

Clinical Exome Sequencing Analysis – Carrier Screening

Patient name	: Mr. XXX	Mrs. YYY
Gender/ Age	: Male/ 32 years	Female/ 27 years
PIN	: XX	XX
Sample no	: XX	XX
Specimen	: XX	XX
Sample collection date	: XX	XX
Sample receipt date	: XX	XX
Report date	: XX	XX
Referring clinician	: XX	
Hospital/Clinic	: XX	

Clinical history

Mr. XXX and Mrs. YYY are a third-degree consanguineous couple. Their first-born male child was delivered full-term via LSCS and cried immediately after birth. He was presented with lethargy, apnea, respiratory alkalosis, and hypoglycemia. His serum ammonia and lactate levels were elevated. New-born Screening test revealed abnormal parameters of organic acid/fatty acids and increased levels of palmitoyl carnitine and low levels of free carnitine. He was succumbed at 5 days of age. They have an ongoing pregnancy (LMP-21/10/2023). Mrs. YYY's brother succumbed to renal failure at 19 years of age. Mr. XXX and Mrs. YYY have been evaluated for carrier status of pathogenic variations.

Results

Mr. XXX and Mrs. YYY is found to be carriers of likely pathogenic variant in the *SLC25A20* gene (p.Arg166Ter) related to the phenotype and found to be carriers of likely pathogenic variant in the *C11orf80* gene (p.Glu96Ter).

Mr. XXX is found to be carrier of likely pathogenic variant in the *DNAH8* gene (p.Thr4323ArgfsTer5), *DNAI1* gene (p.Trp568Ter) and found to be carrier of uncertain significant variant in the *RYR1* gene (p.Glu4903Lys).

List of common significant variant identified related to the phenotype:

Disease	Mr. XXX	Mrs. YYY
Carnitine-acylcarnitine translocase deficiency (OMIM#212138) Mode of inheritance: AR	CARRIER Gene: <i>SLC25A20</i> Exon 5, c.496C>T p.Arg166Ter Heterozygous Classification: Likely Pathogenic	CARRIER Gene: <i>SLC25A20</i> Exon 5, c.496C>T p.Arg166Ter Heterozygous Classification: Likely Pathogenic

List of carrier variants identified:

Disease	Mr. XXX	Mrs. YYY
Hydatidiform mole, recurrent, 4 (OMIM#618432) Mode of inheritance: AR	CARRIER Gene: <i>C11orf80</i> Exon 6, c.285dupT p.Glu96Ter Heterozygous Classification: Likely Pathogenic	CARRIER Gene: <i>C11orf80</i> Exon 6, c.285dupT p.Glu96Ter Heterozygous Classification: Likely Pathogenic
Spermatogenic failure 46 (OMIM#619095) Mode of inheritance: AR	CARRIER Gene: <i>DNAH8</i> Exon 87, c.12967delA p.Thr4323ArgfsTer5 Heterozygous Classification: Likely Pathogenic	NON - CARRIER
Ciliary dyskinesia, primary, 1, with or without situs inversus (OMIM#244400) Mode of inheritance: AR	CARRIER Gene: <i>DNAI1</i> Exon 17, c.1703G>A p.Trp568Ter Heterozygous Classification: Likely Pathogenic	NON - CARRIER
{Malignant hyperthermia susceptibility 1} (OMIM#145600) Congenital myopathy 1A, autosomal dominant, with	CARRIER Gene: <i>RYR1</i> Exon 102, c.14707G>A p.Glu4903Lys Heterozygous	NON - CARRIER

<p>susceptibility to malignant hyperthermia (OMIM#117000)</p> <p>King-Denborough syndrome (OMIM#619542)</p> <p>Mode of inheritance: AD</p> <p>Congenital myopathy 1B, autosomal recessive (OMIM#255320)</p> <p>Mode of inheritance: AR</p>	<p>Classification: Uncertain significance</p>	
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*Genetic test results are reported based on the recommendation of American College of Medical Genetics [1].
No other variant that warrants to be reported for the given clinical indication was identified.

