

FAX COVER SHEET

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SEND TO: LUCILE PACKARD CHILDRENS HOSP
 300 PASTEUR DR
 ATTN CLIN LAB H1524
 STANFORD, CA 94305



Quest Diagnostics, Incorporated
 33608 Ortega Hwy., San Juan Capistrano, CA 92675
 CLIENT SERVICES - (800) 553-5445
 Director: Irina Maramba, M.D., Ph.D.

PATIENT NAME HELLER, LEVI		PATIENT ID NO. 52354446		DATE COLLECTED 05/24/2024	TIME 14:10
ACCESSION NO. 97373873*	AGE 3	SEX MALE	SAMPLE ID NO. NOT GIVEN	OTHER ID NO. 7470000504	RECEIVED 05/25/2024 13:05
REMARKS			REFERRING PHYSICIAN HURLEY, CHRISTINE	REPORTED 06/05/2024 20:56	STATUS DUPLICATE

TEST RESULT (= OUT OF RANGE) UNITS REFERENCE RANGE

ClariSure OligoSNP,Pstntl See Below

Order ID: 24-250444

Specimen Type: Blood

Clinical Indication: ASD

RESULT:
 NORMAL MALE MICROARRAY RESULT

INTERPRETATION:
 No reportable copy number variants or regions of homozygosity were detected.

RECOMMENDATIONS:
 Correlation with clinical findings and other laboratory results is recommended.

For more information, healthcare providers may call Quest Genomic Client Services at 866-GENEINFO (866-436-3463).

Please expect the results of any other concurrent test in a separate report.

NOMENCLATURE:
 arr(X,Y)x1,(1-22)x2

ASSAY INFORMATION:
 Method: Oligonucleotide-SNP (Affymetrix)
 Resolution: 1.15 kb
 Number of probes: 2.67 million
 Genome assembly: GRCh37/hg 19 (Feb. 2009)

Copy number variants (CNVs) classified as likely pathogenic or pathogenic will be reported. In general, CNVs classified as of uncertain significance (VUS) will be reported if greater than 200 kb for losses (deletions) and greater than 500 kb for gains (duplications). CNVs classified as benign or likely benign will not be reported. Regions of homozygosity (ROH) will be reported if the overall level is 2% or more of the genome (approximately 58 Mb). In addition, generally, single terminal ROH > 5 Mb and single interstitial ROH > 10 Mb (imprinted chromosomes) or > 15 Mb (nonimprinted chromosomes) will be reported. CNVs limited to autosomal recessive disease genes will not be reported unless deemed appropriate by the director. This assay does not detect single nucleotide variants (SNVs) or insertions/deletions (indels), balanced rearrangements (e.g., translocations, inversions), nor copy number gains/losses below the level of resolution of the platform, and does not reliably detect mosaicism.

Limitation of variant analysis: The classification and interpretation of the variant(s) identified reflect our understanding at the time of this report. Variant classification and interpretation are subject to professional judgment and may change for a variety of reasons, including but not limited to updates in classification guidelines and the availability of additional scientific and clinical information. This test result should be used in conjunction with the health care provider's clinical evaluation. Since the current classification of a CNV may change in the future, surveillance of the medical literature is strongly recommended prior to making any clinical decisions. For questions regarding this testing and variant classification updates, please call Quest Diagnostics Genomic Client Services at 866-GENEINFO (Comments continued on next page)

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REMARKS				REFERRING PHYSICIAN HURLEY, CHRISTINE M	DATE REPORTED 06/05/2024
				STATUS DUPLICATE	TIME 20:56

TEST	RESULT (* = OUT OF RANGE)	UNITS	REFERENCE RANGE
<p>(Comments continued) (866-436-3463).</p> <p>For patients who are interested in sharing de-identified genetic and health information to improve understanding of genetics and health, please visit https://GenomeConnect.org. GenomeConnect is an online registry designed by the Clinical Genome Resource (ClinGen) and is not affiliated with Quest Diagnostics.</p> <p>The oligo-SNP (oligonucleotide, single nucleotide polymorphism) Affymetrix CytoScan HD assay uses a microarray containing over 2.67 million probes, including 1.9 million copy number probes and 750 thousand SNP probes. The overall average inter-probe distance is 1,150 base pairs. The laboratory-established thresholds for variant calling are greater than 50 kb for losses, greater than 200 kb for duplications, and greater than 5 Mb for ROH. These thresholds may be lower in regions of known clinical significance.</p> <p>This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics San Juan Capistrano, CA. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.</p> <p>Guang Li, PhD, FACMG (800) NICHOLS-4307</p> <p>Electronic Signature: 6/5/2024 11:22 PM</p>			