

Patient Information

Name: Donor 12946
Date of Birth: [REDACTED]
Sema4 ID: 22221897
Client ID: SEATSB-S451759305
Indication: Carrier Screening

Specimen Information

Specimen Type: Blood
Date Collected: 11/01/2022
Date Received: 11/02/2022
Final Report: 11/18/2022

Referring Provider

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Expanded Carrier Screen (502 genes) with Personalized Residual Risk

SUMMARY OF RESULTS AND RECOMMENDATIONS

⊕ Positive	⊖ Negative
Carrier of Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency (AR) Associated gene(s): <i>CYP21A2</i> Variant(s) Detected: c.841G>T, p.V281L, Pathogenic, Heterozygous (one copy) Carrier of Methylmalonic Aciduria and Homocystinuria, Cobalamin C Type (AR) Associated gene(s): <i>MMACHC</i> Variant(s) Detected: c.271dupA, p.R91KfsX14, Pathogenic, Heterozygous (one copy) Carrier of Sepiapterin Reductase Deficiency (AR) Associated gene(s): <i>SPR</i> Variant(s) Detected: c.751A>T, p.K251X, Pathogenic, Heterozygous (one copy) Carrier of Smith-Lemli-Opitz Syndrome (AR) Associated gene(s): <i>DHCR7</i> Variant(s) Detected: c.1228G>A, p.G410S, Pathogenic, Heterozygous (one copy)	Negative for all other genes tested To view a full list of genes and diseases tested please see Table 1 in this report

AR=Autosomal recessive; XL=X-linked

Recommendations

- Testing the partner for the above positive disorder(s) and genetic counseling are recommended.
- Please note that for female carriers of X-linked diseases, follow-up testing of a male partner is not indicated.
- CGG repeat analysis of *FMR1* for fragile X syndrome is not performed on males as repeat expansion of premutation alleles is not expected in the male germline.
- Individuals of Asian, African, Hispanic and Mediterranean ancestry should also be screened for hemoglobinopathies by CBC and hemoglobin electrophoresis.
- Consideration of residual risk by ethnicity after a negative carrier screen is recommended for the other diseases on the panel, especially in the case of a positive family history for a specific disorder. Please note that residual risks for X-linked diseases (including full repeat expansions for Fragile X syndrome) may not be accurate for males and the actual residual risk is likely to be lower.
- As genetic technologies may improve and variant classifications may change over time, it is recommended to obtain a new carrier screening test or reanalysis when a new pregnancy is being considered.

Interpretation of positive results

Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency (AR)

Results and Interpretation

CYP21A2 copy number: 2

No pathogenic copy number variants detected

CYP21A2 sequencing: c.841G>T, p.V281L, Pathogenic, Heterozygous (one copy)

Genes analyzed: *CYP21A2* (NM_000500.6)

Inheritance: Autosomal Recessive

A heterozygous (one copy) pathogenic missense variant, c.841G>T, p.V281L, was detected in the *CYP21A2* gene (NM_000500.6). Please note that this variant is typically causative for the non-classic form of congenital adrenal hyperplasia (PMID: 29450859). Variants associated with the non-classic form usually cause non-classic congenital adrenal hyperplasia when found in trans with a pathogenic allele, regardless of whether the second variant is associated with classic or non-classic disease (PMID: 29450859). Therefore, this individual is expected to be at least a carrier for non-classic congenital adrenal hyperplasia. Heterozygous carriers are not expected to exhibit symptoms of this disease.

What is congenital adrenal hyperplasia (due to 21-hydroxylase deficiency)?

Congenital adrenal hyperplasia (CAH) is a group of autosomal recessive disorders resulting from deficiency in the enzymes involved in cortisol biosynthesis. The majority (95%) of CAH cases are due to 21-hydroxylase deficiency (21-OHD CAH), which is caused by homozygous or compound heterozygous pathogenic variants in the gene *CYP21A2*. Approximately 20% of mutant alleles have deletions of 30 kb that have been generated by unequal meiotic crossing-over between the two genes. Another 75% of mutant alleles are due to gene conversion events, where an inactivating mutation from the *CYP21A1P* pseudogene is introduced into one copy of the *CYP21A2* gene, thus making the gene non-functional. Three different forms of 21-OHD CAH have been reported: a classic salt wasting form, a classic simple virilizing form, and a non-classic form.

- The classic salt wasting form results from a nonfunctional enzyme and is the most severe. The phenotype includes prenatal onset of virilization and inadequate adrenal aldosterone secretion that can result in fatal salt-wasting crises.
- The classic simple virilizing form results from low levels of functional enzyme and involves prenatal virilization but no salt-wasting.
- The non-classic form, which results from a mild enzyme deficiency, occurs postnatally and involves phenotypes associated with hyperandrogenism, such as hirsutism, delayed menarche, and infertility.

Treatment for the classic forms of the disorder include glucocorticoid and mineralocorticoid replacement therapy, as well as the possibility of feminizing genitoplasty, while patients with the non-classic form usually do not require treatment. The life expectancy for this disorder can be normal with treatment, however the occurrence of salt-wasting crises can be fatal.

Methylmalonic Aciduria and Homocystinuria, Cobalamin C Type (AR)

Results and Interpretation

A heterozygous (one copy) pathogenic frameshift variant, c.271dupA, p.R91KfsX14, was detected in the *MMACHC* gene (NM_015506.2). When this variant is present in trans with a pathogenic variant, it is considered to be causative for methylmalonic aciduria and homocystinuria, cobalamin C type. Therefore, this individual is expected to be at least a carrier for methylmalonic aciduria and homocystinuria, cobalamin C type. Heterozygous carriers are not expected to exhibit symptoms of this disease.

What is Methylmalonic Aciduria and Homocystinuria, Cobalamin C Type?

Methylmalonic aciduria and homocystinuria, cobalamin C type is a pan-ethnic, autosomal recessive disease caused by pathogenic variants in the *MMACHC* gene. The clinical features are variable, and onset may be in infancy, childhood or adolescence. The most common presentation is during the first year of life. Affected infants are often born small and have a failure to thrive. Symptoms include lethargy, seizures and ataxia, and progressive encephalopathy. Affected infants also have characteristic facial features and may have cardiac malformations. Early-onset cases are associated with a poor prognosis and early death. Alternatively, onset may be in adolescence, where patients exhibit neuropsychiatric manifestations including psychosis and dementia. Several specific variants are associated with the development of either the early or later-onset form, but some variants do not have a known genotype-phenotype correlation.

Sepiapterin Reductase Deficiency (AR)

Results and Interpretation

A heterozygous (one copy) pathogenic premature stop codon, c.751A>T, p.K251X, was detected in the *SPR* gene (NM_003124.4). When this variant is present in trans with a pathogenic variant, it is considered to be causative for sepiapterin reductase deficiency. Therefore, this individual is expected to be at least a carrier for sepiapterin reductase deficiency. Heterozygous carriers are not expected to exhibit symptoms of this disease.

What is Sepiapterin Reductase Deficiency?

Sepiapterin reductase deficiency is an autosomal recessive disorder caused by pathogenic variants in the gene *SPR*. This disorder has infantile onset and is characterized by delayed growth, progressive psychomotor retardation, and involuntary and sustained muscle contractions, as well as muscle stiffness, tremors, oculogyric crises, ataxia, microcephaly, dystonic posture and falls, sleep disturbances, Parkinsonian features, behavioral abnormalities, and diurnal fluctuations of symptoms. The life expectancy for this disorder is currently unknown.

Smith-Lemli-Opitz Syndrome (AR)

Results and Interpretation

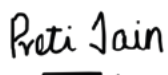
A heterozygous (one copy) pathogenic missense variant, c.1228G>A, p.G410S, was detected in the *DHCR7* gene (NM_001360.2). When this variant is present in trans with a pathogenic variant, it is considered to be causative for Smith-Lemli-Opitz syndrome. Therefore, this individual is expected to be at least a carrier for Smith-Lemli-Opitz syndrome. Heterozygous carriers are not expected to exhibit symptoms of this disease.

What is Smith-Lemli-Opitz Syndrome?

Smith-Lemli-Opitz syndrome is an autosomal recessive disease caused by pathogenic variants in the gene *DHCR7*. While it is a pan-ethnic disease, it is identified more frequently in people of Caucasian or Ashkenazi Jewish ancestry. Smith-Lemli-Opitz syndrome is characterized by impaired cholesterol synthesis, which results in congenital abnormalities including a small head, dysmorphic features, cleft palate, extra and/or fused fingers and toes, gastrointestinal anomalies and genital abnormalities in males. Intellectual deficits and behavioral problems, including autistic features, self-harm behaviors and hyperactivity may be present. While most patients have a severe phenotype and are identified at birth, more mildly affected patients who have been diagnosed in childhood or adolescence have been reported. It is thought that many conceptions affected with Smith-Lemli-Opitz syndrome are lost in early embryonic development, as the disease frequency is much rarer than what would be expected based on the frequency of carriers. Life expectancy varies with the severity of disease; it has been reported that approximately 25% of patients die in infancy, while others live to adulthood. A clear genotype-phenotype correlation has not been reported.

Test description

This patient was tested for a panel of diseases using a combination of sequencing, targeted genotyping and copy number analysis. Please note that negative results reduce but do not eliminate the possibility that this individual is a carrier for one or more of the disorders tested. Please see Table 1 for a list of genes and diseases tested with the patient's personalized residual risk. If personalized residual risk is not provided, please see the complete residual risk table at go.sema4.com/residualrisk. Only variants determined to be pathogenic or likely pathogenic are reported in this carrier screening test.



Preti Jain, Ph.D., FACMG, DABMGG, Director - Molecular Genetics

Genes and diseases tested

The personalized residual risks listed below are specific to this individual. The complete residual risk table is available at go.sema4.com/residualrisk

Table 1: List of genes and diseases tested with detailed results

Disease	Gene	Inheritance Pattern	Status	Detailed Summary
Positive				
Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency	<i>CYP21A2</i>	AR	Carrier	<i>CYP21A2</i> copy number: 2 No pathogenic copy number variants detected <i>CYP21A2</i> sequencing: c.841G>T, p.V281L, Pathogenic, Heterozygous (one copy)
Methylmalonic Aciduria and Homocystinuria, Cobalamin C Type	<i>MMACHC</i>	AR	Carrier	c.271dupA, p.R91KfsX14, Pathogenic, Heterozygous (one copy)
Sepiapterin Reductase Deficiency	<i>SPR</i>	AR	Carrier	c.751A>T, p.K251X, Pathogenic, Heterozygous (one copy)
Smith-Lemli-Opitz Syndrome	<i>DHCR7</i>	AR	Carrier	c.1228G>A, p.G410S, Pathogenic, Heterozygous (one copy)
Negative				
2-Methylbutyrylglycinuria	<i>ACADSB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
3-Beta-Hydroxysteroid Dehydrogenase Type II Deficiency	<i>HSD3B2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
3-Methylcrotonyl-CoA Carboxylase Deficiency (MCCC1-Related)	<i>MCCC1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,400
3-Methylcrotonyl-CoA Carboxylase Deficiency (MCCC2-Related)	<i>MCCC2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
3-Methylglutaconic Aciduria, Type III	<i>OPA3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,300
3-Phosphoglycerate Dehydrogenase Deficiency	<i>PHGDH</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,200
6-Pyruvoyl-Tetrahydropterin Synthase Deficiency	<i>PTS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
CD59-Mediated Hemolytic Anemia	<i>CD59</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 415,000
WNT10A-Related Ectodermal Dysplasia	<i>WNT10A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Abetalipoproteinemia	<i>MTTP</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Achalasia-Addisonianism-Alacrimia Syndrome	<i>AAAS</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,500
Achromatopsia (CNGA3-Related)	<i>CNGA3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 150
Achromatopsia (CNGB3-related)	<i>CNGB3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,600
Acrodermatitis Enteropathica	<i>SLC39A4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Acute Infantile Liver Failure	<i>TRMU</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,400
Acyl-CoA Oxidase I Deficiency	<i>ACOX1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 39,000
Adams-Oliver Syndrome 4	<i>EOGT</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 44,000
Adenosine Deaminase Deficiency	<i>ADA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100
Adrenocorticotrophic Hormone Deficiency	<i>TBX19</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 35,000
Adrenoleukodystrophy, X-Linked	<i>ABCD1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 19,000
Agammaglobulinemia	<i>BTK</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 250,000
Agenesis of the Corpus Callosum	<i>FRMD4A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,393,000
Aicardi-Goutieres Syndrome (RNASEH2C-Related)	<i>RNASEH2C</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Aicardi-Goutieres Syndrome (SAMHD1-Related)	<i>SAMHD1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Aicardi-Goutieres Syndrome (TREX1-Related)	<i>TREX1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Albinism, Oculocutaneous, Type III	<i>TYRP1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,500
Alkaptonuria	<i>HGD</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100

