



Patient name: Sample type: Blood Report date: 09/29/2020 DOB: 09/15/2020 RQ1642422 Sample collection date: Invitae #: Male Sample accession date: 09/18/2020 Clinical team: Karen Carey Sex: MRN:

Reason for testing

Gamete donor

Test performed

Invitae Carrier Screen

- Invitae primary panel (CF, SMA)
- Add-on genes



RESULT: POSITIVE

This carrier test evaluated 261 gene(s) for genetic changes (variants) that are associated with an increased risk of having a child with a genetic disorder. Knowledge of carrier status for one of these disorders 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: Argininosuccinic aciduria | ASL | c.35G>A (p.Arg12Gln) | 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 disorders 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



RESULT: CARRIER

Argininosuccinic aciduria

A single Pathogenic variant, c.35G>A (p.Arg12Gln), was identified in ASL.

What is argininosuccinic aciduria?

Argininosuccinic aciduria, also known as argininosuccinate lyase deficiency, is a metabolic disorder in which the body is unable to break down nitrogen, causing an accumulation of ammonia in the blood, which damages the nervous system. In the severe, "classic", neonatal form, symptoms develop in the first few days of life and include vomiting, poor feeding, lack of energy (lethargy), and poorly controlled breathing. If untreated, symptoms worsen, leading to seizures, coma, and death. In the later-onset form, elevated ammonia levels may occur only following an acute infection or stress to the body. Other symptoms of both forms of the condition may include learning disabilities, behavioral abnormalities, liver disease, skin lesions, brittle hair, and high blood pressure, some of which frequently affect quality of life and life span. Early initiation of treatment and a proper diet may delay onset and reduce the severity of symptoms.

Next steps

Carrier testing for the reproductive partner is recommended.

(+) If your partner tests positive:

Argininosuccinic aciduria is inherited in an autosomal recessive fashion. In order for an individual to be affected with an autosomal recessive disorder, they must have two disease-causing genetic changes, one in each copy of the ASL gene. Carriers of the disorder, who have only one disease-causing genetic change, typically do not have symptoms. When both reproductive partners are carriers of an autosomal recessive disorder, there is a 25% chance for each child to have the disorder.

If your partner tests negative:

| DISORDER (INHERITANCE) | GENE | ETHNICITY | CARRIER FREQUENCY BEFORE SCREENING | CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT |
|---|------|------------|---------------------------------------|--|
| Argininosuccinic aciduria (AR) NM_000048.3 | ASL | Pan-ethnic | 1 in 133 | 1 in 1321 |





Results to note

Pseudodeficiency allele

Benign change, c.742G>A (p.Asp248Asn), known to be a pseudodeficiency allele, identified in the GALC gene. Pseudodeficiency alleles are not known to be associated with disease, including Krabbe disease.

The presence of a pseudodeficiency allele does not impact this individual's risk to be a carrier. Individuals with pseudodeficiency alleles may exhibit false positive results on related biochemical tests, including newborn screening; however, pseudodeficiency alleles are not known to cause disease, including Krabbe disease. Carrier testing for the reproductive partner is not indicated.

Variant details

ASL, Exon 3, c.35G>A (p.Arg12Gln), heterozygous, PATHOGENIC

- This sequence change replaces arginine with glutamine at codon 12 of the ASL protein (p.Arg12Gln). The arginine residue is highly conserved and there is a small physicochemical difference between arginine and glutamine.
- This variant is present in population databases (rs145138923, ExAC 0.2%).
- This variant has been reported in individuals and families affected with argininosuccinic aciduria (PMID: 20236848, 26661037, 24166829). ClinVar contains an entry for this variant (Variation ID: 92360).
- Experimental studies have shown that this missense change impairs ASL enzymatic activity (PMID: 11747432, 25778938).
- For these reasons, this variant has been classified as 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. 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 exact ethnic background of an individual. With 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 an accurate 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-methylglutarayl-CoA lyase deficiency (AR) | HMGCL | Pan-ethnic | ≤1 in 500 | Reduced |
| NM_000191.2 | HIVIGCE | Portuguese | 1 in 160 | 1 in 15900 |
| 3-methylcrotonyl-CoA carboxylase (3-MCC) deficiency (MCCC1-related) (AR) NM_020166.4 | MCCC1 | Pan-ethnic | 1 in 134 | 1 in 13300 |
| 3-methylcrotonyl-CoA carboxylase (3-MCC) deficiency (MCCC2-related) (AR) NM_022132.4 | MCCC2 | Pan-ethnic | 1 in 134 | 1 in 13300 |
| 3-methylglutaconic aciduria type III (Costeff optic | | Pan-ethnic | ≤1 in 500 | Reduced |
| atrophy) (AR) NM_025136.3 | OPA3 | Sephardic Jewish (Iraqi) | 1 in 10 | 1 in 900 |
| ABCC8-related disorders (AR) | | Ashkenazi Jewish | 1 in 52 | 1 in 5100 |
| NM_000352.4 | | Finnish | 1 in 100 | 1 in 9900 |
| When the mother is a noncarrier, but the father is a 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 | WITTP | Pan-ethnic | ≤1 in 500 | Reduced |
| ACAD9 deficiency (AR) NM_014049.4 | ACAD9 | Pan-ethnic | ≤1 in 500 | Reduced |
| Achromatopsia (CNGB3-related) (AR) NM_019098.4 | CNGB3 | Pan-ethnic | 1 in 93 | 1 in 9200 |
| 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-Goutières syndrome (SAMHD1-related) (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 | CIPIIBZ | 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) | HBA1/ | Asian | 1 in 20 | 1 in 191 |
| NM_000558.4, NM_000517.4 | HBA2 * | Caucasian | ≤1 in 500 | Reduced |
| | | Pan-ethnic | 1 in 25 | 1 in 241 |
| Al | | Ashkenazi Jewish | 1 in 192 | 1 in 19100 |
| Alport syndrome (COL4A3-related) (AR) 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 |
| Alstrom syndrome (AR) NM_015120.4 | ALMS1 | Pan-ethnic | ≤1 in 500 | Reduced |
| Andermann syndrome (AR) NM_133647.1 | SLC12A6 | French Canadian (Saguenay-Lac-St- Jean) | 1 in 23 | 1 in 2200 |



