Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

ANTI-MULLERIAN HORMONE

Collected on Sep 15, 2021 2:09 PM

Candice B. Tilles, MD 09/24/2021, 12:58 PM

Hi Erica,

Your hormone levels were normal and your titers show that you are immune to measles, rubella and chicken pox. You have good ovarian reserve based on he Anti-mullerian Hormone level. The genetic carrier screening is still pending. Please contact me if you have any questions.

Dr. Tilles

Results

Performed at: 01 - Esoterix Inc
4301 Lost Hills Road, Calabasas Hills, CA 913015358
Lab Director: Brian Poirier MD, Phone: 8004449111

Antimullerian Hormone (AMH)
ng/mL

Value
2.50

For assays employing antibodies, the possibility exists for interference by heterophile antibodies in the samples.1

1.Kricka L. Interferences in Immunoassays - still a threat. Clin. Chem. 2000; 46: 1037-1038.

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.
Reference Range:
Females 26 - 30y: 1.03 - 11.10
Median 4.20
AMH concentrations of >= 1.06 ng/mL is correlated with a better response to ovarian stimulation, produced more retrievable oocytes and higher odds of live birth according to Gleicher et al. Fertility and Sterility. 2010: 94:2824-2827. The current AMH test method correlates with the study method with a slope of 0.94.
Females at risk of ovarian hyperstimulation syndrome or polycystic ovarian syndrome (PCOS) may exhibit elevated serum AMH concentrations. AMH levels from PCOS patients may be 2 to 5 fold higher than age-appropriate reference
interval values.
Granulosa cell tumors of the ovary may secrete AMH along with other tumor markers. Elevated AMH is not specific for malignancy, and the assay should not be used exclusively to diagnose or exclude an AMH-secreting ovarian tumor.

Ordering provider: Candice B. Tilles, MD
Collection date: Sep 15, 2021 2:09 PM
Specimens: Blood (Arm, Left)
Result date: Sep 18, 2021 5:05 PM
Result status: Final
Resulting lab:
REFERENCE LAB LABCORP - BKR
13112 Evening Creek Drive South
San Diego CA 92128
858-668-3700
Jenny Galloway, MD (Lab director)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

CBC W/DIFFERENTIAL

Collected on Sep 15, 2021 2:09 PM

Candice B. Tilles, MD 09/24/2021, 12:58 PM

Hi Erica,

Your hormone levels were normal and your titers show that you are immune to measles, rubella and chicken pox. You have good ovarian reserve based on he Anti-mullerian Hormone level. The genetic carrier screening is still pending. Please contact me if you have any questions.

Dr. Tilles

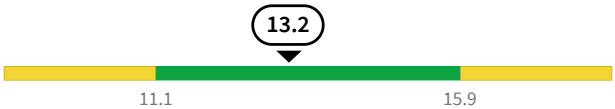
Results

Performed at: 01 - LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
Lab Director: Jenny Galloway MD, Phone: 8586683700

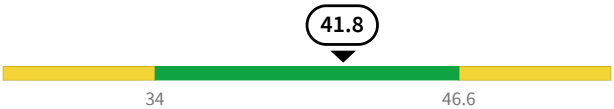
WBC
Normal range: 3.4 - 10.8 x10E3/uL

Red Blood Cells
Normal range: 3.77 - 5.28 x10E6/uL

Hemoglobin
Normal range: 11.1 - 15.9 g/dL



Hct
Normal range: 34.0 - 46.6 %



MCV
Normal range: 79 - 97 fL

MCH
Normal range: 26.6 - 33.0 pg

MCHC
Normal range: 31.5 - 35.7 g/dL

RDW
Normal range: 11.7 - 15.4 %

Platelet Count
Normal range: 150 - 450 x10E3/uL

% Neutrophils
Normal value: Not Estab. %

Value
38

% Lymphocytes
Normal value: Not Estab. %

Value
52

% Monocytes
Normal value: Not Estab. %

Value
8

% Eosinophils
Normal value: Not Estab. %

Value
1

% Basophils
Normal value: Not Estab. %

Value
1

Absolute Neutrophils
Normal range: 1.4 - 7.0 x10E3/uL

Absolute Lymphocytes
Normal range: 0.7 - 3.1 x10E3/uL

Absolute Monocytes
Normal range: 0.1 - 0.9 x10E3/uL

Absolute Eosinophils
Normal range: 0.0 - 0.4 x10E3/uL

Absolute Basophils

Normal range: 0.0 - 0.2 x10E3/uL

% Immature Granulocytes

Normal value: Not Estab. %

Value
0

Absolute Immature Granulocytes

Normal range: 0.0 - 0.1 x10E3/uL

Ordering provider: Candice B. Tilles, MD
Collection date: Sep 15, 2021 2:09 PM
Specimens: Blood (Arm, Left)
Result date: Sep 20, 2021 2:06 PM
Result status: Final
Resulting lab:
REFERENCE LAB LABCORP - BKR
13112 Evening Creek Drive South
San Diego CA 92128
858-668-3700
Jenny Galloway, MD (Lab director)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

ESTRADIOL

Collected on Sep 15, 2021 2:09 PM

Candice B. Tilles, MD 09/24/2021, 12:58 PM

Hi Erica,

Your hormone levels were normal and your titers show that you are immune to measles, rubella and chicken pox. You have good ovarian reserve based on he Anti-mullerian Hormone level. The genetic carrier screening is still pending. Please contact me if you have any questions.

Dr. Tilles

Results

ESTRADIOL

Normal value: See Comment pg/mL

Value
48.2

Estradiol Female Premenopausal Reference Range:
21.8-693.1 pg/mL

Estradiol Female Postmenopausal Reference Range:
32.1-73.1 pg/mL

Ordering provider: Candice B. Tilles, MD
Collection date: Sep 15, 2021 2:09 PM
Specimens: Blood (Arm, Left)
Result date: Sep 15, 2021 7:50 PM
Result status: Final
Resulting lab:
CA PJNF WOMENS HEALTH SM LAB (CLIA 05D0550213)
2001 SANTA MONICA BLVD STE 970W

SANTA MONICA CA 90404-2199
310-829-7878
Jon S. Matsunaga, MD (Lab director)
05D0550213 (CLIA #)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

Free T4

Collected on Sep 15, 2021 2:09 PM

Candice B. Tilles, MD 09/24/2021, 12:58 PM

Hi Erica,

Your hormone levels were normal and your titers show that you are immune to measles, rubella and chicken pox. You have good ovarian reserve based on he Anti-mullerian Hormone level. The genetic carrier screening is still pending. Please contact me if you have any questions.