Alpha-Mannosidosis	MAN2B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,200
Alpha-Thalassemia	HBA1/HBA2	AR	Reduced Risk	HBA1 Copy Number: 2 HBA2 Copy Number: 2 No pathogenic copy number variants detected HBA1/HBA2 Sequencing: Negative Personalized Residual Risk: 1 in 490
Alpha-Thalassemia Intellectual Disability Syndrome	ATRX	XL	Reduced Risk	Personalized Residual Risk: 1 in 48,000
Alport Syndrome (COL4A3-Related)	COL4A3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Alport Syndrome (COL4A4-Related)	COL4A4	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Alport Syndrome (COL4A5-Related)	COL4A5	XL	Reduced Risk	Personalized Residual Risk: 1 in 150,000
Alstrom Syndrome	ALMS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,800
Andermann Syndrome	SLC12A6	AR	Reduced Risk	Personalized Residual Risk: 1 in 151,000
Antley-Bixler Syndrome (POR-Related)	POR	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,000
Argininemia	ARG1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Argininosuccinic Aciduria	ASL	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Aromatase Deficiency	CYP19A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,400
Arthrogryposis, Intellectual Disability, and Seizures	SLC35A3	AR	Reduced Risk	Personalized Residual Risk: 1 in 454,000
Asparagine Synthetase Deficiency	ASNS	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000
Aspartylglycosaminuria	AGA	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Ataxia With Isolated Vitamin E Deficiency	TTPA	AR	Reduced Risk	Personalized Residual Risk: 1 in 61,000
Ataxia-Telangiectasia	ATM	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Ataxia-Telangiectasia-Like Disorder 1	MRE11	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay	SACS	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,600
Bardet-Biedl Syndrome (ARL6-Related)	ARL6	AR	Reduced Risk	Personalized Residual Risk: 1 in 29,000
Bardet-Biedl Syndrome (BBS10-Related)	BBS10	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Bardet-Biedl Syndrome (BBS12-Related)	BBS12	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,900
Bardet-Biedl Syndrome (BBS1-Related)	BBS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,400
Bardet-Biedl Syndrome (BBS2-Related)	BBS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Bardet-Biedl Syndrome (BBS4-Related)	BBS4	AR	Reduced Risk	Personalized Residual Risk: 1 in 22,000
Bare Lymphocyte Syndrome, Type II	CLTA	AR	Reduced Risk	Personalized Residual Risk: 1 in 35,000
Barth Syndrome	TAZ	XL	Reduced Risk	Personalized Residual Risk: 1 in 183,000
Bartter Syndrome, Type 3	CLCNKB	AR	Reduced Risk	Personalized Residual Risk: 1 in 740
Bartter Syndrome, Type 4A	BSND	AR	Reduced Risk	Personalized Residual Risk: 1 in 91,000
Bernard-Soulier Syndrome, Type A1	GP1BA	AR	Reduced Risk	Personalized Residual Risk: 1 in 42,000
Bernard-Soulier Syndrome, Type C	GP9	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
Beta-Globin-Related Hemoglobinopathies	HBB	AR	Reduced Risk	Personalized Residual Risk (Beta-Globin-Related Hemoglobinopathies): 1 in 2,000 Personalized Residual Risk (Beta-Globin-Related Hemoglobinopathies: HbS Variant): 1 in 23,000 Personalized Residual Risk (Beta-Globin-Related Hemoglobinopathies: HbC Variant): 1 in 215,000
Beta-Ketothiolase Deficiency	ACAT1	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,400
Beta-Mannosidosis	MANBA	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,100
BH4-Deficient Hyperphenylalaninemia C	QDPR	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,100
BH4-Deficient Hyperphenylalaninemia D	PCBD1	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,000
Bilateral Frontoparietal Polymicrogyria	GPR56	AR	Reduced Risk	Personalized Residual Risk: 1 in 15,000
Biotinidase Deficiency	BTBD	AR	Reduced Risk	Personalized Residual Risk: 1 in 500
Bloom Syndrome	BLM	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,400
Canavan Disease	ASPA	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,000

Carbamoylphosphate Synthetase I Deficiency	<i>CPS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1100
Carnitine Acylcarnitine Translocase Deficiency	<i>SLC25A20</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4100
Carnitine Palmitoyltransferase IA Deficiency	<i>CPT1A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Carnitine Palmitoyltransferase II Deficiency	<i>CPT2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 670
Carpenter Syndrome	<i>RAB23</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000
Cartilage-Hair Hypoplasia	<i>RMRP</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 960
Catecholaminergic Polymorphic Ventricular Tachycardia	<i>CASQ2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,900
Central Hypothyroidism and Testicular Enlargement	<i>IGSF1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 781,000
Cerebral Creatine Deficiency Syndrome 1	<i>SLC6A8</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 208,000
Cerebral Creatine Deficiency Syndrome 2	<i>GAMT</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Cerebral Creatine Deficiency Syndrome 3	<i>GATM</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,900
Cerebral Dysgenesis, Neuropathy, Ichthyosis, and Palmoplantar Keratoderma Syndrome	<i>SNAP29</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 210,000
Cerebrotendinous Xanthomatosis	<i>CYP27A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,900
Charcot-Marie-Tooth Disease, Type 4D	<i>NDRG1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 730,000
Charcot-Marie-Tooth Disease, Type 5 / Arts Syndrome	<i>PRPS1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 114,000
Charcot-Marie-Tooth Disease, X-Linked	<i>GJB1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Chediak-Higashi Syndrome	<i>LYST</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,100
Chondrodysplasia Punctata	<i>ARSE</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 862,000
Choreoacanthocytosis	<i>VPS13A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,500
Choroideremia	<i>CHM</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 125,000
Chronic Granulomatous Disease (CYBA-Related)	<i>CYBA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,000
Chronic Granulomatous Disease (CYBB-Related)	<i>CYBB</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 294,000
Citrin Deficiency	<i>SLC25A13</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Citrullinemia, Type 1	<i>ASS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,500
Cockayne Syndrome, Type A	<i>ERCC8</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,900
Cockayne Syndrome, Type B and other ERCC6-Related Disorders	<i>ERCC6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,100
Cohen Syndrome	<i>VPS13B</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,400
Combined Factor V and VIII Deficiency	<i>LMAN1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 102,000
Combined Malonic and Methylmalonic Aciduria	<i>ACSF3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Combined Oxidative Phosphorylation Deficiency 1	<i>GFM1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Combined Oxidative Phosphorylation Deficiency 3	<i>TSMF</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 27,000
Combined Pituitary Hormone Deficiency 1	<i>POU1F1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,900
Combined Pituitary Hormone Deficiency 2	<i>PROP1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
Combined Pituitary Hormone Deficiency 3	<i>LHX3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 140,000
Combined SAP Deficiency	<i>PSAP</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 44,000
Cone-Rod Dystrophy 6 / Leber Congenital Amaurosis 1	<i>GUCY2D</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Congenital Adrenal Hyperplasia due to 11-Beta-Hydroxylase Deficiency	<i>CYP11B1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 520
Congenital Adrenal Hyperplasia due to 17-Alpha-Hydroxylase Deficiency	<i>CYP17A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Congenital Adrenal Hypoplasia (NR0B1-Related)	<i>NR0B1</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 353,000
Congenital Adrenal Insufficiency (CYP11A1-Related)	<i>CYP11A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,100
Congenital Amegakaryocytic Thrombocytopenia	<i>MPL</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,100
Congenital Bile Acid Synthesis Defect (AKR1D1-Related)	<i>AKR1D1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,900
Congenital Bile Acid Synthesis Defect (HSD3B7-Related)	<i>HSD3B7</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,900

Congenital Disorder of Deglycosylation	NGLY1	AR	Reduced Risk	Personalized Residual Risk: 1 in 14,000
Congenital Disorder of Glycosylation, Type Ia	PMM2	AR	Reduced Risk	Personalized Residual Risk: 1 in 540
Congenital Disorder of Glycosylation, Type Ib	MPI	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,600
Congenital Disorder of Glycosylation, Type Ic	ALG6	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,100
Congenital Disorder of Glycosylation, Type Im	DOLK	AR	Reduced Risk	Personalized Residual Risk: 1 in 134,000
Congenital Dyserythropoietic Anemia Type 2	SEC23B	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,000
Congenital Dyserythropoietic Anemia, Type Ia	CDAN1	AR	Reduced Risk	Personalized Residual Risk: 1 in 470
Congenital Ichthyosis 4A and 4B	ABCA12	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100
Congenital Insensitivity to Pain with Anhidrosis	NTRK1	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,700
Congenital Muscular Dystrophy (LAMA2-Related)	LAMA2	AR	Reduced Risk	Personalized Residual Risk: 1 in 640
Congenital Myasthenic Syndrome (CHAT-Related)	CHAT	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,100
Congenital Myasthenic Syndrome (CHRNE-Related)	CHRNE	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,100
Congenital Myasthenic Syndrome (DOK7-Related)	DOK7	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Congenital Myasthenic Syndrome (RAPSN-Related)	RAPSN	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,900
Congenital Neutropenia (HAX1-Related)	HAX1	AR	Reduced Risk	Personalized Residual Risk: 1 in 82,000
Congenital Neutropenia (VPS45-Related)	VPS45	AR	Reduced Risk	Personalized Residual Risk: 1 in 163,000
Congenital Nongoitrous Hypothyroidism 1	TSHR	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,000
Congenital Nongoitrous Hypothyroidism 4	TSHB	AR	Reduced Risk	Personalized Residual Risk: 1 in 118,000
Congenital Secretory Chloride Diarrhea 1	SLC26A3	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Corneal Dystrophy and Perceptive Deafness	SLC4A11	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,600
Corticosterone Methyloxidase Deficiency	CYP11B2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Cystic Fibrosis	CFTR	AR	Reduced Risk	Personalized Residual Risk: 1 in 440
Cystinosis	CTNS	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,700
Cystinuria (SLC3A1-Related)	SLC3A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 590
Cytochrome C Oxidase Deficiency / Leigh Syndrome (COX15-Related)	COX15	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
D-Bifunctional Protein Deficiency	HSD17B4	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,000
Deafness, Autosomal Recessive 3	MYO15A	AR	Reduced Risk	Personalized Residual Risk: 1 in 240
Deafness, Autosomal Recessive 59	PJVK	AR	Reduced Risk	Personalized Residual Risk: 1 in 15,000
Deafness, Autosomal Recessive 7	TMC1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Deafness, Autosomal Recessive 76	SYNE4	AR	Reduced Risk	Personalized Residual Risk: 1 in 43,000
Deafness, Autosomal Recessive 77	LOXHD1	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,700
Deafness, Autosomal Recessive 8/10	TMPPRS3	AR	Reduced Risk	Personalized Residual Risk: 1 in 510
Deafness, Autosomal Recessive 9	OTOF	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
Desbuquois Dysplasia 1	CANT1	AR	Reduced Risk	Personalized Residual Risk: 1 in 24,000
Desmosterolosis	DHCR24	AR	Reduced Risk	Personalized Residual Risk: 1 in 27,000
Diaphanospondylodysostosis	BMPER	AR	Reduced Risk	Personalized Residual Risk: 1 in 18,000
Distal Renal Tubular Acidosis and other SLC4A1-related Disorders	SLC4A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,000
Duchenne Muscular Dystrophy / Becker Muscular Dystrophy	DMD	XL	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Dyskeratosis Congenita (DKC1-related)	DKC1	XL	Reduced Risk	Personalized Residual Risk: 1 in 9,259,000
Dyskeratosis Congenita (RTEL1-Related)	RTEL1	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,800
Dystrophic Epidermolysis Bullosa	COL7A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 900
Ehlers-Danlos Syndrome, Type VI	PLOD1	AR	Reduced Risk	Personalized Residual Risk: 1 in 20,000
Ehlers-Danlos Syndrome, Type VIIC	ADAMTS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 243,000
Ellis-Van Creveld Syndrome (EVC2-Related)	EVC2	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,300
Ellis-van Creveld Syndrome (EVC-Related)	EVC	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,200
Emery-Dreifuss Myopathy 1	EMD	XL	Reduced Risk	Personalized Residual Risk: 1 in 833,000

