Patient ID	Patient Name		Birth Date	Gender	Age
0000001	SCOTTTESTING, APOL1		1982-12-12	M	38
Order Number	Client Order Number	Ordering Physician	Report Notes		
KAUPA20210503Q001	KAUPA20210503Q001				
Account Information		Collected			
C7035846 MayoLINK Interface Account1 AddingNameD...		03 May 2021 12:02			

APOL1 Genotype, V

APOL1 Result

MCR

No risk alleles detected

Interpretation

MCR

This individual is negative for the G1 and G2 alleles in the APOL1 gene. This result suggests that this individual is not at an increased risk of development or progression of chronic kidney disease due to their APOL1 genotype.

Method

MCR

Genotyping is performed using a PCR-based 5'-nuclease assay. Fluorescently labeled detection probes anneal to the target DNA. PCR is used to amplify the segment of DNA that contains the polymorphism. If the detection probe is an exact match to the target DNA, the 5'-nuclease polymerase degrades the probe, the reporter dye is released from the effects of the quencher dye, and a fluorescent signal is detected. Genotypes are assigned based on the allele-specific fluorescent signals that are detected. (TaqMan SNP Genotyping Assays User Guide, Applied Biosystems)

Disclaimer

[1] MCR

Targeted variant analysis was used to test for the presence of specific APOL1 variants, based on the NM_001136540.1 reference sequence: c.1024A>G, p.Ser342Gly (rs73885319); c.1152T>G, p.Ile384Met (rs60910145); and c.1164_1169del, p.Asn388_Tyr389del (rs71785313).

When two or more variants are identified, the cis-/trans- status (whether the variants are on the same or opposite chromosomes) is inferred as this methodology cannot definitively determine the phase of the detected variants.

CAUTIONS:

Rare variants may be present that could lead to false negative or positive results. If results obtained do not match the clinical findings (phenotype), additional testing should be considered. Samples may contain donor DNA if obtained from patients who have recently received non-leukoreduced blood transfusions or allogeneic hematopoietic stem cell transplantation. Results from samples obtained under these circumstances may not accurately reflect the recipient's genotype. For individuals who have received blood transfusions containing donor DNA, the genotype usually reverts to that of the recipient within 6 weeks. For individuals who have received allogeneic hematopoietic stem cell transplantation, a pre-transplant DNA specimen is recommended for testing.

Testing in individuals who have received a kidney transplant will reflect the APOL1 status of the recipient. If the APOL1 status of the donated kidney is desired, a specimen from the donor is required.

Genetic test results in patients who have undergone liver transplantation will not reflect the circulating form of APOL1, which is primarily synthesized in the liver.

Reviewed by

MCR

Mary Karow

Received: 03 May 2021 12:51 **Reported:** 03 May 2021 14:26

For Environmental DNA Testing Use Only

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.

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