Interpretation

Interpretation for the common significant variant identified in Mr. XXX and Mrs. YYY related to the phenotype

SLC25A20: c.496C>T

Variant summary: A heterozygous stop gained variation in exon 5 of the *SLC25A20* gene (chr3:g.48862581G>A, NM_000387.6, Depth: >65x) that results in the premature truncation of the protein at codon 166 (p.Arg166Ter) was detected. This variant is a stop gained variant which occurs in an exon of *SLC25A20* upstream of where nonsense mediated decay is predicted to occur. This variant is predicted to cause loss of normal protein function through protein truncation.

Population frequency: This variant has minor allele frequency of 0.0007% in gnomAD database and has not been reported in 1000 genomes database.

Clinical and Literature evidence: This variant has been previously classified as pathogenic in ClinVar database [3]. This variant has been previously reported in a patient tested positive for new-born screening and affected Carnitine–acylcarnitine translocase (CACT) deficiency in compound heterozygous state [4].

In-silico prediction: The *in-silico* predictions of the variant are deleterious by CADD. The reference codon is conserved across mammals in PhyloP and GERP++ tools.

OMIM phenotype: Carnitine-acylcarnitine translocase deficiency (OMIM#212138) is caused by homozygous or compound heterozygous mutation in the *SLC25A20* gene (OMIM*613698). Carnitine-acylcarnitine translocase deficiency is a rare autosomal recessive metabolic disorder of long-chain fatty acid oxidation. Metabolic consequences include hypoketotic hypoglycemia under fasting conditions, hyperammonemia, elevated creatine kinase and transaminases, dicarboxylic aciduria, very low free carnitine and abnormal acylcarnitine profile with marked elevation of the long-chain acylcarnitines. Clinical

features include neurologic abnormalities, cardiomyopathy and arrhythmias, skeletal muscle damage, and liver dysfunction. Most patients become symptomatic in the neonatal period with a rapidly progressive deterioration and a high mortality rate. This disease follows autosomal recessive pattern of inheritance [2].

Variant classification: Based on the evidence, this variant is classified as a likely pathogenic variant. **In this view, clinical correlation and familial segregation analysis are strongly recommended to establish the significance of the finding. If the results do not correlate, additional testing may be considered based on the phenotype observed.**

Interpretation for the common significant carrier variant identified in Mr. XXX and Mrs. YYY

C11orf80: c.285dupT

Variant summary: A heterozygous single base pair insertion in exon 6 of the *C11orf80* gene (chr11:g.66801040insT, NM_001302084.2, Depth: >58) that results in a frameshift and premature truncation of the protein at codon 96 (p.Glu96Ter) was detected. This variant is a frameshift variant which occurs in an exon of *C11orf80* upstream where nonsense mediated decay is predicted to occur. This variant is predicted to cause loss of normal protein function through protein truncation.

Population frequency: This variant has minor allele frequency of 0.0007% in gnomAD database and has not been reported in 1000 genomes database.

Clinical and Literature evidence: This variant has been previously classified as pathogenic in ClinVar database [5]. This variant has been previously reported in Indian patient tested affected with with 1 miscarriage and 2 hydatidiform moles in homozygous state [6].

In-silico prediction: The *in-silico* predictions of the variant are deleterious by CADD. The reference codon is conserved across mammals in PhyloP and GERP++ tools.

OMIM phenotype: Hydatidiform mole, recurrent, 4 (OMIM#618432) is caused by homozygous mutation in the *C11orf80* gene (OMIM*616109). This disease follows autosomal recessive pattern of inheritance [2].

Variant classification: Based on the evidence, this variant is classified as a likely pathogenic variant.