Enhanced S-Cone Syndrome	NR2E3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Ethylmalonic Encephalopathy	ETHE1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,400
Fabry Disease	GLA	XL	Reduced Risk	Personalized Residual Risk: 1 in 7,700
Factor IX Deficiency	F9	XL	Reduced Risk	Personalized Residual Risk: 1 in 5,100
Factor VII Deficiency	F7	AR	Reduced Risk	Personalized Residual Risk: 1 in 450
Factor XI Deficiency	F11	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Familial Autosomal Recessive Hypercholesterolemia	LDLRAP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 136,000
Familial Dysautonomia	IKBKAP	AR	Reduced Risk	Personalized Residual Risk: 1 in 51,000
Familial Hypercholesterolemia	LDLR	AR	Reduced Risk	Personalized Residual Risk: 1 in 280
Familial Hyperinsulinemic Hypoglycemia 4 / 3-Hydroxyacyl-CoA Dehydrogenase Deficiency	HADH	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Familial Hyperinsulinism (ABCC8-Related)	ABCC8	AR	Reduced Risk	Personalized Residual Risk: 1 in 450
Familial Hyperinsulinism (KCNJ11-Related)	KCNJ11	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Familial Hyperphosphatemic Tumoral Calcinosis	GALNT3	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,800
Familial Mediterranean Fever	MEFV	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Fanconi Anemia, Group A	FANCA	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Fanconi Anemia, Group C	FANCC	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Fanconi Anemia, Group G	FANCG	AR	Reduced Risk	Personalized Residual Risk: 1 in 28,000
Fanconi-Bickel Syndrome	SLC2A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,000
Fragile X Syndrome	FMR1	XL	Reduced Risk	FMR1 CGG repeat sizes: Not Performed FMR1 Sequencing: Negative Fragile X CGG triplet repeat expansion testing was not performed at this time, as the patient has either been previously tested or is a male. Personalized Residual Risk: 1 in 19,000
Fructose-1,6-Bisphosphatase Deficiency	FBP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,600
Fucosidosis	FUCA1	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Fumarase Deficiency	FH	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,500
Fundus Albipunctatus	RDH5	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Galactokinase Deficiency	GALK1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Galactose Epimerase Deficiency	GALE	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,600
Galactosemia	GALT	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Galactosialidosis	CTSA	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,900
Gaucher Disease	GBA	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Generalized Thyrotropin-Releasing Hormone Resistance	TRHR	AR	Reduced Risk	Personalized Residual Risk: 1 in 104,000
Geroderma Osteodysplasticum	GORAB	AR	Reduced Risk	Personalized Residual Risk: 1 in 70,000
Gitelman Syndrome	SLC12A3	AR	Reduced Risk	Personalized Residual Risk: 1 in 290
Glanzmann Thrombasthenia (ITGA2B-Related)	ITGA2B	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Glanzmann Thrombasthenia (ITGB3-Related)	ITGB3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Glutaric Acidemia, Type I	GCDH	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Glutaric Acidemia, Type IIa	ETFA	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,700
Glutaric Acidemia, Type IIb	ETFB	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,900
Glutaric Acidemia, Type IIc	ETFDH	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Glutathione Synthetase Deficiency	GSS	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,500
Glycine Encephalopathy (AMT-Related)	AMT	AR	Reduced Risk	Personalized Residual Risk: 1 in 920
Glycine Encephalopathy (GLDC-Related)	GLDC	AR	Reduced Risk	Personalized Residual Risk: 1 in 760
Glycogen Storage Disease, Type 0	GYS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Glycogen Storage Disease, Type Ia	G6PC	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Glycogen Storage Disease, Type Ib	SLC37A4	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,300
Glycogen Storage Disease, Type II	GAA	AR	Reduced Risk	Personalized Residual Risk: 1 in 520
Glycogen Storage Disease, Type III	AGL	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,600

Glycogen Storage Disease, Type IV / Adult Polyglucosan Body Disease	GBE1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Glycogen Storage Disease, Type IXb	PHKB	AR	Reduced Risk	Personalized Residual Risk: 1 in 700
Glycogen Storage Disease, Type V	PYGM	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Glycogen Storage Disease, Type VI	PYGL	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Glycogen Storage Disease, Type VII	PFKM	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,300
GM3 Synthase Deficiency	ST3GAL5	AR	Reduced Risk	Personalized Residual Risk: 1 in 25,000
GRACILE Syndrome and Other BCS1L-Related Disorders	BCS1L	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,900
Gray Platelet Syndrome	NBEAL2	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,800
Growth Hormone Deficiency, Type IB	GHRHR	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,900
Hemochromatosis, Type 2A	HFE2	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Hemochromatosis, Type 3	TFR2	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Hereditary Fructose Intolerance	ALDOB	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Hereditary Spastic Paraparesis 49	TECP2	AR	Reduced Risk	Personalized Residual Risk: 1 in 116,000
Hermansky-Pudlak Syndrome, Type 1	HPS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,500
Hermansky-Pudlak Syndrome, Type 3	HPS3	AR	Reduced Risk	Personalized Residual Risk: 1 in 49,000
Hermansky-Pudlak Syndrome, Type 4	HPS4	AR	Reduced Risk	Personalized Residual Risk: 1 in 35,000
Hermansky-Pudlak Syndrome, Type 6	HPS6	AR	Reduced Risk	Personalized Residual Risk: 1 in 87,000
HMG-CoA Lyase Deficiency	HMGCL	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Hmg-CoA Synthase 2 Deficiency	HMGCS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Holocarboxylase Synthetase Deficiency	HLCS	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Homocystinuria (CBS-Related)	CBS	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
Homocystinuria due to MTHFR Deficiency	MTHFR	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Homocystinuria, cblE Type	MTRR	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,600
Homocystinuria-Megaloblastic Anemia, Cobalamin G Type	MTR	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Hydrocephalus	L1CAM	XL	Reduced Risk	Personalized Residual Risk: 1 in 40,000
Hydrolethrus Syndrome	HYLS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 52,000
Hyper-Igm Syndrome	CD40LG	XL	Reduced Risk	Personalized Residual Risk: 1 in 116,700
Hyperornithinemia-Hyperammonemia-Homocitrullinuria Syndrome	SLC25A15	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,700
Hyperuricemia, Pulmonary Hypertension, Renal Failure, and Alkalosis	SARS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 23,000
Hypohidrotic Ectodermal Dysplasia 1	EDA	XL	Reduced Risk	Personalized Residual Risk: 1 in 22,000
Hypomagnesemia 1	TRPM6	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Hypomyelinating Leukodystrophy 3	AIMP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 341,000
Hypomyelinating Leukodystrophy 12	VPS11	AR	Reduced Risk	Personalized Residual Risk: 1 in 72,000
Hypophosphatasia	ALPL	AR	Reduced Risk	Personalized Residual Risk: 1 in 790
Hypophosphatemic Rickets with Hypercalciuria	SLC34A3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Hypotrichosis 8 / Autosomal Recessive Woolly Hair 1	LPAR6	AR	Reduced Risk	Personalized Residual Risk: 1 in 27,000
Immunodeficiency 18	CD3E	AR	Reduced Risk	Personalized Residual Risk: 1 in 73,000
Immunodeficiency 19	CD3D	AR	Reduced Risk	Personalized Residual Risk: 1 in 46,000
Inclusion Body Myopathy 2	GNE	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Infantile Cerebral and Cerebellar Atrophy	MED17	AR	Reduced Risk	Personalized Residual Risk: 1 in 129,000
Infantile Neuroaxonal Dystrophy 1 and other PLA2G6-Related Disorders	PLA2G6	AR	Reduced Risk	Personalized Residual Risk: 1 in 690
Intellectual Disability, Autosomal Recessive 3	CC2D1A	AR	Reduced Risk	Personalized Residual Risk: 1 in 220,000
Intrahepatic Cholestasis	ATP8B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
Isovaleric Acidemia	IVD	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Joubert Syndrome 2	TMEM216	AR	Reduced Risk	Personalized Residual Risk: 1 in 152,000
Joubert Syndrome 4 / Senior-Loken Syndrome 1 / Juvenile Nephronophthisis 1	NPHP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000

