

Acknowledgement of Positive Carrier Screening Results: Donor 5429

I, the undersigned recipient, understand that this donor has tested **POSITIVE** as a carrier for the following condition(s). *More information regarding these conditions can be found in his Invitae Expanded Carrier Screening report.*

• SLC26A4-Related Conditions

I intend to use sperm samples from this donor for insemination or other assisted conception procedure(s).

I acknowledge that The Sperm Bank of California (TSBC) has made the donor's genetic testing results available to me and my medical providers, and that I have reviewed these results. I understand that TSBC **strongly recommends** that I review these genetic testing results with a Genetic Counselor and my medical providers. I understand that TSBC can refer me to genetic counseling services if desired.

I understand that recipient testing is strongly recommended when a donor has positive carrier screening results and that such testing can reduce but not eliminate risks.

I acknowledge that I personally assume all risks associated with use of semen samples provided by a donor who has tested **POSITIVE as a carrier for SLC26A4-Related Conditions.**

On behalf of myself and my spouse, heirs, representatives, I hereby release and forever hold harmless TSBC and its current and former officers, directors, employees, attorneys, insurers, consultants, agents, and representatives (collectively "Releasees") from any liability or responsibility whatsoever for any and all outcomes, and hereby release and forever discharge Releasees from any and all actions, causes of action, demands, damages, losses, liabilities, suits, expenses, including attorneys' fees and costs, of whatever character, in law or in equity, whether currently known, suspected, unknown or unsuspected, matured or unmatured, arising out of my use of sperm donated by a donor who has tested **POSITIVE as a carrier for SLC26A-4 Related Conditions.** This release involves the waiver of all rights and benefits that I may have under California Civil Code section 1542, which states: "A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

Please select one of the following:

- □ I have been tested for the above named condition(s) and/or I plan to be tested prior to using the samples.
- □ I understand that TSBC **strongly recommends** that I discuss these results with a Genetic Counselor and my medical providers and consider testing for the above named condition(s). At this time I have **declined** testing and/or **do not anticipate being tested**.

I understand that if I transfer my vials (or embryos if applicable) to any other person, including my spouse, that TSBC requires that person (1) register with TSBC and (2) complete an **Acknowledgement of Positive Carrier Screening Results**.

I understand that any and all questions as to the legal interpretation, validity or any other aspect of this agreement shall be determined by the laws of the State of California, regardless of the location or residence of any of the parties.

Recipient's signature

Recipient's printed name

Date



GENETIC TESTING: POSITIVE CARRIER STATUS

This donor tested **POSITIVE** as a carrier for one or more autosomal recessive conditions as described on the prior page and in the attached genetic testing results.

What does it mean to be a carrier?

<u>All people carry genetic mutations in their DNA</u>. Genetic testing can help to identify some, but not all, of these mutations. While this donor carries a mutation for one or more recessively inherited condition(s), offspring from this donor are not expected to be at risk of developing these condition(s) unless the recipient (or egg provider if different from the recipient) also carries a genetic mutation for the same condition(s). For this reason, we strongly encourage you to discuss carrier screening for yourself (or your egg provider) with your physician and a genetic counselor. Genetic testing can reduce but not eliminate risks.

What are my next steps?

1. Download the genetic test results and review with your medical providers

We **strongly recommend** that you discuss this donor's genetic test results with your physician **PRIOR TO SCHEDULING A SHIPMENT OR PICK-UP**, to confirm the donor is suitable for your use. Vials retrieved from the building cannot be exchanged or refunded. The donor's genetic test results are available for free download on the donor's page at <u>https://www.thespermbankofca.org/donor-catalog</u>.

2. We recommend scheduling a genetic counseling session.

A genetic counselor can explain the results in detail including the inheritance pattern, potential risks to your children, and the available testing options that you may want to consider for yourself (or your egg provider). Phone or in person consultations are available for a fee with TSBC's Genetic Counselors at San Francisco Genetic Counseling (<u>https://www.sfgenetics.org/</u>) or you can locate a genetic counselor at <u>www.findageneticcounselor.com</u>.

3. Complete and return the Acknowledgement of Positive Carrier Screening Results

TSBC requires that all recipients selecting this donor complete this acknowledgement form **PRIOR TO SCHEDULING A SHIPMENT OR PICK-UP**. Completing this form documents that you have been informed about this donor's genetic test results and that you are aware of TSBC's recommendation to discuss the genetic test results with your medical providers as noted above.

Reproductive Technologies, Inc. THE SPERM BANK OF CALIFORNIA

EXPANDED CARRIER SCREENING RESULTS DONOR 5429

Expanded carrier screening for 268 autosomal recessive conditions was completed by Invitae and reported on August 12, 2021.

The results were POSITIVE for Pendred Syndromes and SLC26A4-Related Conditions. It is strongly recommended recipients who use donor 5429's sperm undergo carrier screening for these conditions. Please refer to the donor's Invitae expanded carrier test report for more information on Pendred Syndrome and SLC26A4-Related conditions as well as the carrier screening completed.

Testing was negative for the remainder of genes screened.

Disease	Result	Residual risk to be a carrier (based on Caucasian, Hispanic and East Asian ethnicity)
Pendred Syndromes and SLC26A4-related conditions	POSITIVE	n/a
Cystic Fibrosis	Negative	1 in 2,700
Spinal Muscular Atrophy	Negative - 2 copies exon 7 Negative for c.*3+80T>G variant in exon 7	1 in 701
HBB Hemoglobinopathies & Thalassemia	Negative	1 in 1,600
Alpha Thalassemia	Negative	1 in 191

Genetic tests can significantly reduce, but never completely eliminate, the chance that a person is a carrier for a particular disorder.

Please also see the Health Problems List for a summary of the information that this donor has provided to us regarding personal and family medical history.

Sincerely,

Janine Mash

LCGC Certified Genetic Counselor San Francisco Genetic Counseling





DOB:	•	Saliva 07/30/2021 08/03/2021	Report date: Invitae #: Clinical team:	08/12/2021 RQ2550647 Janine Mash Lorraine Bonner, MD	
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Reason for testing

Gamete donor

Test performed

Invitae Comprehensive Carrier Screen without X-linked Disorders

- Primary Panel (CF, SMA)
- Add-on Comprehensive Carrier Screen without X-linked Disorders genes



RESULT: POSITIVE

This carrier test evaluated 268 gene(s) for genetic changes (variants) that are associated with an increased risk of having a child with a genetic condition. Knowledge of carrier status for one of these conditions may provide information that can be used to assist with family planning and/or preparation.

This test shows the presence of clinically significant genetic change(s) in this individual in the gene(s) indicated below. No other clinically significant changes were identified in the remaining genes evaluated with this test.

RESULTS	GENE	VARIANT(S)	INHERITANCE	PARTNER TESTING RECOMMENDED
Carrier: SLC26A4-related conditions	SLC26A4	c.349C>T (p.Leu117Phe)	Autosomal recessive	Yes

Next steps

- See the table above for recommendations regarding testing of this individual's reproductive partner.
- Even for genes that have a negative test result, there is always a small risk that an individual could still be a carrier. This is called "residual risk." See the table below for residual risks, which presumes a negative family history of the conditions listed.
- Genetic counseling is recommended to further explain the implications of this test result and assess family health history, which may point to health information that merits additional consideration.
- All patients, regardless of result, may wish to consider additional screening for hemoglobinopathies by complete blood count (CBC) and hemoglobin electrophoresis, if this has not already been completed.
- Individuals can register their tests at https://www.invitae.com/patients/ to access online results, educational resources, and next steps.



Clinical summary

D RESULT: CARRIER

SLC26A4-related conditions

A single Likely Pathogenic variant, c.349C>T (p.Leu117Phe), was identified in SLC26A4.

What are SLC26A4-related conditions?

SLC26A4-related conditions include Pendred syndrome (PDS) and SLC26A4-related deafness. Pendred syndrome is a condition that causes deafness, and specific bone and endocrine abnormalities. SLC26A4-related deafness affects an individual's ability to hear.

PDS is characterized by severe to profound bilateral deafness caused by damage to structures in the inner ear (sensorineural deafness), which is typically present at birth. Affected individuals also have balance difficulties due to inner ear problems (vestibular dysfunction) and abnormalities of the temporal (skull) bones, specifically an enlarged vestibular aqueduct (EVA) with or without underdevelopment of a part of the inner ear (cochlear hypoplasia). Additionally, individuals with PDS develop enlargement of the thyroid gland (goiter) in late childhood to early adulthood. Symptoms of PDS may vary, even among members of the same family. Intelligence and life span are not typically affected. Digenic inheritance, which occurs when an individual has a genetic change in two different Pendred syndrome-associated genes, has been reported (PMID: 19426954); however, the evidence available at this time is insufficient to confirm this as a mode of inheritance.

SLC26A4-related deafness is characterized by nonsyndromic deafness (DFNB4), enlarged vestibular aqueduct, and vestibular dysfunction; however, thyroid defects are not observed.

Follow-up depends on each affected individual's specific situation, and discussion with a healthcare provider should be considered.

Next steps

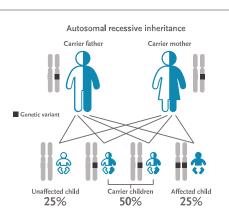
Carrier testing for the reproductive partner is recommended.

+ If your partner tests positive:

In autosomal recessive inheritance, an individual must have disease-causing genetic changes in each copy of the SLC26A4 gene to be affected. Carriers, who have a disease-causing genetic change in only one copy of the gene, typically do not have symptoms. When both reproductive partners are carriers of an autosomal recessive condition, there is a 25% chance for each child to have the condition.

) If your partner tests negative:

A negative carrier test result reduces, but does not eliminate, the chance that a person may be a carrier. The risk that a person could still be a carrier, even after a negative test result, is called a residual risk. See the table below for your partner's hypothetical



residual risk after testing negative for SLC26A4-related conditions. These values are provided only as a guide, are based on the detection rate for the condition as tested at Invitae, and assume a negative family history, the absence of symptoms, and vary based on the ethnic background of an individual. For genes associated with both dominant and recessive inheritance, the numbers provided apply to the recessive condition(s) associated with the gene.

DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
SLC26A4-related conditions (AR)	SLC26A4	Asian	1 in 74	1 in 7300
NM_000441.1		Pan-ethnic	1 in 80	1 in 7900



Variant details

SLC26A4, Exon 4, c.349C>T (p.Leu117Phe), heterozygous, Likely Pathogenic

- This sequence change replaces leucine with phenylalanine at codon 117 of the SLC26A4 protein (p.Leu117Phe). The leucine residue is highly conserved and there is a small physicochemical difference between leucine and phenylalanine.
- This variant is present in population databases (rs145254330, ExAC 0.04%).
- This missense change has been observed in individual(s) with profound congenital deafness (PMID: 26969326, 33111345). It has also been observed to segregate with disease in related individuals.
- ClinVar contains an entry for this variant (Variation ID: 43555).
- Advanced modeling of protein sequence and biophysical properties (such as structural, functional, and spatial information, amino acid conservation, physicochemical variation, residue mobility, and thermodynamic stability) performed at Invitae indicates that this missense variant is expected to disrupt SLC26A4 protein function.
- Experimental studies have shown that this missense change does not substantially affect SLC26A4 protein function (PMID: 11932316, 31599023, 32165640).
- In summary, the currently available evidence indicates that the variant is pathogenic, but additional data are needed to prove that conclusively. Therefore, this variant has been classified as Likely Pathogenic.



Residual risk

This table displays residual risks after a negative result for each of the genes and corresponding disorders. The values provided assume a negative family history and the absence of symptoms for each disorder. For genes associated with both dominant and recessive inheritance, the numbers in this table apply to the recessive condition(s) associated with the gene. Residual risk values are provided for disorders when carrier frequency is greater than 1 in 500. For disorders with carrier frequency equal to, or less than, 1 in 500, residual risk is considered to be reduced substantially. When provided, residual risk values are inferred from published carrier frequencies, and estimated detection rates are based on testing technologies used at Invitae. Residual risks are provided only as a guide for assessing approximate risk given a negative result; values will vary based on the ethnic background of an individual. For individuals of mixed ethnicity, it is recommended to use the highest residual risk estimate. For any genes marked with an asterisk*, refer to the Limitations section below for detailed coverage information. In the case of a sample-specific limitation, "N/A" indicates that a residual risk value could not be calculated. AR = autosomal recessive, XL = X-linked, AD = autosomal dominant.

DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
3-hydroxy-3-methylglutaryl-CoA lyase deficiency (AR)	HMGCL	Pan-ethnic	≤1 in 500	Reduced
NM_000191.2	TIMOCE	Portuguese	1 in 160	1 in 15900
ABCB11-related conditions (AR) NM_003742.2	ABCB11	Pan-ethnic	1 in 100	1 in 9900
ABCC8-related conditions (AR)		Ashkenazi Jewish	1 in 52	1 in 5100
NM_000352.4 When the mother is a noncarrier, but the father is a		Finnish	1 in 100	1 in 9900
carrier, there is a residual risk for focal disease (1 in 540 for the Ashkenazi Jewish population; undetermined in other ethnic groups)	ABCC8	Pan-ethnic	1 in 177	1 in 17600
Abetalipoproteinemia (AR)	MTTP	Ashkenazi Jewish	1 in 131	1 in 13000
NM_000253.3	WITTE	Pan-ethnic	≤1 in 500	Reduced
Achromatopsia (CNGB3-related) (AR) NM_019098.4	CNGB3	Pan-ethnic	1 in 93	1 in 9200
ACOX1-related conditions (AR) NM_004035.6	ACOX1	Pan-ethnic	≤1 in 500	Reduced
Acrodermatitis enteropathica (AR) NM_130849.3	SLC39A4	Pan-ethnic	1 in 354	1 in 35300
Adenosine deaminase deficiency (AR) NM_000022.2	ADA	Pan-ethnic	1 in 224	1 in 2788
Aicardi-Goutieres syndrome 5 (AR) NM_015474.3	SAMHD1	Pan-ethnic	≤1 in 500	Reduced
Aldosterone synthase deficiency (AR)	CYP11B2	Pan-ethnic	≤1 in 500	Reduced
NM_000498.3	CIFIIBZ	Sephardic Jewish (Iranian)	1 in 30	1 in 2900
Alpha-mannosidosis (AR) NM_000528.3	MAN2B1	Pan-ethnic	1 in 354	1 in 35300
		African-American	1 in 30	1 in 291
Alpha-thalassemia (AR)	HBA2/	Asian	1 in 20	1 in 191
NM_000517.4, NM_000558.4	HBA1 *	Caucasian	≤1 in 500	Reduced
		Pan-ethnic	1 in 25	1 in 241
Alport syndrome (COL4A3-related) (AR)		Ashkenazi Jewish	1 in 192	1 in 19100
NM_000091.4	COL4A3	Caucasian	1 in 284	1 in 28300
		Pan-ethnic	1 in 354	1 in 35300
Alport syndrome (COL4A4-related) (AR) NM_000092.4	COL4A4	Pan-ethnic	1 in 353	1 in 35200
Alström syndrome (AR) NM_015120.4	ALMS1	Pan-ethnic	≤1 in 500	Reduced
Arginase deficiency (AR) NM_000045.3	ARG1	Pan-ethnic	1 in 274	1 in 27300
Argininosuccinate lyase deficiency (AR) NM_000048.3	ASL	Pan-ethnic	1 in 133	1 in 1321
Aromatase deficiency (AR) NM_031226.2	CYP19A1	Pan-ethnic	≤1 in 500	Reduced
Asparagine synthetase deficiency (AR) NM_133436.3	ASNS	Pan-ethnic	≤1 in 500	Reduced



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
		Sephardic Jewish (Iranian)	1 in 80	1 in 7900
Aspartylglucosaminuria (AR)	AGA	Finnish	1 in 69	1 in 6800
NM_000027.3	AGA	Pan-ethnic	≤1 in 500	Reduced
Ataxia with vitamin E deficiency (AR)	TTPA	Italian	1 in 274	1 in 2731
NM_000370.3	IIFA	Pan-ethnic	≤1 in 500	Reduced
ATM-related conditions (AR)	ATM	Pan-ethnic	1 in 100	1 in 9900
NM_000051.3	ATM	Sephardic Jewish	1 in 69	1 in 6800
utoimmune polyendocrinopathy with candidiasis and		Finnish	1 in 79	1 in 7800
ctodermal dysplasia (AR)	AIRE	Pan-ethnic	1 in 150	1 in 14900
odermal dysplasia (AR) 1_000383.3		Sardinian	1 in 60	1 in 5900
		Sephardic Jewish (Iranian)	1 in 48	1 in 4700
itosomal recessive congenital ichthyosis GM1-related) (AR)	TGM1	Norwegian	1 in 151	1 in 3000
NM_000359.2	IGMI	Pan-ethnic	1 in 224	1 in 4460
Autosomal recessive spastic ataxia of Charlevoix- Saguenay (AR)	SACS	French Canadian (Saguenay-Lac-St- Jean)	1 in 21	1 in 2000
NM_014363.5		Pan-ethnic	≤1 in 500	Reduced
3ardet-Biedl syndrome (BBS10-related) (AR) NM_024685.3	BBS10	Pan-ethnic	1 in 354	1 in 35300
3ardet-Biedl syndrome (BBS12-related) (AR) NM_152618.2	BBS12	Pan-ethnic	1 in 708	Reduced
BBS1-related conditions (AR)	DDC1	Faroese	1 in 30	1 in 2900
VM_024649.4	BBS1	Pan-ethnic	1 in 330	1 in 32900
BS2-related conditions (AR)	BBS2	Ashkenazi Jewish	1 in 140	1 in 13900
IM_031885.3	BB27	Pan-ethnic	1 in 560	Reduced
		Caucasian	1 in 407	1 in 40600
SCS1L-related conditions (AR) VM_004328.4	BCS1L	Finnish	1 in 108	1 in 10700
NIVI_004528.4		Pan-ethnic	≤1 in 500	Reduced
Beta-ketothiolase deficiency (AR)	ACAT1	Caucasian	1 in 354	1 in 35300
IM_000019.3	ACATT	Pan-ethnic	≤1 in 500	Reduced
iopterin-deficient hyperphenylalaninemia (PTS-related)		Chinese	1 in 122	1 in 12100
AR) IM_000317.2	PTS	Pan-ethnic	1 in 433	1 in 43200
Bloom syndrome (AR)	BLM	Ashkenazi Jewish	1 in 100	1 in 9900
VM_000057.3	52.00	Pan-ethnic	≤1 in 500	Reduced
SND-related conditions (AR) NM_057176.2	BSND	Pan-ethnic	≤1 in 500	Reduced
Canavan disease (AR)	ASPA	Ashkenazi Jewish	1 in 57	1 in 5600
NM_000049.2	AJFA	Pan-ethnic	1 in 159	1 in 15800
Carbamoyl phosphate synthetase I deficiency (AR) NM_001875.4	CPS1	Pan-ethnic	≤1 in 500	Reduced
Carnitine palmitoyltransferase I deficiency (AR)	CPT1A	Hutterite	1 in 16	1 in 1500
NM_001876.3	CFIIA	Pan-ethnic	≤1 in 500	Reduced
Carnitine palmitoyltransferase II deficiency (AR)	CPT2	Ashkenazi Jewish	1 in 45	1 in 4400
VM_000098.2	CLIZ	Pan-ethnic	1 in 182	1 in 18100
Carpenter syndrome (RAB23-related) (AR) NM_183227.2	RAB23	Pan-ethnic	≤1 in 500	Reduced
Cartilage-hair hypoplasia-anauxetic dysplasia spectrum		Amish	1 in 10	1 in 900
lisorders (AR)	RMRP	Finnish	1 in 76	1 in 7500
IR_003051.3		Pan-ethnic	≤1 in 500	Reduced
DH23-related conditions (AR) IM_022124.5	CDH23	Pan-ethnic	1 in 202	1 in 4020
EP290-related conditions (AR) NM_025114.3	CEP290	Pan-ethnic	1 in 185	1 in 18400
Cerebrotendinous xanthomatosis (AR)		Pan-ethnic	1 in 112	1 in 5550
VM_000784.3	CYP27A1	Sephardic Jewish	1 in 76	1 in 3750
CERKL-related conditions (AR)	CED!//	Pan-ethnic	1 in 137	1 in 13600
NM_001030311.2	CERKL	Sephardic Jewish	1 in 24	1 in 2300