| DISORDER (INHERITANCE) | GENE | ETHNICITY | CARRIER FREQUENCY BEFORE SCREENING | CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT |
|--|---------|--|---------------------------------------|--|
| | | Pan-ethnic | ≤1 in 500 | Reduced |
| Aromatase deficiency (AR) NM_031226.2 | CYP19A1 | Pan-ethnic | ≤1 in 500 | Reduced |
| Asparagine synthetase deficiency (AR) | ASNS | Pan-ethnic | ≤1 in 500 | Reduced |
| NM_133436.3 | ASIVS | 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 telangiectasia (AR) | ATM | Pan-ethnic | 1 in 100 | 1 in 9900 |
| NM_000051.3 | ATIVI | Sephardic Jewish | 1 in 69 | 1 in 6800 |
| Ataxia with vitamin E deficiency (AR) | TTPA | Italian | 1 in 274 | 1 in 2731 |
| NM_000370.3 | 1117 | Pan-ethnic | ≤1 in 500 | Reduced |
| | | Finnish | 1 in 79 | 1 in 7800 |
| Autoimmune polyendocrinopathy with candidiasis and ectodermal dysplasia (AR) | AIRE | Pan-ethnic | 1 in 150 | 1 in 14900 |
| NM_000383.3 | AINL | Sardinian | 1 in 60 | 1 in 5900 |
| | | Sephardic Jewish (Iranian) | 1 in 48 | 1 in 4700 |
| Autosomal recessive deafness 77 (AR) | LOXHD1 | Ashkenazi Jewish | 1 in 180 | 1 in 17900 |
| NM_144612.6 | LOXHDI | Pan-ethnic | ≤1 in 500 | Reduced |
| Autosomal recessive spastic ataxia of Charlevoix- Saguenay (ARSACS) (AR) | SACS | French Canadian (Saguenay-Lac-St- Jean) | 1 in 21 | 1 in 2000 |
| NM_014363.5 | | Pan-ethnic | ≤1 in 500 | Reduced |
| Bardet-Biedl syndrome (BBS10-related) (AR) NM_024685.3 | BBS10 | Pan-ethnic | 1 in 354 | 1 in 35300 |
| Bardet-Biedl syndrome (BBS12-related) (AR) NM_152618.2 | BBS12 | Pan-ethnic | 1 in 708 | Reduced |
| Bartter syndrome type 4A (AR) NM_057176.2 | BSND | Pan-ethnic | ≤1 in 500 | Reduced |
| BBS1-related disorders (AR) | BBS1 | Faroese | 1 in 30 | 1 in 2900 |
| NM_024649.4 | | Pan-ethnic | 1 in 330 | 1 in 32900 |
| BBS2-related disorders (AR) | BBS2 | Ashkenazi Jewish | 1 in 140 | 1 in 13900 |
| NM_031885.3 | DD3Z | Pan-ethnic | 1 in 560 | Reduced |
| Bernard-Soulier syndrome (GP1BA-related) (AR) NM_000173.6 | GP1BA * | Pan-ethnic | ≤1 in 500 | Reduced |
| Bernard-Soulier syndrome (GP9-related) (AR) NM_000174.4 | GP9 | Pan-ethnic | ≤1 in 500 | Reduced |
| Beta-ketothiolase deficiency (AR) | ACAT1 | Caucasian | 1 in 354 | 1 in 35300 |
| NM_000019.3 | ACATT | Pan-ethnic | ≤1 in 500 | Reduced |
| Biotinidase deficiency (AR) NM_000060.3 | BTD | Pan-ethnic | 1 in 125 | 1 in 12400 |
| Bloom syndrome (AR) | BLM | Ashkenazi Jewish | 1 in 100 | 1 in 9900 |
| NM_000057.3 | BLIVI | Pan-ethnic | ≤1 in 500 | Reduced |
| Canavan disease (AR) | ASPA | Ashkenazi Jewish | 1 in 57 | 1 in 5600 |
| NM_000049.2 | 7317 | Pan-ethnic | 1 in 159 | 1 in 15800 |
| Carbamoylphosphate 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 | CFTIM | Pan-ethnic | ≤1 in 500 | Reduced |
| Carnitine palmitoyltransferase II deficiency (AR) | CPT2 | Ashkenazi Jewish | 1 in 45 | 1 in 4400 |
| NM_000098.2 | CF12 | 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 |
| disorders (AR) | RMRP | Finnish | 1 in 76 | 1 in 7500 |
| NR_003051.3 | | Pan-ethnic | ≤1 in 500 | Reduced |
| Cerebrotendinous xanthomatosis (AR) | CVD27A1 | Pan-ethnic | 1 in 112 | 1 in 5550 |
| NM_000784.3 | CYP27A1 | Sephardic Jewish | 1 in 76 | 1 in 3750 |
| CETO L. L. (AD) | | African-American - classic CF | 1 in 61 | 1 in 6000 |
| CFTR-related disorders (AR) NM_000492.3 | CFTR | Ashkenazi Jewish - classic CF | 1 in 29 | 1 in 2800 |
| V V _000772.3 | | Asian - classic CF | 1 in 88 | 1 in 8700 |



| DISORDER (INHERITANCE) | GENE | ETHNICITY | CARRIER FREQUENCY BEFORE SCREENING | CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT |
|--|-----------|--|---------------------------------------|--|
| | | 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 (NDRG1-related) (AR) NM_006096.3 | NDRG1 | Pan-ethnic Roma | ≤1 in 500 1 in 22 | Reduced 1 in 2100 |
| Chorea-acanthocytosis (AR) NM_033305.2 | VPS13A * | Pan-ethnic | ≤1 in 500 | Reduced |
| Chronic granulomatous disease (CYBA-related) (AR) | | Pan-ethnic | ≤1 in 500 | Reduced |
| NM_000101.3 | CYBA | Sephardic Jewish (Moroccan) | 1 in 13 | 1 in 1200 |
| | | Chinese | 1 in 65 | 1 in 6400 |
| | | Japanese | 1 in 65 | 1 in 6400 |
| Citrin deficiency (AR) | SLC25A13 | Korean | 1 in 112 | 1 in 11100 |
| NM_014251.2 | 020237113 | 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 |
| | | Amish (Ohio) | 1 in 12 | 1 in 1100 |
| Cohen syndrome (AR) NM_017890.4 | VPS13B | Pan-ethnic | ≤1 in 500 | Reduced |
| Combined malonic and methylmalonic aciduria | | ran-emine | 51 111 300 | Reduced |
| (ACSF3-related) (AR) NM_174917.4 | ACSF3 | Pan-ethnic | 1 in 87 | 1 in 8600 |
| Combined oxidative phosphorylation deficiency (GFM1-related) (AR) NM_024996.5 | GFM1 | Pan-ethnic | ≤1 in 500 | Reduced |
| Combined oxidative phosphorylation deficiency (TSFM- | | Finnish | 1 in 80 | 1 in 1129 |
| related) (AR) 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 amegakaryocytic thrombocytopenia (AR) | MPL | Ashkenazi Jewish | 1 in 57 | 1 in 5600 |
| NM_005373.2 | IVIFL | Pan-ethnic | ≤1 in 500 | Reduced |
| Congenital disorder of glycosylation (ALG6-related) (AR) NM_013339.3 | ALG6 * | Pan-ethnic | ≤1 in 500 | Reduced |
| Congenital disorder of glycosylation (MPI-related) (AR) NM_002435.2 | MPI | Pan-ethnic | ≤1 in 500 | Reduced |
| Congenital disorder of glycosylation (PMM2-related) | | Ashkenazi Jewish | 1 in 61 | 1 in 6000 |
| (AR) | PMM2 | Caucasian | 1 in 60 | 1 in 5900 |
| NM_000303.2 | | Pan-ethnic | 1 in 190 | 1 in 18900 |
| Congenital ichthyosis (TGM1-related) (AR) | TC | Norwegian | 1 in 151 | 1 in 3000 |
| NM_000359.2 | TGM1 | Pan-ethnic | 1 in 224 | 1 in 4460 |
| Congenital insensitivity to pain with anhidrosis (AR) NM_001012331.1 | NTRK1 | Pan-ethnic | ≤1 in 500 | Reduced |
| Congenital 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 |
| Corneal dystrophy and perceptive deafness (AR) NM_032034.3 | SLC4A11 | Pan-ethnic | ≤1 in 500 | Reduced |
| CYP17A1-related conditions (AR) NM_000102.3 | CYP17A1 | Pan-ethnic | ≤1 in 500 | Reduced |
| Cystinosis (AR) NM_004937.2 | CTNS | French Canadian (Saguenay-Lac-St- Jean) | 1 in 39 | 1 in 3800 |
| ININ_OUT 237.2 | | Pan-ethnic | 1 in 158 | 1 in 15700 |