Joubert Syndrome 7 / Meckel Syndrome 5 / COACH Syndrome	<i>RPGRIPL</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 32,000
Junctional Epidermolysis Bullosa (<i>COL17A1</i> -Related)	<i>COL17A1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,200
Junctional Epidermolysis Bullosa (<i>ITGA6</i> -Related)	<i>ITGA6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 125,000
Junctional Epidermolysis Bullosa (<i>ITGB4</i> -Related)	<i>ITGB4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Junctional Epidermolysis Bullosa (<i>LAMA3</i> -Related)	<i>LAMA3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000
Junctional Epidermolysis Bullosa (<i>LAMB3</i> -Related)	<i>LAMB3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Junctional Epidermolysis Bullosa (<i>LAMC2</i> -Related)	<i>LAMC2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 77,000
Kohlschutter-Tonz Syndrome	<i>ROGDI</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,300
Krabbe Disease	<i>GALC</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 860
Lamellar Ichthyosis, Type 1	<i>TGM1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Laron Dwarfism	<i>GHR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,700
Leber Congenital Amaurosis 10 and Other CEP290-Related Ciliopathies	<i>CEP290</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Leber Congenital Amaurosis 13	<i>RDH12</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Leber Congenital Amaurosis 15 / Retinitis Pigmentosa 14	<i>TULP1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
Leber Congenital Amaurosis 2 / Retinitis Pigmentosa 20	<i>RPE65</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,500
Leber Congenital Amaurosis 4	<i>AIP1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Leber Congenital Amaurosis 5	<i>LCA5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 14,000
Leber Congenital Amaurosis 8 / Retinitis Pigmentosa 12 / Pigmented Paravenous Chorioretinal Atrophy	<i>CRB1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 990
Leigh Syndrome (<i>NDUFS7</i> -Related)	<i>NDUFS7</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 26,000
Leigh Syndrome (<i>SURF1</i> -Related)	<i>SURF1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,400
Leigh Syndrome, French-Canadian Type	<i>LRPPRC</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 32,000
Lethal Congenital Contracture Syndrome 1 / Lethal Arthrogryposis with Anterior Horn Cell Disease	<i>GLE1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Lethal Congenital Contracture Syndrome 2	<i>ERBB3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 96,000
Lethal Congenital Contracture Syndrome 3	<i>PIP5K1C</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 318,000
Leukoencephalopathy with Vanishing White Matter	<i>EIF2B5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,300
Limb-Girdle Muscular Dystrophy, Type 2A	<i>CAPN3</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 960
Limb-Girdle Muscular Dystrophy, Type 2B	<i>DYSF</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Limb-Girdle Muscular Dystrophy, Type 2C	<i>SGCG</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,900
Limb-Girdle Muscular Dystrophy, Type 2D	<i>SGCA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,500
Limb-Girdle Muscular Dystrophy, Type 2E	<i>SGCB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 31,000
Limb-Girdle Muscular Dystrophy, Type 2F	<i>SGCD</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 52,000
Limb-Girdle Muscular Dystrophy, Type 2H	<i>TRIM32</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Limb-Girdle Muscular Dystrophy, Type 2I	<i>FKRP</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
Limb-Girdle Muscular Dystrophy, Type 2L	<i>ANO5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 660
Lipoamide Dehydrogenase Deficiency	<i>DLD</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
Lipoid Adrenal Hyperplasia	<i>STAR</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,600
Lipoprotein Lipase Deficiency	<i>LPL</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Long-Chain 3-Hydroxyacyl-CoA Dehydrogenase Deficiency	<i>HADHA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,900
Lowe Syndrome	<i>OCRL</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 1,375,000
Lysinuric Protein Intolerance	<i>SLC7A7</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,000
Malonyl-CoA Decarboxylase Deficiency	<i>MLYCD</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
Maple Syrup Urine Disease, Type 1a	<i>BCKDHA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100

Maple Syrup Urine Disease, Type 1b	<i>BCKDHB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1100
Maple Syrup Urine Disease, Type 2	<i>DBT</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,600
Meckel Syndrome 1 / Bardet-Biedl Syndrome 13	<i>MKS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Medium Chain Acyl-CoA Dehydrogenase Deficiency	<i>ACADM</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
MEDNIK Syndrome	<i>AP1S1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 211,000
Megalencephalic Leukoencephalopathy with Subcortical Cysts	<i>MLC1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,300
Megaloblastic Anemia 1	<i>AMN</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,300
Menkes Disease	<i>ATP7A</i>	XL	Reduced Risk	Personalized Residual Risk: 1 in 172,000
Metachromatic Leukodystrophy	<i>ARSA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,000
Methionine Adenosyltransferase I/III Deficiency	<i>MAT1A</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Methylmalonic Acidemia (MMAA-Related)	<i>MMAA</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 15,000
Methylmalonic Acidemia (MMAB-Related)	<i>MMAB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Methylmalonic Acidemia (MUT-Related)	<i>MUT</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Methylmalonic Aciduria and Homocystinuria, Cobalamin D Type	<i>MMADHC</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 219,000
Methylmalonic Aciduria and Homocystinuria, Cobalamin F Type	<i>LMBRD1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,600
Methylmalonyl-CoA Epimerase Deficiency	<i>MCEE</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 98,000
Microphthalmia / Anophthalmia	<i>VSX2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 40,000
Mitochondrial Complex I Deficiency (ACAD9-Related)	<i>ACAD9</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Mitochondrial Complex I Deficiency (NDUFA11-Related)	<i>NDUFA11</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 414,000
Mitochondrial Complex I Deficiency (NDUFAF5-Related)	<i>NDUFAF5</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 98,000
Mitochondrial Complex I Deficiency (NDUFS6-Related)	<i>NDUFS6</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 353,000
Mitochondrial Complex I Deficiency (NDUFV1-Related)	<i>NDUFV1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 870
Mitochondrial Complex I Deficiency / Leigh Syndrome (FOXRED1-Related)	<i>FOXRED1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Mitochondrial Complex I Deficiency / Leigh Syndrome (NDUFAF2-Related)	<i>NDUFAF2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 168,000
Mitochondrial Complex I Deficiency / Leigh Syndrome (NDUFS4-Related)	<i>NDUFS4</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 41,000
Mitochondrial Complex IV Deficiency (COX20-related)	<i>COX20</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 42,000
Mitochondrial Complex IV Deficiency (COX6B1-related)	<i>COX6B1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,116,000
Mitochondrial Complex IV Deficiency (APOPT1-Related)	<i>APOPT1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Mitochondrial Complex IV Deficiency (PET100-Related)	<i>PET100</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 469,000
Mitochondrial Complex IV Deficiency (SCO1-related)	<i>SCO1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Mitochondrial Complex IV Deficiency / Leigh Syndrome (COX10-Related)	<i>COX10</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Mitochondrial DNA Depletion Syndrome 2	<i>TK2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,900
Mitochondrial DNA Depletion Syndrome 3	<i>DGUK</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,200
Mitochondrial DNA Depletion Syndrome 4A and 4B and other POLG-Related Disorders	<i>POLG</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 320
Mitochondrial DNA Depletion Syndrome 5	<i>SUCLA2</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 78,000
Mitochondrial DNA Depletion Syndrome 6 / Navajo Neurohepatopathy	<i>MPV17</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,400
Mitochondrial Myopathy and Sideroblastic Anemia 1	<i>PUS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 449,000
Mitochondrial Trifunctional Protein Deficiency (HADHB-Related)	<i>HADHB</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,000
Molybdenum Cofactor Deficiency A	<i>MOCS1</i>	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,700

Mucopolipidosis II / IIIA	GNPTAB	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Mucopolipidosis III Gamma	GNPTG	AR	Reduced Risk	Personalized Residual Risk: 1 in 68,000
Mucopolipidosis IV	MCOLN1	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,400
Mucopolysaccharidosis Type I	IDUA	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,300
Mucopolysaccharidosis Type II	IDS	XL	Reduced Risk	Personalized Residual Risk: 1 in 76,000
Mucopolysaccharidosis Type IIIA	SGSH	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Mucopolysaccharidosis Type IIIB	NAGLU	AR	Reduced Risk	Personalized Residual Risk: 1 in 950
Mucopolysaccharidosis Type IIIC	HGSNAT	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Mucopolysaccharidosis Type IIID	GNS	AR	Reduced Risk	Personalized Residual Risk: 1 in 137,000
Mucopolysaccharidosis Type IVa	GALNS	AR	Reduced Risk	Personalized Residual Risk: 1 in 690
Mucopolysaccharidosis Type IVb / GM1 Gangliosidosis	GLB1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Mucopolysaccharidosis type IX	HYAL1	AR	Reduced Risk	Personalized Residual Risk: 1 in 149,000
Mucopolysaccharidosis type VI	ARSB	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Mucopolysaccharidosis VII	GUSB	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Mulibrey Nanism	TRIM37	AR	Reduced Risk	Personalized Residual Risk: 1 in 31,000
Multiple Congenital Anomalies-Hypotonia-Seizures Syndrome 1	PIGN	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,800
Multiple Pterygium Syndrome	CHRNA3	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,900
Multiple Sulfatase Deficiency	SUMF1	AR	Reduced Risk	Personalized Residual Risk: 1 in 69,000
Muscle-Eye-Brain Disease and Other POMGNT1-Related Congenital Muscular Dystrophy-Dystroglycanopathies	POMGNT1	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,200
Myoneurogastrointestinal Encephalopathy	TYMP	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Myotubular Myopathy 1	MTM1	XL	Reduced Risk	Personalized Residual Risk: 1 in 192,000
N-Acetylglutamate Synthase Deficiency	NAGS	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Nemaline Myopathy 2	NEB	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Nephrogenic Diabetes insipidus (AVPR2-related) / Nephrogenic Syndrome of Inappropriate Antidiuresis	AVPR2	XL	Reduced Risk	Personalized Residual Risk: 1 in 471,000
Nephrogenic Diabetes Insipidus, Type II	AQP2	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,400
Nephronophthisis 2	INVS	AR	Reduced Risk	Personalized Residual Risk: 1 in 56,000
Nephrotic Syndrome (NPHS1-Related) / Congenital Finnish Nephrosis	NPHS1	AR	Reduced Risk	Personalized Residual Risk: 1 in 920
Nephrotic Syndrome (NPHS2-Related) / Steroid-Resistant Nephrotic Syndrome	NPHS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 780
Neurodegeneration due to Cerebral Folate Transport Deficiency	FOLR1	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Neurodevelopmental Disorder with Progressive Microcephaly, Spasticity, and Brain Anomalies	PLAA	AR	Reduced Risk	Personalized Residual Risk: 1 in 229,000
Neuronal Ceroid-Lipofuscinosis (CLN3-Related)	CLN3	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Neuronal Ceroid-Lipofuscinosis (CLN5-Related)	CLN5	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,300
Neuronal Ceroid-Lipofuscinosis (CLN6-Related)	CLN6	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,600
Neuronal Ceroid-Lipofuscinosis (CLN8-Related)	CLN8	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,100
Neuronal Ceroid-Lipofuscinosis (MFSD8-Related)	MFSD8	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,200
Neuronal Ceroid-Lipofuscinosis (PPT1-Related)	PPT1	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,500
Neuronal Ceroid-Lipofuscinosis (TPP1-Related)	TPP1	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,300
Niemann-Pick Disease (SMPD1-Related)	SMPD1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Niemann-Pick Disease, Type C (NPC1-Related)	NPC1	AR	Reduced Risk	Personalized Residual Risk: 1 in 690
Niemann-Pick Disease, Type C (NPC2-Related)	NPC2	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,600
Nijmegen Breakage Syndrome	NBN	AR	Reduced Risk	Personalized Residual Risk: 1 in 14,000
Non-Syndromic Hearing Loss (GJB2-Related)	GJB2	AR	Reduced Risk	Personalized Residual Risk: 1 in 600
Oculocutaneous Albinism, Type IA / IB	TYR	AR	Reduced Risk	Personalized Residual Risk: 1 in 240
Oculocutaneous Albinism, Type IV	SLC45A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 830

