)888-7255
AZB-45

LCLS Specimen Number:	**304-944-1582-0**
Patient Name:	**10503, DONOR**
Date of Birth:	[redacted]
Gender:	M
Patient ID:	
Lab Number:	YU20-81015 L

Account Number:	02003540
Ordering Physician:	**J OLLIFFE**
Specimen Type:	**BLOOD**
Client Reference:	
Date Collected:	10/30/2020
Date Received:	11/01/2020



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LabCorp Specialty Testing Group

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1492 S Mill Ave Suite 306
Tempe, AZ 85281
Ph: (602)888-7255
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LCLS Specimen Number:	**304-944-1582-0**
Patient Name:	**10503, DONOR**
Date of Birth:	[redacted]
Gender:	M
Patient ID:	
Lab Number:	YU20-81015 L

Account Number:	02003540
Ordering Physician:	**J OLLIFFE**
Specimen Type:	**BLOOD**
Client Reference:	
Date Collected:	10/30/2020
Date Received:	11/01/2020

Justin Schleede, PhD, DABMG

Anjen Chenn, M.D., Ph.D.
Medical Director
Stuart Schwartz, PhD
National Director of Cytogenetics

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Professional Component performed by LabCorp CLIA 34D1008914, 1904 TW Alexander Dr, Research Triangle Park, NC 27709. Medical Director, Anjen Chenn, M.D., Ph.D.
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LabCorp

Patient Report

Specimen ID: 304-944-1433-0
Control ID: B0108141137

Acct #: 02003540 **Phone:** (602) 888-7255 **Rte:** 00

10503, DONOR

Phoenix Sperm Bank
1492 S Mill Ave Suite 306
Tempe AZ 85281

Patient Details
DOB: [redacted]
Age(y/m/d): [redacted]
Gender: M
Patient ID:

Specimen Details
Date collected: 10/30/2020 0950 Local
Date received: 10/31/2020
Date entered: 10/31/2020
Date reported: 11/03/2020 1407 ET

Physician Details
Ordering: J OLLIFFE
Referring:
ID:
NPI: 1306838271

General Comments & Additional Information

Alternate Control Number: B0108141137
Total Volume: Not Provided
Alternate Patient ID: Not Provided
Fasting: No

Ordered Items

LP+12AC+CBC/D/Plt+UA+Rh+ABO...

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
LP+12AC+CBC/D/Plt+UA+Rh+ABO...					
Glucose	86		mg/dL	65-99	01
Uric Acid	7.1		mg/dL	3.7-8.6	01
Please Note:					01
Therapeutic target for gout patients: <6.0					
BUN	15		mg/dL	6-20	01
Creatinine	1.05		mg/dL	0.76-1.27	01
eGFR If NonAfricn Am	95		mL/min/1.73	>59	
eGFR If Africn Am	110		mL/min/1.73	>59	
Calcium	9.7		mg/dL	8.7-10.2	01
Protein, Total	7.2		g/dL	6.0-8.5	01
Albumin	4.6		g/dL	4.1-5.2	01
Bilirubin, Total	0.4		mg/dL	0.0-1.2	01
Alkaline Phosphatase	58		IU/L	39-117	01
LDH	170		IU/L	121-224	01
AST (SGOT)	18		IU/L	0-40	01
ALT (SGPT)	17		IU/L	0-44	01
Cholesterol, Total	154		mg/dL	100-199	01
Triglycerides	143		mg/dL	0-149	01
HDL Cholesterol	**32**	**Low**	mg/dL	>39	01
LDL Chol Calc (NIH)	96		mg/dL	0-99	
LDL/HDL Ratio	3.0		ratio	0.0-3.6	
Please Note:					01

LDL/HDL Ratio

	Men	Women
1/2 Avg.Risk	1.0	1.5
Avg.Risk	3.6	3.2
2X Avg.Risk	6.2	5.0
3X Avg.Risk	8.0	6.1

. 01

Hemoglobin Fractionation 01

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Patient: 10503, DONOR
DOB: [redacted] **Patient ID:** **Control ID:** B0108141137
Specimen ID: 304-944-1433-0
Date collected: 10/30/2020 0950 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hgb F	0.0		%	0.0-2.0	02
Hgb A	97.6		%	96.4-98.8	02
Hgb S	0.0		%	0.0	02
Hgb C	0.0		%	0.0	02
Hgb A2	2.4		%	1.8-3.2	02
Hgb Variant	0.0		%	0.0	02
Interpretation					
Normal adult hemoglobin present.					02
ABO Grouping	O				01
Rh Factor	Positive				01
Please note: Prior records for this patient's ABO / Rh type are not available for additional verification.					
.					01
CBC, Platelet Ct, and Diff					01
WBC	7.5		x10E3/uL	3.4-10.8	01
RBC	5.48		x10E6/uL	4.14-5.80	01
Hemoglobin	14.4		g/dL	13.0-17.7	01
Hematocrit	44.0		%	37.5-51.0	01
MCV	80		fL	79-97	01
MCH	**26.3**	**Low**	pg	26.6-33.0	01
MCHC	32.7		g/dL	31.5-35.7	01
RDW	11.8		%	11.6-15.4	01
Platelets	212		x10E3/uL	150-450	01
Neutrophils	63		%	Not Estab.	01
Lymphs	27		%	Not Estab.	01
Monocytes	6		%	Not Estab.	01
Eos	2		%	Not Estab.	01
Basos	1		%	Not Estab.	01
Neutrophils (Absolute)	4.9		x10E3/uL	1.4-7.0	01
Lymphs (Absolute)	2.0		x10E3/uL	0.7-3.1	01
Monocytes(Absolute)	0.4		x10E3/uL	0.1-0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0-0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0-0.2	01
Immature Granulocytes	1		%	Not Estab.	01
Immature Grans (Abs)	0.1		x10E3/uL	0.0-0.1	01
.					01
Urinalysis Gross Exam					01
Specific Gravity	1.024			1.005-1.030	01
pH	6.0			5.0-7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	**Turbid Abnormal**			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01

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Patient: 10503, DONOR
DOB: [redacted]
Patient ID:
Control ID: B0108141137
Specimen ID: 304-944-1433-0
Date collected: 10/30/2020 0950 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen,Semi-Qn	0.2		mg/dL	0.2-1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					01
Microscopic not indicated and not performed.					

01	PDLCA	LabCorp Phoenix 5005 S 40th Street Ste 1200, Phoenix, AZ 85040-2969	Dir: Earle Collum, MD
02	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: Sanjai Nagendra, MD

For inquiries, the physician may contact **Branch: 888-522-2677 Lab: 800-788-9743**

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