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500 Chipeta Way, Salt Lake City, Utah 84108-1221 phone: 801-583-2787, toll free: 800-522-2787 Tracy I. George, MD, Chief Medical Officer

Client: UU University Division Validation	Patient:	SS NGS, CERTVAL1
50 N. Medical Drive	DOB:	09-Jun-98
Salt Lake City, UT 84132-	Gender:	Male
USA	Patient Identifiers:	558815
Provider: 9999-ARUP -ARUP,	Visit Number (FIN):	581975
	Client Supplied ID:	

Specimen Collected: 24-Feb-21 16:52

Received: 24-Feb-21 16:52 Stickler Syndrome by NGS Report/Verified: 24-Feb-21 16:55 Result Reference Interval Units Stickler Syndrome Whole Blood Specimen Negative ⁱ¹ Stickler Syndrome Interp Test Information i1: Stickler Syndrome Interp BACKGROUND INFORMATION: Stickler Syndrome Panel, Sequencing CHARACTERISTICS: Stickler syndrome and related disorders are a group of connective tissue disorders characterized by ocular abnormalities, hearing loss, and skeletal or joint problems. INCIDENCE: Approximately 1/7500 to 1/9000 newborns CAUSE: Pathogenic germline variants in certain genes associated with collagen formation. INHERITANCE: Most cases are autosomal dominant; there are rare autosomal recessive causes. PENETRANCE: 100% CLINICAL SENSITIVITY: Variable, dependent on phenotype GENES TESTED: COL11A1, COL11A2, COL2A1, COL9A1, COL9A2, COL9A3, VCAN METHODOLOGY: Capture of all coding exons and exon-intron junctions of the targeted genes, followed by massively parallel sequencing. Sanger sequencing is performed as necessary to fill in regions of low coverage and confirm reported variants. Human genome build 19 (Hg 19) is used for data analysis. ANALYTICAL SENSITIVITY/SPECIFICITY: The analytical sensitivity of this test is approximately 99 percent for single nucleotide variants (SNVs) and greater than 93 percent for insertions/duplications/deletions from 1-10 base pairs in size. Variants greater than 10 base pairs may be detected, but the analytical sensitivity may be reduced. LIMITATIONS: A negative result does not exclude a diagnosis of Stickler syndrome or a related disorder. This test only detects variants within the coding regions and intron-exon boundaries of the targeted genes. Regulatory region variants and deep intronic variants will not be identified and breakpoints of large deletions/duplications will not be determined. Deletions/duplications/insertions of

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H=High, i=Test Information, L=Low, t=Interpretive Text, @=Performing Lab

Unless otherwise indicated, testing performed at: ARUP Laboratories 500 Chipeta Way, Salt Lake City, UT 84108 Laboratory Director: Tracy I. George, MD
 ARUP Accession:
 n/a

 Report Request ID:
 13707367

 Printed:
 24-Feb-21 16:57

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500 Chipeta Way, Salt Lake City, Utah 84108-1221 phone: 801-583-2787, toll free: 800-522-2787 Tracy I. George, MD, CMO

Patient:	SS NGS, CERTVAL1
DOB:	09-Jun-98
Patient Iden	tifiers: 558815

Test Information

il: Stickler Syndrome Interp

any size may not be detected by massive parallel sequencing. Diagnostic errors can occur due to rare sequence variations. In some cases, variants may not be identified due to technical limitations in the presence of pseudogenes, repetitive, or homologous regions. This assay may not detect low-level mosaic or somatic variants associated with disease. Interpretation of this test result may be impacted if this patient has had an allogeneic stem cell transplantation. Non-coding transcripts are not analyzed.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

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