

GenePrint

Genetic Insights Report

A stylized graphic of a DNA double helix with a blue and orange color scheme, featuring a small orange circle at the end of a strand.

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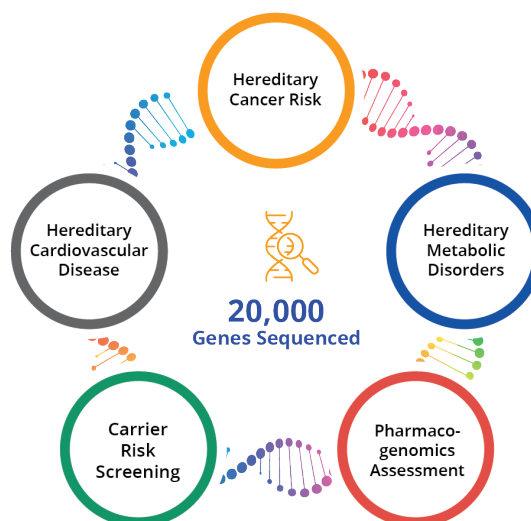
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Genomic Health Insights Overview

- The DNA of an individual is organised into known functional components called genes.
- There are over 20,000 genes in an individual.
- Genomic Health Insights identifies variants in these genes that may have an impact on one's health or on the health of one's progeny.
- Cutting edge sequencing and bioinformatics technology are used to identify relevant variants in these genes that pass a high enough bar of scientific evidence.
- Variants are then categorized based on their impact into individual sections on cancer risk, cardiac/cardiovascular risk, metabolic health risk, and carrier status.
- An additional section on how a person's genomic variants may modulate their response to drugs is also provided.



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Notes and Limitations

Note that this analysis does not cover Variants of Uncertain Significance - those genomic variants that have not yet been categorized by current science as harmful or benign. Only variants classified as Pathogenic or Likely Pathogenic per the American College of Medical Genetics guidelines for variant classification are included in this report.

Also, modern genome sequencing processes of the type used here, can identify genomic variants that involve one genomic character being changed to another with high confidence. Such variants are also called Single Nucleotide Variants (SNVs). These comprise a majority of all genomic variants.

However, there are also genomic variants, albeit fewer, where several consecutive genomic characters are either deleted or repeated multiple times. These are called Copy Number Variants (CNVs). Careful analysis of sequencing data can identify some CNVs. However, these may need to be confirmed using alternative methods before we can be confident of their presence. If any CNVs are included in this report, we will explicitly indicate whether you should consider confirmation through alternative methods, or if we have already done that for you.

For further information on limitations please refer to the detailed note at the end of the report.

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Hereditary Cancer Risk

What is Hereditary Cancer Risk?

Cancer is caused by the spontaneous accumulation of genomic changes over decades. This accumulation may proceed at different rates in different individuals. Some individuals are born with genomic variants that make them much more susceptible to this accumulation, leading to an increased risk for cancer. Variants in several genes have been discovered to increase cancer risk for 12 relatively common cancers. Together, ~10% of some common cancers occur on account of these variants.

Results

Your report describes 1 observation(s) of significance.

Summary of Observations of Significance

Gene	Zygosity	Inheritance	Variant	Variant Classification
MSH6	Heterozygous	Dominant	chr2:48032833dupT c.3633dupT p.Val1212CysfsTer3	Pathogenic

Schedule appointment with Genetic Counsellor for detailed explanation

Meaning of Terms Used

Gene: Genes carry recipes for the creation of molecules that keep the body running. There are ~20,000 genes in the human body.

Variant: This refers to a character in the gene where you are different from the "average human".

Zygosity: We inherit 3 billion genomic characters from each parent. A gene variant is Homozygous if it is found in the characters inherited from BOTH parents and Heterozygous if it is found in the characters inherited from only one parent.

Variant Classification: Not all variants have a significant impact on health. We evaluate current scientific evidence to classify variants accordingly as per ACMG guidelines. A 'Pathogenic' variant has conclusive scientific evidence, while a 'Likely Pathogenic' variant has enough but inconclusive evidence.

Organ: Organ is a collection of tissues that constitutes the a biological function.

Tissue: Tissue is a group of cells performing the same function.

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Detailed Findings

Organ/ Tissue	Associated Gene(s)	Variant Detected	Gene(s) with Variants
Blood	REDACTED	No	-
Breast	REDACTED	No	-
Colorectal	REDACTED	Yes	MSH6
Endocrine	REDACTED	No	-
Endometrial/ Uterine	REDACTED	Yes	MSH6
Nervous system	REDACTED	Yes	MSH6
Ovarian	REDACTED	Yes	MSH6
Pancreatic	REDACTED	Yes	MSH6
Prostate	REDACTED	N/A	-
Kidney	REDACTED	No	-
Skin	REDACTED	No	-
Stomach	REDACTED	Yes	MSH6

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Recommendations

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Hereditary Cardiovascular Disease

What is Hereditary Cardiovascular Risk?

