

Patient ID SA00153743	Patient Name CMITO, ABNORMAL	Birth Date 1986-11-25	Sex M	Age 35
Order Number SA00153743	Client Order Number SA00153743	Ordering Physician CLIENT, CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 19 Jul 2022 10:14		

Combined mtDNA+Nuclear Gene Panel

Interpretation

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TYMP c.263_264del (p.Thr88Ilefs*35), PATHOGENIC
The homozygous c.263_264del (p.Thr88Ilefs*35) deletion in the TYMP gene (MIM:603041) is an established pathogenic variant. Pathogenic variants in the TYMP gene have been associated with autosomal recessive mitochondrial DNA depletion syndrome 1 (MNGIE type). This result is supportive of a diagnosis of MNGIE.

This result should be interpreted in the context of clinical findings, family history, and other laboratory testing.

Consultation with a genetics professional is recommended for interpretation of this result and to determine whether reproductive risk assessment and familial testing may be of benefit to this family. Genetic testing for family members is available by ordering FMTT / Familial Mutation, Targeted Testing for the specific variant(s) detected. Please contact the laboratory at 1-800-533-1710 or the online test catalog at www.mayocliniclabs.com for information about FMTT.

Result Summary

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Pathogenic Variants Detected

Result

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The following homozygous PATHOGENIC variant was detected:

TYMP (NM_001953.5),
Chr22(GRCh37):g.50967718_50967719del, c.263_264del,
p.Thr88Ilefs*35 (p.T88Ilefs*35)

No additional reportable variants were detected within all other tested genes. See the Genes Analyzed section for a complete list of genes evaluated by this assay.

Genes Analyzed

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AARS2, ABAT, ABCB7, ACACA, ACAD9, ACO2, AFG3L2, AGK, AIFM1, ALDH3A2, APOPT1, APTX, ATP5F1A, ATP5F1E, ATPAF2, AUH, BCS1L, BOLA3, C12orf65, CA5A, CARS2, CHAT,

CHCHD10, CLPP, COA5, COA6, COASY, COQ2, COQ4, COQ6, COQ7, COQ8A, COQ8B, COQ9, COX10, COX14, COX15, COX20, COX4I1, COX4I2, COX6A1, COX6A2, COX6B1, COX7B, COX8A, CPT1C, CYC1, D2HGDH, DARS2, DGUOK, DLAT, DLD, DNA2, DNAJC19, DNM1L, EARS2, ELAC2, ETFA, ETFB, ETFDH, ETHE1, FARS2, FASTKD2, FBXL4, FDX2, FDXR, FH, FOXRED1, FXN, GAMT, GARS1, GCDH, GDAP1, GFER, GFM1, GFM2, GLYCTK, GPT2, GTPBP3, HARS2, HIBCH, HK1, HSPD1, IARS2, IBA57, IDH2, INF2, ISCU, L2HGDH, LARS2, LIAS, LRPPRC, LYRM4, LYRM7, MARS2, MFF, MGME1, MICU1, MPC1, MPV17, MRPL3, MRPL44, MRPS16, MRPS2, MRPS22, MRPS7, MSTO1, MTFMT, MTO1, MTPAP, NARS2, NBAS, NDUFA1, NDUFA10, NDUFA11, NDUFA12, NDUFA13, NDUFA2, NDUFA4, NDUFA9, NDUFAF1, NDUFAF2, NDUFAF3, NDUFAF4, NDUFAF5, NDUFAF6, NDUFB3, NDUFB9, NDUFS1, NDUFS2, NDUFS3, NDUFS4, NDUFS6, NDUFS7, NDUFS8, NDUFV1, NDUFV2, NFU1, NR2F1, NUBPL, OGDH, OPA1, OPA3, OXCT1, PANK2, PARS2, PC, PCK2, PDHA1, PDHB, PDHX, PDP1, PDSS1, PDSS2, PET100, PNKD, PNPT1, POLG, POLG2, PTRH2, PUS1, QARS1, RARS1, RARS2, RMND1, RNASEH1, RRM2B, RTN4IP1, SACS, SARS2, SCO1, SCO2, SDHAF1, SERAC1, SFXN4, SLC19A3, SLC25A1, SLC25A12, SLC25A19, SLC25A22, SLC25A26, SLC25A3, SLC25A4, SLC25A42, SLC25A46, SLC52A2, SLC9A6, SOD1, SPG7, SUCLA2, SUCLG1, SUGCT, SURF1, TACO1, TARS2, TAZ, TFAM, TIMM8A, TK2, TMEM126A, TMEM126B, TMEM70, TOP3A, TPK1, TRIT1, TRMT10C, TRMU, TRNT1, TSFM, TTC19, TUFM, TWNK, TYMP, UQCC2, UQCRB, UQCRC2, UQCRCQ, VARS2, WDR45, XPNPEP3, YARS2 and the entire mitochondrial genome