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
		African-American - classic CF	1 in 61	1 in 6000
		Ashkenazi Jewish - classic CF	1 in 29	1 in 2800
CFTR-related conditions (AR)		Asian - classic CF	1 in 88	1 in 8700
NM_000492.3	CFTR	Caucasian - classic CF	1 in 28	1 in 2700
		Pan-ethnic - classic CF	1 in 45	1 in 4400
		Pan-ethnic - classic CF and CFTR- related disorders	1 in 9	1 in 800
Charcot-Marie-Tooth disease type 4D (AR)	NDRG1	Pan-ethnic	≤1 in 500	Reduced
NM_006096.3		Roma	1 in 22	1 in 2100
Chorea-acanthocytosis (AR) NM_03305.2	VPS13A *	Pan-ethnic	≤1 in 500	Reduced
Chronic granulomatous disease (CYBA-related) (AR)	СҮВА	Pan-ethnic	≤1 in 500	Reduced
NM_000101.3	0.57	Sephardic Jewish (Moroccan)	1 in 13	1 in 1200
		Chinese	1 in 65	1 in 6400
Citrin deficiency (AR)		Japanese	1 in 65	1 in 6400
NM_014251.2	SLC25A13	Korean	1 in 112	1 in 11100
		Pan-ethnic	1 in 313	1 in 31200
		Southern Chinese and Taiwanese	1 in 48	1 in 4700
Citrullinemia type 1 (AR) NM_000050.4	ASS1	Pan-ethnic	1 in 120	1 in 2975
CLN3-related conditions (AR) NM_001042432.1	CLN3	Pan-ethnic	1 in 230	1 in 22900
CLRN1-related conditions (AR)	CLDNI	Ashkenazi Jewish	1 in 120	1 in 11900
NM_174878.2	CLRN1	Pan-ethnic	1 in 533	Reduced
Cobalamin C deficiency (AR) NM_015506.2	ММАСНС	Pan-ethnic	1 in 123	1 in 12200
Cobalamin D deficiency (AR) NM_015702.2	MMADHC *	Pan-ethnic	≤1 in 500	Reduced
Cockayne syndrome A (AR) NM_000082.3	ERCC8	Pan-ethnic	1 in 514	Reduced
Cockayne syndrome B (AR) NM_000124.3	ERCC6	Pan-ethnic	1 in 377	1 in 37600
Cohen syndrome (AR)	VPS13B	Amish (Ohio)	1 in 12	1 in 1100
NM_017890.4	VPST3B	Pan-ethnic	≤1 in 500	Reduced
Combined malonic and methylmalonic aciduria (AR) NM_174917.4	ACSF3	Pan-ethnic	1 in 87	1 in 8600
Combined oxidative phosphorylation deficiency 1 (AR) NM_024996.5	GFM1	Pan-ethnic	≤1 in 500	Reduced
Combined oxidative phosphorylation deficiency 3 (AR)	тогм 🖈	Finnish	1 in 80	1 in 1129
NM_001172696.1	TSFM *	Pan-ethnic	≤1 in 500	Reduced
Combined pituitary hormone deficiency (LHX3-related) (AR) NM_014564.4	LHX3	Pan-ethnic	≤1 in 500	Reduced
Combined pituitary hormone deficiency (PROP1-related) (AR) NM_006261.4	PROP1	Pan-ethnic	1 in 45	1 in 2200
Congenital adrenal hyperplasia due to 3-beta- hydroxysteroid dehydrogenase deficiency (AR) NM_000198.3	HSD3B2	Pan-ethnic	≤1 in 500	Reduced
Congenital adrenal hyperplasia due to 21-hydroxylase deficiency (AR) NM_000500.7	CYP21A2 *	Pan-ethnic	1 in 61	1 in 751
Congenital disorder of glycosylation (SLC35A3-related)		Ashkenazi Jewish	1 in 469	1 in 46800
(AR) NM_012243.2	SLC35A3	Pan-ethnic	≤1 in 500	Reduced
		Ashkenazi Jewish	1 in 61	1 in 6000
Congenital disorder of glycosylation type Ia (AR)	PMM2	Caucasian	1 in 60	1 in 5900
NM_000303.2	1 10/1012	Pan-ethnic	1 in 190	1 in 18900
Congenital disorder of glycosylation type Ib (AR)				
NM_002435.2	MPI	Pan-ethnic	≤1 in 500	Reduced



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
Congenital disorder of glycosylation type Ic (AR) NM_013339.3	ALG6 *	Pan-ethnic	≤1 in 500	Reduced
Congenital insensitivity to pain with anhidrosis (AR) NM_001012331.1	NTRK1	Pan-ethnic	≤1 in 500	Reduced
ongenital myasthenic syndrome (CHRNE-related)		European Roma	1 in 25	1 in 2400
(AR) NM_000080.3	CHRNE	Pan-ethnic	1 in 200	1 in 19900
		Finnish	1 in 46	1 in 4500
Congenital nephrotic syndrome type 1 (AR)	NPHS1	Old Order Mennonite	1 in 12	1 in 1100
NM_004646.3		Pan-ethnic	≤1 in 500	Reduced
Congenital nephrotic syndrome type 2 (AR) NM_014625.3	NPHS2	Pan-ethnic	≤1 in 500	Reduced
Corneal dystrophy and perceptive deafness (AR) NM_032034.3	SLC4A11	Pan-ethnic	≤1 in 500	Reduced
CRB1-related conditions (AR) NM_201253.2	CRB1	Pan-ethnic	1 in 112	1 in 11100
CYP11B1-related conditions (AR)	CVD11D1	Pan-ethnic	1 in 194	1 in 19300
NM_000497.3	CYP11B1	Sephardic Jewish (Moroccan)	1 in 40	1 in 3900
CYP17A1-related conditions (AR) NM_000102.3	CYP17A1	Pan-ethnic	≤1 in 500	Reduced
Cystinosis (AR)		French Canadian (Saguenay-Lac-St- Jean)	1 in 39	1 in 3800
NM_004937.2	CTNS	Pan-ethnic	1 in 158	1 in 15700
		Sephardic Jewish (Moroccan)	1 in 100	1 in 9900
DHDDS-related conditions (AR)		Ashkenazi Jewish	1 in 117	1 in 11600
NM_024887.3	DHDDS	Pan-ethnic	≤1 in 500	Reduced
Dihydrolipoamide dehydrogenase deficiency (AR)		Ashkenazi Jewish	1 in 107	1 in 5300
NM_000108.4	DLD	Pan-ethnic	≤1 in 500	Reduced
Distal renal tubular acidosis with deafness		Pan-ethnic	≤1 in 500	Reduced
(ATP6V1B1-related) (AR) NM_001692.3	ATP6V1B1	Sephardic Jewish	1 in 140	1 in 13900
DYSF-related conditions (AR)	DYSF	Pan-ethnic	1 in 311	1 in 31000
NM_003494.3	DISF	Sephardic Jewish (Libyan)	1 in 10	1 in 900
Dyskeratosis congenita spectrum disorders		Ashkenazi Jewish	1 in 222	1 in 22100
(RTEL1-related) (AR) NM_001283009.1	RTEL1	Pan-ethnic	≤1 in 500	Reduced
Dystrophic epidermolysis bullosa (AR) NM_000094.3	COL7A1	Pan-ethnic	1 in 370	1 in 12300
Ehlers-Danlos syndrome, dermatosparaxis type (AR)	ADAMTS2	Ashkenazi Jewish	1 in 187	1 in 18600
NM_014244.4		Pan-ethnic	≤1 in 500	Reduced
Ellis-van Creveld syndrome (EVC-related) (AR)	EVC	Amish	1 in 8	1 in 700
NM_153717.2	LVC	Pan-ethnic	1 in 220	1 in 21900
Ethylmalonic encephalopathy (AR) NM_014297.3	ETHE1	Pan-ethnic	≤1 in 500	Reduced
EVC2-related conditions (AR) NM_147127.4	EVC2	Pan-ethnic	1 in 199	1 in 19800
Familial chylomicronemia syndrome (AR) NM_000237.2	LPL	French Canadian (Saguenay-Lac-St- Jean)	1 in 46	1 in 4500
1111_000237.2		Pan-ethnic	≤1 in 500	Reduced
Familial dysautonomia (AR)	ELP1	Ashkenazi Jewish	1 in 36	1 in 3500
NM_003640.3		Pan-ethnic	≤1 in 500	Reduced
		Afrikaner	1 in 72	1 in 7100
Familial hypercholesterolemia (LDLR-related) (AD)	LDLR	Ashkenazi Jewish	1 in 69	1 in 6800
NM_000527.4	LUER	French Canadian	1 in 270	1 in 26900
		Pan-ethnic	1 in 250	1 in 24900
Familial hypercholesterolemia (LDLRAP1-related) (AR)	LDLRAP1	Pan-ethnic	≤1 in 500	Reduced
NM_015627.2	2221011	Sardinian	1 in 143	1 in 14200
Fanconi anemia type A (AR)	FANCA	Afrikaner	1 in 83	1 in 8200
NM_000135.2		Pan-ethnic	1 in 345	1 in 34400



