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Tracy I. George, MD, Chief Medical Officer

Patient Report

Patient Age/Sex: 30 years Female

Specimen Collected: 14-Mar-22 13:53

Cystic Fibrosis, 165 Variants |Received: 14-Mar-22 13:53 Report/Verified: 15-Mar-22 09:03

Procedure	Result	Units	Reference Interval
Cystic Fibrosis,Allele 1	Negative		
Cystic Fibrosis,Allele 2	Negative		
Cystic Fibrosis 5T Variant	Not Applicable		
CF Expanded Variant Panel Interp	0 variants [f1] [i1]		

Result Footnote

f1: CF Expanded Variant Panel Interp

None of the cystic fibrosis (CF) variants tested were detected. The following table can be used to determine the reduction in carrier risk. This table does not apply to individuals with a positive family history who require Bayesian analysis for accurate risk assessment.

Ethnicity	Variant Detection Rate	Carrier Risk Before Test	Carrier Risk After Negative Test
African American	78%	1 in 61	1 in 275
Ashkenazi Jewish	96%	1 in 24	1 in 575
Asian American	55%	1 in 94	1 in 210
Caucasian	92%	1 in 25	1 in 300
Hispanic American	80%	1 in 58	1 in 285

Specimen: Whole Blood
Symptoms: No
Family History: No

This result has been reviewed and approved by Rong Mao, M.D.

Test Information

i1: CF Expanded Variant Panel Interp

BACKGROUND INFORMATION: Cystic Fibrosis (CFTR), Expanded Variant Panel
CHARACTERISTICS OF CYSTIC FIBROSIS (CF): Chronic sino-pulmonary disease, gastrointestinal malabsorption/pancreatic insufficiency, and obstructive azoospermia. Symptoms of CFTR-related disorders include: pancreatitis, bilateral absence of the vas deferens, nasal polyposis, and bronchiectasis.
INCIDENCE: 1 in 2,300 Ashkenazi Jewish, 1 in 2,500 Caucasians, 1 in 13,500 Hispanics, 1 in 15,100 African Americans, 1 in 35,100 Asians.
INHERITANCE: Autosomal recessive.
PENETRANCE: High for severe pathogenic variants and variable for variants of varying clinical consequences.
Cause of CF: Two severe pathogenic CFTR variants on opposite chromosomes.

Test Information

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Cause of CFTR-Related Disorders: Two pathogenic CFTR variants on opposite chromosomes, at least one of which is classified as mild or a variant of varying clinical consequences.

VARIANTS TESTED:

*Note: variants are listed by standard nomenclature. Legacy names are also provided for the 23 recommended ACMG variants.

