





* tests for mutations that cause the classic Cystic Fibrosis phenotype.

DISEASE			GENE	CLASSIFICATION	SEVERITY
	ypoplasia [Luteinizing Hormor	ne Resistance]	LHCGR	SD	Moderate
Limb Girdle M	Auscular Dystrophy, Type 2E		SGCB	MUSC	Severe
Lipoamide De	ehydrogenase Deficiency [Map	ble Syrup Urine Disease, Type 3]	DLD	MET	Severe
Lipoprotein Li	ipase Deficiency		LPL	MET	Moderate
• •	-Hydroxyacyl-CoA Dehydroge	nase Deficiency	HADHA	MET	Severe
-	tein Intolerance		SLC7A7	MET	Severe
Maple Syrup	Urine Disease, Type 1B		BCKDHB	MET	Severe
Methylmaloni	ic Acidemia (MMAA-related)		MMAA	MET	Very severe
Methylmaloni	ic Aciduria, Type Mut(0)		MUT	MET	Severe
Methylmaloni	ic Aciduria and Homocystinuria	a, Type cblC	ММАСНС	MET	Severe
Methylmaloni	ic Aciduria and Homocystinuria	a, Type cblD	MMADHC	MET	Severe
Mucopolysaco	charidosis, Type II [Hunter Sy	ndrome], X-Linked	IDS	RESP, CARD	Very severe
Mucopolysaco	charidosis, Type IIIC [Sanfilipp	po C]	HGSNAT	MET, NEUR, OPTH	Severe
Multiple Sulfa	atase Deficiency		SUMF1	MET	Very severe
	Iyopathy, X-Linked		MTM1	MUSC	Severe
Navajo Neuro Depletion Syr		Hepatocerebral Mitochondrial DNA	MPV17	NEUR	Severe
Neuronal Cer	oid Lipofuscinosis (CLN8-relat	ed)	CLN8	NEUR	Very severe
Neuronal Cer	oid Lipofuscinosis (MFSD8-rela	ated)	MFSD8	NEUR	Very severe
Neuronal Cer	roid Lipofuscinosis (TPP1-relate	ed)	TPP1	NEUR	Very severe
Nijmegen Bre	eakage Syndrome		NBN	NEUR	Severe
Omenn Synde	rome (RAG2-related)		RAG2	IMM	Very severe
Ornithine Am	inotransferase Deficiency		OAT	OPTH	Moderate
	nslocase Deficiency [Hyperorr nuria (HHH) Syndrome]	iithinemia-Hyperammonemia	SLC25A15	MET	Severe
Pendred Sync	drome		SLC26A4	HEAR, END	Moderate
Peroxisome B	Biogenesis Disorders Zellweger	r Syndrome Spectrum (PEX1-related) <i>PEX1</i>	MET	Severe
Peroxisome B	Biogenesis Disorders Zellweger	r Syndrome Spectrum (PEX2-related) PEX2	MET	Severe
Phenylketonu	ırea		PAH	MET	Very severe
Pontocerebell	lar Hypoplasia, Type 1A		VRK1	NEUR, MUSC	Very severe
Pontocerebell	lar Hypoplasia, Type 2D		SEPSECS	NEUR	Very severe
Pontocerebell	lar Hypoplasia, Type 2E		VPS53	NEUR	Very severe
Primary Ciliar	ry Dyskinesia (DNAH5-related)	DNAH5	RESP, INF	Moderate
,	ry Dyskinesia (DNAI1-related)		DNAI1	RESP, INF	Moderate
Primary Hype	eroxaluria, Type 3		HOGA1	REN, MET	Moderate
Pycnodysosto	osis		CTSK	MET	Severe
Pyruvate Deh	nydrogenase Deficiency (PDHB	-Related)	PDHB	NEUR, MET	Severe
Retinal Dystre	ophy (RLBP1-related) [Bothnia	a Retinal Dystrophy]	RLBP1	OPTH	Severe
Retinitis Pigm	nentosa 25 (EYS-related)		EYS	OPTH	Severe
Retinitis Pigm	nentosa 59 (DHDDS-related)		DHDDS	OPTH	Severe
Sanfilippo Sy	ndrome, Type D [Mucopolysad	ccharidosis IIID]	GNS	MET	Severe
Severe Comb	pined Immunodeficiency, Type	Athabaskan	DCLRE1C	IMM	Very severe
Severe Comb	pined Immunodeficiency, X-Lin	ıked	IL2RG	IMM	Very severe
Sickle-Cell Di	isease		HBB	HEM	Very severe
	son Syndrome		ALDH3A2	MET	Severe
Steroid-Resis	stant Nephrotic Syndrome		NPHS2	REN	Severe
Stuve-Wieder	mann Syndrome		LIFR	SKEL	Severe
Tay-Sachs Di	sease		HEXA	MET	Very severe
Usher Syndro	ome, Type 1F		PCDH15	HEAR	Moderate
Usher Syndro	ome, Type 3		CLRN1	HEAR, OPTH	Moderate
Wolman Dise	ase		LIPA	MET, HEP	Severe
CARD	CARDIAC DIG		NDOCRINE HEA		
HEP	HEPATIC IMM		FERTILITY ME		JSC MUSCULAR
NEUR	NEUROLOGICAL OPTH	OPTHALMOLOGICAL REN RE	ENAL RES	SP RESPIRATORY SD	SEXUAL DEVELOPMENT

SKEL SKELETAL SKIN SKIN

A disease may be classified into several types. The classification listed is based on the most common symptoms associated with each condition. Degree of severity of a condition can vary and depends on the specific mutation, signs and symptoms.

Results and possible next steps should always be considered in the context of other clinical criteria and should be fully discussed with your healthcare provider. Genetic counseling is recommended when a high risk result is received.