Cardio-vascular disease is a group of diseases that affect your heart and blood vessels. Hereditary cardiovascular conditions is a term used to describe a variety of inherited, familial diseases of the heart and blood vessels. They represent a small percentage of cardio-vascular diseases, but are very important to assess risk. A number of genes are known to carry variants that cause an increased risk of abnormal structure or function of the heart or the blood vessels. These represent a small but serious yet silent fraction of the overall burden of cardiovascular disease. Knowledge of these variants can help clinicians manage any risks more effectively.

Results

No observation(s) of significance were observed.

Detailed Findings

Broad Disease Category	Disorder Type	Associated Gene(s)	Variant Detected	Gene(s) with Variants
Cardiomyopathy	Arrhythmogenic right ventricular cardiomyopathy	REDACTED	No	-
	Dilated cardiomyopathy (non syndromic)	REDACTED	No	-
	Hypertrophic cardiomyopathy (non syndromic)	REDACTED	No	-

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Detailed Findings

Broad Disease Category	Disorder Type	Associated Gene(s)	Variant Detected	Gene(s) with Variants
Arrhythmia	Restrictive cardiomyopathy	REDACTED	No	-
	Long QT syndrome	REDACTED	No	-
	Short QT syndrome	REDACTED	No	-
	Brugada syndrome	REDACTED	No	-
	Atrial fibrillation	REDACTED	No	-
Other	Catecholaminergic polymorphic ventricular tachycardia	REDACTED	No	-
	Familial hypercholesterolemia	REDACTED	No	-
	Aortopathies	REDACTED	No	-
	Ehlers-Danlos syndrome, vascular type	REDACTED	No	-

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Hereditary Metabolic Disorders

What is Hereditary Metabolic Disorders Risk?

Inherited metabolic disorders refer to medical conditions caused by inherited genetic defects that interfere with the body's metabolism. Very often, the variants that are seen in these genes manifest in early childhood and adolescence. Sometimes, however, it can take years before symptoms can be seen, e.g., as in Wilson's disease where copper accumulates in various organs over time. Such disorders manifest clinically as adults or under conditions of stress. An assessment for variants in the genes known to be associated with inherited metabolic disorders presents an opportunity for your clinician to prepare you for a mitigation solution where needed.

Results

No observation(s) of significance were observed.

Detailed Findings

Broad Disease Category	Disorder Type	Associated Gene(s)	Variant Detected
Amino acid, Peptide metabolism & Urea cycle disorder	Argininosuccinic aciduria	REDACTED	No
	Hyperoxaluria	REDACTED	No
	Homocystinuria	REDACTED	No
	Glutaric aciduria type 1	REDACTED	No
	L-2-hydroxyglutaric aciduria	REDACTED	No
	Methylmalonic aciduria–methylmalonyl–CoA mutase deficiency	REDACTED	No
	Ornithine transcarbamylase deficiency	REDACTED	No

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Detailed Findings

Broad Disease Category	Disorder Type	Associated Gene(s)	Variant Detected
Carbohydrate metabolism disorder	Phenylketonuria	REDACTED	No
	Cystinuria	REDACTED	No
	Fructosemia	REDACTED	No
	Galactosialidosis	REDACTED	No
	Retinitis pigmentosa type 59	REDACTED	No
	Pompe disease	REDACTED	No
	Krabbe disease	REDACTED	No
	Gaucher disease	REDACTED	No
	GBE1-related disorders (adult polyglucosan body disease)	REDACTED	No
	GM1 gangliosidosis (type III)	REDACTED	No
	Mucopolysaccharidoses type 1 late onset (Scheie syndrome)	REDACTED	No
	Maturity onset diabetes type 13	REDACTED	No
	Sialidosis type 1	REDACTED	No
	Phosphomannomutase 2 deficiency (PMM2-CDG-1A)	REDACTED	No
	Carbohydrate-deficient glycoprotein syndrome type Ia	REDACTED	No