Dr. Tilles

Results

FT4

Normal range: 0.75 - 1.54 ng/dL

Ordering provider: Candice B. Tilles, MD
Collection date: Sep 15, 2021 2:09 PM
Specimens: Blood (Arm, Left)
Result date: Sep 15, 2021 7:50 PM
Result status: Final
Resulting lab:
CA PJNF WOMENS HEALTH SM LAB (CLIA 05D0550213)
2001 SANTA MONICA BLVD STE 970W
SANTA MONICA CA 90404-2199
310-829-7878
Jon S. Matsunaga, MD (Lab director)
05D0550213 (CLIA #)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

FSH - FOLLICLE STIMULATING HORMONE

Collected on Sep 15, 2021 2:09 PM

Candice B. Tilles, MD 09/24/2021, 12:58 PM

Hi Erica,

Your hormone levels were normal and your titers show that you are immune to measles, rubella and chicken pox. You have good ovarian reserve based on he Anti-mullerian Hormone level. The genetic carrier screening is still pending. Please contact me if you have any questions.

Dr. Tilles

Results

Follicle Stimulating Hormone
Normal value: See Comment mIU/mL

Value
9.0

FSH Female premenopausal reference range:
2.7-23.0 mIU/mL

FSH Female postmenopausal reference range:
25.0-160.0 mIU/mL

Ordering provider: Candice B. Tilles, MD
Collection date: Sep 15, 2021 2:09 PM
Specimens: Blood (Arm, Left)
Result date: Sep 15, 2021 7:50 PM
Result status: Final
Resulting lab:
CA PJNF WOMENS HEALTH SM LAB (CLIA 05D0550213)
2001 SANTA MONICA BLVD STE 970W

SANTA MONICA CA 90404-2199
310-829-7878
Jon S. Matsunaga, MD (Lab director)
05D0550213 (CLIA #)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

Glyco Hgb

Collected on Sep 15, 2021 2:09 PM

Candice B. Tilles, MD 09/24/2021, 12:58 PM

Hi Erica,

Your hormone levels were normal and your titers show that you are immune to measles, rubella and chicken pox. You have good ovarian reserve based on he Anti-mullerian Hormone level. The genetic carrier screening is still pending. Please contact me if you have any questions.

Dr. Tilles

Results

Performed at: 01 - LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
Lab Director: Jenny Galloway MD, Phone: 8586683700

Hemoglobin A1c

Normal range: 4.8 - 5.6 %

Prediabetes: 5.7 - 6.4
Diabetes: >6.4
Glycemic control for adults with diabetes: <7.0

Estimated Average Glucose

mg/dL

Value
105

Ordering provider: Candice B. Tilles, MD
Collection date: Sep 15, 2021 2:09 PM
Specimens: Blood (Arm, Left)
Result date: Sep 20, 2021 2:06 PM
Result status: Final
Resulting lab:

REFERENCE LAB LABCORP - BKR
13112 Evening Creek Drive South
San Diego CA 92128
858-668-3700
Jenny Galloway, MD (Lab director)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

Misc Referral

Collected on Sep 15, 2021 2:09 PM

Candice B. Tilles, MD 10/1/2021, 1:06 PM

Hi Erica,

Your carrier screening was negative for all mutations tested. Please contact me if you have any questions.

Dr. Tilles

Results

Performed At: 01 Esoterix Genetic Laboratories
3400 Computer Drive Westborough, MA 015811771
Zhu Hui PhD Ph:8002557357
Performed At: 02 LabCorp San Diego
13112 Evening Creek Dr So Ste 200 San Diego, CA 921284108
Galloway Jenny R MD Ph:8586683700

Miscellaneous Lab Test

Value

451950 INHERITEST COMPREHENSIVE

Test Ordered: 451950 Inheritest Comprehensive
Specimen Type: InheriTest Comment 01
Whole Blood
Ethnicity: InheriTest Comment 01
Not Provided
Indication: Comment 01
not provided
Comprehensive Result: Comment 01

DISORDER (GENE)	RESULTS	INTERPRETATION
Spinal Muscular Atrophy (SMN1)	NEGATIVE for c.*3+80T>G SNP. This result reduces, but does not eliminate the risk to be a carrier. For ethnic-specific risk revisions see Information Table.	2 copies of SMN1; negative
Fragile X syndrome (FMR1)	PCR: 29 and 30 repeats.	Negative: not a carrier of a fragile X expansion mutation. This result is not associated with fragile X syndrome.
All other disorders analyzed.	Negative for the mutations reduce, but do not eliminate, the chance to be a carrier.	These results See Information Tables.

General Comments: Comment 01
All Inheritest carrier screening panels include disorders for which professional societies have provided guidelines, including cystic fibrosis and spinal muscular atrophy

including cystic fibrosis and spinal muscular atrophy.
Genetic counseling services are available. To access Integrated Genetics Genetic Counselors please visit www.integratedgenetics.com/genetic-counseling or call (855) GC-CALLS (855-422-2557).
Additional Clinical Info Comment 01
Spinal muscular atrophy: Spinal muscular atrophy (SMA) is an autosomal recessive neurodegenerative disorder with variable age at onset and severity, characterized by progressive degeneration of the lower motor neurons in the spinal cord and brain stem, leading to muscle weakness, and in its most common form, respiratory failure by age two. Complications of SMA may include poor weight gain, sleep difficulties,
pneumonia, scoliosis, and joint deformities. In severely affected individuals, abnormal fetal ultrasound findings may include congenital joint contractures, polyhydramnios, and decreased fetal movement (Korinthenberg, PMID:9307259). Treatment is supportive. Targeted therapies may be available for some individuals. Approximately 94% of affected individuals have 0 copies of the SMN1 gene; in these individuals an increase in the number of copies of the SMN2 gene correlates with reduced disease severity (Feldkotter, PMID:11791208). Individuals with one copy of the SMN1 gene are predicted to be carriers of SMA; those with two or more copies have a reduced carrier risk. For individuals with two copies of the SMN1 gene, the presence or absence of the variant c.*3+80T>G correlates with an increased or decreased risk, respectively, of being a silent carrier (2+0) (Luo, PMID 23788250; Feng, PMID 28125085).

Fragile X syndrome: Fragile X syndrome is an X-linked
disorder of intellectual disability with variable severity. Expansions of CGG repeat sequences in the FMR1 gene account for 99% of mutations causing fragile X syndrome. Interpretation of repeat expansion results is based on the following ranges: Negative: <45 repeats; intermediate: 45-54 repeats; premutation: 55-200 repeats; full mutation: >200 repeats. The risk for a premutation allele of 55-90 repeats to expand to a full mutation in offspring, when transmitted by a carrier female, is reduced with increasing number of AGG interruptions in the CGG repeat sequence (Yrigollen, PMID:22498846; Nolin, PMID:25210937). Greater than 99% of males and approximately 50% of females with the full mutation are intellectually disabled. Other signs and symptoms may include delayed speech and language skills, autism, hyperactivity, developmental delay, increased susceptibility to seizures, macroorchidism in males, a long, narrow face with prominent ears, and joint laxity.
Individuals with a premutation do not have fragile X

syndrome, but may have an increased risk for fragile X-related disorders. Females may have fragile X-associated primary ovarian insufficiency (FXPOI), which can cause infertility or early menopause. Most males with a premutation and some females are at risk for fragile X-associated tremor and ataxia syndrome (FXTAS), which can affect balance and is associated with tremor and memory problems in older individuals. Treatment is supportive and focuses on educational and behavioral support and management of symptoms. (Santoro, PMID:22017584).
Comments: Comment 01
This analysis provides carrier testing by analyzing 144 genes for more than 9,400 pathogenic variants associated with more than 115 autosomal recessive or X-linked disorders. Interpretations and risk calculations, where applicable, are based on the ethnic information and clinical and family relationships provided,
as well as the current
understanding of the molecular genetics of the conditions tested. Clinical sensitivity and specificity varies for each disease and for each ethnic group. References and additional information about the disorders are available at www.integratedgenetics.com.

