

Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108

WX000003826

Printed D&T: 08/31/23 08:40

WX000000002353

EXAMPLE, REPORT W WX0000003826 F 12/05/1988 34 Y

> Form: MM RL1 PAGE 1 OF 3

		Referral Tes	ting					
		Collected:	08/31/2023	8 08:40	Received	: 08/31/2023	08:40	
<u>Test Name</u>		<u>Result</u>	Flag	Ref-Ranges		<u>Units</u>	<u>Site</u>	
Angelman and Prader-Willi Synd by I AS-PWS Specimen AS-PWS Interpretation		Whole Blood PWS Deletion	AB				ARRL ARRL	
	Methylation Pattern: Abnorm Copy Number Analysis: Delet	al paternal methyla ion detected	tion pat	tern				
	Only the maternally contributed Angelman Syndrome (AS)/ Prader-Willi Syndrome (PWS) critical region is present in this sample. Copy number analysis of this region detected a deletion. This result is consistent with a diagnosis of PWS due to a deletion in AS/PWS critical region.							
	including a discussion of medical screening and management.							
	This result has been reviewed and approved by Yuan Ji, Ph.D. BACKGROUND INFORMATION: Angleman Syndrome and Prader-Willi Syndrome by Methylation-Specific MLPA Characteristics of Angelman Syndrome (AS): Developmental delays by 6-12 months of age, seizures, microcephaly, movement or balance disorder, minimal or absent speech, and a distinctive behavioral phenotype, which includes a happy demeanor with frequent laughter, hand flapping, and excitability.							
	Characteristics of Prader-W hypotonia, hyperphagia, obe delay, mild intellectual di distinctive behavioral phen- tantrums, stubbornness, man obsessive-compulsive behavior	illi Syndrome (PWS) sity, global develo sability, hypogonad otype, which includ ipulative behavior, or.	: Neonata pmental ism, and es temper and	al a r				
	Prevalence: 1 in 15,000 for	AS; 1 in 15,000 fo	r PWS.					
	Inheritance: Varies, depend mechanism.	ing on the molecula	r genetio	c				
	Cause: AS: Absence of mater gene. PWS: Absence of the p critical region of chromosor	nal expression of t aternally contribut me 15q11.2-q13.	he UBE3A ed PWS/AS	5				
LAB: L - LOW	/, H - HIGH, AB - ABNORMAL, C - CRITICAL,	NOT TESTED						
F231000007	Ordered By: KAJAL SIT	WALA, MD, PhD			Kajal V. S	iitwala, MD, PhD - Med	lical Director	