| DISORDER (INHERITANCE) | GENE | ETHNICITY | CARRIER FREQUENCY BEFORE SCREENING | CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT |
|--|------------|-----------------------------|---------------------------------------|--|
| | | Sephardic Jewish (Moroccan) | 1 in 100 | 1 in 9900 |
| DHDDS-related disorders (AR) | DHDDS | Ashkenazi Jewish | 1 in 117 | 1 in 11600 |
| NM_024887.3 | DHDD3 | Pan-ethnic | ≤1 in 500 | Reduced |
| Dihydrolipoamide dehydrogenase deficiency (AR) | DLD | Ashkenazi Jewish | 1 in 107 | 1 in 5300 |
| NM_000108.4 | DLD | Pan-ethnic | ≤1 in 500 | Reduced |
| Dysferlinopathy (AR) | DVCE | Pan-ethnic | 1 in 311 | 1 in 31000 |
| NM_003494.3 | DYSF | Sephardic Jewish (Libyan) | 1 in 10 | 1 in 900 |
| Dystrophic epidermolysis bullosa (COL7A1-related) (AR) NM_000094.3 | COL7A1 | Pan-ethnic | 1 in 370 | 1 in 12300 |
| Ehlers-Danlos syndrome, dermatosparaxis type (AR) | 4.5.414760 | Ashkenazi Jewish | 1 in 187 | 1 in 18600 |
| NM_014244.4 | ADAMTS2 | Pan-ethnic | ≤1 in 500 | Reduced |
| Ellis-van Creveld syndrome (EVC-related) (AR) | E) (G | Amish | 1 in 8 | 1 in 700 |
| NM_153717.2 | EVC | Pan-ethnic | 1 in 220 | 1 in 21900 |
| Enhanced S-cone syndrome/retinitis pigmentosa (AR) NM_014249.3 | NR2E3 | Pan-ethnic | ≤1 in 500 | Reduced |
| Ethylmalonic encephalopathy (AR) NM_014297.3 | ETHE1 | Pan-ethnic | ≤1 in 500 | Reduced |
| Factor XI deficiency (hemophilia C) (AR) | F11 | Ashkenazi Jewish | 1 in 11 | 1 in 1000 |
| NM_000128.3 | ''' | Pan-ethnic | ≤1 in 500 | Reduced |
| Familial dysautonomia (AR) | ELP1 | Ashkenazi Jewish | 1 in 36 | 1 in 3500 |
| NM_003640.3 | ELPI | Pan-ethnic | ≤1 in 500 | Reduced |
| | | Afrikaner | 1 in 72 | 1 in 7100 |
| amilial hypercholesterolemia (LDLR-related) (AD) | LDLD | Ashkenazi Jewish | 1 in 69 | 1 in 6800 |
| NM_000527.4 | LDLR | French Canadian | 1 in 270 | 1 in 26900 |
| | | Pan-ethnic | 1 in 250 | 1 in 24900 |
| Familial hypercholesterolemia (LDLRAP1-related) (AR) | 1010403 | Pan-ethnic | ≤1 in 500 | Reduced |
| NM_015627.2 | LDLRAP1 | Sardinian | 1 in 143 | 1 in 14200 |
| | | Armenian | 1 in 8 | 1 in 71 |
| | | Ashkenazi Jewish | 1 in 13 | 1 in 121 |
| Familial Mediterranean fever (AR) NM_000243.2 | MEFV | Pan-ethnic | 1 in 64 | 1 in 631 |
| NM_000243.2 | | Sephardic Jewish | 1 in 14 | 1 in 131 |
| | | Turkish | 1 in 8 | 1 in 71 |
| | | Afrikaner | 1 in 83 | 1 in 8200 |
| Fanconi anemia type A (AR) | | Pan-ethnic | 1 in 345 | 1 in 34400 |
| NM_000135.2 | FANCA | Sephardic Jewish | 1 in 133 | 1 in 13200 |
| | | Spanish Roma | 1 in 64 | 1 in 6300 |
| anconi anemia type C (AR) | | Ashkenazi Jewish | 1 in 89 | 1 in 8800 |
| NM_000136.2 | FANCC | Pan-ethnic | 1 in 417 | 1 in 41600 |
| Fanconi anemia type G (AR) | | African-American | 1 in 100 | 1 in 9900 |
| NM_004629.1 | FANCG | Pan-ethnic | ≤1 in 500 | Reduced |
| KRP-related disorders (AR) | | Norwegian | 1 in 116 | 1 in 11500 |
| NM_024301.4 | FKRP | Pan-ethnic | 1 in 158 | 1 in 15700 |
| | | Ashkenazi Jewish | 1 in 80 | 1 in 7900 |
| KTN-related disorders (AR) | FKTN | Japanese | 1 in 188 | 1 in 18700 |
| NM_001079802.1 | | Pan-ethnic | ≤1 in 500 | Reduced |
| Fumarate hydratase deficiency (AR) NM_000143.3 | FH | Pan-ethnic | ≤1 in 500 | Reduced |
| Galactokinase deficiency galactosemia (AR) | 641.00 | Pan-ethnic | 1 in 122 | 1 in 12100 |
| NM_000154.1 | GALK1 | Roma | 1 in 47 | 1 in 4600 |
| | | African-American | 1 in 87 | 1 in 8600 |
| Galactosemia (GALT-related) (AR) | 04:- | Ashkenazi Jewish | 1 in 156 | 1 in 15500 |
| NM_000155.3 | GALT | Irish Traveller | 1 in 11 | 1 in 1000 |
| | | Pan-ethnic | 1 in 100 | 1 in 9900 |
| Gaucher disease (AR) | | Ashkenazi Jewish | 1 in 15 | 1 in 234 |
| NM_001005741.2 | GBA * | Pan-ethnic | 1 in 158 | 1 in 561 |