Omenn Syndrome (RAG2-Related)	RAG2	AR	Reduced Risk	Personalized Residual Risk: 1 in 17,000
Omenn Syndrome / Severe Combined Immunodeficiency, Athabaskan-Type	DCLRE1C	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Omenn Syndrome and other RAG2-Related Disorders	RAG1	AR	Reduced Risk	Personalized Residual Risk: 1 in 850
Ornithine Aminotransferase Deficiency	OAT	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,400
Ornithine Transcarbamylase Deficiency	OTC	XL	Reduced Risk	Personalized Residual Risk: 1 in 103,000
Osteogenesis Imperfecta, Type XI	FKBP10	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,500
Osteopetrosis 1	TCIRG1	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,700
Osteopetrosis 8	SNX10	AR	Reduced Risk	Personalized Residual Risk: 1 in 16,000
Otospondylomegaepiphyseal Dysplasia / Deafness / Fibrochondrogenesis 2	COL11A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Papillon-Lefevre Syndrome	CTSC	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,000
Pendred Syndrome	SLC26A4	AR	Reduced Risk	Personalized Residual Risk: 1 in 390
Peroxisome Biogenesis Disorder 3A and 3B	PEX12	AR	Reduced Risk	Personalized Residual Risk: 1 in 30,000
Peroxisome Biogenesis Disorder 7A and 7B	PEX26	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Phenylalanine Hydroxylase Deficiency	PAH	AR	Reduced Risk	Personalized Residual Risk: 1 in 340
Polycystic Kidney Disease, Autosomal Recessive	PKHD1	AR	Reduced Risk	Personalized Residual Risk: 1 in 450
Polyglandular Autoimmune Syndrome, Type 1	AIRE	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,300
Pontocerebellar Hypoplasia, Type 1A	VRK1	AR	Reduced Risk	Personalized Residual Risk: 1 in 25,000
Pontocerebellar Hypoplasia, Type 1B	EXOSC3	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Pontocerebellar Hypoplasia, Type 2A and Type 4	TSEN54	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,700
Pontocerebellar Hypoplasia, Type 2E	VPS53	AR	Reduced Risk	Personalized Residual Risk: 1 in 139,000
Pontocerebellar Hypoplasia, Type 6	RARS2	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,600
Primary Carnitine Deficiency	SLC22A5	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Primary Ciliary Dyskinesia (CCDC103-Related)	CCDC103	AR	Reduced Risk	Personalized Residual Risk: 1 in 27,000
Primary Ciliary Dyskinesia (CCDC151-Related)	CCDC151	AR	Reduced Risk	Personalized Residual Risk: 1 in 59,000
Primary Ciliary Dyskinesia (CCDC39-Related)	CCDC39	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Primary Ciliary Dyskinesia (DNAH5-Related)	DNAH5	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,500
Primary Ciliary Dyskinesia (DNAI1-Related)	DNAI1	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,000
Primary Ciliary Dyskinesia (DNAI2-Related)	DNAI2	AR	Reduced Risk	Personalized Residual Risk: 1 in 76,000
Primary Ciliary Dyskinesia (RSPH9-Related)	RSPH9	AR	Reduced Risk	Personalized Residual Risk: 1 in 15,000
Primary Coenzyme Q10 Deficiency 7	COQ4	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Primary Congenital Glaucoma 3A	CYP1B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 880
Primary Hyperoxaluria, Type 1	AGXT	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Primary Hyperoxaluria, Type 2	GRHPR	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Primary Hyperoxaluria, Type 3	HOGA1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,400
Progressive Cerebello-Cerebral Atrophy	SEPSECS	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,400
Progressive Familial Intrahepatic Cholestasis, Type 2	ABCB11	AR	Reduced Risk	Personalized Residual Risk: 1 in 950
Progressive Myoclonic Epilepsy, Type 1B	PRICKLE1	AR	Reduced Risk	Personalized Residual Risk: 1 in 98,000
Progressive Pseudorheumatoid Dysplasia	WISP3	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,600
Prolidase Deficiency	PEPD	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100
Propionic Acidemia (PCCA-Related)	PCCA	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,600
Propionic Acidemia (PCCB-Related)	PCCB	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Pulmonary Surfactant Dysfunction	ABCA3	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Pycnodysostosis	CTSK	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,100
Pyridoxamine 5'-Phosphate Oxidase Deficiency	PNPO	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Pyridoxine-Dependent Epilepsy	ALDH7A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,100
Pyruvate Carboxylase Deficiency	PC	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,000
Pyruvate Dehydrogenase E1-Alpha Deficiency	PDHA1	XL	Reduced Risk	Personalized Residual Risk: 1 in 139,000

Pyruvate Dehydrogenase E1-Beta Deficiency	PDHB	AR	Reduced Risk	Personalized Residual Risk: 1 in 15,000
Renal Tubular Acidosis and Deafness	ATP6V1B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,600
Retinitis Pigmentosa 25	EYS	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Retinitis Pigmentosa 26	CERKL	AR	Reduced Risk	Personalized Residual Risk: 1 in 13,000
Retinitis Pigmentosa 28	FAM161A	AR	Reduced Risk	Personalized Residual Risk: 1 in 34,000
Retinitis Pigmentosa 36	PRCD	AR	Reduced Risk	Personalized Residual Risk: 1 in 304,000
Retinitis Pigmentosa 59	DHDDS	AR	Reduced Risk	Personalized Residual Risk: 1 in 601,000
Retinitis Pigmentosa 64 / Bardet-Biedl Syndrome 21 / Cone-Rod Dystrophy 16	C8ORF37	AR	Reduced Risk	Personalized Residual Risk: 1 in 168,000
Rh Deficiency Syndrome	RHAG	AR	Reduced Risk	Personalized Residual Risk: 1 in 46,000
Rhizomelic Chondrodysplasia Punctata, Type 1	PEX7	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Rhizomelic Chondrodysplasia Punctata, Type 3	AGPS	AR	Reduced Risk	Personalized Residual Risk: 1 in 620,000
Roberts Syndrome	ESCO2	AR	Reduced Risk	Personalized Residual Risk: 1 in 139,000
Salla Disease	SLC17A5	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,400
Sandhoff Disease	HEXB	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Sanjad-Sakati Syndrome	TBCE	AR	Reduced Risk	Personalized Residual Risk: 1 in 21,000
Schimke Immunoosseous Dysplasia	SMARCA1	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,800
Seckel Syndrome 5 / Microcephaly 9	CEP152	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Segawa Syndrome	TH	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,100
Severe Combined Immunodeficiency (IL7R-Related)	IL7R	AR	Reduced Risk	Personalized Residual Risk: 1 in 20,000
Severe Combined Immunodeficiency (JAK3-Related)	JAK3	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,100
Severe Combined Immunodeficiency (PTPRC-Related)	PTPRC	AR	Reduced Risk	Personalized Residual Risk: 1 in 8,500
Severe Congenital Neutropenia 4	G6PC3	AR	Reduced Risk	Personalized Residual Risk: 1 in 10,000
Severe Neonatal Hyperparathyroidism	CASR	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,700
Short Stature, Onychodysplasia, Facial Dysmorphism, and Hypotrichosis	POC1A	AR	Reduced Risk	Personalized Residual Risk: 1 in 108,000
Short-Chain Acyl-CoA Dehydrogenase Deficiency	ACADS	AR	Reduced Risk	Personalized Residual Risk: 1 in 660
Shwachman-Diamond Syndrome	SBDS	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,700
Sialidosis, Type I and Type II	NEU1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Sjogren-Larsson Syndrome	ALDH3A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,500
Spastic Paraplegia 15	ZFYVE26	AR	Reduced Risk	Personalized Residual Risk: 1 in 46,000
Spastic Tetraplegia, Thin Corpus Callosum, and Progressive Microcephaly	SLC1A4	AR	Reduced Risk	Personalized Residual Risk: 1 in 80,000
Spherocytosis, Type 5	EPB42	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Spinal Muscular Atrophy	SMN1	AR	Reduced Risk	SMN1 copy number: 2 SMN2 copy number: 2 c.*3>80T>G: Negative SMN1 Sequencing: Negative Personalized Residual Risk: 1 in 1107
Spinal Muscular Atrophy with Respiratory Distress 1 / Charcot-Marie-Tooth Disease, Type 2S	IGHMBP2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,200
Spinocerebellar Ataxia with Axonal Neuropathy 3	COA7	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Spondylocostal Dysostosis 1	DLL3	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,200
Spondylometaphyseal Dysplasia (DDR2-Related)	DDR2	AR	Reduced Risk	Personalized Residual Risk: 1 in 236,000
Spondylothoracic Dysostosis	MESP2	AR	Reduced Risk	Personalized Residual Risk: 1 in 382,000
Steel Syndrome	COL27A1	AR	Reduced Risk	Personalized Residual Risk: 1 in 93,000
Stuve-Wiedemann Syndrome	LIFR	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,000
Sulfate Transporter-Related Osteochondrodysplasia	SLC26A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800

				Tay-Sachs disease enzyme: Non-carrier
				White blood cells: Non-carrier
				- Hex A: 59.2% (Non-carrier : 55.0 - 72.0%; Carrier: <50%) - Total hexosaminidase activity: 2064 nmol/hr/mg
Tay-Sachs Disease	HEXA	AR	Reduced Risk	Plasma: Non-carrier - Hex A: 74.2 (Non-carrier : 58.0 - 72.0%; Carrier: <54%) - Total hexosaminidase activity: 458 nmol/hr/ml HEXA Sequencing: Negative Personalized Residual Risk: 1 in 1,400
Thiamine-Responsive Megaloblastic Anemia Syndrome	SLC19A2	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Thyroid Dysmorphogenesis 1	SLC5A5	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,300
Thyroid Dysmorphogenesis 2A	TPO	AR	Reduced Risk	Personalized Residual Risk: 1 in 910
Thyroid Dysmorphogenesis 3	TG	AR	Reduced Risk	Personalized Residual Risk: 1 in 850
Thyroid Dysmorphogenesis 4	TYD	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,800
Thyroid Dysmorphogenesis 5	DUOXA2	AR	Reduced Risk	Personalized Residual Risk: 1 in 29,000
Thyroid Dysmorphogenesis 6	DUOX2	AR	Reduced Risk	Personalized Residual Risk: 1 in 190
Trichohepatoenteric Syndrome 1	TTC37	AR	Reduced Risk	Personalized Residual Risk: 1 in 14,000
Tyrosinemia, Type I	FAH	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,900
Tyrosinemia, Type II	TAT	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,800
Tyrosinemia, Type III	HPD	AR	Reduced Risk	Personalized Residual Risk: 1 in 15,000
Usher Syndrome, Type IB	MYO7A	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,000
Usher Syndrome, Type IC	USH1C	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
Usher Syndrome, Type ID	CDH23	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,400
Usher Syndrome, Type IF	PCDH15	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,800
Usher Syndrome, Type IIA	USH2A	AR	Reduced Risk	Personalized Residual Risk: 1 in 290
Usher Syndrome, Type III	CLRN1	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,300
Very Long Chain Acyl-CoA Dehydrogenase Deficiency	ACADVL	AR	Reduced Risk	Personalized Residual Risk: 1 in 920
Vitamin D-Dependent Rickets, Type I	CYP27B1	AR	Reduced Risk	Personalized Residual Risk: 1 in 7,900
Vitamin D-Resistant Rickets, Type IIA	VDR	AR	Reduced Risk	Personalized Residual Risk: 1 in 17,000
Walker-Warburg Syndrome and Other FKTN-Related Dystrophies	FKTN	AR	Reduced Risk	Personalized Residual Risk: 1 in 4,200
Werner Syndrome	WRN	AR	Reduced Risk	Personalized Residual Risk: 1 in 9,200
Wilson Disease	ATP7B	AR	Reduced Risk	Personalized Residual Risk: 1 in 350
Wiskott-Aldrich Syndrome (WAS-Related)	WAS	XL	Reduced Risk	Personalized Residual Risk: 1 in 1,203,000
Wolcott-Rallison Syndrome	EIF2AK3	AR	Reduced Risk	Personalized Residual Risk: 1 in 22,000
Wolman Disease / Cholesteryl Ester Storage Disease	LIPA	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,200
Woodhouse-Sakati Syndrome	DCAF17	AR	Reduced Risk	Personalized Residual Risk: 1 in 81,000
X-Linked Juvenile Retinoschisis	RS1	XL	Reduced Risk	Personalized Residual Risk: 1 in 40,000
X-Linked Severe Combined Immunodeficiency	IL2RG	XL	Reduced Risk	Personalized Residual Risk: 1 in 250,000
Xeroderma Pigmentosum (POLH-Related)	POLH	AR	Reduced Risk	Personalized Residual Risk: 1 in 5,900
Xeroderma Pigmentosum, Group A	XPA	AR	Reduced Risk	Personalized Residual Risk: 1 in 11,000
Xeroderma Pigmentosum, Group C	XPC	AR	Reduced Risk	Personalized Residual Risk: 1 in 12,000
Xeroderma Pigmentosum, Group G	ERCC5	AR	Reduced Risk	Personalized Residual Risk: 1 in 3,000
Zellweger Syndrome Spectrum (PEX10-Related)	PEX10	AR	Reduced Risk	Personalized Residual Risk: 1 in 6,300
Zellweger Syndrome Spectrum (PEX1-Related)	PEX1	AR	Reduced Risk	Personalized Residual Risk: 1 in 2,000
Zellweger Syndrome Spectrum (PEX2-Related)	PEX2	AR	Reduced Risk	Personalized Residual Risk: 1 in 77,000