c.1A>G, p.Met1Val; c.54-5940_273+10250del21kb, Exons 2-3del; c.115C>T, p.Gln39X; c.178G>T, p.Glu60X; c.200C>T, p.Pro67Leu; c.223C>T, p.Arg75X; c.254G>A (Legacy G85E), p.Gly85Glu; c.262_263delTT, p.Leu88IlefsX22 (aka p.Leu88fs); c.273+1G>A, Intronic; c.273+3A>C, Intronic; c.274-1G>A, Intronic; c.274G>A, p.Glu92Lys; c.274G>T, p.Glu92X; c.292C>T, p.Gln98X; c.313delA, p.Ile105SerfsX2 (aka p.Ile105fs); c.325_327delTATinsG, p.Tyr109GlyfsX4 (aka p.Tyr109fs); c.328G>C, p.Asp110His; c.349C>T, p.Arg117Cys; c.350G>A (Legacy R117H), p.Arg117His; c.366T>A, p.Tyr122X; c.442delA, p.Ile148LeufsX5 (aka p.Ile148fs); c.489+1G>T (Legacy 621+1G>T), Intronic; c.531delT, p.Ile177MetfsX12 (aka p.Ile177fs); c.532G>A, p.Gly178Arg; c.579+1G>T (Legacy 711+1G>T), Intronic; c.579+5G>A, Intronic; c.579+3A>G, Intronic; c.580-1G>T, Intronic; c.595C>T, p.His199Tyr; c.613C>T, p.Pro205Ser; c.617T>G, p.Leu206Trp; c.658C>T, p.Gln220X; c.680T>G, p.Leu227Arg; c.722_743del, p.Gly241GlufsX13 (aka p.Gly241fs); c.803delA, p.Asn268IlefsX17 (aka p.Asn268fs); c.805_806delAT, p.Ile269ProfsX4 (aka p.Ile269fs); c.935_937delTCT, p.Phe312del; c.948delT, p.Phe316LeufsX12 (aka p.Phe316fs); c.988G>T, p.Gly330X; c.1000C>T (Legacy R334W), p.Arg334Trp; c.1007T>A, p.Ile336Lys; c.1021T>C, p.Ser341Pro; c.1021_1022dupTC, p.Phe342HisfsX28 (aka p.Phe342fs); c.1040G>A, p.Arg347His; c.1040G>C (Legacy R347P), p.Arg347Pro; c.1055G>A, p.Arg352Gln; c.1081delT, p.Trp361GlyfsX8 (aka p.Trp361fs); c.1116+1G>A, Intronic; c.1130dupA, p.Gln378AlafsX4 (aka p.Gln378fs); c.1155_1156dupTA, p.Asn386IlefsX3 (aka p.Asn386fs); c.1202G>A, p.Trp401X; c.1203G>A, p.Trp401X; c.1209+1G>A, Intronic; c.1327_1330dupGATA, p.Ile444ArgfsX3 (aka p.Ile444fs); c.1340delA, p.Lys447ArgfsX2 (aka p.Lys447fs); c.1364C>A (Legacy A455E), p.Ala455Glu; c.1393-1G>A, Intronic; c.1397C>A, p.Ser466X; c.1397C>G, p.Ser466X; c.1400T>C, p.Leu467Pro; c.1418delG, p.Gly473GlufsX54 (aka p.Gly473fs); c.1438G>T, p.Gly480Cys; c.1466C>A, p.Ser489X; c.1475C>T, p.Ser492Phe; c.1477C>T, p.Gln493X; c.1519_1521delATC (Legacy I507del), p.Ile507del; c.1521_1523delCTT (Legacy F508del), p.Phe508del; c.1545_1546delTA, p.Tyr515X; c.1558G>T, p.Val520Phe; c.1572C>A, p.Cys524X; c.1573C>T, p.Gln525X; c.1585-1G>A (Legacy 1717-1G>A), Intronic; c.1585-8G>A, Intronic; c.1624G>T (Legacy G542X), p.Gly542X; c.1645A>C, p.Ser549Arg; c.1646G>A, p.Ser549Asn; c.1647T>G, p.Ser549Arg; c.1651G>A, p.Gly551Ser; c.1652G>A (Legacy G551D), p.Gly551Asp; c.1654C>T, p.Gln552X; c.1657C>T (Legacy R553X), p.Arg553X; c.1675G>A, p.Ala559Thr; c.1679G>A, p.Arg560Lys; c.1679G>C (Legacy R560T), p.Arg560Thr; c.1680-886A>G, Intronic; c.1680-1G>A, Intronic; c.1703delT, p.Leu568CysfsX4 (aka p.Leu568fs); c.1705T>G, p.Tyr569Asp; c.1721C>A, p.Pro574His; c.1753G>T, p.Glu585X; c.1766+1G>A (Legacy 1898+1G>A), Intronic; c.1766+3A>G, Intronic; c.1792_1798delAAAACTA, p.Lys598GlyfsX11 (aka p.Lys598fs); c.1911delG, p.Gln637HisfsX26 (aka p.Gln637fs); c.1923_1931del9insA, p.Ser641ArgfsX5 (aka