| DISORDER (INHERITANCE) | GENE | ETHNICITY | CARRIER FREQUENCY BEFORE SCREENING | CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT |
|--|---------|-----------------------------|---------------------------------------|--|
| Gitelman syndrome (AR) NM_000339.2 | SLC12A3 | Pan-ethnic | 1 in 100 | 1 in 9900 |
| GJB2-related DFNB1 nonsyndromic hearing loss and | | Ashkenazi Jewish | 1 in 13 | 1 in 1200 |
| deafness (AR) | GJB2 | Pan-ethnic | 1 in 50 | 1 in 4900 |
| NM_004004.5 | | Thai | 1 in 9 | 1 in 800 |
| GLE1-related conditions (AR) | GLE1 | Finnish | 1 in 100 | 1 in 9900 |
| NM_001003722.1 | GLET | 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 |
| 14W_000133.3 | | 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) | ETFDH | Asian | 1 in 87 | 1 in 8600 |
| NM_004453.3 | EIFDH | Pan-ethnic | 1 in 250 | 1 in 24900 |
| Glycine encephalopathy (AMT-related) (AR) | AMT | Finnish | 1 in 142 | 1 in 14100 |
| NM_000481.3 | AWIT | 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 | GOFC | 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) | GAA | 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 |
| | | Sephardic Jewish (Moroccan) | 1 in 34 | 1 in 660 |
| Glycogen storage disease type IV/adult polyglucosan | GBE1 | Ashkenazi Jewish | 1 in 68 | 1 in 6700 |
| body disease (AR) NM_000158.3 | | Pan-ethnic | 1 in 387 | 1 in 38600 |
| Glycogen storage disease type V (AR) | | Caucasian | 1 in 158 | 1 in 15700 |
| NM_005609.3 | PYGM | Pan-ethnic | 1 in 171 | 1 in 17000 |
| | | Sephardic Jewish (Kurdish) | 1 in 84 | 1 in 8300 |
| Glycogen storage disease type VII (AR) | PFKM | Ashkenazi Jewish | 1 in 250 | 1 in 24900 |
| NM_000289.5 | | Pan-ethnic | ≤1 in 500 | Reduced |
| GRACILE syndrome/BCS1L-related disorders (AR) | | Caucasian | 1 in 407 | 1 in 40600 |
| NM_004328.4 | BCS1L | Finnish | 1 in 108 | 1 in 10700 |
| | | Pan-ethnic | ≤1 in 500 | Reduced |
| Guanidinoacetate methyltransferase deficiency (AR) | GAMT | Pan-ethnic | ≤1 in 500 | Reduced |
| NM_000156.5 | | Portuguese | 1 in 125 | 1 in 12400 |
| | | African-American | 1 in 8 | 1 in 700 |
| | | Asian | 1 in 54 | 1 in 5300 |
| HBB-related hemoglobinopathies (AR) | НВВ | Caucasian | 1 in 373 | 1 in 37200 |
| NM_000518.4 | | Hispanic | 1 in 17 | 1 in 1600 |
| | | Mediterranean | 1 in 28 | 1 in 2700 |
| | | Pan-ethnic | 1 in 49 | 1 in 4800 |
| Hereditary fructose intolerance (AR) | | African-American | 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 | нј∨ | 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 | 1,1,51 | Puerto Rican (Northwestern) | 1 in 21 | 1 in 2000 |



| DISORDER (INHERITANCE) | GENE | ETHNICITY | CARRIER FREQUENCY BEFORE SCREENING | CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT |
|---|-------------|--|---------------------------------------|--|
| Laurence D. diel. aug der ers time 2 (AD) | | 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 |
| Jalanauhanniana aumthotona definianau (AD) | | Faroese | 1 in 20 | 1 in 1900 |
| Holocarboxylase synthetase deficiency (AR) NM_000411.6 | HLCS | Japanese | 1 in 158 | 1 in 15700 |
| | | Pan-ethnic | 1 in 224 | 1 in 22300 |
| domocystinuria due to CRS deficiency (AD) | | Norwegian | 1 in 40 | 1 in 3900 |
| domocystinuria due to CBS deficiency (AR) | CBS | Pan-ethnic | 1 in 224 | 1 in 22300 |
| | | Qatari | 1 in 21 | 1 in 2000 |
| Homocystinuria due to MTHFR deficiency (AR) | MTHFR * | Pan-ethnic | ≤1 in 500 | Reduced |
| NM_005957.4 | | Sephardic Jewish (Bukharian) | 1 in 39 | 1 in 3800 |
| Homocystinuria, cobalamin E type (AR) NM_002454.2 | MTRR | Pan-ethnic | ≤1 in 500 | Reduced |
| HSD17B4-related disorders (AR) NM_000414.3 | HSD17B4 | Pan-ethnic | 1 in 158 | 1 in 15700 |
| Hydrolethalus syndrome type 1 (AR) | HYLS1 | Finnish | 1 in 40 | 1 in 3900 |
| NM_145014.2 | IIILSI | Pan-ethnic | ≤1 in 500 | Reduced |
| lyperornithinemia-hyperammonemia-homocitrullinuria | | Metis (Saskatchewan) | 1 in 19 | 1 in 1800 |
| yndrome (AR) IM_014252.3 | SLC25A15 | Pan-ethnic | ≤1 in 500 | Reduced |
| lypophosphatasia (AR) | ALPL | Mennonite | 1 in 25 | 1 in 480 |
| IM_000478.5 | ALIL | Pan-ethnic | 1 in 150 | 1 in 2980 |
| nclusion body myopathy 2 (AR) | GNE | Pan-ethnic | 1 in 179 | 1 in 17800 |
| IM_001128227.2 | GIVE | Sephardic Jewish (Iranian) | 1 in 10 | 1 in 900 |
| sovaleric acidemia (AR) IM_002225.3 | IVD | Pan-ethnic | 1 in 250 | 1 in 24900 |
| oubert syndrome 2/TMEM216-related disorders (AR) | TMEM216 | Ashkenazi Jewish | 1 in 92 | 1 in 9100 |
| IM_001173990.2 | TIVIEIVIZIO | Pan-ethnic | ≤1 in 500 | Reduced |
| unctional epidermolysis bullosa (LAMB3-related) (AR) | LAMB3 | Pan-ethnic | 1 in 317 | 1 in 31600 |
| unctional epidermolysis bullosa (LAMC2-related) (AR) IM_005562.2 | LAMC2 | Pan-ethnic | ≤1 in 500 | Reduced |
| CNJ11-related disorders (AR) NM_000525.3 | KCNJ11 | Pan-ethnic | ≤1 in 500 | Reduced |
| (rabbe disease (AR) | GALC * | Druze | 1 in 6 | 1 in 500 |
| IM_000153.3 ` ´ | GALC * | Pan-ethnic | 1 in 158 | 1 in 15700 |
| AMA3-related disorders (AR) IM_000227.4 | LAMA3 | Pan-ethnic | ≤1 in 500 | Reduced |
| eber congenital amaurosis 5 (AR) IM_181714.3 | LCA5 | Pan-ethnic | 1 in 645 | Reduced |
| eber congenital amaurosis 8/CRB1-related disorders. AR) NM_201253.2 | CRB1 | Pan-ethnic | 1 in 112 | 1 in 11100 |
| eber congenital amaurosis 10/CEP290-related disorders (AR) NM_025114.3 | CEP290 | Pan-ethnic | 1 in 185 | 1 in 18400 |
| eber congenital amaurosis 13 (AR) NM_152443.2 | RDH12 | Pan-ethnic | 1 in 460 | 1 in 45900 |
| eigh 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 |
| eukoencephalopathy with vanishing white matter EIF2B5-related) (AR) IM_003907.2 | EIF2B5 | Pan-ethnic | ≤1 in 500 | Reduced |
| .imb-girdle muscular dystrophy type 2A calpainopathy) (AR) NM_000070.2 | CAPN3 | Pan-ethnic | 1 in 134 | 1 in 13300 |
| :- h -: II 1 h 2C (AE) | | Caucasian | 1 in 571 | Reduced |
| .imb-girdle muscular dystrophy type 2C (AR) NM_000231.2 | SGCG | Japanese | 1 in 374 | 1 in 37300 |
| | | Moroccan | 1 in 250 | 1 in 24900 |