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Broad Disease Category	Disorder Type	Associated Gene(s)	Variant Detected
Iron, porphyrin and heme-related disorders	Spastic paraplegia type 43	REDACTED	No
	Aceruloplasminemia	REDACTED	No
	Neuroferritinopathy	REDACTED	No
	Hemochromatosis	REDACTED	No
	Hypochromic microcytic anemia	REDACTED	No
	Iron-refractory iron deficient anaemia	REDACTED	No
Lipid and lipoprotein metabolism disorders	Very long chain acyl-CoA dehydrogenase deficiency	REDACTED	No
	Metachromatic leukodystrophy (late onset)	REDACTED	No
	Neuronal ceroid lipofuscinosis (Kufs disease, type A)	REDACTED	No
	Neuronal ceroid lipofuscinosis (Kufs disease, type B)	REDACTED	No
	Fabry disease	REDACTED	No
	GM1 gangliosidosis (Type III)	REDACTED	No
	Tay-Sachs disease	REDACTED	No
	Sandhoff disease	REDACTED	No

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Broad Disease Category	Disorder Type	Associated Gene(s)	Variant Detected
	PLA2G6-related dystonia-parkinsonism (atypical)	REDACTED	No
	Niemann Pick disease type C	REDACTED	No
	Spinal muscular atrophy (type 1-3)	REDACTED	No
Lysosomal Storage Disease	Mucopolysaccharidoses type 1 late onset (Scheie syndrome)	REDACTED	No
	Gaucher disease	REDACTED	No
	Fabry disease	REDACTED	No
Neurotransmitter metabolism disorders	Dopa-responsive dystonia, classic Segawa	REDACTED	No
	Dopamine transporter deficiency syndrome (DTDS, atypical late onset type)	REDACTED	No
Peroxisomal Disorders	Zellweger spectrum disorders	REDACTED	No
Purine and pyrimidine metabolism	Fanconi anemia	REDACTED	No
	SANDO syndrome (sensory ataxic neuropathy, dysarthria, ophthalmoparesis)	REDACTED	No
Sterol Metabolism	X-linked adrenoleukodystrophy	REDACTED	No
	2-methyl acyl-CoA racemase deficiency (AMACR deficiency)	REDACTED	No
	Cerebrotendinous xanthomatosis	REDACTED	No

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Broad Disease Category	Disorder Type	Associated Gene(s)	Variant Detected
	Congenital adrenal hyperplasia due to 21-hydroxylase deficiency (non-classic)	REDACTED	No
	Congenital adrenal hypoplasia	REDACTED	No
Trace element and mineral metabolism	Wilson disease	REDACTED	No
	Hypophosphatasia, adult	REDACTED	No
	Syndrome of liver cirrhosis, dystonia and hypermanganesemia	REDACTED	No
	Acrodermatitis enteropathica	REDACTED	No
Transport and channel metabolism	Spinocerebellar ataxia type 10	REDACTED	No
	Kufor Rakeb disease	REDACTED	No
	Retinitis pigmentosa type 74	REDACTED	No
	Myasthenic syndrome type 4A (adult)	REDACTED	No
	Dopamine transporter deficiency syndrome (DTDS, atypical late onset type)	REDACTED	No
	Basal ganglia disease, biotin-responsive	REDACTED	No
	Hermansky-Pudlak syndrome type 1	REDACTED	No
	Hermansky-Pudlak syndrome type 3	REDACTED	No

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Detailed Findings

Broad Disease Category	Disorder Type	Associated Gene(s)	Variant Detected
Vitamin, Mineral and co-factor metabolism	Basal ganglia disease, biotin-responsive	REDACTED	No

Recommendations

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Carrier Risk Screening

What is Carrier Risk Screening?

Many people carry variants in their genes that are disease-causing ONLY when both gene copies are affected. When only one copy is affected by the gene variant, the person remains unaffected and is said to be a carrier. In the event that a person and their spouse are both carriers, each child has a quarter chance of becoming seriously affected. Screening for carrier status can help you control this risk.

Results

No observation(s) of significance were observed.

Detailed Findings

Broad Disease Category	Disorder Type	Inheritance	Associated Gene(s)	Variant Detected
Amino acid, Peptide metabolism & Urea cycle disorders	Hyperoxaluria, primary type I	AR	REDACTED	No
	α-Methylacetoacetic aciduria	AR	REDACTED	No
	Aspartylglucosaminuria	AR	REDACTED	No
	Canavan disease	AR	REDACTED	No
	Argininosuccinate aciduria	AR	REDACTED	No
	Citrullinemia	AR	REDACTED	No
	Maple syrup urine disease	AR	REDACTED	No
	Homocystinuria, B6 responsive and non-responsive	AR	REDACTED	No

