

INSIGHTS



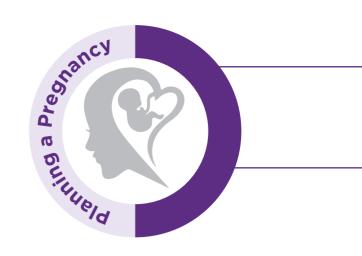




Reproductive Genomics

Comprehensive Services

Serial number: 008 Edition: 1. 2022

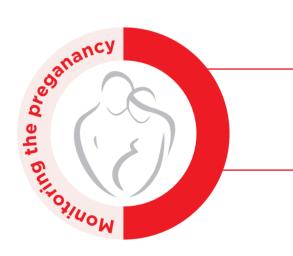


- Preimplantation Genetic Testing (PGT) -

- √ PGT-A (Aneuploidies)
- ✓ PGT-SR (Structural rearrangements)
- √ PGT-M (Single gene disorder)
- √ niPGT (Non invasive preimplantation genetic testing)

Endometrial assay —

- ✓ Opera (Optimal time for Endometrial Receptivity Assay)
- ✓ EndoBiome



-Chromosomal Microarray (POC) -

- √315 K
- √750 K

-NGS based tests (POC) —

✓ Aneuploidy detection (>10MB in size)

-Cytogenetic —

√ Karyotype of the couple

Lumos Carrier Screening —

- √ Focus
- ✓ Comprehensive
- √ Plus

Infertility workup -

- ✓ Karyotype
- √ Y Chromosome microdeletion
- ✓ Sperm DNA Fragmentation
- ✓ ORION Exome sequencing



CHROME (Non Invasive Prenatal Testing) -

- √ Focus
- √ Comprehensive
- ✓ Plus

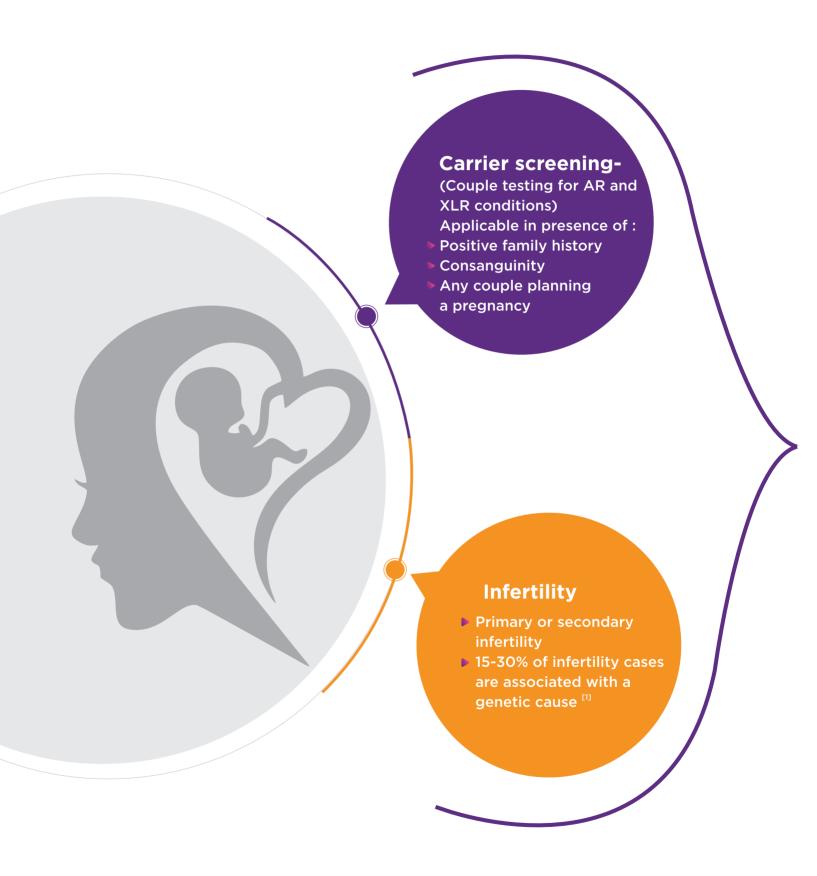
Invasive Testing(Amniotic fluid/Chorionic villus sampling) –

- √ Karyotype
- √ FISH
- √QF-PCR
- √ Chromosomal Microarray
- ✓ ORION Exome sequencing



Planning a pregnancy!