| DISORDER (INHERITANCE) | GENE | ETHNICITY | CARRIER FREQUENCY BEFORE SCREENING | CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT |
|---|-------------|--|---------------------------------------|--|
| | | Pan-ethnic | ≤1 in 500 | Reduced |
| | | Roma | 1 in 59 | 1 in 5800 |
| 1. 1 . 1 | | Caucasian | 1 in 286 | 1 in 28500 |
| Limb-girdle muscular dystrophy type 2D (AR) NM_000023.2 | SGCA | Finnish | 1 in 150 | 1 in 14900 |
| 14W_500025.2 | | Pan-ethnic | ≤1 in 500 | Reduced |
| Limb-girdle muscular dystrophy type 2E (AR) | SGCB | Caucasian | 1 in 404 | 1 in 5038 |
| NM_000232.4 | SGCB | Pan-ethnic | ≤1 in 500 | Reduced |
| Lipoid congenital adrenal hyperplasia (AR) | STAR | Korean | 1 in 170 | 1 in 16900 |
| NM_000349.2 | SIAK | Pan-ethnic | ≤1 in 500 | Reduced |
| Lipoprotein lipase deficiency (AR) NM 000237.2 | LPL | French Canadian (Saguenay-Lac-St- Jean) | 1 in 46 | 1 in 4500 |
| NNI_000237.2 | | Pan-ethnic | ≤1 in 500 | Reduced |
| Long chain 3-hydroxyacyl-CoA dehydrogenase deficiency | | Caucasian | 1 in 250 | 1 in 24900 |
| (AR) | HADHA | Finnish | 1 in 125 | 1 in 12400 |
| NM_000182.4 | | Pan-ethnic | 1 in 350 | 1 in 34900 |
| reinurie protein intelerance (AD) | | Finnish | 1 in 120 | 1 in 2380 |
| ysinuric protein intolerance (AR) IM_001126106.2 | SLC7A7 | Japanese | 1 in 120 | 1 in 2380 |
| | | Pan-ethnic | ≤1 in 500 | Reduced |
| L | | Caucasian | 1 in 112 | 1 in 1850 |
| _ysosomal acid lipase deficiency (AR) NM_000235.3 | LIPA | Pan-ethnic | 1 in 359 | 1 in 5967 |
| VIVI_000233.3 | | 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) | BCKDHA | Mennonite | 1 in 10 | 1 in 900 |
| NM_000709.3 | вскипа | 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 | | Pan-ethnic | 1 in 346 | 1 in 34500 |
| Medium chain acyl-CoA dehydrogenase deficiency (AR) | ACADAA | Northern European | 1 in 40 | 1 in 3900 |
| NM_000016.5 | ACADM | Pan-ethnic | 1 in 66 | 1 in 6500 |
| Megalencephalic leukoencephalopathy with subcortical | | Pan-ethnic | ≤1 in 500 | Reduced |
| cysts type 1 (AR) NM_015166.3 | MLC1 | 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 |
| Methylmalonic acidemia (MMAB-related) (AR) NM_052845.3 | ММАВ | 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 |
| Methylmalonic acidemia with homocystinuria, :obalamin C type (AR) NM_015506.2 | ММАСНС | Pan-ethnic | 1 in 123 | 1 in 12200 |
| Methylmalonic acidemia with homocystinuria, cobalamin D type (AR) NM_015702.2 | MMADHC * | Pan-ethnic | ≤1 in 500 | Reduced |
| Microphthalmia/clinical anophthalmia (VSX2-related) | | Pan-ethnic | ≤1 in 500 | Reduced |
| (AR) NM_182894.2 | VSX2 | Sephardic Jewish | 1 in 145 | 1 in 14400 |
| Witochondrial complex I deficiency/Leigh syndrome | | Ashkenazi Jewish | 1 in 290 | 1 in 28900 |
| (NDUFAF5-related) (AR) NM_024120.4 | NDUFAF5 | Pan-ethnic | ≤1 in 500 | Reduced |
| Witochondrial complex I deficiency/Leigh syndrome | | Ashkenazi Jewish | 1 in 290 | 1 in 28900 |
| NDUFS6-related) (AR) | NDUFS6 | Caucasus Jewish | 1 in 24 | 1 in 2300 |
| NM_004553.4 | | Pan-ethnic | ≤1 in 500 | Reduced |
| Mitochondrial DNA depletion syndrome | | Navajo | 1 in 20 | 1 in 475 |
| (MPV17-related) (AR) NM_002437.4 | MPV17 | Pan-ethnic | ≤1 in 500 | Reduced |