The standard of care for Tay-Sachs disease carrier detection in all ethnic groups is enzyme (hexosaminidase A) analysis. For maximum sensitivity and specificity, enzyme analysis should be performed in addition to DNA variant analysis (Schneider, PMID:19876898). If Tay-Sachs enzyme analysis was ordered, results are reported separately.

The standard of care for determining carrier status for sickle cell disease and other hemoglobinopathies is to combine information from clinical assessment, complete blood count, hemoglobin electrophoresis, and DNA testing (Traeger-Synodinos, PMID:25052315). If hemoglobin electrophoresis was ordered, results are reported separately.
Method/Limitations:
Comment 01
Next generation sequencing (NGS): Genomic regions of interest are selected using the Agilent(R)SureSelectXT(R) hybridization capture method for target enrichment and sequenced via the Illumina(R) next generation sequencing platform. Sequencing reads are aligned with the human genome reference GRCh37/hg19 build. Targeted regions are sequenced to at least 200X mean base coverage with a minimum of 99% of bases at >=20X coverage. Analytical sensitivity is estimated to be >99% for single nucleotide variants and small insertions/deletions (<=6 bp).

Alpha thalassemia: Analysis of the alpha-globin (HBA) gene

cluster is performed by multiplex ligation-dependent amplification (MLPA). Variants included in the analysis are the Constant Spring non-deletion variant and the following deletions: -alpha3.7, -alpha4.2, --alpha20.5, --SEA, --FIL, --THAI, --MED, and the HS-40 regulatory region. This MLPA analysis does not detect other variants in the alpha-globin genes or variants in the beta-globin gene and may not detect the co-occurrence of a deletion and a duplication. Analytical sensitivity is estimated to be >99% for the targeted variants.

Dystrophinopathies, including Duchenne and Becker muscular dystrophies and dilated cardiomyopathy: Analysis is performed by NGS. A deletion or duplication of exons in the DMD gene is identified when >60% of an exon has an aberrant copy number. In-frame and out-of-frame deletions cannot be distinguished by this analysis, which does not determine precise breakpoints in the DMD gene. Approximately 67% of the time a DMD pathogenic variant is inherited, and approximately 33% of the time the variant is de novo and not previously seen in the family. If a pathogenic variant is de novo, the risk that the mother of an affected male has germline mosaicism is 15-20%. This analysis does not detect germline mosaicism. An individual who has a negative carrier screen may have germline mosaicism and be at risk for having an affected child.

Spinal muscular atrophy: The copy number of SMN1 exon 7 is assessed relative to internal standard reference genes by quantitative polymerase chain reaction (qPCR). A mathematical algorithm calculates 0, 1, 2 and 3 copies with statistical confidence. When no copies of SMN1 are detected, the primer and probe binding sites are sequenced to rule out variants that could interfere with copy number analysis and SMN2 copy number is assessed by digital droplet PCR analysis relative to an internal standard reference gene. For carrier screening, when two copies of SMN1 are detected, allelic discrimination qPCR targeting c.*3+80T>G in SMN1 is performed.

Fragile X syndrome: DNA is amplified by the polymerase chain reaction (PCR) to determine the size of the CGG repeat region within the FMR1 gene. PCR products are generated using a fluorescence labeled primer and sized by capillary gel electrophoresis. If indicated, Southern blot analysis is performed by hybridizing the probe StB12.3 to EcoRI- and EagI-digested DNA. The analytical sensitivity of both Southern blot and PCR analyses is 99% for expansion mutations in the FMR1 gene. Reported CGG repeat sizes may

mutations in the FMR1 gene. Reported CGG repeat sizes may vary as follows: +/- one for repeats less than 60, and +/- two to four for repeats in the 60 - 120 range. For repeats greater than 120, the accuracy is +/- 10%. If 55-90 trinucleotide repeats are detected in females (excluding prenatal specimens), a PCR assay targeting AGG sequences within the CGG repeats is performed to assess the number and position of AGG interruptions.

Reported variants: Pathogenic and likely pathogenic variants are reported. Nondeletion variants are specified using the numbering and nomenclature recommended by the Human Genome Variation Society (HGVS, http://www.hgvs.org/). Variants of uncertain significance and benign variants are not reported. Variant classification and confirmation are consistent with
ACMG standards and guidelines (Richards, PMID:25741868; Rehm, PMID:23887774). Detailed variant classification information is available upon request.

Limitations: Technologies used do not detect germline mosaicism and do not rule out the presence of large chromosomal aberrations, including rearrangements, or variants in regions or genes not included in this test, or possible inter/intragenic interactions between variants. Variant classification and/or interpretation may change over time if more information becomes available. False positive or false negative results may occur for reasons that include: rare genetic variants, sex chromosome abnormalities, pseudogene interference, blood transfusions, bone marrow transplantation, somatic or tissue-specific mosaicism, mislabeled samples, or erroneous representation of family relationships.
Information Table Comment 01
SMA risk reductions for individuals with no family history

Disorder (Gene) Reference Sequence
Spinal Muscular Atrophy (SMN1) NM_000344

Population	Detection Rate	Pre-test risk of carrier being a carrier (Copy number + SNP)	Post-test risk of being a carrier with 2 copies** for the c.*3+80T>G SNP	Post-test risk of being a carrier with 3 copies for the c.*3+80T>G SNP
African American	90.3%	1 in 72	1 in 34	1 in 375
Ashkenazi Jewish	92.8%	1 in 67	High risk	1 in 918
Asian	93.6%	1 in 59	High risk	1 in 907
				1 in 5600

Asian 93.6% 1 in 59 High risk 1 in 907 1 in 5600
Caucasian 95.0% 1 in 47 1 in 29 1 in 921 1 in 5600
Hispanic 92.6% 1 in 68 1 in 140 1 in 906 1 in 5400
Mixed or For counseling purposes, consider using the
Other ethnic ethnic background with the most
conservative
Background risk estimates.