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
		Sephardic Jewish	1 in 133	1 in 13200
		Spanish Roma	1 in 64	1 in 6300
Fanconi anemia type C (AR)	FANCC	Ashkenazi Jewish	1 in 89	1 in 8800
NM_000136.2	FANCE	Pan-ethnic	1 in 417	1 in 41600
Fanconi anemia type G (AR)	FANCG	African-American	1 in 100	1 in 9900
NM_004629.1	TANCG	Pan-ethnic	≤1 in 500	Reduced
FH-related conditions (AR) NM_000143.3	FH	Pan-ethnic	≤1 in 500	Reduced
Galactokinase deficiency galactosemia (AR)	GALK1	Pan-ethnic	1 in 122	1 in 12100
NM_000154.1	GALLARI	Roma	1 in 47	1 in 4600
		African-American	1 in 87	1 in 8600
Galactosemia (GALT-related) (AR) JM_000155.3	GALT	Ashkenazi Jewish	1 in 156	1 in 15500
	0,121	Irish Traveller	1 in 11	1 in 1000
		Pan-ethnic	1 in 100	1 in 9900
GBA-related conditions including Gaucher disease (AR)	GBA *	Ashkenazi Jewish	1 in 15	1 in 234
NM_001005741.2		Pan-ethnic	1 in 158	1 in 561
GBE1-related conditions (AR)	GBE1	Ashkenazi Jewish	1 in 68	1 in 6700
NM_000158.3	0021	Pan-ethnic	1 in 387	1 in 38600
Gitelman syndrome (AR) NM_000339.2	SLC12A3	Pan-ethnic	1 in 100	1 in 9900
		Ashkenazi Jewish	1 in 13	1 in 1200
GJB2-related conditions (AR) NM_004004.5	GJB2	Pan-ethnic	1 in 50	1 in 4900
		Thai	1 in 9	1 in 800
		Pan-ethnic	1 in 158	1 in 15700
GLB1-related conditions (AR) NM_000404.2	GLB1	Roma	1 in 50	1 in 4900
<u>III_000404.2</u>		South Brazilian	1 in 58	1 in 5700
GLE1-related conditions (AR)	GLE1	Finnish	1 in 100	1 in 9900
NM_001003722.1		Pan-ethnic	≤1 in 500	Reduced
		Amish	1 in 9	1 in 800
Glutaric acidemia type I (AR) NM_000159.3	GCDH	Oji-Cree First Nations	1 in 9	1 in 800
		Pan-ethnic	1 in 87	1 in 8600
Glutaric acidemia type IIA (AR) NM_000126.3	ETFA	Pan-ethnic	≤1 in 500	Reduced
Glutaric acidemia type IIC (AR)	FTEDU	Asian	1 in 87	1 in 8600
NM_004453.3	ETFDH	Pan-ethnic	1 in 250	1 in 24900
Glycine encephalopathy (AMT-related) (AR)	ANAT	Finnish	1 in 142	1 in 14100
NM_000481.3	AMT	Pan-ethnic	1 in 325	1 in 32400
Glycine encephalopathy (GLDC-related) (AR)	GLDC	Caucasian	1 in 141	1 in 14000
NM_000170.2	GLDC	Pan-ethnic	1 in 165	1 in 16400
Glycogen storage disease type Ia (AR)	G6PC	Ashkenazi Jewish	1 in 71	1 in 1400
NM_000151.3	GOPC	Pan-ethnic	1 in 177	1 in 3520
Glycogen storage disease type Ib (AR) NM_001164277.1	SLC37A4	Pan-ethnic	1 in 354	1 in 7060
		African-American	1 in 60	1 in 5900
Glycogen storage disease type II (Pompe disease) (AR)	C A A	Ashkenazi Jewish	1 in 58	1 in 5700
NM_000152.3	GAA	Asian	1 in 112	1 in 11100
		Pan-ethnic	1 in 100	1 in 9900
		Faroese	1 in 28	1 in 540
Glycogen storage disease type III (AR) NM_000642.2	AGL	Pan-ethnic	1 in 159	1 in 3160
WW_000072.2		Sephardic Jewish (Moroccan)	1 in 34	1 in 660
		Caucasian	1 in 158	1 in 15700
Glycogen storage disease type V (AR) NM_005609.3	PYGM	Pan-ethnic	1 in 171	1 in 17000
NIVI_003007.3		Sephardic Jewish (Kurdish)	1 in 84	1 in 8300
Glycogen storage disease type VII (AR)	DEKAA	Ashkenazi Jewish	1 in 250	1 in 24900
NM_000289.5	PFKM	Pan-ethnic	≤1 in 500	Reduced
GNE-related conditions (AR)	GNE	Pan-ethnic	1 in 179	1 in 17800



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
		Sephardic Jewish (Iranian)	1 in 10	1 in 900
GNPTAB-related conditions (AR)	GNPTAB	Irish Traveller	1 in 15	1 in 1400
NM_024312.4	GINPTAD	Pan-ethnic	1 in 200	1 in 19900
Guanidinoacetate methyltransferase deficiency (AR)	GAMT	Pan-ethnic	≤1 in 500	Reduced
NM_000156.5	GAMT	Portuguese	1 in 125	1 in 12400
		Finnish	1 in 126	1 in 12500
yrate atrophy of the choroid and retina (AR) M_000274.3	OAT *	Pan-ethnic	≤1 in 500	Reduced
NW_000274.5	-	Sephardic Jewish	1 in 177	1 in 17600
		Caucasian	1 in 250	1 in 24900
HADHA-related conditions (AR)	HADHA	Finnish	1 in 125	1 in 12400
NM_000182.4		Pan-ethnic	1 in 350	1 in 34900
		African-American	1 in 8	1 in 700
	-	Asian	1 in 54	1 in 5300
HBB-related hemoglobinopathies (AR)	-	Caucasian	1 in 373	1 in 37200
NM_000518.4	HBB	Hispanic	1 in 17	1 in 1600
	-	Mediterranean	1 in 28	1 in 2700
	-	Pan-ethnic	1 in 49	1 in 4800
		African-American		
Hereditary fructose intolerance (AR)			1 in 226	1 in 22500
NM_000035.3	ALDOB	Middle Eastern	1 in 97	1 in 9600
		Pan-ethnic	1 in 122	1 in 12100
Hereditary hemochromatosis type 2 (HJV-related) (AR) NM_213653.3	HJV	Pan-ethnic	≤1 in 500	Reduced
Hereditary hemochromatosis type 3 (AR) NM_003227.3	TFR2	Pan-ethnic	≤1 in 500	Reduced
Hermansky-Pudlak syndrome type 1 (AR)	HPS1	Pan-ethnic	≤1 in 500	Reduced
NM_000195.4	111.51	Puerto Rican (Northwestern)	1 in 21	1 in 2000
		Ashkenazi Jewish	1 in 235	1 in 23400
Hermansky-Pudlak syndrome type 3 (AR) NM_032383.4	HPS3	Pan-ethnic	≤1 in 500	Reduced
		Puerto Rican (Central)	1 in 63	1 in 6200
HGSNAT-related conditions (AR) NM_152419.2	HGSNAT	Pan-ethnic	≤1 in 500	Reduced
		Faroese	1 in 20	1 in 1900
Holocarboxylase synthetase deficiency (AR) NM_000411.6	HLCS	Japanese	1 in 158	1 in 15700
NM_000411.0		Pan-ethnic	1 in 224	1 in 22300
Homocystinuria due to cobalamin E deficiency (AR) NM_002454.2	MTRR	Pan-ethnic	≤1 in 500	Reduced
Homocystinuria due to cystathionine beta-synthase		Norwegian	1 in 40	1 in 3900
deficiency (AR)	CBS	Pan-ethnic	1 in 224	1 in 22300
NM_000071.2		Qatari	1 in 21	1 in 2000
Homocystinuria due to MTHFR deficiency (AR)		Pan-ethnic	≤1 in 500	Reduced
NM_005957.4	MTHFR *	Sephardic Jewish (Bukharian)	1 in 39	1 in 3800
HSD17B4-related conditions (AR) NM 000414.3	HSD17B4	Pan-ethnic	1 in 158	1 in 15700
Hydrolethalus syndrome type 1 (AR)		Finnish	1 in 40	1 in 3900
NM_145014.2	HYLS1	Pan-ethnic	≤1 in 500	Reduced
Hyperornithinemia-hyperammonemia-homocitrullinuria		Metis (Saskatchewan)	1 in 19	1 in 1800
syndrome (AR) NM_014252.3	SLC25A15	Pan-ethnic	≤1 in 500	Reduced
Hypophosphatasia (AR)		Mennonite	1 in 25	1 in 480
NM_000478.5	ALPL	Pan-ethnic	1 in 150	1 in 2980
Isovaleric acidemia (AR) NM_002225.3	IVD	Pan-ethnic	1 in 250	1 in 24900
Joubert syndrome and related disorders (MKS1-related)		Finnish	1 in 47	1 in 920
(AR) NM_017777.3	MKS1	Pan-ethnic	1 in 260	1 in 5180
Joubert syndrome and related disorders (RPGRIP1L- related) (AR) NM_015272.2	RPGRIP1L *	Pan-ethnic	1 in 259	1 in 5160



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
Joubert syndrome and related disorders		Ashkenazi Jewish	1 in 92	1 in 9100
(TMEM216-related) (AR) NM_001173990.2	TMEM216	Pan-ethnic	≤1 in 500	Reduced
Junctional epidermolysis bullosa (LAMC2-related) (AR) NM_005562.2	LAMC2	Pan-ethnic	≤1 in 500	Reduced
KCNJ11-related conditions (AR) NM_000525.3	КСМЈ11	Pan-ethnic	≤1 in 500	Reduced
Krabbe disease (AR)	GALC *	Druze	1 in 6	1 in 500
NM_000153.3	GALC "	Pan-ethnic	1 in 158	1 in 15700
LAMA2-related muscular dystrophy (AR) NM_000426.3	LAMA2	Pan-ethnic	1 in 87	1 in 8600
_AMA3-related conditions (AR) NM_000227.4	LAMA3	Pan-ethnic	≤1 in 500	Reduced
LAMB3-related conditions (AR) NM_000228.2	LAMB3	Pan-ethnic	1 in 317	1 in 31600
Leber congenital amaurosis 5 (AR) NM_181714.3	LCA5	Pan-ethnic	1 in 645	Reduced
Leukoencephalopathy with vanishing white matter (EIF2B5-related) (AR) NM_003907.2	EIF2B5	Pan-ethnic	≤1 in 500	Reduced
Limb-girdle muscular dystrophy (CAPN3-related) (AR) NM_000070.2	CAPN3	Pan-ethnic	1 in 134	1 in 13300
		Caucasian	1 in 571	Reduced
inch sindle and a distant but the 2C (AD)		Japanese	1 in 374	1 in 37300
Limb-girdle muscular dystrophy type 2C (AR) NM_000231.2	SGCG	Moroccan	1 in 250	1 in 24900
		Pan-ethnic	≤1 in 500	Reduced
		Roma	1 in 59	1 in 5800
	SGCA	Caucasian	1 in 286	1 in 28500
.imb-girdle muscular dystrophy type 2D (AR) VM_000023.2		Finnish	1 in 150	1 in 14900
		Pan-ethnic	≤1 in 500	Reduced
.imb-girdle muscular dystrophy type 2E (AR)	SGCB	Caucasian	1 in 404	1 in 5038
NM_000232.4	3000	Pan-ethnic	≤1 in 500	Reduced
ipoid congenital adrenal hyperplasia (AR)	STAR	Korean	1 in 170	1 in 16900
NM_000349.2	51740	Pan-ethnic	≤1 in 500	Reduced
		Finnish	1 in 120	1 in 2380
ysinuric protein intolerance (AR) VM 001126106.2	SLC7A7	Japanese	1 in 120	1 in 2380
		Pan-ethnic	≤1 in 500	Reduced
		Caucasian	1 in 112	1 in 1850
ysosomal acid lipase deficiency (AR) VM 000235.3	LIPA	Pan-ethnic	1 in 359	1 in 5967
		Sephardic Jewish (Iranian)	1 in 33	1 in 534
Major histocompatibility complex class II deficiency (CIITA-related) (AR) NM_000246.3	CIITA	Pan-ethnic	≤1 in 500	Reduced
Maple syrup urine disease type 1A (AR)	BCKDUA	Mennonite	1 in 10	1 in 900
NM_000709.3	BCKDHA	Pan-ethnic	1 in 373	1 in 37200
Maple syrup urine disease type 1B (AR)	вскрнв	Ashkenazi Jewish	1 in 97	1 in 9600
NM_183050.2	DCKUMB	Pan-ethnic	1 in 346	1 in 34500
Maple syrup urine disease type 2 (AR) NM_001918.3	DBT	Pan-ethnic	≤1 in 500	Reduced
Medium-chain acyl-CoA dehydrogenase deficiency (AR) NM_000016.5	ACADM	Northern European	1 in 40	1 in 3900
		Pan-ethnic Pan-ethnic	1 in 66	1 in 6500
Megalencephalic leukoencephalopathy with subcortical cysts 1 (AR)	MLC1		≤1 in 500	Reduced
VM_015166.3		Sephardic Jewish (Libyan)	1 in 40	1 in 3900
Metachromatic leukodystrophy (ARSA-related) (AR)		Navajo	1 in 40	1 in 780
NM_000487.5	ARSA	Pan-ethnic	1 in 100	1 in 1980
		Sephardic Jewish	1 in 46	1 in 900
Methylmalonic acidemia (MMAA-related) (AR) NM_172250.2	MMAA	Pan-ethnic	1 in 316	1 in 10500