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Detailed Findings

Broad Disease Category	Disorder Type	Inheritance	Associated Gene(s)	Variant Detected
	Maple syrup urine disease type II	AR	REDACTED	No
	Tyrosinemia type I	AR	REDACTED	No
	Trimethylaminuria	AR	REDACTED	No
	Glycine encephalopathy	AR	REDACTED	No
	Glutaricaciduria type I	AR	REDACTED	No
	Alkaptonuria	AR	REDACTED	No
	Methylmalonic aciduria, vitamin B12-responsive, cbl A and B type	AR	REDACTED	No
	3-methylcrotonyl CoA carboxylase 2 deficiency	AR	REDACTED	No
	Methylmalonic aciduria–methylmalonyl–CoA mutase deficiency	AR	REDACTED	No
	Phenylketonuria	AR	REDACTED	No
	Propionicacidemia	AR	REDACTED	No
	Ornithine transcarbamylase deficiency	X-Linked	REDACTED	No
	Oculocutaneous albinism type 1A	AR	REDACTED	No
	Oculocutaneous albinism type 1B	AR	REDACTED	No
	Albinism, oculocutaneous, type III	AR	REDACTED	No

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Detailed Findings

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Ataxia	Spinocerebellar ataxia type 10	AD	REDACTED	No
	Ataxia telangiectasia	AR	REDACTED	No
Carbohydrate metabolism disorders	Glycogen storage disease type 3	AR	REDACTED	No
	Hereditary fructosuria	AR	REDACTED	No
	Mucopolysaccharidosis type VI	AR	REDACTED	No
	Congenital disorder of glycosylation type 1	AR	REDACTED	No
	Dihydrolipoamide dehydrogenase deficiency	AR	REDACTED	No
	Walker-Warburg congenital muscular dystrophy	AR	REDACTED	No
	Glycogen storage disease type IA or von Gierke Disease	AR	REDACTED	No
	Glycogen storage disease type II (Pompe disease)	AR	REDACTED	No
	Galactosemia	AR	REDACTED	No
	Mucopolysaccharidosis IVA	AR	REDACTED	No
	GBE1-related disorders (adult polyglucosan body disease)	AR	REDACTED	No

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	Glycogen storage disease type IV	AR	REDACTED	No
	Mucopolysaccharidosis type IVB (Morquio)	AR	REDACTED	No
	Mucopolipidosis type II alpha/beta	AR	REDACTED	No
	Mucopolipidosis type III alpha/beta	AR	REDACTED	No
	Schindler disease type 1	AR	REDACTED	No
	Schindler disease type 3	AR	REDACTED	No
	Carbohydrate-deficient glycoprotein syndrome type Ia	AR	REDACTED	No
	Mucopolysaccharidosis, 1h (Hurler syndrome and Hurler-Scheie syndrome)	AR	REDACTED	No
	Glycogen storage disease Ib	AR	REDACTED	No
	Glycogen storage disease Ic	AR	REDACTED	No
Clotting and blood related disorders	Hemophilia A (HEMA)	X-Linked	REDACTED	No
	Hemophilia B (HEMB)	X-Linked	REDACTED	No
	Fanconi anemia, complementation group C	AR	REDACTED	No
Congenital malformations	Opitz GBBB syndrome type I (GBBB1)	X-Linked	REDACTED	No

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Connective tissue disorders	Achondrogenesis type 1b	AR	REDACTED	No
	Epiphyseal dysplasia multiple 4	AR	REDACTED	No
	Ehlers–Danlos-like syndrome due to tenascin-X deficiency	AR	REDACTED	No
Cystic Fibrosis	Cystic fibrosis	AR	REDACTED	No
Dermatological disorders	Ichthyosis congenital AR 4A 4B (harlequin)	AR	REDACTED	No
	Bloom syndrome	AR	REDACTED	No
	Recessive dystrophic epidermolysis bullosa	AR	REDACTED	No
	Epidermolysis bullosa junctional 4 intermediate	AR	REDACTED	No
	Trichothiodystrophy 1 photosensitive	AR	REDACTED	No
	Fraser syndrome type 3	AR	REDACTED	No
	Epidermolysis bullosa junctional 1A, intermediate/epidermolysis bullosa, junctional 1B, severe	AR	REDACTED	No
	Epidermolysis bullosa junctional 3A, intermediate/epidermolysis bullosa, junctional 3B, severe	AR	REDACTED	No
	Hermansky-Pudlak syndrome type 1	AR	REDACTED	No
	Hermansky-Pudlak syndrome type 3	AR	REDACTED	No