** includes carriers who are silent carriers (2+0) and
Carriers with a pathogenic variant not detected in this
Assay

Feng, PMID 28125085; Lou, PMID 23788250; Sugarman, PMID
21811307

Gene-specific risk reductions for individuals with
no family history
Disorder
(Gene) Reference sequence
Population Detection Pre-Test Post Test
Rate carrier carrier
risk risk with
negative
result

Abetalipoproteinemia
(MTTP) NM_000253
Ashkenazi Jewish N/A* N/A N/A

Adenosine deaminase deficiency
(ADA) NM_000022
General 42% 1 in 289 1 in 497

Alpha-mannosidosis
(MAN2B1) NM_000528
Caucasian 63% 1 in 350 1 in 944

Alpha-thalassemia
(HBA1, HBA2) 16p13.3
African
90% 1 in 3 N/A
American 90% 1 in 21 N/A
Eastern 90% 1 in 5 N/A
Mediterranean
European 90% 1 in 44 N/A
Southeast Asian 90% 1 in 2 N/A
Western Pacific 90% 1 in 10 N/A

Alport syndrome, COL4A3-related
(COL4A3) NM_000091
Ashkenazi Jewish 95% 1 in 183 1 in 3640

Andermann syndrome
(SLC12A6) NM_133647
French Canadian 99% 1 in 23 1 in 2200

Argininosuccinic aciduria
(ASL) NM_000048
Finnish 86% 1 in 190 1 in 1350
Worldwide 59% 1 in 132 1 in 320

Arthrogryposis, mental retardation, and seizures (AMRS)
(SLC35A3) NM_012243
Ashkenazi Jewish N/A* N/A N/A

Aspartylglucosaminuria
(AGA) NM_000027
Finnish 98% 1 in 81 1 in 4000

Ataxia with vitamin E deficiency
(TTPA) NM_000370
Italian
80% N/A* N/A
North African 99% N/A* N/A

Ataxia-telangiectasia
(ATM) NM_000051
Amish 99% N/A* N/A
Costa Rican 56% 1 in 100 1 in 226
North African 97% 1 in 81 1 in 2667
Jewish
Norwegian 55% 1 in 197 1 in 436
Worldwide 40% 1 in 100 1 in 166

Autosomal recessive spastic ataxia of Charlevoix-Saguenay
(ARSACS)
(SACS) NM_014363
French Canadian 96% 1 in 21 1 in 500

Bardet-Biedl syndrome, BBS1-related
(BBS1) NM_024649
Worldwide 55% 1 in 390 1 in 865

Bardet-Biedl syndrome, BBS2-related
(BBS2) NM_031885
Ashkenazi Jewish N/A* 1 in 136 N/A

Bardet-Biedl syndrome, BBS10-related
(BBS10) NM_024685
Worldwide 45% 1 in 418 1 in 759

Beta hemoglobinopathy, beta thalassemias
(HBB) NM_000518
African American

90% 1 in 50 1 in 741
East Asian 93% 1 in 20 1 in 700
Mediterranean 97% 1 in 20 1 in 634
Middle Eastern 84% 1 in 30 1 in 182
South Asian 95% 1 in 20 1 in 381
Southeast Asian 90% 1 in 30 1 in 291

Beta hemoglobinopathy, hemoglobins C, D, E, and O
(HBB) NM_000518
African American >99% 1 in 46 Negligible
Asian >99% 1 in 119 Negligible
Asian Indian >99% 1 in 68 Negligible
Middle Eastern >99% 1 in 255 Negligible
Native American >99% 1 in 292 Negligible
Southeast Asian >99% 1 in 15 Negligible

Beta hemoglobinopathy, sickle cell disease
(HBB) NM_000518
African American >99% 1 in 14 Negligible
Hispanic >99% 1 in 183 Negligible
Middle Eastern >99% 1 in 360
Negligible
Native American >99% 1 in 176 Negligible

Beta-mannosidosis
(MANBA) NM_005908
Worldwide 81% N/A* N/A

Bloom syndrome
(BLM) NM_000057
Ashkenazi Jewish 97% 1 in 134 1 in 4434

Canavan disease
(ASPA) NM_000049
Ashkenazi Jewish 98% 1 in 55 1 in 2700

Carbamoyl phosphate synthetase I deficiency
(CPS1) NM_001875
Worldwide 48% 1 in 570 1 in 1095

Carnitine palmitoyltransferase II deficiency
(CPT2) NM_000098
Caucasian 72% N/A* N/A

Carnitine-acylcarnitine translocase deficiency
(SLC25A20) NM_000387
Worldwide N/A* N/A N/A

Cartilage-hair hypoplasia
(RMRP) NM_003051
Amish 91% 1 in 19 1 in 200
Finnish 92% 1 in 76 1 in 928

Finnish 92% 1 in 76 1 in 938
Worldwide 48% N/A* N/A

Citrullinemia type I
(ASS1) NM_000050
Japanese
71% N/A* N/A
Worldwide 52% 1 in 119 1 in 247

Cobalamin C disease
(MMACHC) NM_015506
Worldwide 89% N/A* N/A

Cohen syndrome
(VPS13B) NM_017890
Finnish 75% N/A* N/A
Worldwide 54% N/A* N/A

Congenital amegakaryocytic thrombocytopenia
(MPL) NM_005373
Ashkenazi Jewish 95% 1 in 75 1 in 1480

Congenital disorder of glycosylation type 1a
(PMM2) NM_000303
Caucasian 89% 1 in 71 1 in 637

Cystic fibrosis
(CFTR) NM_000492
African American >81% 1 in 61 1 in 316
Ashkenazi Jewish >97% 1 in 24 1 in 767
Asian American >55% 1 in 94 1 in 208
Caucasian >93% 1 in 25 1 in 343
Hispanic >78% 1 in 58 1 in 260

Cystinosis
(CTNS) NM_004937
French Canadian 70% 1 in 39 1 in 127

Worldwide 61% 1 in 158 1 in 403

D-bifunctional protein deficiency
(HSD17B4) NM_000414
Worldwide 51% N/A* N/A

Dihydrolipoamide dehydrogenase deficiency
(DLD) NM_000108
Ashkenazi Jewish 95% 1 in 107 1 in 2121

Dihydropyrimidine dehydrogenase deficiency
(DPYD) NM_000110
Northern European 71% N/A* N/A
Caucasian

Dystrophinopathies, including Duchenne and Becker muscular dystrophies and cardiomyopathies
(DMD) NM_004006
Worldwide 95% N/A** N/A

Ehlers-Danlos syndrome type VIIC
(ADAMTS2) NM_014244
Ashkenazi Jewish 95% N/A* N/A
Worldwide 80% N/A* N/A

Ethylmalonic encephalopathy
(ETHE1) NM_014297
Mediterranean/Arab 61% N/A* N/A

Familial dysautonomia
(IKBKAP) NM_003640
Ashkenazi Jewish 99% 1 in 31 1 in 3000

Familial hyperinsulinism, ABCC8-related
(ABCC8) NM_000352
Ashkenazi Jewish 97% 1 in 52 1 in 1700
Finnish 43% 1 in 101 1 in 175

Familial Mediterranean fever
(MEFV) NM_000243
Arab 71% 1 in 5 1 in 14
Armenian 78% 1 in 5 1 in 19
Ashkenazi Jewish 69% 1 in 81**** 1 in 259
North African 94% 1 in 7 1 in 100
Jewish
Turkish 74% 1 in 5 1 in 16