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
Methylmalonic acidemia (MMAB-related) (AR) NM_052845.3	MMAB	Pan-ethnic	1 in 456	1 in 22750
Methylmalonic acidemia (MUT-related) (AR) NM_000255.3	MUT	Pan-ethnic	1 in 204	1 in 5075
MFSD8-related conditions (AR) NM_152778.2	MFSD8	Pan-ethnic	≤1 in 500	Reduced
According to the second s		Pan-ethnic	≤1 in 500	Reduced
brain atrophy (AR) NM_004268.4	MED17	Sephardic Jewish	1 in 20	1 in 1900
litochondrial complex deficiency 9 (AR)		Ashkenazi Jewish	1 in 290	1 in 28900
Aitochondrial complex I deficiency 9 (AR) IM_004553.4	NDUFS6	Caucasus Jewish	1 in 24	1 in 2300
		Pan-ethnic	≤1 in 500	Reduced
Mitochondrial complex I deficiency 16 (AR)	NDUFAF5	Ashkenazi Jewish	1 in 290	1 in 28900
NM_024120.4		Pan-ethnic	≤1 in 500	Reduced
Mitochondrial complex I deficiency 20/ACAD9 deficiency (AR) NM_014049.4	ACAD9	Pan-ethnic	≤1 in 500	Reduced
Mitochondrial complex IV deficiency / Leigh syndrome, French Canadian type (AR)	LRPPRC	French Canadian (Saguenay-Lac-St- Jean)	1 in 23	1 in 2200
NM_133259.3		Pan-ethnic	≤1 in 500	Reduced
Mitochondrial DNA depletion syndrome-6 (AR)	MPV17	Navajo	1 in 20	1 in 475
NM_002437.4		Pan-ethnic	≤1 in 500	Reduced
Mitochondrial neurogastrointestinal	T.(145	Pan-ethnic	≤1 in 500	Reduced
encephalomyopathy (AR) NM_001953.4	ТҮМР	Sephardic Jewish	1 in 158	1 in 15700
MPL-related conditions (AR)	MPL	Ashkenazi Jewish	1 in 57	1 in 5600
NM_005373.2		Pan-ethnic	≤1 in 500	Reduced
Mucolipidosis type III gamma (AR) NM_032520.4	GNPTG	Pan-ethnic	≤1 in 500	Reduced
Mucolipidosis type IV (AR)	MCOLN1	Ashkenazi Jewish	1 in 100	1 in 9900
NM_020533.2		Pan-ethnic	≤1 in 500	Reduced
Mucopolysaccharidosis type I (AR) NM_000203.4	IDUA	Pan-ethnic	1 in 148	1 in 4900
Mucopolysaccharidosis type IIIA (AR)	SGSH	Northern European	1 in 173	1 in 17200
NM_000199.3		Pan-ethnic	1 in 215	1 in 21400
		Taiwanese	≤1 in 500	Reduced
Mucopolysaccharidosis type IIIB (AR) NM_000263.3	NAGLU	Pan-ethnic	1 in 224	1 in 22300
Mucopolysaccharidosis type IIID (AR) NM_002076.3	GNS	Pan-ethnic	≤1 in 500	Reduced
Mucopolysaccharidosis type IX (AR) NM_153281.1	HYAL1	Pan-ethnic	≤1 in 500	Reduced
Mucopolysaccharidosis type VI (AR) NM_000046.3	ARSB	Pan-ethnic	1 in 250	1 in 24900
Multiple sulfatase deficiency (AR) NM_182760.3	SUMF1	Pan-ethnic	≤1 in 500	Reduced
Muscular dystrophy-dystroglycanopathy (FKRP-related)		Norwegian	1 in 116	1 in 11500
(AR) NM_024301.4	FKRP	Pan-ethnic	1 in 158	1 in 15700
Muscular dystrophy-dystroglycanopathy (FKTN-related)		Ashkenazi Jewish	1 in 80	1 in 7900
(AR)	FKTN	Japanese	1 in 188	1 in 18700
NM_001079802.1		Pan-ethnic	≤1 in 500	Reduced
MYO7A-related conditions (AR) NM_000260.3	MYO7A	Pan-ethnic	1 in 200	1 in 3980
Myopathy, lactic acidosis, and sideroblastic anemia 1 (AR) NM_025215.5	PUS1	Pan-ethnic	≤1 in 500	Reduced
N-acetylglutamate synthase deficiency (AR) NM_153006.2	NAGS	Pan-ethnic	≤1 in 500	Reduced
Nemaline myopathy 2 (AR)		Ashkenazi Jewish	1 in 108	1 in 10700
NM_001271208.1	NEB *	Pan-ethnic	1 in 158	1 in 3140



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
Nephrogenic diabetes insipidus (AQP2-related) (AR) NM_000486.5	AQP2	Pan-ethnic	1 in 1118	Reduced
Neuronal ceroid lipofuscinosis type 1 (AR) NM_000310.3	PPT1	Finnish	1 in 70	1 in 3450
	rr i i	Pan-ethnic	1 in 199	1 in 9900
Neuronal ceroid lipofuscinosis type 2 (AR)	TPP1	Newfoundland	1 in 53	1 in 1734
NM_000391.3	IPPI	Pan-ethnic	1 in 250	1 in 8300
Neuronal ceroid lipofuscinosis type 5 (AR)	CLN5	Finnish	1 in 115	1 in 11400
NM_006493.2	01.10	Pan-ethnic	≤1 in 500	Reduced
Neuronal ceroid lipofuscinosis type 6 (AR) NM_017882.2	CLN6	Pan-ethnic	≤1 in 500	Reduced
Neuronal ceroid lipofuscinosis type 8 (AR) NM_018941.3	CLN8	Finnish Pan-ethnic	1 in 135 ≤1 in 500	1 in 13400 Reduced
Niemann-Pick disease type C (NPC1-related) (AR) NM_000271.4	NPC1	Pan-ethnic	1 in 183	1 in 18200
Niemann-Pick disease type C (NPC2-related) (AR) NM_006432.3	NPC2	Pan-ethnic	1 in 871	Reduced
		Ashkenazi Jewish	1 in 90	1 in 1780
Niemann-Pick disease types A and B (AR) NM_000543.4	SMPD1	Pan-ethnic	1 in 250	1 in 4980
Nijmegen breakage syndrome (AR)		Eastern European	1 in 155	1 in 15400
NM_002485.4	NBN *	Pan-ethnic	≤1 in 500	Reduced
Nonsyndromic deafness (LOXHD1-related) (AR)		Ashkenazi Jewish	1 in 180	1 in 17900
NM_144612.6	LOXHD1	Pan-ethnic	≤1 in 500	Reduced
NR2E3-related conditions (AR) NM_014249.3	NR2E3	Pan-ethnic	≤1 in 500	Reduced
OPA3-related conditions (AR)		Pan-ethnic	≤1 in 500	Reduced
NM_025136.3	OPA3	Sephardic Jewish (Iragi)	1 in 10	1 in 900
		Ashkenazi Jewish	1 in 350	1 in 34900
Osteopetrosis (TCIRG1-related) (AR) NM_006019.3	TCIRG1	Chuvash	1 in 30	1 in 2900
	i cino i	Pan-ethnic	1 in 317	1 in 31600
PCDH15-related conditions (AR)	PCDH15	Ashkenazi Jewish	1 in 78	1 in 7700
NM_033056.3		Pan-ethnic	1 in 400	1 in 39900
PEX7-related conditions (AR) NM_000288.3	PEX7	Pan-ethnic	1 in 157	1 in 15600
		African-American	1 in 111	1 in 11000
		Ashkenazi Jewish	1 in 225	1 in 22400
		East Asian	1 in 50	1 in 1225
Phenylalanine hydroxylase deficiency (AR)		Finnish	1 in 225	1 in 22400
NM_000277.1	PAH	Irish	1 in 33	1 in 3200
	-	Japanese	1 in 200	1 in 19900
		Pan-ethnic	1 in 58	1 in 5700
		Turkish	1 in 26	1 in 2500
Phosphoglycerate dehydrogenase deficiency (AR)		Ashkenazi Jewish	1 in 400	1 in 39900
NM_006623.3	PHGDH	Pan-ethnic	≤1 in 500	Reduced
Polycystic kidney disease (PKHD1-related) (AR) NM_138694.3	PKHD1	Pan-ethnic	1 in 70	1 in 6900
Polymicrogyria (ADGRG1-related) (AR) NM_005682.6	ADGRG1	Pan-ethnic	≤1 in 500	Reduced
POMGNT1-related conditions (AR)	POMGNT1	Finnish	1 in 111	1 in 11000
NM_017739.3		Pan-ethnic	≤1 in 500	Reduced
	SEPSECS	Pan-ethnic	≤1 in 500	Reduced
Pontocerebellar hypoplasia type 2D (AR) NM_016955.3		Sephardic Jewish (Moroccan and Iraqi)	1 in 43	1 in 4200
Pontocerebellar hypoplasia type 6 (AR) NM_020320.3	RARS2	Pan-ethnic	≤1 in 500	Reduced
	SLC22A5	Faroese	1 in 9	1 in 800
Primary carnitine deficiency (AR) NM_003060.3		Japanese	1 in 100	1 in 9900
		Pan-ethnic	1 in 71	1 in 7000