Interpretation for the significant carrier variant identified in Mr. XXX

DNAH8: c.12967delA

Variant summary: A heterozygous single base pair deletion in exon 87 of the *DNAH8* gene (chr6:g.38984221delA, NM_001206927.2, Depth: 94x) that results in a frameshift and premature truncation of the protein 5 amino acids downstream to codon 4323 (p.Thr4323ArgfsTer5) was detected. This variant is a frameshift variant which occurs in an exon of *DNAH8* upstream where nonsense mediated decay is predicted to occur. This variant is predicted to cause loss of normal protein function through protein truncation.

Population frequency: This variant has not been reported in gnomAD database and 1000 genomes database.

In-silico prediction: The reference codon is conserved across mammals in PhyloP and GERP++ tools.

OMIM phenotype: Spermatogenic failure 46 (OMIM#619095) is caused by homozygous or compound heterozygous mutation in the *DNAH8* gene (OMIM*603337). This disease follows autosomal recessive pattern of inheritance [2].

Variant classification: Based on the evidence, this variant is classified as a likely pathogenic variant.

DNAI1: c.1703G>A

Variant summary: A heterozygous stop gained variation in exon 17 of the *DNAI1* gene (chr9:g.34514527G>A, NM_012144.4, Depth: 127x) that results in the premature truncation of the protein at codon 568 (p.Trp568Ter) was detected. This variant is a stop gained variant which occurs in an exon of *DNAI1* upstream of where nonsense mediated decay is predicted to occur. This variant is predicted to cause loss of normal protein function through protein truncation.

Population frequency: This variant has not been reported in gnomAD database and 1000 genomes database.

In-silico prediction: The *in-silico* predictions of the variant are deleterious by CADD. The reference codon is conserved across mammals in PhyloP and GERP++ tools.

OMIM phenotype: Ciliary dyskinesia, primary, 1, with or without situs inversus (OMIM#244400) is caused by compound heterozygous mutation in the *DNAI1* gene (OMIM*604366). This disease follows autosomal recessive pattern of inheritance [2].

Variant classification: Based on the evidence, this variant is classified as a likely pathogenic variant.

Interpretation for the uncertain significant carrier variant identified in Mr. XXX

RYR1:c.14707G>A

Variant summary: A heterozygous missense variation in exon 102 of the *RYR1* gene (chr19:g.38585003G>A, NM_000540.3, Depth: 175x) that results in the amino acid substitution of Lysine for Glutamic acid at codon 4903 (p.Glu4903Lys) was detected.

Population frequency: This variant has minor allele frequency of 0.0026% in gnomAD database and has not been reported in 1000 genomes database.

In-silico prediction: The *in-silico* predictions of the variant are damaging by SIFT, PolyPhen-2 (HumDiv), and MutationTaster2. The reference codon is conserved across mammals in PhyloP and GERP ++ tools.

OMIM phenotype: {Malignant hyperthermia susceptibility 1} (OMIM#145600), Congenital myopathy 1A, autosomal dominant, with susceptibility to malignant hyperthermia (OMIM#117000) and King-Denborough syndrome (OMIM#619542) are caused by heterozygous mutation in the *RYR1* gene (OMIM*180901). These diseases follow autosomal dominant pattern of inheritance [2]. Congenital myopathy 1B, autosomal recessive (OMIM# 255320) is caused by homozygous or compound heterozygous mutation in the *RYR1* gene (OMIM*180901). This disease follows autosomal recessive pattern of inheritance [2].

Variant classification: Based on the evidence, this variant is classified as a variant of uncertain significance. . In this view, clinical correlation and familial segregation analysis are strongly recommended to establish the significance of the finding. If the results do not correlate, additional testing may be considered based on the phenotype observed.

Additional Variant(s)

The additional variants identified may or may not be related to patient's phenotype. Phenotype – genotype correlation is recommended.