Fanconi anemia group C
(FANCC) NM_000136
Ashkenazi Jewish 99% 1 in 100 1 in 9900

Fucosidosis
(FUCA1) NM_000147
Worldwide 80% N/A* N/A

Galactosemia, GALT-related
(GALT) NM_000155
African American 65% 1 in 78 1 in 221
Ashkenazi Jewish 88% 1 in 127 1 in 1050
Caucasian 81% 1 in 108 1 in 564

Galactosialidosis
(CTSA) NM_000308
Japanese 60% N/A*
N/A

Gaucher disease
(GBA) NM_001005741
Ashkenazi Jewish 98% 1 in 15 1 in 700

Glutaric acidemia type 1
(GCDH) NM_000159
Amish 94% 1 in 9 1 in 134
German 55% 1 in 158 1 in 350

Glutathione synthetase deficiency
(GSS) NM_000178
Worldwide 67% N/A* N/A

Glycine encephalopathy, AMT-related
(AMT) NM_000481
Worldwide 50% N/A* N/A

Glycine encephalopathy, GLDC-related
(GLDC) NM_000170
Finnish 70% 1 in 117 1 in 387

Glycogen storage disease type Ia
(G6PC) NM_000151
Ashkenazi Jewish 99% 1 in 64 1 in 6300
Worldwide 81% 1 in 177 1 in 927

Glycogen storage disease type Ib
(SLC37A4) NM_001164277
Worldwide 46% 1 in 354 1 in 654

Glycogen storage disease type III
(AGL) NM_000642
Faroese 99% 1 in 30 1 in 2900

North African 99% 1 in 37 1 in 3600
Jewish
Worldwide 85% 1 in 159 1 in 1054

GM1 gangliosidosis and mucopolysaccharidosis type IVB
(GLB1) NM_000404
Worldwide 45% 1 in 160 1 in 290

GRACILE syndrome
(BCS1L) NM_004328
Finnish 99% 1 in 110 1 in 10,900

Guanidinoacetate methyltransferase deficiency
(GAMT) NM_000156
Portuguese 83% 1 in 125 1 in 730
Worldwide 68% N/A *N/A

Hereditary fructose Intolerance
(ALDOB) NM_000035
Worldwide 75% 1 in 71 1 in 281

HMG-CoA lyase deficiency
(HMGCL) NM_000191
Saudi Arabian 86% N/A* N/A
Spanish/Portuguese 85% N/A* N/A

Holocarboxylase synthetase deficiency
(HLCS) NM_000411
Worldwide 66% 1 in 158 1 in 463

Homocystinuria, CBS-related
(CBS) NM_000071
United States 65%
1 in 227 1 in 647

Hypophosphatasia, autosomal recessive
(ALPL) NM_000478
Japanese 55% N/A* N/A
Mennonite 99% 1 in 25 1 in 2400

Joubert syndrome 2
(TMEM216) NM_001173990
Ashkenazi Jewish 99% 1 in 92 1 in 9100

Junctional epidermolysis bullosa, LAMA3-related
(LAMA3) NM_000227
Pakistani 99% N/A* N/A

Junctional epidermolysis bullosa, LAMB3-related
(LAMB3) NM_000228
Worldwide 55% 1 in 418 1 in 927

Junctional epidermolysis bullosa, LAMC2-related
(LAMC2) NM_005562
Italian 29% 1 in 425 1 in 598

Krabbe disease
(GALC) NM_000153
Caucasian 60% 1 in 158 1 in 393

Leigh syndrome, autosomal recessive
(FOXRED1, NDUFAF2, NDUFS4, NDUFS7, NDUFV1, COX15, SURF1)
NM_017547, NM_174889, NM_002495, NM_024407, NM_007103,
NM_004376, NM_003172
Worldwide 30% 1 in 100 1
in 142

Leigh syndrome, French Canadian type

(LRPPRC) NM_133259
French Canadian 98% 1 in 23 1 in 1100

Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency
(LCHAD) (HADHA) NM_000182
Dutch 87% 1 in 158 1 in 1208
Worldwide 71% 1 in 138 1 in 473

Maple syrup urine disease type 1A
(BCKDHA) NM_000709
Mennonite 99% 1 in 13 1 in 1200

Maple syrup urine disease type 1B
(BCKDHB) NM_183050
Ashkenazi Jewish 95% 1 in 97 1 in 1921

Medium-chain acyl-CoA dehydrogenase deficiency
(MCAD) (ACADM) NM_000016
United States 79% 1 in 63 1 in 296

Metachromatic leukodystrophy
(ARSA) NM_000487
Caucasian 56% 1 in 141 1 in 319
Japanese 50% 1 in 132 1 in 263

Methylmalonic acidemia, MMAA-related
(MMAA) NM_172250
Caucasian 80% 1 in 300 1 in 1496

Methylmalonic
acidemia, MMAB-related
(MMAB) NM_052845
Caucasian 70% 1 in 435 1 in 1448

Methylmalonic acidemia, MUT-related
(MUT) NM_000255
African American 59% 1 in 195 1 in 474
Hispanic 63% 1 in 195 1 in 525

Mitochondrial acetoacetyl-CoA thiolase deficiency
(ACAT1) NM_000019
Vietnamese 94% N/A* N/A
Worldwide 65% N/A* N/A

Mucolipidosis type II and III, GNPTAB-related
(GNPTAB) NM_024312
French Canadian 99% 1 in 39 1 in 3800
Worldwide 79% 1 in 152 1 in 720

Mucolipidosis type IV
(MCOLN1) NM_020533
Ashkenazi Jewish 96% 1 in 89 1 in 2200

Mucopolysaccharidosis type I
(IDUA) NM_000203
Caucasian 60% 1 in 158 1 in 393
Japanese 42% 1 in 158 1 in 271
Scandinavian 79% 1 in 158 1 in 748

Mucopolysaccharidosis type
II
(IDS) NM_000202
Worldwide 44% N/A** N/A

Mucopolysaccharidosis type IIIA
(SGSH) NM_000199
Worldwide 70% 1 in 170 1 in 564

Mucopolysaccharidosis type IIIB
(NAGLU) NM_000263
Dutch 73% 1 in 244 1 in 901
Worldwide 42% 1 in 220 1 in 379

Mucopolysaccharidosis type IIIC
(HGSNAT) NM_152419
Worldwide 67% N/A* N/A

Mucopolysaccharidosis type IIID
(GNS) NM_002076
Worldwide 62% N/A* N/A

Mucopolysaccharidosis type IVA
(GALNS) NM_000512
General 49% 1 in 250 1 in 489

Mucopolysaccharidosis type VI
(ARSB) NM_000046
Worldwide 42% 1 in 250 1 in 430

Mucopolysaccharidosis type VII
(GUSB) NM_000181
Worldwide 48% N/A* N/A

Multiple sulphatase deficiency
(SUMF1) NM_182760
Ashkenazi Jewish N/A* N/A
N/A

Nemaline myopathy, NEB-related
(NEB) NM_001271208
Ashkenazi Jewish 95% 1 in 168 1 in 3341