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
Primary ciliary dyskinesia (DNAH5-related) (AR) NM_001369.2	DNAH5	Pan-ethnic	1 in 109	1 in 10800
Primary ciliary dyskinesia (DNAI1-related) (AR) NM_012144.3	DNAI1	Pan-ethnic	1 in 250	1 in 24900
Primary ciliary dyskinesia (DNAI2-related) (AR)	DNIAI2	Ashkenazi Jewish	1 in 200	1 in 19900
NM_023036.4	DNAI2	Pan-ethnic	1 in 354	1 in 35300
Primary hyperoxaluria type 1 (AR) NM_000030.2	AGXT	Pan-ethnic	1 in 135	1 in 13400
Primary hyperoxaluria type 2 (AR) NM_012203.1	GRHPR	Pan-ethnic	≤1 in 500	Reduced
Primary hyperoxaluria type 3 (AR) NM_138413.3	HOGA1	Pan-ethnic	1 in 354	1 in 35300
Propionic acidemia (PCCA-related) (AR)	PCCA	Arab	1 in 100	1 in 2475
NM_000282.3	reex	Pan-ethnic	1 in 224	1 in 5575
Draniania acidamia (DCCP related) (AD)		Arab	1 in 100	1 in 9900
Propionic acidemia (PCCB-related) (AR) NM_000532.4	PCCB	Greenlandic Inuit	1 in 20	1 in 1900
		Pan-ethnic	1 in 224	1 in 22300
PSAP-related conditions (AR) NM_002778.3	PSAP	Pan-ethnic	≤1 in 500	Reduced
Pycnodysostosis (AR) NM_000396.3	СТЅК	Pan-ethnic	1 in 438	1 in 43700
Pyruvate carboxylase deficiency (AR)	PC	Algonquian Indian	1 in 10	1 in 180
NM_000920.3		Pan-ethnic	1 in 250	1 in 4980
Pyruvate dehydrogenase complex deficiency (PDHB- related) (AR) NM_000925.3	PDHB	Pan-ethnic	≤1 in 500	Reduced
RAPSN-related conditions (AR) NM_005055.4	RAPSN	Pan-ethnic	1 in 283	1 in 28200
RDH12-related conditions (AR) NM_152443.2	RDH12	Pan-ethnic	1 in 460	1 in 45900
Retinitis pigmentosa 25 (AR)	EYS	Pan-ethnic	1 in 129	1 in 12800
NM_001142800.1	213	Sephardic Jewish	1 in 42	1 in 4100
Retinitis pigmentosa 28 (AR) NM_001201543.1	FAM161A	Ashkenazi Jewish	1 in 214	1 in 21300
		Pan-ethnic	1 in 289	1 in 28800
		Sephardic Jewish	1 in 41	1 in 4000
Rhizomelic chondrodysplasia punctata type 3 (AR) NM_003659.3	AGPS	Pan-ethnic	≤1 in 500	Reduced
Roberts syndrome (AR) NM_001017420.2	ESCO2	Pan-ethnic	≤1 in 500	Reduced
RPE65-related conditions (AR)	RPE65	Pan-ethnic	1 in 228	1 in 22700
NM_000329.2		Sephardic Jewish	1 in 90	1 in 8900
Sandhoff disease (AR)	НЕХВ	Metis (Saskatchewan)	1 in 15	1 in 1400
NM_000521.3	112,12	Pan-ethnic	1 in 180	1 in 17900
Schimke immuno-osseous dysplasia (AR) NM_014140.3	SMARCAL1	Pan-ethnic	≤1 in 500	Reduced
Severe combined immunodeficiency due to DCLRE1C	DCLRE1C	Navajo and Apache	1 in 10	1 in 900
(Artemis) deficiency (AR) NM_001033855.2		Pan-ethnic	≤1 in 500	Reduced
Severe combined immunodeficiency due to RAG2 deficiency (AR) NM_000536.3	RAG2	Pan-ethnic	≤1 in 500	Reduced
Severe congenital neutropenia due to HAX1 deficiency (AR) NM_006118.3	HAX1	Pan-ethnic	≤1 in 500	Reduced
Severe congenital neutropenia due to VPS45 deficiency (AR) NM_007259.4	VPS45	Pan-ethnic	≤1 in 500	Reduced
Sialic acid storage diseases (AR) NM_012434.4	SLC17A5	Finnish	1 in 100	1 in 9900
		Pan-ethnic	≤1 in 500	Reduced
Sjögren-Larsson syndrome (AR)		Pan-ethnic	≤1 in 500	Reduced
NM_000382.2	ALDH3A2	Swedish	1 in 250	1 in 24900



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
SLC12A6-related conditions (AR) NM_133647.1	SLC12A6	French Canadian (Saguenay-Lac-St- Jean)	1 in 23	1 in 2200
		Pan-ethnic	≤1 in 500	Reduced
SLC26A2-related conditions (AR)	CL COCAO	Finnish	1 in 75	1 in 1480
NM_000112.3	SLC26A2	Pan-ethnic	1 in 158	1 in 3140
		African-American	1 in 339	1 in 33800
	DHCR7	Ashkenazi Jewish	1 in 41	1 in 4000
Smith Low Crite and toma (AD)		Hispanic	1 in 135	1 in 13400
Smith-Lemli-Opitz syndrome (AR) NM_001360.2		Northern European	1 in 50	1 in 4900
1111_001000.2		Pan-ethnic	1 in 71	1 in 7000
		Sephardic Jewish	1 in 68	1 in 6700
		Southern European	1 in 83	1 in 8200
Spastic paraplegia type 15 (AR) NM_015346.3	ZFYVE26	Pan-ethnic	≤1 in 500	Reduced
Spastic paraplegia type 49 (AR)	TECODO	Pan-ethnic	≤1 in 500	Reduced
NM_014844.3	TECPR2	Sephardic Jewish - Bukharian	1 in 38	1 in 3700
Spinal muscular atrophy (AR)		African-American	1 in 59	1 in 342
NM_000344.3		Ashkenazi Jewish	1 in 62	1 in 1017
5MN1: 2 copies c.*3+80T>G not detected	SMN1 *	Asian	1 in 50	1 in 701
Carrier residual risks listed are for 2 copy SMN1 results.	SIVITAT ^	Caucasian	1 in 45	1 in 880
Carrier residual risk for >2 copies are 5- to 10-fold		Hispanic	1 in 48	1 in 784
ower.		Pan-ethnic	1 in 49	1 in 800
Spondylocostal dysostosis (AR)	MECDO	Pan-ethnic	1 in 224	1 in 22300
vM_001039958.1	MESP2	Puerto Rican	1 in 55	1 in 5400
Steel syndrome (AR)	COL 2741 *	Pan-ethnic	≤1 in 500	Reduced
NM_032888.3	COL27A1 *	Puerto Rican	1 in 51	1 in 5000
Stüve-Wiedemann syndrome (AR) NM_002310.5	LIFR	Pan-ethnic	≤1 in 500	Reduced
		Ashkenazi Jewish	1 in 27	1 in 2600
		Asian	1 in 126	1 in 12500
Fay-Sachs disease (AR)		Caucasian	1 in 182	1 in 18100
NM_000520.4	HEXA	French Canadian	1 in 27	1 in 2600
		Irish	1 in 41	1 in 4000
		Pan-ethnic	1 in 250	1 in 24900
		Sephardic Jewish	1 in 125	1 in 12400
Transient infantile liver failure (AR)	TRMU	Pan-ethnic	≤1 in 500	Reduced
NM_018006.4	Thure	Sephardic Jewish (Yemenite)	1 in 34	1 in 3300
Tyrosine hydroxylase deficiency (AR)	тн	Caucasian	1 in 224	1 in 22300
NM_199292.2		Pan-ethnic	≤1 in 500	Reduced
	FAH *	Ashkenazi Jewish	1 in 143	1 in 2840
Fyrosinemia type I (AR)		French Canadian	1 in 66	1 in 1300
NM_000137.2		French Canadian (Saguenay-Lac-St- Jean)	1 in 16	1 in 300
		Pan-ethnic	1 in 125	1 in 2480
Tyrosinemia type II (AR) NM_000353.2	TAT	Pan-ethnic	1 in 250	1 in 24900
	USH1C *	French Canadian/Acadian	1 in 227	1 in 22600
USH1C-related conditions (AR)		Pan-ethnic	1 in 353	1 in 3521
NM_005709.3		Sephardic Jewish	1 in 125	1 in 1241
	USH2A	Caucasian	1 in 70	1 in 6900
JSH2A-related conditions (AR)		Pan-ethnic	1 in 112	1 in 11100
NM_206933.2		Sephardic Jewish	1 in 36	1 in 3500
/ery long-chain acyl-CoA dehydrogenase deficiency (AR) NM_000018.3	ACADVL	Pan-ethnic	1 in 100	1 in 9900
VRK1-related conditions (AR)		Ashkenazi Jewish	1 in 225	1 in 22400
NM_003384.2	VRK1	Pan-ethnic	≤1 in 500	Reduced