Zellweger Syndrome Spectrum (PEX6-Related)	PEX6	AR	Reduced Risk	Personalized Residual Risk: 1 in 1,600
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AR=Autosomal recessive; XL=X-linked

Test methods and comments

Genomic DNA isolated from this patient was analyzed by one or more of the following methodologies, as applicable:

Fragile X CGG Repeat Analysis (Analytical Detection Rate >99%)

PCR amplification using Asuragen, Inc. AmpliX[®] *FMR1* PCR reagents followed by capillary electrophoresis for allele sizing was performed. Samples positive for *FMR1* premutations and full mutations greater than 90 CGG repeats in length were further analyzed by Southern blot analysis or methylation PCR to assess the size and methylation status of the *FMR1* CGG repeat. Additional testing to determine the status of AGG interruptions within the *FMR1* CGG repeat will be automatically performed for premutation alleles ranging from 55 to 90 repeats. These results, which may modify risk for expansion, will follow in a separate report.

Genotyping (Analytical Detection Rate >99%)

Multiplex PCR amplification and single-base pair probe extension analyses using the Agena Bioscience iPLEX Pro chemistry on a MassARRAY[®] System were used to identify certain recurrent variants that are complex in nature or are present in low copy repeats. Rare sequence variants may interfere with assay performance.

Multiplex Ligation-Dependent Probe Amplification (MLPA) (Analytical Detection Rate >99%)

Conventional MLPA and/or digitalMLPA[®] probe sets and reagents from MRC-Holland were used for copy number variations (CNVs) analysis of specific targets versus known control samples. digitalMLPA[®] is a semi-quantitative technique, based on the well-established conventional MLPA method, followed by Illumina based sequencing to determine read number for amplicon quantification. False positive or negative results may occur due to rare sequence variants in target regions detected by conventional MLPA or digitalMLPA[®] probes. Analytical sensitivity and specificity of both the conventional MLPA method and the digitalMLPA[®] method are greater than 99%.

For alpha thalassemia, the copy numbers of the *HBA1* and *HBA2* genes were analyzed. Alpha-globin gene deletions, duplications, and the Constant Spring (CS) mutation are assessed. This test is expected to detect approximately 90% of all alpha-thalassemia mutations, varying by ethnicity. Carriers of alpha-thalassemia with three or more *HBA* copies on one chromosome, and one or no copies on the other chromosome, may not be precisely specified without phase analysis. With the exception of duplications, other benign alpha-globin gene polymorphisms will not be reported. Analyses of *HBA1* and *HBA2* are performed in association with long-range PCR of the coding regions followed by short-read sequencing.

For Duchenne muscular dystrophy, the copy numbers of all *DMD* exons were analyzed. Potentially pathogenic single exon deletions and duplication are confirmed by a second method. Analysis of *DMD* is performed in association with sequencing of the coding region.

For congenital adrenal hyperplasia, the copy number of the *CYP21A2* gene was analyzed. This analysis can detect large deletions typically due to unequal meiotic crossing-over between *CYP21A2* and the pseudogene *CYP21A1P*. Classic 30-kb deletions make up approximately 20% of *CYP21A2* pathogenic alleles. This test may also identify certain point mutations in *CYP21A2* caused by gene conversion events between *CYP21A2* and *CYP21A1P*. Some carriers may not be identified by dosage sensitive methods as this testing cannot detect individuals with two copies (duplication) of the *CYP21A2* gene on one chromosome and loss of *CYP21A2* (deletion) on the other chromosome. Analysis of *CYP21A2* is performed in association with long-range PCR of the coding regions followed by short-read sequencing.

For spinal muscular atrophy (SMA), the copy numbers of the *SMN1* and *SMN2* genes were analyzed. The individual dosage of exons 7 and 8 as well as the combined dosage of exons 1, 4, 6 and 8 of *SMN1* and *SMN2* were assessed. Copy number gains and losses can be detected. Depending on ethnicity, 6 - 29 % of carriers will not be identified by dosage sensitive methods as this testing cannot distinguish individuals with two copies (duplication) of the *SMN1* gene on one chromosome and loss of *SMN1* (deletion) on the other chromosome (silent 2+0 carrier) or identify intragenic mutation in *SMN1*. Please also note that 2% of individuals diagnosed with SMA have a causative *SMN1* variant that occurred de novo, therefore cannot be picked up by carrier screening in the parents. Analysis of *SMN1* is performed in association with short-read sequencing of exons 2a-7, followed by confirmation using long-range PCR (described below).

In individuals with two copies of *SMN1* with Ashkenazi Jewish, East Asian, African American, Native American or Caucasian ancestry, the presence or absence of c.3+80T>G significantly increases or decreases, respectively, the likelihood of being a silent 2+0 silent carrier.

MLPA for Gaucher disease (*GBA*), cystic fibrosis (*CFTR*), and non-syndromic hearing loss (*GJB2/GJB6*) will only be performed if indicated for confirmation of detected CNVs. If *GBA* analysis was performed, the copy numbers of exons 1, 3, 4, and 6 - 10 of the *GBA* gene (of 11 exons total) were analyzed. If *CFTR* analysis was performed, the copy numbers of all 27 *CFTR* exons were analyzed. If *GJB2/GJB6* analysis was performed,

the copy number of the two *GJB2* exons were analyzed, as well as the presence or absence of the two upstream deletions of the *GJB2* regulatory region, del(*GJB6*-D13S1830) and del(*GJB6*-D13S1854).

Next Generation Sequencing (NGS) (Analytical Detection Rate >95%)

NGS was performed on a panel of genes for the purpose of identifying pathogenic or likely pathogenic variants.

Agilent SureSelectTMXT Low Input technology was used with a custom capture library to target the exonic regions and intron/exon splice junctions of the relevant genes, as well as a number of UTR, intronic or promoter regions that contain previously reported mutations. Libraries were pooled and sequenced on the Illumina NovaSeq 6000 platform, using paired-end 100 bp reads. The sequencing data was analyzed using a custom bioinformatics algorithm designed and validated in house.

The coding exons and splice junctions of the known protein-coding RefSeq genes were assessed for the average depth of coverage (minimum of 20X) and data quality threshold values. Most exons not meeting a minimum of >20X read depth across the exon are further analyzed by Sanger sequencing. Please note that several genomic regions present difficulties in mapping or obtaining read depth >20X. These regions, which are described below, will not be reflexed to Sanger sequencing if the mapping quality or coverage is poor. Any variants identified during testing in these regions are confirmed by a second method and reported if determined to be pathogenic or likely pathogenic. However, as there is a possibility of false negative results within these regions, detection rates and residual risks for these genes have been calculated with the presumption that variants in these exons will not be detected, unless included in the MassARRAY[®] genotyping platform.

Exceptions: *ABCD1* (NM_000033.3) exons 8 and 9; *ACADSB* (NM_001609.3) chr10:124,810,695-124,810,707 (partial exon 9); *ADA* (NM_000022.2) exon 1; *ADAMTS2* (NM_014244.4) exon 1; *AGPS* (NM_003659.3) chr2:178,257,512-178,257,649 (partial exon 1); *ALDH7A1* (NM_001182.4) chr5:125,911,150-125,911,163 (partial exon 7) and chr5:125,896,807-125,896,821 (partial exon 10); *ALMS1* (NM_015120.4) chr2:73,612,990-73,613,041 (partial exon 1); *APOPT1* (NM_032374.4) chr14:104,040,437-104,040,455 (partial exon 3); *CDAN1* (NM_138477.2) exon 2; *CEP152* (NM_014985.3) chr15:49,061,146-49,061,165 (partial exon 14) and exon 22; *CEP290* (NM_025114.3) exon 5, exon 7, chr12:88,519,017-88,519,039 (partial exon 13), chr12:88,514,049-88,514,058 (partial exon 15), chr12:88,502,837-88,502,841 (partial exon 23), chr12:88,481,551-88,481,589 (partial exon 32), chr12:88,471,605-88,471,700 (partial exon 40); *CFTR* (NM_000492.3) exon 10; *COL4A4* (NM_000092.4) chr2:227,942,604-227,942,619 (partial exon 25); *COX10* (NM_001303.3) exon 6; *CYP11B1* (NM_000497.3) exons 3-7; *CYP11B2* (NM_000498.3) exons 3-7; *DNAI2* (NM_023036.4) chr17:72,308,136-72,308,147 (partial exon 12); *DOK7* (NM_173660.4) chr4:3,465,131-3,465,161 (partial exon 1) and exon 2; *DUOX2* (NM_014080.4) exons 6-8; *EIF2AK3* (NM_004836.5) exon 8; *EVC* (NM_153717.2) exon 1; *F5* (NM_000130.4) chr1:169,551,662-169,551,679 (partial exon 2); *FH* (NM_000143.3) exon 1; *GAMT* (NM_000156.5) exon 1; *GLDC* (NM_000170.2) exon 1; *GNPTAB* (NM_024312.4) chr17:4,837,000-4,837,400 (partial exon 2); *GNPTG* (NM_032520.4) exon 1; *GHR* (NM_000163.4) exon 3; *GYS2* (NM_021957.3) chr12:21,699,370-21,699,409 (partial exon 12); *HGSNAT* (NM_152419.2) exon 1; *IDS* (NM_000202.6) exon 3; *ITGB4* (NM_000213.4) chr17:73,749,976-73,750,060 (partial exon 33); *JAK3* (NM_000215.3) chr19:17,950,462-17,950,483 (partial exon 10); *LIFR* (NM_002310.5) exon 19; *LMBRD1* (NM_018368.3) chr6:70,459,226-70,459,257 (partial exon 5), chr6:70,447,828-70,447,836 (partial exon 7) and exon 12; *LYST* (NM_000081.3) chr1:235,944,158-235,944,176 (partial exon 16) and chr1:235,875,350-235,875,362 (partial exon 43); *MLYCD* (NM_012213.2) chr16:83,933,242-83,933,282 (partial exon 1); *MTR* (NM_000254.2) chr1:237,024,418-237,024,439 (partial exon 20) and chr1:237,038,019-237,038,029 (partial exon 24); *NBEAL2* (NM_015175.2) chr3:47,021,385-47,021,407 (partial exon 1); *NEB* (NM_001271208.1) exons 82-105; *NPC1* (NM_000271.4) chr18:21,123,519-21,123,538 (partial exon 14); *NPHP1* (NM_000272.3) chr2:110,937,251-110,937,263 (partial exon 3); *OCRL* (NM_000276.3) chrX:128,674,450-128,674,460 (partial exon 1); *PHKB* (NM_000293.2) exon 1 and chr16:47,732,498-47,732,504 (partial exon 30); *PIGN* (NM_176787.4) chr18:59,815,547-59,815,576 (partial exon 8); *PIP5K1C* (NM_012398.2) exon 1 and chr19:363,7602-363,7616 (partial exon 17); *POU1F1* (NM_000306.3) exon 5; *PTPRC* (NM_002838.4) exons 11 and 23; *PUS1* (NM_025215.5) chr12:132,414,446-132,414,532 (partial exon 2); *RPGRIPL1* (NM_015272.2) exon 23; *SGSH* (NM_000199.3) chr17:78,194,022-78,194,072 (partial exon 1); *SLC6A8* (NM_005629.3) exons 3 and 4; *ST3GAL5* (NM_003896.3) exon 1; *SURF1* (NM_003172.3) chr9:136,223,269-136,223,307 (partial exon 1); *TRPM6* (NM_017662.4) chr9:77,362,800-77,362,811 (partial exon 31); *TSEN54* (NM_0207346.2) exon 1; *TYR* (NM_000372.4) exon 5; *VWF* (NM_000552.3) exons 24-26, chr12:6,125,675-6,125,684 (partial exon 30), chr12:6,121,244-6,121,265 (partial exon 33), and exon 34.