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	Epidermolysis bullosa, junctional 5B, with pyloric atresia	AR	REDACTED	No
	Ichthyosis, congenital, autosomal recessive 1	AR	REDACTED	No
	Xeroderma pigmentosum	AR	REDACTED	No
Endocrine disorders	Diabetes mellitus, permanent neonatal 3	AR/AD	REDACTED	No
	Adrenal insufficiency, congenital, with 46, XY sex reversal, partial or complete	AR	REDACTED	No
	Adrenal hypoplasia, congenital (AHC)	X-Linked	REDACTED	No
Epilepsy	Developmental and epileptic encephalopathy type 1 (DEE1)	X-Linked	REDACTED	No
Eye disorders	Bardet-Biedl syndrome type 1	AR	REDACTED	No
	Bardet-Biedl syndrome type 2	AR	REDACTED	No
	Retinitis pigmentosa type 74	AR	REDACTED	No
	Leber congenital amaurosis type 10	AR	REDACTED	No
	Usher syndrome type 3a	AR	REDACTED	No
	Achromatopsia type 3	AR	REDACTED	No
	Retinitis pigmentosa type 59	AR	REDACTED	No

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	Oculocutaneous albinism brown and type II	AR	REDACTED	No
	Usher syndrome type 1F	AR	REDACTED	No
	Macular degeneration, X-linked atrophic	X-Linked	REDACTED	No
	Retinitis pigmentosa type 3	X-Linked	REDACTED	No
	Retinitis pigmentosa, X-linked, and sinorespiratory Infections, with or without deafness	X-Linked	REDACTED	No
	Retinoschisis type 1, X-linked, juvenile (RS1)	X-Linked	REDACTED	No
	Usher syndrome type 2A	AR	REDACTED	No
Hearing disorders	Deafness AR type 12	AR	REDACTED	No
	Usher syndrome type 3a	AR	REDACTED	No
	Nonsyndromic hearing loss dominant type 3A	AD	REDACTED	No
	Nonsyndromic hearing loss recessive type 1A	AR	REDACTED	No
	Heimler syndrome type 1	AR	REDACTED	No
	Deafness, autosomal recessive type 23	AR	REDACTED	No
	Usher syndrome type 1F	AR	REDACTED	No
	Deafness autosomal recessive type 4	AR	REDACTED	No

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Detailed Findings

Broad Disease Category	Disorder Type	Inheritance	Associated Gene(s)	Variant Detected
	Pendred syndrome	AR	REDACTED	No
	Deafness, autosomal recessive type 7	AR	REDACTED	No
	Deafness, autosomal recessive type 18A	AR	REDACTED	No
	Usher syndrome type 2A	AR	REDACTED	No
	Deafness, autosomal recessive type 8/10	AR	REDACTED	No
Heart disorders	Dilated cardiomyopathy type 1X	AR	REDACTED	No
Immune disorders	Severe combined immunodeficiency	AR	REDACTED	No
	Autoimmune polyendocrinopathy syndrome type I	AR	REDACTED	No
	Severe combined immunodeficiency, X-linked	X-linked	REDACTED	No
	Hemophagocytic lymphohistiocytosis familial type 2	AR	REDACTED	No
Inflammatory disorder	Aicardi Goutieres syndrome type 2	AR	REDACTED	No
Iron, porphyrin and heme-related disorders	Alpha thalassemia	AR	REDACTED	No
	Beta-thalassemia	AR	REDACTED	No
	Heme oxygenase-1 deficiency	AR	REDACTED	No

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	Atransferrinemia	AR	REDACTED	No
Kidney disorders	Finnish congenital nephrotic syndrome	AR	REDACTED	No
	Autosomal recessive polycystic kidney disease	AR	REDACTED	No
Lipid and lipoprotein metabolism disorders	Surfactant metabolism dysfunction, pulmonary 3	AR	REDACTED	No
	Adrenoleukodystrophy	X-linked	REDACTED	No
	Medium-chain acyl-coenzyme A dehydrogenase deficiency	AR	REDACTED	No
	Acyl-CoA dehydrogenase, short-chain, deficiency of	AR	REDACTED	No
	Very long chain acyl-CoA dehydrogenase deficiency	AR	REDACTED	No
	Metachromatic leukodystrophy	AR	REDACTED	No
	Carnitine palmitoyltransferase II deficiency, infantile	AR	REDACTED	No
	Krabbe disease	AR	REDACTED	No
	Gaucher disease type I & II	AR	REDACTED	No
	Tay-Sachs disease	AR	REDACTED	No
	Fabry disease	X-Linked	REDACTED	No

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	Mucopolipidosis type IV (Berman disease/ ganglioside neuraminidase type)	AR	REDACTED	No
	LDL cholesterol level QTL2	AR	REDACTED	No
	Niemann-Pick disease type C1/Niemann-Pick disease type D	AR	REDACTED	No
	Carnitine Deficiency, systemic primary	AR	REDACTED	No
	Niemann-Pick disease type A	AR	REDACTED	No
	Niemann-Pick disease type B	AR	REDACTED	No
Liver disorders	Progressive familial intrahepatic cholestasis type 3	AR	REDACTED	No
	Progressive familial intrahepatic cholestasis type 2	AR	REDACTED	No
	Progressive familial intrahepatic cholestasis type 1	AR	REDACTED	No
	CPT deficiency hepatic type IA	AR	REDACTED	No
Mitochondrial disorders	Mitochondrial DNA depletion syndrome type 4A (Alpers- Huttenlocher Syndrome)	AR	REDACTED	No
	Mitochondrial DNA depletion syndrome type 4B (MNGIE form)	AR	REDACTED	No
	Pontocerebellar hypoplasia type 6	AR	REDACTED	No
	Mitochondrial complex IV deficiency, nuclear type 2	AR	REDACTED	No