DISORDER (INHERITANCE)	GENE	ETHNICITY	CARRIER FREQUENCY BEFORE SCREENING	CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT
VSX2-related conditions (AR) NM_182894.2	VSX2	Pan-ethnic	≤1 in 500	Reduced
		Sephardic Jewish	1 in 145	1 in 14400
Wilson disease (AR) NM_000053.3	АТР7В	Ashkenazi Jewish	1 in 67	1 in 3300
		Canary Islander	1 in 25	1 in 1200
		Pan-ethnic	1 in 90	1 in 4450
		Sardinian	1 in 50	1 in 2450
		Sephardic Jewish	1 in 65	1 in 3200
WNT10A-related conditions (AR) NM_025216.2	WNT10A	Pan-ethnic	1 in 305	1 in 30400
Xeroderma pigmentosum complementation group A	ХРА	Japanese	1 in 100	1 in 9900
(AR) NM_000380.3		Pan-ethnic	1 in 1667	Reduced
Xeroderma pigmentosum complementation group C (AR) NM_004628.4	XPC	Pan-ethnic	1 in 763	Reduced
		Tunisian	1 in 50	1 in 4900
Zellweger spectrum disorder (PEX1-related) (AR) NM_000466.2	PEX1	Pan-ethnic	1 in 144	1 in 14300
Zellweger spectrum disorder (PEX2-related) (AR) NM_000318.2	PEX2	Ashkenazi Jewish	1 in 227	1 in 22600
		Pan-ethnic	≤1 in 500	Reduced
Zellweger spectrum disorder (PEX6-related) (AR) NM_000287.3	PEX6	French Canadian	1 in 55	1 in 5400
		Pan-ethnic	1 in 294	1 in 29300
		Sephardic Jewish	1 in 18	1 in 1700
Zellweger spectrum disorder (PEX10-related) (AR) NM_153818.1	PEX10	Pan-ethnic	1 in 606	Reduced
Zellweger spectrum disorder (PEX12-related) (AR) NM_000286.2	PEX12	Pan-ethnic	1 in 409	1 in 40800

Methods

Genomic DNA obtained from the submitted sample is enriched for targeted regions using a hybridization-based protocol, and sequenced using Illumina technology. Unless otherwise indicated, all targeted regions are sequenced with ≥50x depth or are supplemented with additional analysis. Reads are aligned to a reference sequence (GRCh37), and sequence changes are identified and interpreted in the context of a single clinically relevant transcript, indicated below. Enrichment and analysis focus on the coding sequence of the indicated transcripts, 10bp of flanking intronic sequence, and other specific genomic regions demonstrated to be causative of disease at the time of assay design. Promoters, untranslated regions, and other non-coding regions are not otherwise interrogated. Exonic deletions and duplications are called using an in-house algorithm that determines copy number at each target by comparing the read depth for each target in the proband sequence with both mean read-depth and read-depth distribution, obtained from a set of clinical samples. Markers across the X and Y chromosomes are analyzed for quality control purposes and may detect deviations from the expected sex chromosome complement. Such deviations may be included in the report in accordance with internal guidelines. Invitae utilizes a classification methodology to identify next-generation sequencing (NGS)-detected variants that require orthogonal confirmation (Lincoln, et al. J Mol Diagn. 2019 Mar;21(2):318-329.). Pathogenic and Likely Pathogenic variants that do not meet the validated quality thresholds are confirmed. Confirmation technologies may include any of the following: Sanger sequencing, Pacific Biosciences SMRT sequencing, MLPA, MLPA-seq, Array CGH.Array CGH confirmation of NGS CNV calling performed by Invitae Corporation (1400 16th Street, San Francisco, CA 94103, #05D2040778). The following analyses are performed if relevant to the requisition. For GBA and CYP21A2, the reference genome has been modified to mask the sites of polymorphic paralog sequence variants (PSVs) in both the gene and pseudogene. If one or more reportable variants is identified (see Limitations), the gene is amplified by long-range PCR; PacBio sequencing of the long-range amplicons is used to confirm the variant. Gene conversion and fusion events are flagged by our NGS pipeline and reportable pseudogene-derived variants are identified by long-range PCR followed by PacBio sequencing of the long-range amplicons. In some cases, it may not be possible to disambiguate between the gene and pseudogene. For HBA1/2, the reference genome has been modified to force some sequencing reads derived from HBA1 to align to HBA2, and variant calling algorithms are modified to support an expectation of 4 alleles in these regions. HBA1/2 copy number calling is performed by a custom hypothesis testing algorithm which generates diplotype calls. If sequence data for a sample does not support a unique high confidence match from among hypotheses tested, that sample is flagged for manual review. Copy number variation is only reported for coding sequence of HBA1 and HBA2 and the HS-40 region. This assay does not distinguish among the $-\alpha$ 3.7



subtypes, and all -α3.7 variants are called as HBA1 deletions. This assay may not detect overlapping copy gain and copy loss events when the breakpoints of those events are similar. For FMR1, triplet repeats are detected by PCR with fluorescently labeled primers followed by capillary electrophoresis. Reference ranges: Normal: <45 CGG repeats, intermediate: 45-54 CGG repeats, premutation: 55-200 CGG repeats, full mutation: >200 CGG repeats. For alleles with 55-90 triplet repeats, the region surrounding the FMR1 repeat is amplified by PCR. The PCR amplicons are then processed through PacBio SMRTBell library prep and sequenced using PacBio long read technology. The number of AGG interruptions within the 55-90 triplet repeat is read directly from the resulting DNA sequences. Technical component of confirmatory sequencing is performed by Invitae Corporation (1400 16th Street, San Francisco, CA 94103, #05D2040778).

The following transcripts were used in this analysis. If more than one transcript is listed for a single gene, variants were reported using the first transcript listed unless otherwise indicated in the report: ABCB11 (NM_003742.2), ABCC8 (NM_000352.4), ACAD9 (NM_014049.4), ACADM (NM_000016.5), ACADVL (NM_000018.3), ACAT1 (NM_000019.3), ACOX1 (NM_004035.6), ACSF3 (NM_174917.4), ADA (NM_000022.2), ADAMTS2 (NM_014244.4), ADGRG1 (NM_005682.6), AGA (NM_000027.3), AGL (NM_000642.2), AGPS (NM_003659.3), AGXT (NM_000030.2), AIRE (NM_000383.3), ALDH3A2 (NM_000382.2), ALDOB (NM_000035.3), ALG6 (NM_013339.3), ALMS1 (NM_015120.4), ALPL (NM_000478.5), AMT (NM_000481.3), AQP2 (NM_000486.5), ARG1 (NM_000045.3), ARSA (NM_000487.5), ARSB (NM_000046.3), ASL (NM_000048.3), ASNS (NM_133436.3), ASPA (NM_000049.2), ASS1 (NM_000050.4), ATM (NM_000051.3), ATP6V1B1 (NM_001692.3), ATP7B (NM_000053.3), BBS1 (NM_024649.4), BBS10 (NM_024685.3), BBS12 (NM_152618.2), BBS2 (NM_031885.3), BCKDHA (NM_000709.3), BCKDHB (NM_183050.2), BCS1L (NM_004328.4), BLM (NM_000057.3), BSND (NM_057176.2), CAPN3 (NM_000070.2), CBS (NM_000071.2), CDH23 (NM_022124.5), CEP290 (NM_025114.3), CERKL (NM_001030311.2), CFTR (NM_000492.3), CHRNE (NM_000080.3), CIITA (NM_000246.3), CLN3 (NM_001042432.1), CLN5 (NM_006493.2), CLN6 (NM_017882.2), CLN8 (NM_018941.3), CLRN1 (NM_174878.2), CNGB3 (NM_019098.4), COL27A1 (NM_032888.3), COL4A3 (NM_000091.4), COL4A4 (NM_000092.4), COL7A1 (NM_000094.3), CPS1 (NM_001875.4), CPT1A (NM_001876.3), CPT2 (NM_000098.2), CRB1 (NM_201253.2), CTNS (NM_004937.2), CTSK (NM_000396.3), CYBA (NM_000101.3), CYP11B1 (NM_000497.3), CYP11B2 (NM_000498.3), CYP17A1 (NM_000102.3), CYP19A1 (NM_031226.2), CYP21A2 (NM_000500.7), CYP27A1 (NM_000784.3), DBT (NM_001918.3), DCLRE1C (NM_001033855.2), DHCR7 (NM_001360.2), DHDDS (NM_024887.3), DLD (NM_000108.4), DNAH5 (NM_001369.2), DNAI1 (NM_012144.3), DNAI2 (NM_023036.4), DYSF (NM_003494.3), EIF2B5 (NM_003907.2), ELP1 (NM_003640.3), ERCC6 (NM_000124.3), ERCC8 (NM_000082.3), ESCO2 (NM_001017420.2), ETFA (NM_000126.3), ETFDH (NM_004453.3), ETHE1 (NM_014297.3), EVC (NM_153717.2), EVC2 (NM_147127.4), EYS (NM_001142800.1), FAH (NM_000137.2), FAM161A (NM_001201543.1), FANCA (NM_000135.2), FANCC (NM_000136.2), FANCG (NM_004629.1), FH (NM_000143.3), FKRP (NM_024301.4), FKTN (NM_001079802.1), G6PC (NM_000151.3), GAA (NM_000152.3), GALC (NM_000153.3), GALK1 (NM_000154.1), GALT (NM_000155.3), GAMT (NM_000156.5), GBA (NM_001005741.2), GBE1 (NM_000158.3), GCDH (NM_000159.3), GFM1 (NM_024996.5), GJB2 (NM_004004.5), GLB1 (NM_000404.2), GLDC (NM_000170.2), GLE1 (NM_001003722.1), GNE (NM_001128227.2), GNPTAB (NM_024312.4), GNPTG (NM_032520.4), GNS (NM_002076.3), GRHPR (NM_012203.1), HADHA (NM_000182.4), HAX1 (NM_006118.3), HBA1 (NM_000558.4), HBA2 (NM_000517.4), HBB (NM_000518.4), HEXA (NM_000520.4), HEXB (NM_000521.3), HGSNAT (NM_152419.2), HJV (NM_213653.3), HLCS (NM_000411.6), HMGCL (NM_000191.2), HOGA1 (NM_138413.3), HPS1 (NM_000195.4), HPS3 (NM_032383.4), HSD17B4 (NM_000414.3), HSD3B2 (NM_000198.3), HYAL1 (NM_153281.1), HYLS1 (NM_145014.2), IDUA (NM_000203.4), IVD (NM_002225.3), KCNJ11 (NM_000525.3), LAMA2 (NM_000426.3), LAMA3 (NM_000227.4), LAMB3 (NM_000228.2), LAMC2 (NM_005562.2), LCA5 (NM_181714.3), LDLR (NM_000527.4), LDLRAP1 (NM_015627.2), LHX3 (NM_014564.4), LIFR (NM_002310.5), LIPA (NM_000235.3), LOXHD1 (NM_144612.6), LPL (NM_000237.2), LRPPRC (NM_133259.3), MAN2B1 (NM_000528.3), MCOLN1 (NM_020533.2), MED17 (NM_004268.4), MESP2 (NM_001039958.1), MFSD8 (NM_152778.2), MKS1 (NM_017777.3), MLC1 (NM_015166.3), MMAA (NM_172250.2), MMAB (NM_052845.3), MMACHC (NM_015506.2), MMADHC (NM_015702.2), MPI (NM_002435.2), MPL (NM_005373.2), MPV17 (NM_002437.4), MTHFR (NM_005957.4), MTRR (NM_002454.2), MTTP (NM_000253.3), MUT (NM_000255.3), MYO7A (NM_000260.3), NAGLU (NM_000263.3), NAGS (NM_153006.2), NBN (NM_002485.4), NDRG1 (NM_006096.3), NDUFAF5 (NM_024120.4), NDUFS6 (NM_004553.4), NEB (NM_001271208.1), NPC1 (NM_000271.4), NPC2 (NM_006432.3), NPHS1 (NM_004646.3), NPHS2 (NM_014625.3), NR2E3 (NM_014249.3), NTRK1 (NM_001012331.1), OAT (NM_000274.3), OPA3 (NM_025136.3), PAH (NM_000277.1), PC (NM_000920.3), PCCA (NM_000282.3), PCCB (NM_000532.4), PCDH15 (NM_033056.3), PDHB (NM_000925.3), PEX1 (NM_000466.2), PEX10 (NM_153818.1), PEX12 (NM_000286.2), PEX2 (NM_000318.2), PEX6 (NM_000287.3), PEX7 (NM_000288.3), PFKM (NM_000289.5), PHGDH (NM_006623.3), PKHD1 (NM_138694.3), PMM2 (NM_000303.2), POMGNT1 (NM_017739.3), PPT1 (NM_000310.3), PROP1 (NM_006261.4), PSAP (NM_002778.3), PTS (NM_000317.2), PUS1 (NM_025215.5), PYGM (NM_005609.3), RAB23 (NM_183227.2), RAG2 (NM_000536.3), RAPSN (NM_005055.4), RARS2 (NM_020320.3), RDH12 (NM_152443.2), RMRP (NR_003051.3), RPE65 (NM_000329.2), RPGRIP1L (NM_015272.2), RTEL1 (NM_001283009.1), SACS (NM_014363.5), SAMHD1 (NM_015474.3), SEPSECS (NM_016955.3), SGCA (NM_000023.2), SGCB (NM_000232.4), SGCG (NM_000231.2), SGSH (NM_000199.3), SLC12A3 (NM_000339.2), SLC12A6 (NM_133647.1), SLC17A5 (NM_012434.4), SLC22A5 (NM_003060.3), SLC25A13 (NM_014251.2), SLC25A15 (NM_014252.3), SLC26A2 (NM_000112.3), SLC26A4 (NM_000441.1), SLC35A3 (NM_012243.2), SLC37A4 (NM_001164277.1), SLC39A4 (NM_130849.3), SLC4A11 (NM_032034.3), SLC7A7 (NM_001126106.2), SMARCAL1 (NM_014140.3), SMN1 (NM_000344.3), SMPD1 (NM_000543.4), STAR (NM_000349.2), SUMF1 (NM_182760.3), TAT (NM_000353.2), TCIRG1 (NM_006019.3), TECPR2 (NM_014844.3), TFR2 (NM_003227.3), TGM1 (NM_000359.2), TH (NM_199292.2), TMEM216 (NM_001173990.2),