List of additional uncertain significant carrier variants identified:

Disease	Mr. XXX	Mrs. YYY
Alport syndrome 2, autosomal recessive (OMIM#203780) Mode of inheritance: AR Hematuria, familial benign, 1 (OMIM#141200) Mode of inheritance: AD	NON - CARRIER	CARRIER Gene: <i>COL4A4</i> Exon 46, c.4496A>C p.Gln1499Pro, Heterozygous Classification: Uncertain significance

Recommendations

- Sequencing the variant(s) in the parents and the other affected and unaffected members of the family is recommended to confirm the significance.
- Alternative test is strongly recommended to rule out the deletion/duplication.
- Genetic counseling is recommended.

Methodology

DNA extracted from the blood was used to perform targeted gene capture using a custom capture kit. The targeted libraries were sequenced to a targeted depth of 80 to 100X using GenoLab M sequencing platform. This kit has deep exonic coverage of all the coding regions including the difficult to cover regions. The

sequences obtained are aligned to human reference genome (GRCh38.p13) using Sentieon aligner and analyzed using Sentieon for removing duplicates, recalibration and re-alignment of indels. Sentieon DNAscope has been used to call the variants. Detected variants were annotated and filtered using the VarSeq software with the workflow implementing the ACMG guidelines for variant classification. The variants were annotated using 1000 genomes(V2), gnomAD (v3.1.2,2.1.1), ClinVar, OMIM, dbSNP, NCBI RefSeq Genes. *In-silico* predictions of the variant was carried out using VS-SIFT, VS-PolyPhen2, PhyloP, GERP++, GeneSplicer, MaxEntScan, NNSplice, PWM Splice Predictor. Only non-synonymous and splice site variants found in the coding regions were used for clinical interpretation. Silent variations that do not result in any change in amino acid in the coding region are not reported.

Sequence data attributes

	Mr. XXX	Mrs. YYY
Total reads generated	5.31 Gb	3.84 Gb
Data ≥ Q30	96.54%	96.51%

Genetic test results are reported based on the recommendations of American College of Medical Genetics [1], as described below:

Classification	Interpretation
Pathogenic	A disease-causing variation in a gene which can explain the patients' symptoms has been detected. This usually means that a suspected disorder for which testing had been requested has been confirmed
Likely Pathogenic	A variant which is very likely to contribute to the development of disease however, the scientific evidence is currently insufficient to prove this conclusively. Additional evidence is expected to confirm this assertion of pathogenicity.
Variant of Uncertain Significance	A variant has been detected, but it is difficult to classify it as either pathogenic (disease causing) or benign (non- disease causing) based on current available scientific evidence. Further testing of the patient or family members as recommended by your clinician may be needed. It is probable that their significance can be assessed only with time, subject to availability of scientific evidence.

Disclaimer

- The classification of variants of unknown significance can change over time. Anderson Diagnostics and Labs cannot be held responsible for it.
- Intronic variants, UTR, Promoter region variants and CNV are not assessed using this assay.
- Certain genes may not be covered completely, and few mutations could be missed. Variants not detected by this assay may impact the phenotype.
- The variations have not been validated by Sanger sequencing.
- The above findings and result interpretation was done based on the clinical indication provided at the time of reporting.
- It is also possible that a pathogenic variant is present in a gene that was not selected for analysis and/or interpretation in cases where insufficient phenotypic information is available.
- Genes with pseudogenes, paralog genes and genes with low complexity may have decreased sensitivity and specificity of variant detection and interpretation due to inability of the data and analysis tools to unambiguously determine the origin of the sequence data in such regions.
- The variants of uncertain significance and variations with high minor allele frequencies which are likely to be benign will be given upon request.
- Incidental or secondary findings that meet the ACMG guidelines can be given upon request [7].