Nephrotic syndrome, NPHS1-related
(NPHS1) NM_004646

(NPHS1) NM_004646
Finnish 94% 1 in 45 1 in 734
Maltese 99% 1 in 22 1 in 2100

Nephrotic syndrome, NPHS2-related
(NPHS2) NM_014625
Worldwide 60% N/A* N/A

Neuronal ceroid-lipofuscinosis, CLN3-related
(CLN3) NM_001042432
General 85% 1 in 230 1 in 1527

Neuronal ceroid-lipofuscinosis, CLN5-related
(CLN5) NM_006493
Finnish 99% 1 in 115 1 in 11,400

Neuronal ceroid-lipofuscinosis, CLN8-related
(CLN8) NM_018941
Finnish 99% 1 in 135 1 in 13,400

Neuronal ceroid-lipofuscinosis, PPT1-related
(PPT1) NM_000310
Finnish 98% 1 in 67 1 in 3300
General 57% 1 in 480 1 in 1114

Neuronal ceroid-lipofuscinosis,
TPP1-related
(TPP1) NM_000391
General 53% 1 in 250 1 in 530

Niemann-Pick disease type C, NPC1-related
(NPC1) NM_000271
Worldwide 31% 1 in 183 1 in 265

Niemann-Pick disease types A and B
(SMPD1) NM_000543
Ashkenazi Jewish 97% 1 in 116 1 in 3834
Worldwide 40% 1 in 250 1 in 416

Niemann-Pick disease type C, NPC2-related
(NPC2) NM_006432
Worldwide 56% 1 in 866 1 in 1966

Nijmegen breakage syndrome
(NBN) NM_002485
Eastern European 99% 1 in 177 1 in 17,600
Slavic

Ornithine transcarbamylase deficiency
(OTC) NM_000531
Worldwide 50% N/A** N/A

Phenylalanine hydroxylase deficiency, includes phenylketonuria
(PKU) (PAH) NM_000277
Caucasian 57% 1 in 50 1 in 114
Irish 69% 1 in 33 1 in 104
Turkish 55% 1 in 26 1 in 56

Phosphoglycerate dehydrogenase deficiency, PHGDH-related
(PHGDH) NM_006623
Ashkenazi Jewish N/A* N/A N/A

Polycystic kidney disease, autosomal recessive
(PKHD1) NM_138694
Finnish 79% 1 in 70 1 in 329
Worldwide 59% 1 in 70 1 in 169

Pompe disease
(GAA) NM_000152
African American 43% 1 in 60 1 in 104
Chinese 80% 1 in 112 1 in 556
Dutch 64% 1 in 100 1 in 276

Primary hyperoxaluria type 1
(AGXT) NM_000030
Worldwide 46% 1 in 289 1 in 534

Primary hyperoxaluria type 2
(GRHPR) NM_012203
Asian 50% N/A* N/A
Caucasian 58% N/A* N/A

Propionic acidemia, PCCA-related
(PCCA) NM_000282
Japanese 70% 1 in 65 1 in 214

Propionic acidemia, PCCB-related
(PCCB) NM_000532
Caucasian 32% 1 in 112 1 in 164
Japanese 77% 1 in 65 1 in 279
Latin American 91% 1 in 112 1 in 1234
Spanish 68% 1 in 112 1 in 338

Pyruvate dehydrogenase deficiency, PDHA1-related
(PDHA1) NM_000284
Worldwide 40% N/A** N/A

Retinitis pigmentosa 59
(DHDDS) NM_024887
Ashkenazi Jewish 95% 1 in 322 1 in 6420

Rhizomelic chondrodysplasia punctata type 1
(PEX7) NM_000288
Worldwide 72% 1 in 158 1 in 561

Salla disease
(SLC17A5) NM_012434
Finnish 96% 1 in 200 1 in 4976

Sandhoff disease
(HEXB) NM_000521
Italian 75% N/A* N/A

Sialidosis
(NEU1) NM_000434
Chinese 89% N/A* N/A
Worldwide 49% N/A* N/A

Sjogren-Larsson syndrome
(ALDH3A2) NM_000382
Swedish 87% 1 in 200 1 in 1531

Smith-Lemli-Opitz
syndrome
(DHCR7) NM_001360
Worldwide 75% 1 in 71 1 in 281

Sulfate transporter-related osteochondrodysplasias,
includes achondrogenesis type 1B, atelosteogenesis
type 2, diastrophic dysplasia, and recessive multiple
epiphyseal dysplasia
(SLC26A2) NM_000112
Finnish 96% 1 in 50 1 in 1226
General 70% 1 in 158 1 in 524

Systemic primary carnitine deficiency
(SLC22A5) NM_003060
Worldwide 43% 1 in 130 1 in 227

Tay-Sachs disease
(HEXA) NM_000520
Ashkenazi Jewish 96%*** 1 in 27*** 1 in 650
US French Canadian 47%*** 1 in 73*** 1 in 136
Worldwide 46%*** 1 in 300*** 1 in 554

Tyrosinemia type 1
(FAH) NM_000137
Ashkenazi Jewish 99% 1 in 158 1 in 15,700
Finnish 95% 1 in 122 1 in 2421
French Canadian 95% 1 in 56 1 in 1100
Worldwide 72% 1 in
158 1 in 562

Usher syndrome type IF
(PCDH15) NM_033056
Ashkenazi Jewish 75% 1 in 147 1 in 585

Usher syndrome type IIIA
(CLRN1) NM_174878
Ashkenazi Jewish 98% 1 in 120 1 in 5951
Finnish 98% 1 in 134 1 in 6650

Very long-chain acyl-CoA dehydrogenase deficiency
(VLCAD) (ACADVL) NM_000018
Worldwide 34% 1 in 222 1 in 336

Walker-Warburg syndrome, FKTN-related
(FKTN) NM_001079802
Ashkenazi Jewish 99% 1 in 79 1 in 7800

Wilson disease
(ATP7B) NM_000053
Asian 39% 1 in 50 1 in 81
Caucasian 55% 1 in 90 1 in 199

Xeroderma pigmentosum, ERCC5-related
(ERCC5) NM_000123
Worldwide 68% N/A* N/A

Xeroderma pigmentosum, XPA-related
(XPA) NM_000380
Worldwide 91% N/A* N/A
Japanese 90% 1 in 113 1 in 1120

Xeroderma
pigmentosum, XPC-related
(XPC) NM_004628
Tunisian 99% 1 in 50 1 in 4900
Worldwide 76% N/A* N/A

X-linked severe combined Immunodeficiency
(SCID) (IL2RG) NM_000206
Worldwide 68% N/A** N/A

Zellweger spectrum disorder, PEX10-related
(PEX10) NM_153818
Worldwide 17% 1 in 646 1 in 778

Zellweger spectrum disorder, PEX12-related
(PEX12) NM_000286
Worldwide 21 1 in 373 1 in 472

Zellweger spectrum disorder, PEX1-related
(PEX1) NM_000466

Worldwide 67% 1 in 134 1 in 404

Zellweger spectrum disorder, PEX26-related
(PEX26) NM_017929
Worldwide 27% 1 in 646 1 in 885

Zellweger spectrum disorder, PEX2-related
(PEX2) NM_000318
Ashkenazi Jewish N/A* 1 in 123 N/A

Zellweger spectrum disorder, PEX6-related
(PEX6) NM_000287
Worldwide 23% 1 in 280 1 in
363

* Not available: insufficient published data
** Not available: for this X-linked disease carrier risk is different for males and females and cannot be obtained from observed incidence of the disorder as some female carriers are symptomatic
*** Excludes pseudodeficiency alleles
****The carrier frequency in healthy Ashkenazi Jewish individuals has been reported to be as high as 1 in 5; however, the carrier frequency of 1 in 81 is based on the observed incidence of disorder
Disclaimer: Comment 01
This test was developed and its performance characteristics determined by Esoterix Genetic Laboratories, LLC. It has not been cleared or approved by the Food and Drug Administration.