| DISORDER (INHERITANCE) | GENE | ETHNICITY | CARRIER FREQUENCY BEFORE SCREENING | CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT |
|---|----------|-------------------------------|---------------------------------------|--|
| Mitochondrial myopathy and sideroblastic anemia 1 (AR) NM_025215.5 | PUS1 | Pan-ethnic | ≤1 in 500 | Reduced |
| Mitochondrial neurogastrointestinal encephalopathy disease (AR) | TYMP | Pan-ethnic | ≤1 in 500 | Reduced |
| NM_001953.4 | 111011 | Sephardic Jewish | 1 in 158 | 1 in 15700 |
| MKS1-related disorders (AR) NM_017777.3 | MKS1 | Finnish | 1 in 47 | 1 in 920 |
| | | Pan-ethnic Irish Traveller | 1 in 260 | 1 in 5180 1 in 1400 |
| Mucolipidosis type II/III (GNPTAB-related) (AR) NM_024312.4 | GNPTAB | Pan-ethnic | 1 in 200 | 1 in 19900 |
| Mucolipidosis type III (GNPTG-related) (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 | W.COLIVI | 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 (Sanfilippo A | | Northern European | 1 in 173 | 1 in 17200 |
| syndrome) (AR) | SGSH | Pan-ethnic | 1 in 215 | 1 in 21400 |
| NM_000199.3 | | Taiwanese | ≤1 in 500 | Reduced |
| Mucopolysaccharidosis type IIIB (Sanfilippo B syndrome) (AR) NM_000263.3 | NAGLU | Pan-ethnic | 1 in 224 | 1 in 22300 |
| Mucopolysaccharidosis type IIIC (Sanfilippo C syndrome)/retinitis pigmentosa (AR) NM_152419.2 | HGSNAT | Pan-ethnic | ≤1 in 500 | Reduced |
| Mucopolysaccharidosis type IIID (Sanfilippo D syndrome) (AR) NM_002076.3 | GNS | Pan-ethnic | ≤1 in 500 | Reduced |
| Mucopolysaccharidosis type IVB (Morquio B | GLB1 | Pan-ethnic | 1 in 158 | 1 in 15700 |
| syndrome)/GM1 gangliosidosis (AR) | | Roma | 1 in 50 | 1 in 4900 |
| NM_000404.2 | | South Brazilian | 1 in 58 | 1 in 5700 |
| Mucopolysaccharidosis type IX (AR) NM_153281.1 | HYAL1 | Pan-ethnic | ≤1 in 500 | Reduced |
| Mucopolysaccharidosis type VI (Maroteaux-Lamy syndrome) (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 |
| N-acetylglutamate synthase deficiency (AR) NM_153006.2 | NAGS | Pan-ethnic | ≤1 in 500 | Reduced |
| Nemaline myopathy 2 (AR) | NEB* | Ashkenazi Jewish | 1 in 108 | 1 in 10700 |
| NM_001271208.1 | IVED " | Pan-ethnic | 1 in 158 | 1 in 3140 |
| Nephrogenic diabetes insipidus (AQP2-related) (AR) NM_000486.5 | AQP2 | Pan-ethnic | 1 in 1118 | Reduced |
| Nephrotic syndrome/congenital Finnish nephrosis | | Finnish | 1 in 46 | 1 in 4500 |
| (NPHS1-related) (AR) | NPHS1 | Old Order Mennonite | 1 in 12 | 1 in 1100 |
| NM_004646.3 | | Pan-ethnic | ≤1 in 500 | Reduced |
| Nephrotic syndrome/steroid-resistant nephrotic syndrome (NPHS2-related) (AR) NM_014625.3 | NPHS2 | Pan-ethnic | ≤1 in 500 | Reduced |
| Neuronal ceroid-lipofuscinosis (CLN3-related) (AR) NM_001042432.1 | CLN3 | Pan-ethnic | 1 in 230 | 1 in 22900 |
| Neuronal ceroid-lipofuscinosis (CLN5-related) (AR) | CLN5 | Finnish | 1 in 115 | 1 in 11400 |
| NM_006493.2 | CLIVS | Pan-ethnic | ≤1 in 500 | Reduced |
| Neuronal ceroid-lipofuscinosis (CLN6-related) (AR) NM_017882.2 | CLN6 | Pan-ethnic | ≤1 in 500 | Reduced |
| Neuronal ceroid-lipofuscinosis (MFSD8-related) (AR) NM_152778.2 | MFSD8 | Pan-ethnic | ≤1 in 500 | Reduced |
| Neuronal ceroid-lipofuscinosis (PPT1-related) (AR) | PPT1 | Finnish | 1 in 70 | 1 in 3450 |
| NM_000310.3 | FFII | Pan-ethnic | 1 in 199 | 1 in 9900 |



| DISORDER (INHERITANCE) | GENE | ETHNICITY | CARRIER FREQUENCY BEFORE SCREENING | CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT |
|--|---------|--|---------------------------------------|--|
| Neuronal ceroid-lipofuscinosis (TPP1-related) (AR) | TPP1 | Newfoundland | 1 in 53 | 1 in 1734 |
| NM_000391.3 | IFFI | Pan-ethnic | 1 in 250 | 1 in 8300 |
| Neuronal ceroid-lipofuscinosis/Northern epilepsy | CLNIC | Finnish | 1 in 135 | 1 in 13400 |
| (CLN8-related) (AR) NM_018941.3 | CLN8 | Pan-ethnic | ≤1 in 500 | Reduced |
| Niemann-Pick disease type A/B (AR) | SMPD1 | Ashkenazi Jewish | 1 in 90 | 1 in 1780 |
| NM_000543.4 | | Pan-ethnic | 1 in 250 | 1 in 4980 |
| 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 |
| Nijmegen breakage syndrome (AR) | NBN * | Eastern European | 1 in 155 | 1 in 15400 |
| NM_002485.4 | 14514 | Pan-ethnic | ≤1 in 500 | Reduced |
| Ownithing against an affino de de Ceire et (AD) | | Finnish | 1 in 126 | 1 in 12500 |
| Ornithine aminotransferase deficiency (AR) NM_000274.3 | OAT * | Pan-ethnic | ≤1 in 500 | Reduced |
| | | Sephardic Jewish | 1 in 177 | 1 in 17600 |
| O (TGIDGI L. IV (AD) | | Ashkenazi Jewish | 1 in 350 | 1 in 34900 |
| Osteopetrosis (TCIRG1-related) (AR) NM_006019.3 | TCIRG1 | Chuvash | 1 in 30 | 1 in 2900 |
| NIN_000019.3 | | Pan-ethnic | 1 in 317 | 1 in 31600 |
| Pendred syndrome (AR) | | Asian | 1 in 74 | 1 in 7300 |
| NM_000441.1 | SLC26A4 | Pan-ethnic | 1 in 80 | 1 in 7900 |
| Peroxisomal acyl-CoA oxidase deficiency (AR) NM_004035.6 | ACOX1 | Pan-ethnic | ≤1 in 500 | Reduced |
| | | 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/Neu- | | Ashkenazi Jewish | 1 in 400 | 1 in 39900 |
| Laxova syndrome type 1 (AR) 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 disorders (AR) | | Finnish | 1 in 111 | 1 in 11000 |
| NM_017739.3 | POMGNT1 | Pan-ethnic | ≤1 in 500 | Reduced |
| Pontocerebellar hypoplasia (RARS2-related) (AR) NM 020320.3 | RARS2 | Pan-ethnic | ≤1 in 500 | Reduced |
| · · · · · · · · · · · · · · · · · · · | | Pan-ethnic | ≤1 in 500 | Reduced |
| Pontocerebellar hypoplasia (SEPSECS-related) (AR) NM_016955.3 | SEPSECS | Sephardic Jewish (Moroccan and Iraqi) | 1 in 43 | 1 in 4200 |
| Postnatal progressive microcephaly with seizures and | | Pan-ethnic | ≤1 in 500 | Reduced |
| brain atrophy/infantile cerebral and cerebellar atrophy (MED17-related) (AR) NM_004268.4 | MED17 | Sephardic Jewish | 1 in 20 | 1 in 1900 |
| | | Faroese | 1 in 9 | 1 in 800 |
| Primary carnitine deficiency (AR) | SLC22A5 | Japanese | 1 in 100 | 1 in 9900 |
| NM_003060.3 | | Pan-ethnic | 1 in 71 | 1 in 7000 |
| 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) | | Ashkenazi Jewish | 1 in 200 | 1 in 19900 |
| NM_023036.4 | DNAI2 | Pan-ethnic | 1 in 354 | 1 in 35300 |