References

1. Richards, S, et al. Standards and Guidelines for the Interpretation of Sequence Variants: A Joint Consensus Recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. *Genetics in medicine: official journal of the American College of Medical Genetics*. 17.5 (2015): 405-424.
2. Amberger J, Bocchini CA, Scott AF, Hamosh A. McKusick's Online Mendelian Inheritance in Man (OMIM). *Nucleic Acids Res*. 2009 Jan;37(Database issue):D793-6. doi: 10.1093/nar/gkn665. Epub 2008 Oct 8. PMID: 18842627; PMCID: PMC2686440.
3. <https://www.ncbi.nlm.nih.gov/clinvar/variation/VCV000012135.8>
4. Wang GL, et al. Expanded molecular features of carnitine acyl-carnitine translocase (CACT) deficiency by comprehensive molecular analysis. *Mol Genet Metab*. 2011 Aug;103(4):349-57. doi: 10.1016/j.ymgme.2011.05.001. Epub 2011 May 7. PMID: 21605995.
5. <https://www.ncbi.nlm.nih.gov/clinvar/variation/VCV000627625.2>
6. Nguyen NMP, et al. Causative Mutations and Mechanism of Androgenetic Hydatidiform Moles. *Am J Hum Genet*. 2018 Nov 1;103(5):740-751. doi: 10.1016/j.ajhg.2018.10.007. PMID: 30388401; PMCID: PMC6218808.

7. Kalia S.S. et al., Recommendations for reporting of secondary findings in clinical exome and genome sequencing, 2016 update (ACMG SF v2.0): a policy statement of the American College of Medical Genetics and Genomics. Genet Med., 19(2):249-255, 2017.

This report has been reviewed and approved by:

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APPENDIX: Current gene list used for carrier screening of pathogenic and likely pathogenic variants:

AAS, AARS2, ABAT, ABCA1, ABCA12, ABCA3, ABCA4, ABCB4, ABCC8, ABCD1, ABCD4, ABCG5, ABCG8, ACAD9, ACADS, ACADSB, ACADVL, ACAT1, ACD, ACKR1, ACO2, ACOX1, ACOX2, ACP2, ACP5, ACTA1, ADAMTS10, ADAMTSL2, ADAMTSL4, ADAR, ADAT3, ADCY6, ADD3, ADGRG6, ADGRV1, ADRB2, ADRB3, ADSL, AEB P1, AGA, AGBL5, AGPAT2, AGRP, AGT, AGTR1, AGXT, AGXT2, AHCY, AH11, AHSG, AICDA, AIFM1, AIP1, AIRE, AK1, AKR1C4, AKR1D1, ALAD, ALAS2, ALDH18A1, ALDH6A1, ALDOA, ALDOB, ALG1, ALG12, ALG2, ALG3, ALG9, ALMS1, ALOX12B, ALOXE3, ALPL, ALS2, ALX3, ALX4, AMACR, AMBN, AMHR2, AMMECR1, AMN, A MPD1, AMPD2, AMPD3, AMT, ANGPTL3, ANO10, ANO5, ANTXR1, ANTXR2, AP4B1, AP4E1, APSZ1, APOC2, APOE, APRT, AQP2, AQP7, ARFGF2, ARHGDI, AR HGEF6, ARL2BP, ARL6, ARL6IP1, ASL, ASNS, ASPA, ASPM, ASS1, ATCAV, ATG5, ATIC, ATM, ATP2A1, ATP2B3, ATP6AP2, ATP6V0A2, ATP6V1A, ATP6V1B1, ATP7 A, ATP8A2, ATPAF2, ATR, AURKC, AVPR2, B2M, B3GAT3, B4GALNT1, B4GALT1, B4GAT1, B9D1, B9D2, BANF1, BBIP1, BBS1, BBS10, BBS12, BBS2, BBS4, BBS5, B BS7, BCAP31, BCL10, BCS1L, BGN, BIN1, BLNK, BLOC1S3, BLVRA, BMP1, BMP2, BMPR1B, BPGM, BRAT1, BRF1, BSCL2, BSND, BTK, BVES, C12orf57, C12orf65, C 19orf12, C1QA, C1QB, C1QC, C3, C8A, C8B, C8orf37, CA12, CA2, CA5A, CA8, CABP2, CABP4, CACNA1D, CACNA1F, CACNA2D4, CAD, CANT1, CAPN1, CARD11, C ARD9, CARTPT, CASP14, CASQ2, CASR, CATSPER1, CAV3, CBX2, CCBE1, CCDC103, CCDC114, CCDC115, CCDC22, CCDC28B, CCDC65, CCDC8, CCDC88C, CCNO, CCT5, CD19, CD247, CD27, CD36, CD3D, CD3E, CD3G, CD40, CD40LG, CD46, CD79A, CD79B, CD8A, CDAN1, CDF6, CDH11, CDH3, CDHR1, CDK10, CDK5, CDK5R ACP, CDK6, CDSN, CEBPE, CENPF, CENPJ, CEP104, CEP152, CEP164, CEP19, CEP41, CEP57, CERS3, CFH, CFL2, CFC, CFTR, CHAT, CHIT1, CHKB, CHMP1A, CHRD1, CHRM3, CHRNA1, CHRND, CHRNE, CHRNG, CHST14, CHST3, CHST6, CHST8, CIB2, CIB5, CIDEF, CIITA, CIT, CKAP2L, CLCN1, CLCN4, CLCNKA, CLCNKB, CLDN1, CLDN14 CLDN16, CLDN19, CLIC2, CLMP, CLN8, CLP1, CLPB, CLPP, CLRN1, CNGA3, CNGB1, CNGB3, CNNM2, CNPY3, CNTN1, CNTN2, CNTNAP1, CNTNAP2, COASY, COG 4, COG6, COL17A1, COL4A3, COL4A4, COL6A1, COL6A2, COL6A3, COL7A1, COL9A2, COLEC11, COLQ, COQ4, COQ6, COQ7, COQ9, COX10, COX14, COX20, COX4 I2, COX6A1, COX6B1, COX8A, CPA6, CPLX1, CPN1, CPT1A, CPT2, CRADD, CRAT, CRB1, CRIPT, CRTAP, CRYAB, CRYBB1, CRYBB3, CSF2RB, CSF3R, CSTA, CSTB, CTC 1, CTH, CTNNB1, CTNS, CTPS1, CTSA, CTSC, CTSD, CTSF, CTSK, CUBN, CUL7, CWF19L1, CYB5A, CYBA, CYBB, CYP11B1, CYP11B2, CYP17A1, CYP1B1, CYP24A1, CY P26C1, CYP27A1, CYP27B1, CYP2C19, CYP2D6, CYP2R1, CYP2U1, CYP4F22, CYP4V2, CYP7B1, D2HGDH, DAG1, DARS2, DBH, DBT, DCC, DCHS1, DCPS, DCTN1, D CXR, DDB2, DDC, DDHD1, DDHD2, DDOST, DDR2, DDRGK1, DDX11, DDX59, DES, DGKE, DGUOK, DHCR7, DHH, DHODH, DHTKD1, DIS3L2, DKC1, DLAT, DLEC1, D