Integrated Genetics is a business unit of Esoterix Genetic Laboratories, LLC, a wholly-owned subsidiary of Laboratory Corporation of America Holdings. Inheritest(R) is a registered service mark of Laboratory Corporation of America Holdings.
Director
Review: Comment 01
JENNIFER REINER PHD, FACMG

Ordering provider: Candice B. Tilles, MD
Collection date: Sep 15, 2021 2:09 PM
Specimens: Blood (Antecubital, Left)
Result date: Oct 01, 2021 9:06 AM
Result status: Final
Resulting lab:
REFERENCE LAB LABCORP - BKR
13112 Evening Creek Drive South
San Diego CA 92128
858-668-3700

Jenny Galloway, MD (Lab director)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

PAP, REFLEX HIGH RISK HPV IF ASCUS/ACG

Candice B. Tilles, MD 10/25/2021, 8:41 AM

Hi Erica,

Your Pap smear was normal. Please follow up for your next pap smear in one year.
Hope all is well!

Dr. Tilles

Results

Comments From the Doctor's Office

Hi Erica,

Your Pap smear was normal. Please follow up for your next pap smear in one year.
Hope all is well!

Dr. Tilles

Written by Candice B. Tilles, MD on 10/25/2021 8:41 AM PDT
Seen by patient Erica Jiang on 1/2/2026 4:36 PM

Results

Pap, Reflex High Risk HPV if ASCUS/ACG (Order 1100525376)

Result Information

Status	Priority	Source
Final result (10/21/2021 4:06 PM PDT)	Routine	Cervix

Pap, Reflex High Risk HPV if ASCUS/ACG

Order: 1100525376

Status: **Final result** Next appt: **11/03/2026 at 08:30 AM in Primary Care (Elizabeth Spence, DO)**
Dx: **Well woman exam with routine gynecolo...**

Test Result Released: **Yes (seen)** Messages: **Seen**

1 Comment From the Doctor's Office | 1 HM Topic

Component	4 yr ago
Specimen adequacy:	Comment

Comment: Satisfactory for evaluation. Endocervical and/or squamous metaplastic
cells (endocervical component) are present.

DIAGNOSIS: Comment
Comment: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

Clinician Provided ICD Comment
Comment: Z01.419

Performed by: Comment
Comment: Daniel Spikings, Cytotechnologist (ASCP)

Microscopic description: .

Note: Comment
Comment: The Pap smear is a screening test designed to aid in the detection of
premalignant and malignant conditions of the uterine cervix. It is not a
diagnostic procedure and should not be used as the sole means of detecting
cervical cancer. Both false-positive and false-negative reports do occur.

Methodology: Comment
Comment: This liquid based ThinPrep(R) pap test was screened with the use of an image guided system.

Pathology Comment 1 Comment
Comment: The HPV DNA reflex criteria were not met with this specimen result
therefore, no HPV testing was performed.

Narrative

Performed at: 01 - LabCorp Monrovia
605 East Huntington Drive Ste 209, Monrovia, CA 910166353
Lab Director: Mona Yong MD, Phone: 6264713500
Specimen Comment: Source.....Cervix
Specimen Comment: Dates / Results....No
Specimen Comment: No. of containers..01 ThinPrep Vial

Specimen Collected: 10/20/21 2:25 PM PDT Last Resulted: 10/21/21 4:06 PM PDT

Result Care Coordination

Comments From the Doctor's Office

Back to Top

Hi Erica,

Your Pap smear was normal. Please follow up for your next pap smear in one year.
Hope all is well!

Dr. Tilles

Written by Candice B. Tilles, MD on 10/25/2021 8:41 AM PDT
Seen by patient Erica Jiang on 1/2/2026 4:36 PM

Satisfied Health Maintenance Topics

Back to Top

Cervical Cancer Screening (Pap/HPV) (Every 5 Years)	Next due on 9/12/2030

Narrative

```
Performed at:  01 - LabCorp Monrovia
605 East Huntington Drive Ste 209, Monrovia, CA  910166353
Lab Director: Mona Yong MD, Phone:  6264713500
Specimen Comment: Source.............Cervix
Specimen Comment: Dates / Results....No
Specimen Comment: No. of containers..01 ThinPrep Vial
```

Authorizing Provider Information

Name:	Candice Bianca Tilles, MD	**Fax:**	310-453-5586
Phone:	310-829-7878	**Pager:**	

All Reviewers List

Candice Bianca Tilles, MD on 10/25/2021 8:41 AM

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

PROLACTIN

Collected on Sep 15, 2021 2:09 PM

Candice B. Tilles, MD 09/24/2021, 12:58 PM

Hi Erica,

Your hormone levels were normal and your titers show that you are immune to measles, rubella and chicken pox. You have good ovarian reserve based on he Anti-mullerian Hormone level. The genetic carrier screening is still pending. Please contact me if you have any questions.

Dr. Tilles

Results

Performed at: 01 - LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
Lab Director: Jenny Galloway MD, Phone: 8586683700

Prolactin

Normal range: 4.8 - 23.3 ng/mL

Ordering provider: Candice B. Tilles, MD
Collection date: Sep 15, 2021 2:09 PM
Specimens: Blood (Arm, Left)
Result date: Sep 16, 2021 8:06 AM
Result status: Final
Resulting lab:
REFERENCE LAB LABCORP - BKR
13112 Evening Creek Drive South

San Diego CA 92128
858-668-3700
Jenny Galloway, MD (Lab director)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

RUBELLA ANTIBODY, IGG

Collected on Sep 15, 2021 2:09 PM

Candice B. Tilles, MD 09/24/2021, 12:58 PM

Hi Erica,

Your hormone levels were normal and your titers show that you are immune to measles, rubella and chicken pox. You have good ovarian reserve based on he Anti-mullerian Hormone level. The genetic carrier screening is still pending. Please contact me if you have any questions.