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Detailed Findings

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Motor Neuron diseases	Spastic paraplegia type 2, X-linked	<i>X-Linked</i>	REDACTED	No
	Spinal muscular atrophy type 2 (Dubowitz disease)	<i>AR</i>	REDACTED	No
	Spinal muscular atrophy type 3 (Kugelberg-Welander disease)	<i>AR</i>	REDACTED	No
	Spinal muscular atrophy type 4 (late onset)	<i>AR</i>	REDACTED	No
	Spinal muscular atrophy type 1 (Werdnig-Hoffmann disease)	<i>AR</i>	REDACTED	No
Muscular dystrophy	Becker muscular dystrophy	<i>X-Linked</i>	REDACTED	No
	Duchenne muscular dystrophy	<i>X-Linked</i>	REDACTED	No
	Limb girdle muscle dystrophy AR1/AD4	<i>AR/AD</i>	REDACTED	No
	Congenital myotonia, autosomal recessive form (Becker type)	<i>AR</i>	REDACTED	No
	Muscular dystrophy-dystroglycanopathy type A and B	<i>AR</i>	REDACTED	No
	Nemaline myopathy type 2	<i>AR</i>	REDACTED	No
Neurodevelopmental disorders	Adrenoleukodystrophy	<i>X-Linked</i>	REDACTED	No
	Joubert syndrome type 3	<i>AR</i>	REDACTED	No

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Detailed Findings

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	Metachromatic leukodystrophy	AR	REDACTED	No
	Developmental and epileptic encephalopathy type 1	X-Linked	REDACTED	No
	Joubert syndrome type 9	AR	REDACTED	No
	Meckel syndrome type 6	AR	REDACTED	No
	Congenital hydrocephalus type 1	AR	REDACTED	No
	Joubert syndrom type 5	AR	REDACTED	No
	Cerebrooculofacioskeletal syndrome type 2	AR	REDACTED	No
	Krabbe disease	AR	REDACTED	No
	Gaucher disease type I & II	AR	REDACTED	No
	Tay-Sachs disease	AR	REDACTED	No
	Hydrocephalus due to congenital stenosis of aqueduct of Sylvius (HSAS)	X-Linked	REDACTED	No
	Donnai-Barrow syndrome	AR	REDACTED	No
	Primary microcephaly 1, recessive	AR	REDACTED	No
	Megalencephalic leukoencephalopathy with subcortical cysts type 2B (Van der Knapp disease)	AR	REDACTED	No

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Detailed Findings

Broad Disease Category	Disorder Type	Inheritance	Associated Gene(s)	Variant Detected
	Basal ganglia disease, biotin-responsive	AR	REDACTED	No
	Cerebral creatine deficiency syndrome type 1	X-Linked	REDACTED	No
	Joubert syndrome type 2	AR	REDACTED	No
	Meckel syndrome type 2	AR	REDACTED	No
Neurodegenerative disorders	Ataxia telangiectasia	AR	REDACTED	No
	Neuronal ceroid lipofuscinosis type 3	AR	REDACTED	No
	Neuronal ceroid lipofuscinosis type 1	AR	REDACTED	No
	COACH syndrome type 1	AR	REDACTED	No
	Neuronal ceroid lipofuscinosis type 2	AR	REDACTED	No
Neuro-muscular disorders	Myasthenic syndrome congenital type 4A, slow-channel	AD/AR	REDACTED	No
	Myasthenic syndrome congenital type 4B, fast-channel	AR	REDACTED	No
	Familial dysautonomia (Riley-Day Syndrome)	AR	REDACTED	No
Peroxisomal disorders	Heimler syndrome type 1	AR	REDACTED	No