This test will detect variants within the exons and the intron-exon boundaries of the target regions. Variants outside these regions may not be detected, including, but not limited to, UTRs, promoters, and deep intronic areas, or regions that fall into the Exceptions mentioned above. This technology may not detect all small insertion/deletions and is not diagnostic for repeat expansions and structural genomic variation. In addition, a mutation(s) in a gene not included on the panel could be present in this patient.

Variant interpretation and classification was performed based on the American College of Medical Genetics Standards and Guidelines for the Interpretation of Sequence Variants (Richards et al, 2015). All potentially pathogenic variants may be confirmed by either a specific genotyping assay or Sanger sequencing, if indicated. Any benign variants, likely benign variants or variants of uncertain significance identified during this analysis will not be reported.

Next Generation Sequencing for *SMN1*

Exonic regions and intron/exon splice junctions of *SMN1* and *SMN2* were captured, sequenced, and analyzed as described above. Any variants located within exons 2a-7 and classified as pathogenic or likely pathogenic were confirmed to be in either *SMN1* or *SMN2* using gene-specific long-range PCR analysis followed by Sanger sequencing. Variants located in exon 1 cannot be accurately assigned to either *SMN1* or *SMN2* using our current methodology, and so these variants are not reported.

Copy Number Variant (CNV) Analysis (Analytical Detection Rate >98% for CNVs of 3 exons and larger, >90% for CNVs of 2 exons)

Large duplications and deletions were called from the relative read depths on an exon-by-exon basis using a custom exome hidden Markov model (XHMM) algorithm. Deletions or duplications determined to be pathogenic or likely pathogenic were confirmed by either a custom arrayCGH platform, quantitative PCR, or MLPA (depending on CNV size and gene content). While this algorithm is designed to pick up deletions and duplications of 2 or more exons in length, potentially pathogenic single-exon CNVs will be confirmed and reported, if detected. Deletions and duplications near the lower limit of detection may not be detected due to run variability. Genomic regions with high homology or highly repetitive sequences are excluded from this analysis.

Exon Array Comparative Genomic Hybridization (aCGH) (Confirmation method) (Accuracy >99%)

The customized oligonucleotide microarray (Oxford Gene Technology) is a highly-targeted exon-focused array capable of detecting medically relevant microdeletions and microduplications at a much higher resolution than traditional aCGH methods. Each array matrix has approximately 1,000,000 60-mer oligonucleotide probes that cover the entire genome. This platform is designed based on human genome NCBI Build 37 (hg19) and the CGH probes are enriched to target the exonic regions of the genes in this panel.

Quantitative PCR (Confirmation method) (Accuracy >99%)

The relative quantification PCR is utilized on a Roche SYBR Green reagents on a LightCycler® 480 System, which relates the PCR signal of the target region in one group to another. To test for genomic imbalances, both sample DNA and reference DNA is amplified with primer/probe sets that specific to the target region and a control region with known genomic copy number. Relative genomic copy numbers are calculated based on the standard $\Delta\Delta C_t$ formula.

Long-Range PCR (Analytical Detection Rate >99%)

Long-range PCR was performed to generate locus-specific amplicons for *CYP21A2*, *HBA1* and *HBA2* and *GBA*. The PCR products were then prepared for short-read NGS sequencing and sequenced. Sequenced reads were mapped back to the original genomic locus and run through the bioinformatics pipeline. If indicated, copy number from MLPA was correlated with the sequencing output to analyze the results. Please note that in rare cases, allele drop-out may occur, which has the potential to lead to false negative results. For *CYP21A2*, a certain percentage of healthy individuals carry a duplication of the *CYP21A2* gene, which has no clinical consequences. In cases where multiple copies of *CYP21A2* are located on the same chromosome in tandem, only the last copy will be amplified and assessed for potentially pathogenic variants, due to size limitations of the PCR reaction. However, because these alleles contain at least two copies of the *CYP21A2* gene in tandem, it is expected that this patient has at least one functional gene in the tandem allele and this patient is therefore less likely to be a carrier. A

CYP21A1P/CYP21A2 hybrid gene detected only by MLPA but not by long-range PCR will not be reported when the long-range PCR indicates the presence of two full *CYP21A2* gene copies (one on each chromosome), as the additional hybrid gene is nonfunctional. Classic 30-kb deletions are identified by MLPA and are also identified by the presence of multiple common pathogenic *CYP21A2* variants by long-range PCR. Since multiple pseudogene-derived variants are detected in all cases with the classic 30kb deletion, we cannot rule out the possibility that some variant(s) detected could be present in trans with the chimeric *CYP21A1P/CYP21A2* gene created by the 30kb deletion. When an individual carries both a duplication allele and a pathogenic variant, or multiple pathogenic variants, the current analysis may not be able to determine the phase (cis/trans configuration) of the *CYP21A2* alleles identified. Family studies may be required in certain scenarios where phasing is required to determine the carrier status.

Residual Risk Calculations

Carrier frequencies and detection rates for each ethnicity were calculated through the combination of internal curations of >30,000 variants and genomic frequency data from >138,000 individuals across seven ethnic groups in the gnomAD database. Additional variants in HGMD and novel deleterious variants were also incorporated into the calculation. Residual risk values are calculated using a Bayesian analysis combining the *a priori* risk of being a pathogenic mutation carrier (carrier frequency) and the detection rate. They are provided only as a guide for assessing approximate risk given a negative result, and values will vary based on the exact ethnic background of an individual. This report does not represent medical advice but should be interpreted by a genetic counselor, medical geneticist or physician skilled in genetic result interpretation and the relevant medical literature.

Personalized Residual Risk Calculations

Agilent SureSelect™XT Low-Input technology was utilized in order to create whole-genome libraries for each patient sample. Libraries were then pooled and sequenced on the Illumina NovaSeq platform. Each sequencing lane was multiplexed to achieve 0.4-2x genome coverage, using paired-end 100 bp reads. The sequencing data underwent ancestral analysis using a customized, licensed bioinformatics algorithm that

was validated in house. Identified sub-ethnic groupings were binned into one of 7 continental-level groups (African, East Asian, South Asian, Non-Finnish European, Finnish, Native American, and Ashkenazi Jewish) or, for those ethnicities that matched poorly to the continental-level groups, an 8th "unassigned" group, which were then used to select residual risk values for each gene. For individuals belonging to multiple high-level ethnic groupings, a weighting strategy was used to select the most appropriate residual risk. For genes that had insufficient data to calculate ethnic-specific residual risk values, or for sub-ethnic groupings that fell into the "unassigned" group, a "worldwide" residual risk was used. This "worldwide" residual risk was calculated using data from all available continental-level groups.

Several genes have multiple residual risks associated to reflect the likelihood of the tested individual being a carrier for different diseases that are attributed to non-overlapping pathogenic variants in that gene. When calculating the couples' combined reproductive risk, the highest residual risk for each patient was selected.

Sanger Sequencing (Confirmation method) (Accuracy >99%)

Sanger sequencing, as indicated, was performed using BigDye Terminator chemistry with the ABI 3730 DNA analyzer with target specific amplicons. It also may be used to supplement specific guaranteed target regions that fail NGS sequencing due to poor quality or low depth of coverage (<20 reads) or as a confirmatory method for NGS positive results. False negative results may occur if rare variants interfere with amplification or annealing.

Tay-Sachs Disease (TSD) Enzyme Analysis (Analytical Detection Rate ≥98%)

Hexosaminidase activity and Hex A% activity were measured by a standard heat-inactivation, fluorometric method using artificial 4-MU-β-N-acetyl glucosaminide (4-MUG) substrate. This assay is highly sensitive and accurate in detecting Tay-Sachs carriers and individuals affected with TSD. Normal ranges of Hex A% activity are 55.0-72.0 for white blood cells and 58.0-72.0 for plasma. It is estimated that less than 0.5% of Tay-Sachs carriers have non-carrier levels of percent Hex A activity, and therefore may not be identified by this assay. In addition, this assay may detect individuals that are carriers of or are affected with Sandhoff disease. False positive results may occur if benign variants, such as pseudodeficiency alleles, interfere with the enzymatic assay. False negative results may occur if both *HEXA* and *HEXB* pathogenic or pseudodeficiency variants are present in the same individual.

Please note that it is not possible to perform Tay-Sachs disease enzyme analysis on saliva samples, buccal swabs, tissue samples, semen samples, or on samples received as extracted DNA.

This test was developed, and its performance characteristics determined by Sema4 Opco, Inc. It has not been cleared or approved by the US Food and Drug Administration. FDA does not require this test to go through premarket FDA 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 (CLIA) as qualified to perform high complexity clinical laboratory testing. These analyses generally provide highly accurate information regarding the patient's carrier or affected 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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Akler G et al. Towards a unified approach for comprehensive reproductive carrier screening in the Ashkenazi, Sephardi, and Mizrahi Jewish populations. *Mol Genet Genomic Med*. 2020 Feb 8(2):e1053.