LG3, DLX5, DMD, DNA2, DNAAF1, DNAAF3, DNAH1, DNAH11, DNAI1, DNAJB13, DNAJB2, DNAJC19, DNAJC3, DNAJC6, DNAL4, DNASE1L3, DNM2, DNMT3B, D OCK2, DOK7, DOLK, DPAGT1, DPH1, DPM2, DPYD, DPYS, DRAM2, DRC1, DSC3, DSE, DSG1, DSG4, DSP, DST, DSTYK, DTNBP1, DUOXA2, DYSF, EBP, ECEL1, ECHS1 , ECM1, EDAR, EDARADD, EDC3, EDN1, EDN3, EDNRB, EFEMP2, EGFR, EGR2, EIF2B1, EIF2B2, EIF2B3, EIF2B4, EIF2S3, EIF4A3, ELAC2, ELMO2, ELMOD3, ELOVL 4, ELP2, EMC1, EMD, EMG1, EMP2, ENAM, ENO3, ENTPD1, EPCAM, EPG5, EPO, EPS8, EPS8L2, EPX, ERBB3, ERCC1, ERCC2, ERCC3, ERCC4, ERCC5, ERCC6, ERLIN 1, ERLIN2, ESCO2, ESR1, ESRRB, ETFB, ETFDH, ETHE1, EVC2, EXOSC2, EXOSC3, EXOSC8, EXPH5, EXT1, EXT2, EXTL3, EYS, F12, F13A1, F13B, F2, F5, F7, F9, FA2H, FA DD, FAH, FAM126A, FAM20A, FAM20C, FAN1, FANCI, FANCL, FAR1, FAR52, FASLG, FASTKD2, FAT4, FBP1, FBXL4, FBXO7, FCGR2A, FCGR3A, FCN3, FECH, FERM T1, FERMT3, FEZF1, FGA, FGB, FGD4, FGF16, FGF20, FGFTR3, FH, FHL1, FIBP, FIG4, FKBP10, FKBP14, FKRP, FUTN, FLAD1, FYI1, FLNB, FLVCR1, FLVCR2, FMO3, FOL R1, FOXI3, FOXF1, FOG3, FOXRED1, FRAS1, FREM1, FREM2, FRMPD4, FSHB, FSHR, FTL, FTSJ1, FUCA1, FUT1, FLAT8, FXN, FYL1, FZD6, G6PC, G6PC3, GAA, GA B1, GAD1, GALE, GALK1, GALNT3, GALT, GAMT, GAN, GATA1, GATA5, GBA2, GBE1, GCLC, GCNT2, GDAP1, GDF5, GDF6, GDF9, GEMIN4, GF1B, GFM1, GPPT1, GGCX, GH1, 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ITGA2B, ITGA3 ,ITGA6, ITGA7, ITGB2, ITGB3, ITGB6, ITK, ITPA, ITPR3, IVD, IYD, JAGN1, JAK3, JAM3, JPH1, JUP, KANK2, KATNB1, KCNJ1, KCNJ10, KCNJ11, KCNJ13, KCNMA1, KC NV2, KCTD7, KERA, KHD3C1, KHK, KIAA0556, KIAA0753, KIF1A, KIF1C, KISS1, KISS1R, KIZ, KLC2, KLHDC8B, KLHL15, KLHL3, KLHL41, KLHL7, KLK4, KNG1, KPTN, K RAS, KRT1, KRT10, KRT14, KRT25, KRT5, KRT74, KRT83, KRT85, KY, KYNU, L1CAM, L2HGDH, LAMA1, LAMA2, LAMB1, LAMB2, LAMB3, LAMC2, LAMTOR2, LBR, LCK, LCT, LEMD2, LEP, LGI4, LHB, LHCGR, LHFPL5, LIG4, LIM2, LINS1, LIPC, LIPE, LIPH, LIPN, LIPT1, LMAN1, LMAN2L, LMF1, LMNA, LMOD3, LONP1, LPAR6, LPIN 1, LPL, LRAT, LRBA, LRIG2, LRIT3, LRP2, LRPAP1, LRPPRC, LRRC6, LRSAM1, LRTOMT, LSS, LTBP2, LZTFL1, MC421L2, MAD2L2, MAG, MAMLD1, MAN1B1, MAN2 B1, MAOA, MAP3K8, MAPKBK1, MAPT, MARS2, MASP1, MAT1A, MBOAT7, MBTPS2, MC1R, MC2R, MC4R, MCCC1, MCEE, MCM5, MCM9, MECP, MED12, ME D25, MEGF10, MEGF8, MEOX1, MET, METTL23, MFF, MFN2, MFRP, MFS2DA, MGAT2, MGME1, MGP, MID1, MID2, MITF, MKKS, MKS1, MLC1, 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7X,USP8,UVSSA,VAC14,VARS,VARS2,VDR,VHL,VIPAS39,VLDLR,VPS11,VPS33B,VPS37A,VPS53,VRK1,VWA3B,WARS2,WAS,WBP2,WDR19,WDR35,W
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