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Referral Testing			
Collected: 08/31/2023 08:40	Received:	08/31/2023	08:40
ResultFlagRef-RangesMolecular Genetic Mechanisms: AS: Microdeletions in the AS/PWS critical region (68 percent), UBE3A mutations (11 percent), paternal uniparental disomy of chromosome 15 (7 percent), imprinting center defects (3 percent), unbalanced chromosome translocation (less than 1 percent), and unknown (10 percent). PWS: Microdeletions in the PWS/AS critical region (70-75 percent), maternal uniparental disomy of chromosome 15 (25-29 percent), imprinting center defect or balanced chromosome translocation (less than 1 percent).	. <u>l</u>	<u>Units</u>	<u>Site</u>
Clinical Sensitivity: PWS: Over 99 percent. AS: 80 percent. Methodology: Methylation-specific multiplex ligation probe amplification (MLPA) of the AS/PWS critical region of chromosome 15q11.2-q13.			
Analytical Sensitivity and Specificity: 99 percent for AS and PWS.			
Limitations: Disease mechanisms causing AS that do not alter methylation patterns will not be detected. Diagnostic errors can occur due to rare sequence variations. This assay is not validated to detect increased copy number of 15q11.2-q13 nor determine parent of origin for duplications. This assay cannot distinguish between UPD or an imprinting defect for PWS or AS. AS and PWS mosaicism will not be assessed by this assay. Interpretation of this test result may be impacted if this patient has had an allogeneic stem cell transplantation. Methylation patterns may not be fully established in early gestation; thus, diagnostic testing on chorionic villus samples is not recommended.			
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. Performed By: ARUP Laboratories 500 Chipeta Way Salt Lake City, UT 84108 Laboratory Director: Jonathan R. Genzen, MD, PhD CLIA Number: 46D0523979			
	Referral TestingCollected: 08/31/2023 08:40ResultFiag Ref-RangesNolecular Genetic Mechanisms: AS: Nicrodeletions in the AS/PWS critical region (66 percent), UBE3A mutations (11 percent), imprinting center defects (3 percent), unbalanced chromosome translocation (less than 1 percent), and unknown (10 percent). PWS: Microdeletions in the PWS/AS critical region (70-75 percent), maternal uniparental disomy of chromosome translocation (less than 1 percent).Clinical Sensitivity: PWS: Over 99 percent. AS: 80 percent. Methodology: Methylation-specific multiplex ligation probe amplification (MLPA) of the AS/PWS critical region of chromosome 15q11.2-q13.Analytical Sensitivity and Specificity: 99 percent for AS and PWS.Limitations: Disease mechanisms causing AS that do not alter methylation patterns will not be detected. Diagnostic errors can occur due to rare sequence variations. This assay is not validated to detect increased copy number of 15q11.2-q13 nor determine parent of origin for duplications. This assay cannot distinguish between UED or an imprinting defect for PWS or AS. AS and PWS mosaicism will not be assessed by this assay. Interpretation of this test result may be impacted if this patient has had an allogeneic stem cell transplantation. Methylation patterns may not be fully established in early gestation; thus, diagnostic testing on chorionic villus samples is not recommended.Counseling and informed consent are recommended for genetic testing. Consent forms are available online. 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. Performed by ARUP	Referral TestingCollected: 08/31/2023 08:40Received:Received:Received:Molecular Genetic Mechanisms: AS: Microdeletions in the AS/PWS critical region (68 percent), UBE3A mutations (11 percent), paternal uniparental disomy of chromosome 15 (7 percent), Imprinting center defects (3 percent), unbalanced chromosome translocation (less than 1 percent), and unknown (10 percent). FWS: Microdeletions in the PWS/AS critical region (70-75 percent), maternal uniparental disomy of chromosome translocation (less than 1 percent).Clinical Sensitivity: PWS: Over 99 percent. AS: 80 percent. Methodology: Methylation-specific multiplex ligation probe amplification (MLPA) of the AS/PWS critical region of chromosome 15q11.2-q13.Analytical Sensitivity and Specificity: 99 percent for AS and FWS.Limitations: Disease mechanisms causing AS that do not alter methylation patterns will not be detected. Diagnostic errors can occur due to rare sequence variations. This assay is not validated to detect increased copy number of 15g11.2-q13 nor determine parent of origin for duplications. This assay cannot distinguish between UPD or an imprinting defect for FWS or AS. AS and FWS mosaicism will not be assessed by this assay. Interpretation of this test result may be impacted if this patient has had an allogeneic stem cell transplatation. Methylation patterns may not be fully established in early gestation; thus, diagnostic testing on chorionic villus samples is not recommended.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 	Reference in the Provided and t

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

Ordered By: KAJAL SITWALA, MD, PhD WX0000000002353



LABORATORY REPORT

Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108 **EXAMPLE, REPORT W** WX0000003826 F 12/05/1988 34 Y

ARRL: ARUP REFERENCE LAB 500 Chipeta Way Salt Lake City UT 841081221
Reported Date: 2023.08.31 8:40 ANGLM

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Ordered By: KAJAL SITWALA, MD, PhD WX0000000002353

Kajal V. Sitwala, MD, PhD - Medical Director Form: MM RL1 PAGE 3 OF 3