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Detailed Findings

Broad Disease Category	Disorder Type	Inheritance	Associated Gene(s)	Variant Detected
	Zellweger spectrum disorders	AR	REDACTED	No
Pigmentation disorders	Oculocutaneous albinism brown and type II	AR	REDACTED	No
Pulmonary disorders	Surfactant metabolism dysfunction pulmonary type 3	AR	REDACTED	No
	Emphysema/Emphysema-cirrhosis due to AAT deficiency	AR	REDACTED	No
Sterol Metabolism disorders	Adrenal insufficiency, congenital, with 46, XY sex reversal, partial or complete	AR	REDACTED	No
	Congenital adrenal hyperplasia due to 21-hydroxylase deficiency	AR	REDACTED	No
	Cerebrotendinous xanthomatosis	AR	REDACTED	No
	Smith-Lemli-Opitz syndrome	AR	REDACTED	No
	Mevalonate Kinase Deficiency - Hyper-IgD syndrome + Mevalonic aciduria	AR	REDACTED	No
Skeletal disorders	Bardet-Biedl syndrome type 1	AR	REDACTED	No
	Bardet-Biedl syndrom type 2	AR	REDACTED	No
	Short-rib thoracic dysplasia 3 with or without polydactyly	AR	REDACTED	No

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Detailed Findings

Broad Disease Category	Disorder Type	Inheritance	Associated Gene(s)	Variant Detected
	Chondroectodermal dysplasia (Ellis-van Creveld syndrome)	AR	REDACTED	No
	Osteopetrosis, autosomal recessive type 1	AR	REDACTED	No
Trace element and mineral metabolism and transport disorders	Wilson disease	AR	REDACTED	No
Vitamin, Mineral and co-factor metabolism disorders	Hypophosphatasia, adult	AR/AD	REDACTED	No
	Hypophosphatasia, childhood and infantile	AR	REDACTED	No
	Biotinidase deficiency	AR	REDACTED	No
	Vitamin D-dependent rickets type 1	AR	REDACTED	No
	Methylmalonic aciduria with homocystinuria cbLC type	AR	REDACTED	No
	HARP syndrome	AR	REDACTED	No

Recommendations

To understand the implications of the above variants, if any, please schedule a report consultation appointment with a Strand counselor by writing to hello@strandls.com. Subsequently, you can also take this report to a medical specialist.

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Pharmacogenomics Assessment

Pharmacogenomics Assessment

The liver is the site for drug breakdown in the human body. This activity is performed by many well-known liver enzymes. By analyzing variants in the genes for these liver enzymes, we can estimate how rapidly these enzymes process several known drugs and whether a standard dose would be an overdose or an underdose. In this section, we analyze 10 of these genes and their activity on over a hundred drugs. This will aid your clinician in prescribing the right drug and dosage for you.

Key terms in the results

- Ultra-Rapid Metabolizer: Increased enzyme activity compared to rapid metabolizers
- Rapid Metabolizer: Increased enzyme activity compared to normal metabolizers but less than ultrarapid metabolizers
- Normal Metabolizer: Fully functional enzyme activity
- Intermediate Metabolizer: Decreased enzyme activity (activity between normal and poor metabolizer)
- Poor Metabolizer: Little to no enzyme activity
- Indeterminate: Allele contains a variant that has not yet been characterized

Genes tested

CYP2D6	*1, *2, *3, *4, *6, *7, *8, *9, *10, *11, *12, *15, *17, *19, *29, *35, *41	CYP4F2	rs2108622
CYP2C19	*1, *2, *3, *4, *10	DPYD	*1, *13
CYP2C9	*1, *2, *3, *4, *5, *6, *8, *11	F5	rs6025
CYP3A5	*3, *6, *7	NUDT15	rs116855232, *1, *2, *4
		SLCO1B1	rs4149056
		TPMT	*1, *2, *3A, *3C, *4

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Summary Results

Therapeutic Area	Drugs to be used with standard precaution ✓	Drugs to be used with caution ⚠	Consider alternative drug ✗
Dermatology Oncology	Fluorouracil	-	-
Oncology	Rucaparib Thioguanine Capecitabine Mercaptopurine	Tamoxifen Gefitinib Methotrexate -	- - - -
Rheumatology	Azathioprine Carisoprodol - -	Lesinurad Piroxicam Flurbiprofen Celecoxib	- - - -
Immunosuppression and transplantation	Sirolimus Azathioprine Tacrolimus	- - -	- - -