| DISORDER (INHERITANCE) | GENE | ETHNICITY | CARRIER FREQUENCY BEFORE SCREENING | CARRIER RESIDUAL RISK AFTER NEGATIVE RESUL |
|--|---------------|----------------------|---------------------------------------|---|
| 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 |
| Progressive familial intrahepatic cholestasis type 2 (AR) NM_003742.2 | ABCB11 | Pan-ethnic | 1 in 100 | 1 in 9900 |
| Propionic acidemia (PCCA-related) (AR) | PCCA | Arab | 1 in 100 | 1 in 2475 |
| NM_000282.3 | | Pan-ethnic | 1 in 224 | 1 in 5575 |
| Propionic acidemia (PCCB-related) (AR) | | Arab | 1 in 100 | 1 in 9900 |
| NM_000532.4 | PCCB | Greenlandic Inuit | 1 in 20 | 1 in 1900 |
| | | Pan-ethnic | 1 in 224 | 1 in 22300 |
| PSAP-related disorders (AR) NM_002778.3 | PSAP | Pan-ethnic | ≤1 in 500 | Reduced |
| Pycnodysostosis (AR) NM_000396.3 | CTSK | Pan-ethnic | 1 in 438 | 1 in 43700 |
| Pyruvate dehydrogenase complex deficiency (PDHB- related) (AR) NM_000925.3 | PDHB | Pan-ethnic | ≤1 in 500 | Reduced |
| RAPSN-related disorders (AR) NM_005055.4 | RAPSN | Pan-ethnic | 1 in 283 | 1 in 28200 |
| 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 |
| 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 26 (AR) | CERKL | Pan-ethnic | 1 in 137 | 1 in 13600 |
| NM_001030311.2 | | Sephardic Jewish | 1 in 24 | 1 in 2300 |
| Retinitis pigmentosa 28 (AR) | | Ashkenazi Jewish | 1 in 214 | 1 in 21300 |
| VM_001201543.1 | FAM161A | Pan-ethnic | 1 in 289 | 1 in 28800 |
| | | Sephardic Jewish | 1 in 41 | 1 in 4000 |
| Rhizomelic chondrodysplasia punctata type 1/Refsum disease (PEX7-related) (AR) NM_000288.3 | PEX7 | Pan-ethnic | 1 in 157 | 1 in 15600 |
| 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 disorders (AR) | RPE65 | Pan-ethnic | 1 in 228 | 1 in 22700 |
| NM_000329.2 | KPE03 | Sephardic Jewish | 1 in 90 | 1 in 8900 |
| RPGRIP1L-related disorders (AR) NM_015272.2 | RPGRIP1L * | Pan-ethnic | 1 in 259 | 1 in 5160 |
| RTEL1-related disorders (AR) | RTEL1 | Ashkenazi Jewish | 1 in 222 | 1 in 22100 |
| NM_001283009.1 | KILLI | Pan-ethnic | ≤1 in 500 | Reduced |
| Sandhoff disease (AR) | HEXB | Metis (Saskatchewan) | 1 in 15 | 1 in 1400 |
| NM_000521.3 | TILAU | Pan-ethnic | 1 in 180 | 1 in 17900 |
| ichimke immuno-osseous dysplasia (AR) NM_014140.3 | SMARCAL1 | Pan-ethnic | ≤1 in 500 | Reduced |
| evere combined immunodeficiency (DCLRE1C-related) | B 01 B 51 5 | Navajo and Apache | 1 in 10 | 1 in 900 |
| AR) IM_001033855.2 | DCLRE1C | Pan-ethnic | ≤1 in 500 | Reduced |
| evere combined immunodeficiency (RAG2-related) AR) IM_000536.3 | RAG2 | Pan-ethnic | ≤1 in 500 | Reduced |
| Severe congenital neutropenia due to VPS45 deficiency (AR) NM_007259.4 | VPS45 | Pan-ethnic | ≤1 in 500 | Reduced |
| Severe congenital neutropenia type 3 (AR) | HAX1 | Pan-ethnic | ≤1 in 500 | Reduced |



| DISORDER (INHERITANCE) | GENE | ETHNICITY | CARRIER FREQUENCY BEFORE SCREENING | CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT |
|--|-----------|-----------------------------------|---------------------------------------|--|
| Sialic acid storage disorders (AR) | SLC17A5 | Finnish | 1 in 100 | 1 in 9900 |
| NM_012434.4 | SECTIAS | Pan-ethnic | ≤1 in 500 | Reduced |
| Sjögren-Larsson syndrome (AR) NM_000382.2 | ALDH3A2 | Pan-ethnic | ≤1 in 500 | Reduced |
| | ALDH3AZ | Swedish | 1 in 250 | 1 in 24900 |
| SLC26A2-related disorders (AR) NM_000112.3 | SLC26A2 | Finnish | 1 in 75 | 1 in 1480 |
| | | Pan-ethnic | 1 in 158 | 1 in 3140 |
| SLC35A3-related disorder (AR) | CL C2EA2 | Ashkenazi Jewish | 1 in 469 | 1 in 46800 |
| NM_012243.2 | SLC35A3 | Pan-ethnic | ≤1 in 500 | Reduced |
| Smith-Lemli-Opitz syndrome (AR) NM_001360.2 | DHCR7 | African-American | 1 in 339 | 1 in 8450 |
| | | Ashkenazi Jewish | 1 in 41 | 1 in 1000 |
| | | Hispanic | 1 in 135 | 1 in 3350 |
| | | Northern European | 1 in 50 | 1 in 1225 |
| | | Pan-ethnic | 1 in 71 | 1 in 1750 |
| | | Sephardic Jewish | 1 in 68 | 1 in 1675 |
| | | Southern European | 1 in 83 | 1 in 2050 |
| Spastic paraplegia type 49 (AR) | | Pan-ethnic | ≤1 in 500 | Reduced |
| NM_014844.3 | TECPR2 | Sephardic Jewish - Bukharian | 1 in 38 | 1 in 3700 |
| Spinal muscular atrophy (AR) NM_000344.3 | | African-American | 1 in 66 | 1 in 233 |
| | | Ashkenazi Jewish | 1 in 41 | 1 in 667 |
| SMN1: 2 copies | | Asian | 1 in 53 | 1 in 743 |
| g.27134T>G not detected Carrier residual risks listed are for 2 copy SMN1 results. | SMN1 * | Caucasian | 1 in 35 | 1 in 567 |
| Carrier residual risks fisted are for 2 copy signal results. Carrier residual risk for >2 copies are 5- to 10-fold lower. | | Hispanic | 1 in 117 | 1 in 1161 |
| Spondylothoracic dysostosis (AR) | | Pan-ethnic | 1 in 224 | 1 in 22300 |
| NM_001039958.1 | MESP2 | Puerto Rican | 1 in 55 | 1 in 5400 |
| Steel syndrome (AR) NM_032888.3 | COL27A1 * | Pan-ethnic | ≤1 in 500 | Reduced |
| | | Puerto Rican | 1 in 51 | 1 in 5000 |
| Stüve-Wiedemann syndrome (AR) NM_002310.5 | LIFR | Pan-ethnic | ≤1 in 500 | Reduced |
| Tay-Sachs disease/hexosaminidase A deficiency (AR) NM_000520.4 | НЕХА | Ashkenazi Jewish | 1 in 27 | 1 in 2600 |
| | | Asian | 1 in 126 | 1 in 12500 |
| | | Caucasian | 1 in 182 | 1 in 18100 |
| | | 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 |
| Tetrahydrobiopterin deficiency (PTS-related) (AR) NM_000317.2 | PTS | Chinese | 1 in 122 | 1 in 12100 |
| | | Pan-ethnic | 1 in 433 | 1 in 43200 |
| Fransient infantile liver failure (AR) | | Pan-ethnic | ≤1 in 500 | Reduced |
| VM_018006.4 | TRMU | Sephardic Jewish (Yemenite) | 1 in 34 | 1 in 3300 |
| | | Caucasian | 1 in 224 | 1 in 22300 |
| Fyrosine hydroxylase deficiency (AR) NM_199292.2 | TH | Pan-ethnic | ≤1 in 500 | Reduced |
| Tyrosinemia type I (AR) NM_000137.2 | FAH * | Ashkenazi Jewish | 1 in 143 | 1 in 2840 |
| | | French Canadian | 1 in 66 | 1 in 1300 |
| | | French Canadian (Saguenay-Lac-St- | 1 in 16 | 1 in 300 |
| | | Jean) Pan-ethnic | 1 in 125 | 1 in 2480 |
| Jsher syndrome type IB/MYO7A-related disorders (AR) | MYO7A | Pan-ethnic | 1 in 200 | 1 in 3980 |
| IVIVI_UUUZUU.3 | | French Canadian/Acadian | 1 in 227 | 1 in 22600 |
| Usher syndrome type IC/USH1C-related disorders (AR) NM_005709.3 | USH1C * | Pan-ethnic | 1 in 353 | 1 in 3521 |
| | | Sephardic Jewish | 1 in 353 | 1 in 3521 |
| Jsher syndrome type ID (AR) | | . , | | |
| NM_022124.5 | CDH23 * | Pan-ethnic | 1 in 202 | 1 in 4020 |
| Usher syndrome type IF/PCDH15-related disorders (AR) NM_033056.3 | PCDH15 | Ashkenazi Jewish Pan-ethnic | 1 in 78 1 in 400 | 1 in 7700 1 in 39900 |