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p.Ser641fs); c.1973_1985del13insAGAAA, p.Arg658LysfsX4 (aka p.Arg658fs); c.1976delA, p.Asn659IlefsX4 (aka p.Asn659fs); c.2012delT, p.Leu671X; c.2051_2052del, p.Lys684ThrfsX4; c.2051_2052delinsG (aka c.2051_2delinsG), p.Lys684SerfsX38; c.2052delA (Legacy 2184delA), p.Lys684AsnfsX38; c.2125C>T, p.Arg709X; c.2128A>T, p.Lys710X; c.2175dupA, p.Glu726ArgfsX4 (aka p.Glu726fs); c.2195T>G, p.Leu732X; c.2215delG, p.Val739TyrfsX16 (aka p.Val739fs); c.2290C>T, p.Arg764Ter; c.2453delT, p.Leu818TrpfsX3 (aka p.Leu818fs); c.2464G>T, p.Glu822X; c.2490+1G>A, Intronic; c.2491G>T, p.Glu831X; c.2537G>A, p.Trp846X; c.2538G>A, p.Trp846X; c.2551C>T, p.Arg851X; c.2583delT, p.Phe861LeufsX3 (aka p.Phe861fs); c.2657+5G>A (Legacy 2789+5G>A), Intronic; c.2668C>T, p.Gln890X; c.2737_2738insG, p.Tyr913X; c.2780T>C, p.Leu927Pro; c.2810dupT, p.Val938GlyfsX37 (aka p.Val938fs); c.2834C>T, p.Ser945Leu; c.2875delG, p.Ala959HisfsX9 (aka p.Ala959fs); c.2908G>C, p.Gly970Arg; c.2988+1G>A (Legacy 3120+1G>A), Intronic; c.2988G>A, Intronic; c.2989-1G>A, Intronic; c.3039delC, p.Tyr1014ThrfsX9 (aka p.Tyr1014fs); c.3067_3072delATAGTG, p.Ile1023_Val1024del (aka I1023_V1024del); c.3140-26A>G, Intronic; c.3194T>C, p.Leu1065Pro; c.3196C>T, p.Arg1066Cys; c.3197G>A, p.Arg1066His; c.3230T>C, p.Leu1077Pro; c.3266G>A, p.Trp1089X; c.3276C>A, p.Tyr1092X; c.3276C>G, p.Tyr1092X; c.3302T>A, p.Met1101Lys; c.3310G>T, p.Glu1104X; c.3472C>T, p.Arg1158X; c.3484C>T (Legacy R1162X), p.Arg1162X; c.3528delC (Legacy 3659delC), p.Lys1177SerfsX15 (aka p.Lys1177fs); c.3532_3535dupTCAA, p.Thr1179IlefsX17 (aka p.Thr1179fs); c.3587C>G, p.Ser1196X; c.3611G>A, p.Trp1204X; c.3612G>A, p.Trp1204X; c.3659delC, p.Thr1220LysfsX8 (aka p.Thr1220fs); c.3691delT, p.Ser1231ProfsX4 (aka p.Ser1231fs); c.3712C>T, p.Gln1238X; c.3718-2477C>T (Legacy 3849+10kbC>T), Intronic; c.3731G>A, p.Gly1244Glu; c.3744delA, p.Lys1250ArgfsX9 (aka p.Lys1250fs); c.3752G>A, p.Ser1251Asn; c.3763T>C, p.Ser1255Pro; c.3764C>A, p.Ser1255X; c.3773dupT, p.Leu1258PhefsX7 (aka p.Leu1258fs); c.3846G>A (Legacy W1282X), p.Trp1282X; c.3873+1G>A, Intronic; c.3909C>G (Legacy N1303K), p.Asn1303Lys; c.3937C>T, p.Gln1313X; c.3964-78_4242+577del, Exons 22-23del; c.4025_4028dup, p.Cys1344GlyfsX16 (aka p.C1344fs); c.4046G>A, p.Gly1349Asp; c.4077_4080delTGTTinsAA, p.Val1360fsX3 (aka p.Val1360fs); c.4111G>T, p.Glu1371X; c.4251delA, p.Glu1418ArgfsX14 (aka p.Glu1418fs). The IVS-8 variant, c.1210-12[5], will be reported only when R117H is detected or in patients who are reported to be symptomatic.

CLINICAL SENSITIVITY: Ashkenazi Jewish 96 percent; Caucasian 92 percent; Hispanic 80 percent; African American 78 percent; Asian American 55 percent.

METHODOLOGY: Polymerase chain reaction (PCR) and fluorescence monitoring.

Analytical Sensitivity & Specificity: 99 percent.

LIMITATIONS: Diagnostic errors can occur due to rare sequence variations. Only the CFTR variants listed above and 5T variant will be interrogated.

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.

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

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