TPP1 (NM_000391.3), TRMU (NM_018006.4), TSFM (NM_001172696.1), TTPA (NM_000370.3), TYMP (NM_001953.4), USH1C (NM_005709.3), USH2A (NM_206933.2), VPS13A (NM_033305.2), VPS13B (NM_017890.4), VPS45 (NM_007259.4), VRK1 (NM_003384.2), VSX2 (NM_182894.2), WNT10A (NM_025216.2), XPA (NM_000380.3), XPC (NM_004628.4), ZFYVE26 (NM_015346.3).

- Variants of uncertain significance are not included in this report; however, if additional evidence becomes available to indicate that a previously uncertain variant is clinically significant, Invitae will update this report and provide notification.
- A PMID is a unique identifier referring to a published, scientific paper. Search by PMID at http://www.ncbi.nlm.nih.gov/pubmed.
- An rsID is a unique identifier referring to a single genomic position, and is used to associate population frequency information with sequence changes at that position. Reported population frequencies are derived from a number of public sites that aggregate data from large-scale population sequencing projects, including ExAC (http://exac.broadinstitute.org) and dbSNP (http://ncbi.nlm.nih.gov/SNP).

Disclaimer

DNA studies do not constitute a definitive test for the selected condition(s) in all individuals. It should be realized that there are possible sources of error. Errors can result from trace contamination, rare technical errors, rare genetic variants that interfere with analysis, recent scientific developments, and alternative classification systems. This test should be one of many aspects used by the healthcare provider to help with a diagnosis and treatment plan, but it is not a diagnosis itself. This test was developed and its performance characteristics determined by Invitae. It has not been cleared or approved by the FDA. The laboratory is regulated under the Clinical Laboratory Improvement Act (CLIA) as qualified to perform high-complexity clinical tests (CLIA ID: 05D2040778). This test is used for clinical purposes. It should not be regarded as investigational or for research.

Limitations

- Based on validation study results, this assay achieves >99% analytical sensitivity and specificity for single nucleotide variants, insertions and deletions <15bp in length, and exon-level deletions and duplications. Invitae's methods also detect insertions and deletions larger than 15bp but smaller than a full exon but sensitivity for these may be marginally reduced. Invitae's deletion/duplication analysis determines copy number at a single exon resolution at virtually all targeted exons. However, in rare situations, single-exon copy number events may not be analyzed due to inherent sequence properties or isolated reduction in data quality. Certain types of variants, such as structural rearrangements (e.g. inversions, gene conversion events, translocations, etc.) or variants embedded in sequence with complex architecture (e.g. short tandem repeats or segmental duplications), may not be detected. Additionally, it may not be possible to fully resolve certain details about variants, such as mosaicism, phasing, or mapping ambiguity. Unless explicitly guaranteed, sequence changes in the promoter, non-coding exons, and other non-coding regions are not covered by this assay. Please consult the test definition on our website for details regarding regions or types of variants that are covered or excluded for this test. This report reflects the analysis of an extracted genomic DNA sample. While this test is intended to reflect the analysis of extracted genomic DNA from a referred patient, in very rare cases the analyzed DNA may not represent that individual's constitutional genome, such as in the case of a circulating hematolymphoid neoplasm, bone marrow transplant, blood transfusion, chimerism, culture artifact or maternal cell contamination.</p>
- COL27A1: Deletion/duplication analysis is not offered for exons 46-47. NBN: Deletion/duplication analysis is not offered for exons 15-16. GALC: Deletion/duplication analysis is not offered for exons 5-6. MTHFR: The NM_005957.4:c.665C>T (p.Ala222Val) (aka 677C>T) and c.1286A>C (p.Glu429Ala) (aka 1298A>C) variants are not reported in our primary report. HBA1/2: This assay is designed to detect deletions and duplications of HBA1 and/or HBA2, resulting from the -alpha20.5, --MED, --SEA, --FIL/-- THAI, -alpha3.7, -alpha4.2, anti3.7 and anti4.2. Sensitivity to detect other copy number variants may be reduced. Detection of overlapping deletion and duplication events will be limited to combinations of events with significantly differing boundaries. In addition, deletion of the enhancer element HS-40 and the sequence variant, Constant Spring (NM_000517.4:c.427T>C), can be identified by this assay. HBA2: Sequencing analysis is not offered for exons 1-2. USH1C: Deletion/duplication analysis is not offered for exons 5-6. CYP21A2: Analysis includes the most common variants (c.92C>T(p.Pro31Leu), c.293-13C>G (intronic), c.332_339delGAGACTAC (p.Gly111Valfs*21), c.518T>A (p.Ile173Asn), c.710T>A (p.Ile237Asn), c.713T>A (p.Val238Glu), c.719T>A (p.Met240Lys), c.844G>T (p.Val282Leu), c.923dupT (p.Leu308Phefs*6), c.955C>T (p.Gln319*), c.1069C>T(p.Arg357Trp), c.1360C>T (p.Pro454Ser) and the 30Kb deletion) as well as select rare HGMD variants only (list available upon request). Full gene duplications are reported only in the presence of a pathogenic variant(s). When a duplication and a pathogenic variant(s) is identified, phase (cis/trans) cannot be determined. Full gene deletion analysis is not offered. Sensitivity to detect these variants, if they result from complex gene conversion/fusion events, may be reduced. ALG6: Deletion/duplication analysis is not offered for exons 11-12. GBA: c.84dupG



(p.Leu29Alafs*18), c.115+1G>A (Splice donor), c.222_224delTAC (p.Thr75del), c.475C>T (p.Arg159Trp), c.595_596delCT (p.Leu199Aspfs*62), c.680A>G (p.Asn227Ser), c.721G>A (p.Gly241Arg), c.754T>A (p.Phe252Ile), c.1226A>G (p.Asn409Ser), c.1246G>A (p.Gly416Ser), c.1263_1317del (p.Leu422Profs*4), c.1297G>T (p.Val433Leu), c.1342G>C (p.Asp448His), c.1343A>T (p.Asp448Val), c.1448T>C (p.Leu483Pro), c.1504C>T (p.Arg502Cys), c.1505G>A (p.Arg502His), c.1603C>T (p.Arg535Cys), c.1604G>A (p.Arg535His) variants only. Sensitivity to detect these variants if they result from complex gene conversion events may be reduced. NEB: Deletion/duplication analysis is not offered for exons 82-105. NEB variants in this region with no evidence towards pathogenicity are not included in this report, but are available upon request. OAT: Deletion/ duplication analysis is not offered for exon 2. TSFM: Sequencing analysis is not offered for exon 5. FAH: Deletion/duplication analysis is not offered for exon 14. RPGRIP1L: Sequencing analysis is not offered for exon 23. SMN1 or SMN2: NM_000344.3:c.*3+80T>G variant only. SMN1: Systematic exon numbering is used for all genes, including SMN1, and for this reason the exon typically referred to as exon 7 in the literature (PMID: 8838816) is referred to as exon 8 in this report. This assay unambiguously detects SMN1 exon 8 copy number. The presence of the g.27134T>G variant (also known as c.*3+80T>G) is reported if SMN1 copy number = 2. VPS13A: Deletion/duplication analysis is not offered for exons 2-3, 27-28.

This report has been reviewed and approved by:

Thoma L. Winder

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