| DISORDER (INHERITANCE) | GENE | ETHNICITY | CARRIER FREQUENCY BEFORE SCREENING | CARRIER RESIDUAL RISK AFTER NEGATIVE RESULT |
|---|---------|------------------|---------------------------------------|--|
| Usher syndrome type IIA/USH2A-related disorders (AR) NM_206933.2 | USH2A | Caucasian | 1 in 70 | 1 in 6900 |
| | | Pan-ethnic | 1 in 112 | 1 in 11100 |
| | | Sephardic Jewish | 1 in 36 | 1 in 3500 |
| Usher syndrome type IIIA (AR) NM_174878.2 | CLRN1 — | Ashkenazi Jewish | 1 in 120 | 1 in 11900 |
| | | Pan-ethnic | 1 in 533 | Reduced |
| Very long-chain acyl-CoA dehydrogenase deficiency (AR) NM_000018.3 | ACADVL | Pan-ethnic | 1 in 100 | 1 in 9900 |
| VRK1-related conditions (AR) NM_003384.2 | VRK1 | Ashkenazi Jewish | 1 in 225 | 1 in 22400 |
| | | Pan-ethnic | ≤1 in 500 | Reduced |
| 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 disorders (AR) NM_025216.2 | WNT10A | Pan-ethnic | 1 in 305 | 1 in 30400 |
| 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 |

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, the reference genome has been modified to mask the sites of polymorphic paralog sequence variants (PSVs) in both GBA and GBAP1. If one or more reportable variants is identified (see Limitations), GBA is amplified by long-range PCR; PacBio sequencing of the long-range amplicons is used to confirm the variant. Gene conversion events are flagged by our NGS pipeline and reportable pseudogene-derived variants are identified by longrange PCR of GBA followed by PacBio sequencing of the long-range amplicons. 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 -α3.7 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). Technical component of Fibroblast cell-culturing and gDNA extraction from skin punch biopsy is performed by Invitae Corporation (5 Technology Drive, Irvine CA 92618, #05D1052995).

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), 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), BTD (NM_000060.3), 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), CYP11B2 (NM_000498.3), CYP17A1 (NM_000102.3), CYP19A1 (NM_031226.2), CYP27A1 (NM_000784.3), DCLREIC (NM_001033855.2), DHCR7 (NM_001360.2), DHDDS (NM_024887.3), DLD (NM_000108.4), DNAH5 (NM_001369.2), DNAH1 (NM_012144.3), DNAI2 (NM_023036.4), DYSF (NM_003494.3), EIF2B5 (NM_003907.2), ELP1 (NM_003640.3), ESCO2 (NM_001017420.2), ETFA (NM_000126.3), ETFDH (NM_004453.3), ETHE1 (NM_014297.3), EVC (NM_153717.2), EYS (NM_001142800.1), F11 (NM_000128.3), 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), GP1BA (NM_000173.6), GP9 (NM_000174.4), 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), 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), LJFR (NM_002310.5), LJPA (NM_000235.3), LOXHD1 (NM_144612.6), LPL (NM_000237.2), LRPPRC (NM_133259.3), MAN2B1 (NM_000528.3), MCCC1 (NM_020166.4), MCCC2 (NM_022132.4), MCOLN1 (NM_020533.2), MED17 (NM_004268.4), MEFV (NM_000243.2), 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), PCCA (NM_000282.3), PCCB (NM_000532.4), PCDH15 (NM_033056.3), PDHB (NM_000925.3), PEX1 (NM_000466.2), PEX10 (NM_153818.1), 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), 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).

- 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. In very rare cases (such as circulating hematolymphoid neoplasm, bone marrow transplant, recent blood transfusion, or maternal cell contamination), the analyzed DNA may not represent the patient's constitutional genome.
- CDH23: Deletion/duplication analysis is not offered for exon 21. FAH: Deletion/duplication analysis is not offered for exon 14. USH1C: Deletion/ duplication analysis is not offered for exons 5-6. 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. TSFM: Sequencing analysis is not offered for exon 5. ALG6: Deletion/duplication analysis is not offered for exons 11-12. COL27A1: Deletion/duplication analysis is not offered for exons 46-47. VPS13A: Deletion/duplication analysis is not offered for exons 2-3, 27-28. NBN: Deletion/duplication analysis is not offered for exons 15-16. 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. 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. GALC: Deletion/duplication analysis is not offered for exon 6. GP1BA: c.104delA (p.Lys35Argfs*4), c.165_168delTGAG (p.Ser55Argfs*12), c.376A>G (p.Asn126Asp), c.434T>C (p.Leu145Pro), c.515C>T (p.Ala172Val), c.584_586delTCC (p.Leu195del), c.673T>A (p.Cys225Ser), c.1454dupT (p.Ser486llefs*12), c.1480delA (p.Thr494Profs*59), c.1601_1602delAT (p.Tyr534Cysfs*82), c.1620G>A (p.Trp540*) variants only. 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. MMADHC: 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. RPGRIP1L: Sequencing analysis is not offered for exon 23.

This report has been reviewed and approved by:



Daniel E. Pineda-Alvarez, M.D., FACMG Clinical Molecular Geneticist & Cytogeneticist