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Summary Results

Psychiatry	Doxepin	Iloperidone	-
	Trimipramine	Clozapine	-
	Fluvoxamine	aripiprazole lauroxil	-
	Risperidone	citalopram	-
	Escitalopram	Pimozide	-
	Amitriptyline	Venlafaxine	-
	Citalopram	Modafinil	-
	Clomipramine	Desipramine	-
	Imipramine	Protriptyline	-
	Sertraline	Duloxetine	-
	Paroxetine	Atomoxetine	-
	-	Trimipramine	-
	-	Thioridazine	-
	-	Brexpiprazole	-
	-	Escitalopram	-
	-	Amitriptyline	-
	-	Vortioxetine	-
	-	Imipramine	-
	-	Amphetamine	-
	-	Mirtazapine	-
	-	Doxepin	-
	-	Aripiprazole	-
	-	Pitolisant	-
	-	Amoxapine	-
	-	Clomipramine	-
	-	Perphenazine	-
	-	Nortriptyline	-
Neurology	Diazepam	Haloperidol	-
	Clobazam	Tetrabenazine	-
	Phenytoin	Donepezil	-
	Brivaracetam	meclizine	-
	-	Dextromethorphan/	-
	-	Quinidine	-
	-	Phenytoin	-
	-	Deutetrabenazine	-
	-	Valbenazine	-
	-	Siponimod	-

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Summary Results

Cardiology	Clopidogrel - - - - - -	Atorvastatin Simvastatin Carvedilol Propafenone Nebivolol Propranolol Metoprolol	- - - - - - -
Gastroenterology	Esomeprazole Omeprazole Lansoprazole Rabeprazole Pantoprazole Ondansetron Dexlansoprazole	Metoclopramide Dronabinol - - - - -	- - - - - - -
Gyneacology	Hormonal Contraceptives Flibanserin	Elagolix Flibanserin	- -
Infectious Disease	Voriconazole	Quinine Sulfate	-
Pain Management	- -	Oxycodone Ibuprofen	- -
Anesthesia/ Pain	- - -	Lofexidine Tramadol Codeine	Meloxicam - -
Cardiovascular	- - -	Pravastatin Acenocoumarol Flecainide	- - -
Dental	Cevimeline	-	-
Inborn Errors of Metabolism	Eliglustat	-	-

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Summary Results

Urology	Hydrocodone - - - -	Tamsulosin Mirabegron darifenacin Tolterodine Fesoterodine	- - - - -
Endocrinology	-	Rosuvastatin	-
Hematology	Avatrombopag Lusutrombopag	Warfarin -	- -



The genotype is unlikely to affect the metabolism or cause any adverse effect. The medication can be prescribed to the patient in accordance with the standard guidelines and recommendations.



The genotype might significantly affect the metabolism of the drug or can have an adverse effect. The patient is might not benefit from the medication. An alternate medication is recommended..



The genotype is likely to have a some effect on the metabolism of the drug or there are evidence suggesting likely adverse effect or loss of efficacy. Appropriate dosing adjustment is required while prescribing the medication. Possibility of adverse reaction may exist for few medication. Increased vigilance is required for drugs where a possibility of adverse reaction exists.

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Recommendations

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Limitation Details

As with any laboratory test, there is a small chance that this result may be inaccurate for a procedural reason, such as an error during specimen collection and labeling (incorrect patient identification), an error in processing, data collection, or interpretation. Currently available data indicates that technical error rate for analysis involving DNA tests is anywhere between 1-3%. Variants that have not been confirmed by an independent analysis could represent technical artifacts. However, our validation study (Document No. VR-017v1) showed 100% concordance between the results obtained by NGS data and Sanger sequencing (confirmation of the variant), when the supporting read fraction of the variant with at least 20 reads was >30%.

Large insertions, deletions, duplications, inversions, repeat expansions and complex rearrangements cannot be characterized accurately by NGS as it uses short-read sequencing data. Such structural variants have a much higher false-positive and false-negative rate than seen for SNVs (single nucleotide variant). It is possible that the genomic region where a disease causing variant exists in the person being tested (which may impact the phenotype) was not captured using the current technologies and therefore was not detected.

For an autosomal dominant condition, if the variant does not seem to be inherited from parents, it could be due to a de novo (new) event or due to a germline mosaicism in an unaffected parent. In case of germline mosaicism, there is a risk of the disease recurrence in the family. However, due to technical limitations of this test, germline mosaicism cannot be determined by this test. Additionally, it is possible that a particular genetic abnormality may not be recognized as the underlying cause of the genetic disorder due to incomplete scientific knowledge about the function of all genes in the human genome and the impact of variants on those genes.

Not all variants detected may be listed in the report. Inclusion of variants is dependent upon our assessment of their significance. The quality of sequencing and coverage varies between regions. Specific genomic regions, such as homopolymers, tandem repeat sequence, GC-rich regions, high sequence homology, etc. influence the quality of sequencing and coverage. This may result in an occasional error in sequence reads or lack of detection of a particular genetic lesion. Accurate interpretation of this report is dependent on detailed clinical history of the patient. In the event of unavailability of detailed clinical history, the lab cannot guarantee the accuracy of the interpretation. This report is strictly not a medical diagnostic report and shall not be construed as the medical certificate or medical laboratory report.

Signature

REDACTED

Ashraf U. Mannan,
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