Dr. Tilles

Results

Performed at: 01 - LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
Lab Director: Jenny Galloway MD, Phone: 8586683700

Rubella IgG Ab
Normal value: Immune >0.99 index

Value
1.36

Non-immune <0.90
Equivocal 0.90 - 0.99
Immune >0.99

Ordering provider: Candice B. Tilles, MD
Collection date: Sep 15, 2021 2:09 PM
Specimens: Blood (Arm, Left)
Result date: Sep 21, 2021 3:05 PM
Result status: Final

Resulting lab:
REFERENCE LAB LABCORP - BKR
13112 Evening Creek Drive South
San Diego CA 92128
858-668-3700
Jenny Galloway, MD (Lab director)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

RUBEOLA ANTIBODY, IGG

Collected on Sep 15, 2021 2:09 PM

Candice B. Tilles, MD 09/24/2021, 12:58 PM

Hi Erica,

Your hormone levels were normal and your titers show that you are immune to measles, rubella and chicken pox. You have good ovarian reserve based on he Anti-mullerian Hormone level. The genetic carrier screening is still pending. Please contact me if you have any questions.

Dr. Tilles

Results

Performed at: 01 - LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
Lab Director: Jenny Galloway MD, Phone: 8586683700

RUBEOLA IGG (REF)
Normal value: Immune >16.4 AU/mL

Value
150.0

Negative <13.5
Equivocal 13.5 - 16.4
Positive >16.4
Presence of antibodies to Rubeola is presumptive evidence of immunity except when acute infection is suspected.

Ordering provider: Candice B. Tilles, MD
Collection date: Sep 15, 2021 2:09 PM
Specimens: Blood (Arm, Left)
Result date: Sep 16, 2021 8:06 AM

Result status: Final
Resulting lab:
REFERENCE LAB LABCORP - BKR
13112 Evening Creek Drive South
San Diego CA 92128
858-668-3700
Jenny Galloway, MD (Lab director)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

Thyroid Stimulating Hormone

Collected on Sep 15, 2021 2:09 PM

Candice B. Tilles, MD 09/24/2021, 12:58 PM

Hi Erica,

Your hormone levels were normal and your titers show that you are immune to measles, rubella and chicken pox. You have good ovarian reserve based on he Anti-mullerian Hormone level. The genetic carrier screening is still pending. Please contact me if you have any questions.

Dr. Tilles

Results

TSH

Normal range: 0.50 - 5.80 uIU/mL

Ordering provider: Candice B. Tilles, MD
Collection date: Sep 15, 2021 2:09 PM
Specimens: Blood (Arm, Left)
Result date: Sep 15, 2021 7:50 PM
Result status: Final
Resulting lab:
CA PJNF WOMENS HEALTH SM LAB (CLIA 05D0550213)
2001 SANTA MONICA BLVD STE 970W
SANTA MONICA CA 90404-2199
310-829-7878
Jon S. Matsunaga, MD (Lab director)
05D0550213 (CLIA #)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

US ECHOGRAPHY TRANSVAGINAL

Results

Results US Non-Ob Transvaginal [IMG547] (Accession 23201068PRV) (Order 1080882493)

9/15/2021 4:44 PM - Candice Bianca Tilles, MD

Narrative & Impression

Patient Name:	**Xuewei Jiang**
Age:	28 y.o.
DOB:	3/13/1993
Medical Record Number:	20018501333
Date of Service:	9/15/2021

Ultrasound Name: GYN Ultrasound

Comments:
UT and CVX WNL
EMS meas 4.8 MM
Bilat OVS and ADX WNL

Electronically Signed by:
Gabrielle S Decker, Ultrasound Tech
9/15/2021 12:57 PM PDT

Impression:
Please see technician's comments.

Electronically Signed by:
Candice B. Tilles, MD
9/15/2021 4:44 PM PDT

Result History

US Non-Ob Transvaginal (Order #1080882493) on 9/15/2021 - Order Result History Report

Performing Facility

SJPP WOMENS HEALTH SANTA MONICA
2001 SANTA MONICA BLVD STE 970W
SANTA MONICA, California 90404-2199
310-829-7878

Reviewed by

Candice Bianca Tilles, MD 9/17/2021 5:23 PM

Scan 1

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

Name: Erica Jiang | DOB: 3/13/1993 | MRN: 20018501333 | PCP: Elizabeth Spence, DO

Varicella-Zoster Antibody, IgG

Collected on Sep 15, 2021 2:09 PM

Candice B. Tilles, MD 09/24/2021, 12:58 PM

Hi Erica,

Your hormone levels were normal and your titers show that you are immune to measles, rubella and chicken pox. You have good ovarian reserve based on he Anti-mullerian Hormone level. The genetic carrier screening is still pending. Please contact me if you have any questions.

Dr. Tilles

Results

Performed at: 01 - LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
Lab Director: Jenny Galloway MD, Phone: 8586683700

Varicella zoster Ab IgG
Normal value: Immune >165 index

Value
513

Negative <135
Equivocal 135 - 165
Positive >165
A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indication of active infection or stage of disease.

Ordering provider: Candice B. Tilles, MD
Collection date: Sep 15, 2021 2:09 PM

Specimens: Blood (Arm, Left)
Result date: Sep 16, 2021 8:06 AM
Result status: Final
Resulting lab:
REFERENCE LAB LABCORP - BKR
13112 Evening Creek Drive South
San Diego CA 92128
858-668-3700
Jenny Galloway, MD (Lab director)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026
Questions? Call the MyChart Help Desk at 1-833-395-2035

LabCorp **Patient Report**

Specimen ID: 258-229-4260-7
Control ID: 212580206SZ

Acct #: 04055370 **Phone:** (310) 586-9414 **Rte:** 00

JIANG, XUEWEI E.

PJNF-Santa Monica Women Health
2001 Santa Monica Blvd #970 W
Santa Monica CA 90404

Patient Details	Specimen Details	Physician Details
DOB: 03/13/1993	**Date collected:** 09/16/2021 0000 Local	**Ordering:**
Age(y/m/d): 028/06/03	**Date received:** 09/16/2021	**Referring:**
Gender: F	**Date entered:** 09/16/2021	**ID:**
Patient ID:	**Date reported:** 09/16/2021 1706 ET	**NPI:**

A duplicate report has been generated due to demographic updates.

Verbal Order

See below: Comment:

Please provide requested information and fax to 1-888-859-7001.

The United States Code of Federal Regulations requires a written and signed request be forwarded to a laboratory following a verbal order of a laboratory test. Please assist us to meet this requirement and to complete our records.

Date: 9/20/21

ICD-9/10 Diagnosis Code(s):

Physician or Authorized Designee: Dinora F. Ma
Please Print

Physician or Authorized Designee Signature:

Your Signature Confirms Your Order Of The Test(s) Listed

Additional Test(s) Requested

Comment:

Test(s) added per DINORA F. MA at account 09-16-2021
Logged by Baylie Morales
Test# 005009 CBC With Differential/Platelet
Test# 102525 Hgb A1c with eAG Estimation

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call 800-859-6046

© 1995-2021 Laboratory Corporation of America® Holdings
All Rights Reserved - Enterprise Report Version: 1.00