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Variant Classification:

Richards S et al. Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. *Genet Med.* 2015 May;17(5):405-24

Riggs ER, Andersen EF, Cherry AM, et al. Technical standards for the interpretation and reporting of constitutional copy-number variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics (ACMG) and the Clinical Genome Resource (ClinGen) [published correction appears in *Genet Med.* 2021 Nov;23(11):2230]. *Genet Med.* 2020;22(2):245-257.

Additional disease-specific references available upon request.

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Needham, MA 02494
(p) 626-350-0537
(f) 626-454-1667
Lab Director: Arash Radfar M.D.
CLIA: 22D0957540



Patient Information:

12946, Donor

DOB: [REDACTED]

Sex: M

MR#:

Patient#: FT-PT9037206

Partner Information:

Not Tested

Physician:

Kuan, James

ATTN: Martinez, Lupe

Seattle 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: **Apr 11, 2025**

Accession:

FT-7277254

Test#: FT-TS15148067

Specimen Type: Blood (EDTA)

Collected: Mar 28, 2025

Accession:

N/A

FINAL RESULTS



No carrier mutations identified

TEST PERFORMED

Single Gene Carrier Screening: SERPINA1

(1 Gene Panel: *SERPINA1*; 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>)



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.

SERPINA1

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 FPLMv2.0 pipeline was used to analyze this specimen.

LIMITATIONS:

General Limitations

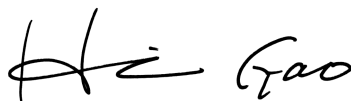
These test results and variant interpretation are based on the proper identification of the submitted specimen, accuracy of any stated familial relationships, and use of the correct human reference sequences at the queried loci. In very rare instances, errors may result due to mix-up or co-mingling of 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.



Gene Specific Notes and Limitations

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

SIGNATURE:



Dr. Harry Gao, DABMG, FACMG on 4/11/2025
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](#)





Patient Information	Specimen Information	Client Information
12946, DONOR DOB: █████ AGE: █ Gender: M Phone: NG Patient ID: LP2892340	Specimen: CF796428H Requisition: 7751035 Lab Ref #: 22818447SPB Collected: 11/01/2022 Received: 11/02/2022 / 22:22 EST Reported: 11/10/2022 / 20:11 EST	Client #: 48041578 NYNJMAIL GENOMICS, SEMA4 SEMA4 62 SOUTHFIELD AVE STAMFORD, CT 06902-7229

Ward:	SEATSB
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Cytogenetic Report

CHROMOSOME ANALYSIS, BLOOD - 14596

Lab:EZ

CHROMOSOME ANALYSIS, BLOOD

Order ID: 22-463784
Specimen Type: Blood
Clinical Indication: Encounter of male for testing for
disease carrier status for procrea management

RESULT:
NORMAL MALE KARYOTYPE

INTERPRETATION:
Chromosome analysis revealed normal G-band patterns within the limits of standard cytogenetic analysis.

Please expect the results of any other concurrent study in a separate report.

NOMENCLATURE:
46,XY

ASSAY INFORMATION:

Method: G-Band (Digital Analysis: MetaSyst)
Cells Counted: 20
Band Level: 450
Cells Analyzed: 5
Cells Karyotyped: 5

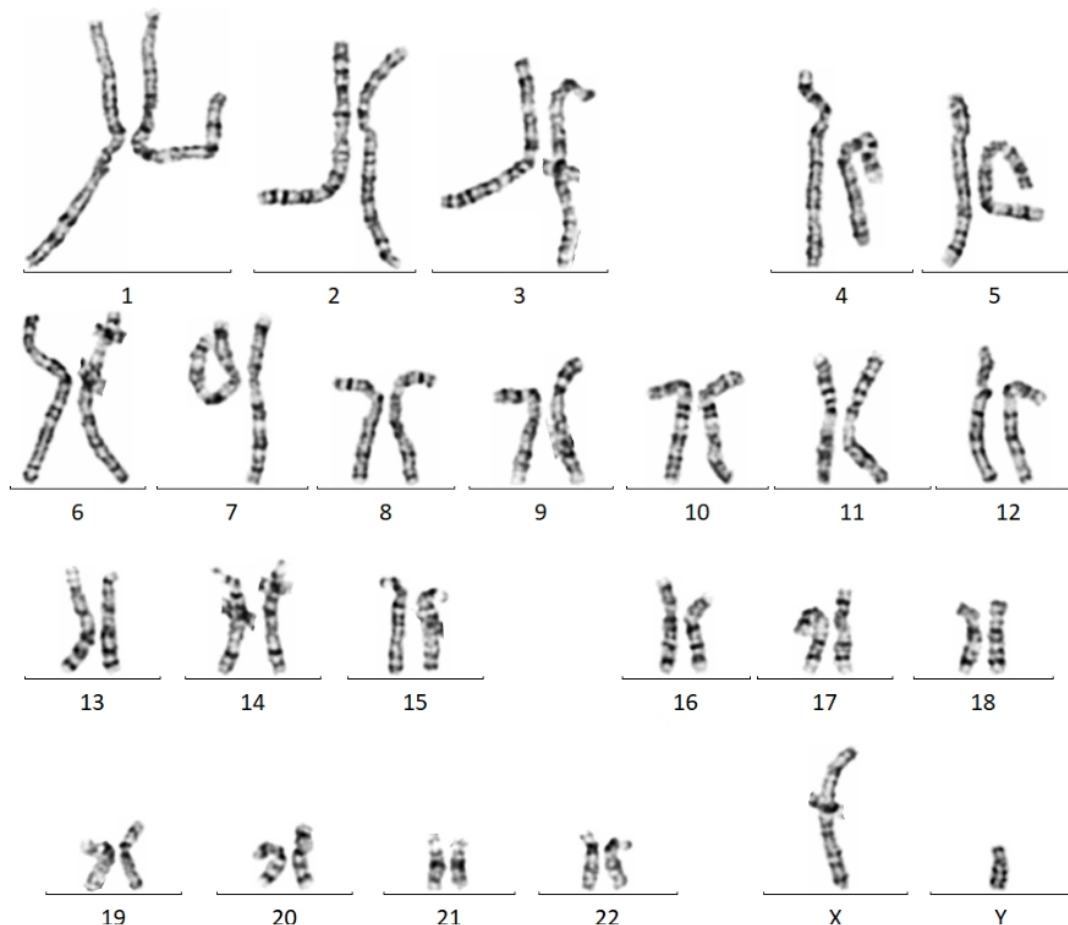
This test does not address genetic disorders that cannot be detected by standard cytogenetic methods or rare events such as low level mosaicism or subtle rearrangements.

Reha M. Toydemir, MD, PhD, FACMG

Electronic Signature: 11/10/2022 6:58 PM



Patient Information	Specimen Information	Client Information
12946, DONOR DOB: [REDACTED] AGE: [REDACTED] Gender: M Patient ID: LP2892340	Specimen: CF796428H Collected: 11/01/2022 Received: 11/02/2022 / 22:22 EST Reported: 11/10/2022 / 20:11 EST	Client #: 48041578 GENOMICS, SEMA4



PERFORMING SITE:

EZ QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMICA,MD,PHD,MBA, CLIA: 05D0643352

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

Date Collected: 11/01/2022

Date Received: 11/02/2022

Date Reported: 11/04/2022

Fasting: Not Given

General Comments & Additional Information

A courtesy copy of this report has been sent to 2064664696.

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

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Glucose ⁰¹	93		mg/dL	70-99
Uric Acid ⁰¹	4.9		mg/dL	3.8-8.4
Therapeutic target for gout patients: <6.0				
BUN ⁰¹	19		mg/dL	6-20
Creatinine ⁰¹	1.16		mg/dL	0.76-1.27
eGFR	89		mL/min/1.73	>59
Calcium ⁰¹	9.3		mg/dL	8.7-10.2
Protein, Total ⁰¹	6.9		g/dL	6.0-8.5
Albumin ⁰¹	5.1		g/dL	4.1-5.2
Bilirubin, Total ⁰¹	0.7		mg/dL	0.0-1.2
Alkaline Phosphatase ⁰¹	66		IU/L	44-121
LDH ⁰¹	126		IU/L	121-224
AST (SGOT) ⁰¹	15		IU/L	0-40
ALT (SGPT) ⁰¹	20		IU/L	0-44
Cholesterol, Total ⁰¹	101		mg/dL	100-199
Triglycerides ⁰¹	37		mg/dL	0-149
HDL Cholesterol ⁰¹	44		mg/dL	>39
LDL Chol Calc (NIH)	47		mg/dL	0-99
LDL/HDL Ratio	1.1		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		
Hgb Fractionation by CE: ⁰²				
Hgb F ⁰²	0.0		%	0.0-2.0
Hgb A ⁰²	97.5		%	96.4-98.8
Hgb A2 ⁰²	2.5		%	1.8-3.2
Hgb S ⁰²	0.0		%	0.0
Interpretation: ⁰²	Normal hemoglobin present; no hemoglobin variant or beta thalassemia identified. Note: Alpha thalassemia may not be detected by the Hgb Fractionation Cascade panel. If alpha thalassemia is suspected, Labcorp offers Alpha-Thalassemia DNA Analysis (#511172).			

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

ABO Grouping ⁰¹	O			
Rh Factor ⁰¹	Positive		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 ⁰¹	4.2		x10E3/uL	3.4-10.8
RBC ⁰¹	4.96		x10E6/uL	4.14-5.80
Hemoglobin ⁰¹	16.5		g/dL	13.0-17.7
Hematocrit ⁰¹	46.5		%	37.5-51.0
MCV ⁰¹	94		fL	79-97
▲ MCH ⁰¹	33.3	High	pg	26.6-33.0
MCHC ⁰¹	35.5		g/dL	31.5-35.7
RDW ⁰¹	11.8		%	11.6-15.4
Platelets ⁰¹	258		x10E3/uL	150-450
Neutrophils ⁰¹	56		%	Not Estab.
Lymphs ⁰¹	29		%	Not Estab.
Monocytes ⁰¹	13		%	Not Estab.
Eos ⁰¹	1		%	Not Estab.
Basos ⁰¹	1		%	Not Estab.
Neutrophils (Absolute) ⁰¹	2.4		x10E3/uL	1.4-7.0
Lymphs (Absolute) ⁰¹	1.2		x10E3/uL	0.7-3.1
Monocytes(Absolute) ⁰¹	0.5		x10E3/uL	0.1-0.9
Eos (Absolute) ⁰¹	0.1		x10E3/uL	0.0-0.4
Baso (Absolute) ⁰¹	0.0		x10E3/uL	0.0-0.2
Immature Granulocytes ⁰¹	0		%	Not Estab.
Immature Grans (Abs) ⁰¹	0.0		x10E3/uL	0.0-0.1
.01				
Urinalysis Gross Exam ⁰¹				
Specific Gravity ⁰¹	1.014			1.005-1.030
pH ⁰¹	7.5			5.0-7.5
Urine-Color ⁰¹	Yellow			Yellow
Appearance ⁰¹	Clear			Clear
WBC Esterase ⁰¹	Negative			Negative
Protein ⁰¹	Negative			Negative/Trace
Glucose ⁰¹	Negative			Negative
Ketones ⁰¹	Negative			Negative
Occult Blood ⁰¹	Negative			Negative
Bilirubin ⁰¹	Negative			Negative
Urobilinogen,Semi-Qn ⁰¹	0.2		mg/dL	0.2-1.0
Nitrite, Urine ⁰¹	Negative			Negative
Microscopic Examination ⁰¹	Microscopic not indicated and not performed.			