Test Description

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Evaluation of 221 nuclear encoded genes associated with mitochondrial disease and the mitochondrial genome

Specimen

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WB Whole Blood

Method

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Next generation sequencing (NGS) and/or Sanger sequencing was performed to test for the presence of variants in coding

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
MCR	Mayo Clinic Laboratories - Rochester Main Campus	200 First Street SW, Rochester, MN 55905	William G. Morice M.D. Ph.D	24D0404292

Patient ID SA00153743	Patient Name CMITO, ABNORMAL	Birth Date 1986-11-25	Sex M	Age 35
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regions and intron/exon boundaries of the genes analyzed, as well as some other regions that have known pathogenic variants. The human genome reference GRCh37/hg19 build was used for sequence read alignment. At least 99% of the bases are covered at a read depth over 30X. Sensitivity is estimated at above 99% for single nucleotide variants, above 94% for indels less than 40 base pairs (bp), above 95% for deletions up to 75 bp and insertions up to 47 bp. NGS, and/or a polymerase chain reaction (PCR)-based quantitative method was performed to test for the presence of deletions and duplications in the genes analyzed. See the Genes Analyzed field for a list of genes tested.

There may be regions of genes that cannot be effectively evaluated for sequencing or deletion and duplication analysis as a result of technical limitations of the assay, including regions of homology, high GC content, and repetitive sequences. Confirmation of select reportable variants was performed by alternate methodologies based on internal laboratory criteria. See www.mayocliniclabs.com (TEST ID CMITO) for details regarding genes with regions not routinely covered.

Disclaimer

Clinical Correlations

An online research opportunity called GenomeConnect (genomeconnect.org), a project of ClinGen, is available for the recipient of this genetic test. This patient registry collects de-identified genetic and health information to advance the knowledge of genetic variants. Mayo Clinic is a collaborator of ClinGen. This may not be applicable for all tests.

If testing was performed because of a clinically significant family history it is often useful to first test an affected family member. Detection of a reportable variant(s) in an affected family member would allow for more informative testing of at risk individuals.

To discuss the availability of further testing options or for assistance in the interpretation of these results, Mayo Clinic Laboratory genetic counselors can be contacted at 1-800-533-1710.

Technical Limitations

Next generation sequencing may not detect all types of genomic

variants. In rare cases, false negative or false positive results may occur. The depth of coverage may be variable for some target regions, but assay performance below the minimum acceptable criteria or for failed regions will be noted. Given these limitations, negative results do not rule out the diagnosis of a genetic disorder. If a specific clinical disorder is suspected, evaluation by alternative methods can be considered.

There may be regions of genes that cannot be effectively evaluated for sequencing or deletion and duplication analysis as a result of technical limitations of the assay, including regions of homology, high GC content, and repetitive sequences. Confirmation of select reportable variants was performed by alternate methodologies based on internal laboratory criteria.

Additionally, low level mosaic variants may not be detected.

This test is not designed to differentiate between somatic and germline variants. If there is a possibility that any detected variant is somatic, additional testing may be necessary to clarify the significance of results.

Genes may be added or removed based on updated clinical relevance. Please refer to the Targeted Genes and Methodology Details for the Combined Mitochondrial Analysis in the Special Instructions section of the Test Catalog for the most up to date list of genes included in this test.

Reclassification of Variants Policy

See www.mayocliniclabs.com (TEST ID CMITO) for information regarding the laboratory's policy for reclassification of variants.

Variant Evaluation

Variant curation is performed using published ACMG-AMP recommendations as a guideline. Other gene-specific guidelines may also be considered. Variants classified as benign or likely benign are not reported.

Results from in silico evaluation tools may change over time and should be interpreted with caution and professional clinical judgment.

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Released By

MCR

LINDA HASADSRI

Received: 20 Jul 2022 11:18

Reported: 26 Jul 2022 13:45

Laboratory Notes

- 1 This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

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