Your best adventure is about to begin,



and we are glad to be a part of it!

Karyotype

- ► 10-15% of couples are affected with Recurrent Pregnancy Loss (RPL)^[2]
- ▶ In 2-5% of couples, one of the partner is identified as a carrier of balanced translocation [3]

Y chromosome microdeletion

▶ Microdeletion of the azoospermia factor (AZF) region on Y chromosome is considered the most common genetic cause of male infertility [4]

Sperm DNA fragmentation

- ▶ 15% of men struggle with infertility in spite of a normal semen analysis
- This test assesses the level of DNA damage in sperms and helps evaluate the utility of assisted reproductive technology [5]

NGS based ORION

- ▶ Single gene disorders account for ~20% of infant mortality and ~10% of pediatric hospitalizations^[6]
- ▶ Incase of deceased proband, the couple can be screened for suspected disorder

LUMOS-Carrier Screening

Tests	Lumos Focus	Lumos Comprehensive	Lumos Plus
Gene involved in AR and XLR disorders	✓	✓	✓
SMA by MLPA	✓	✓	✓
DMD by MLPA*	✓	✓	✓
Fragile X by TP-PCR*	✓	✓	✓
CAH by MLPA and sequencing		✓	✓
Alpha Thalassemia by MLPA			✓
Hemophilia A (Including F8*Intron 1/22 Inversion)*			✓

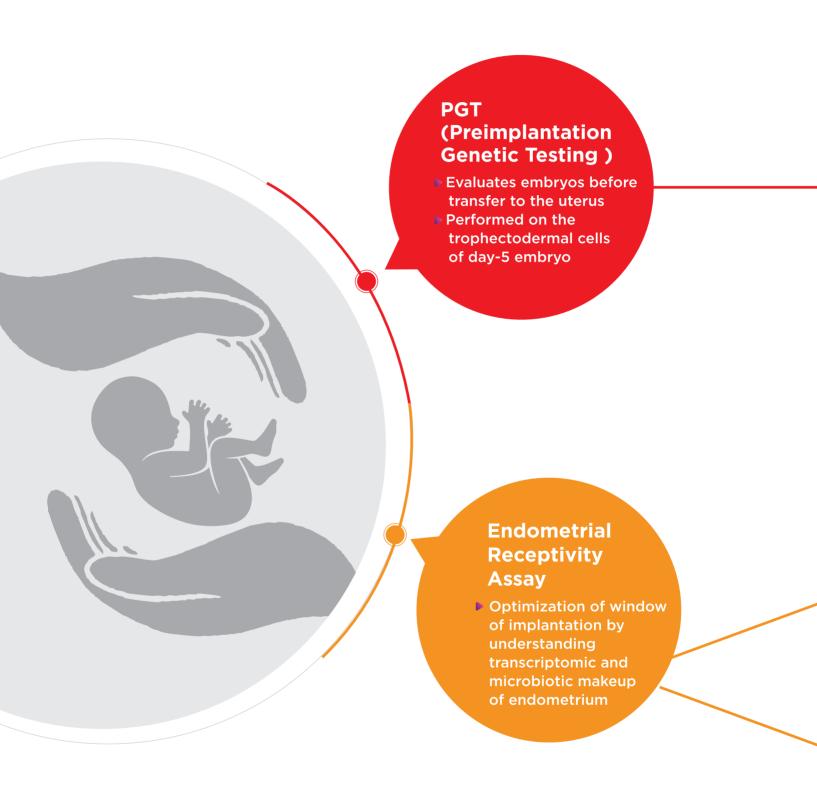
Autosomal recessive (AR) and X-linked recessive (XLR) disorders, Spinal Muscular Atrophy (SMA), triplet repeat primed polymerase chain reaction(TP- PCR) Duchenne Muscular Dystrophy (DMD), Congneital Adrenal Hyperplasia (CAH)

In the absence of a family history or specific phenotype, only pathogenic/likely pathogenic variants based on current evidence will be reported.

^{*} These tests will only be performed in female partner

Optimization of ART

Life's biggest miracle is the gift of



having life growing inside of you



PGT-A

Pre-Implantation Genetic Testing for Aneuploidy

Tests What?

Numerical chromosomal abnormalities across all 24 chromosomes (22 autosomes and 2 sex chromosomes)

For Whom?

- Advanced maternal age (> 35 yrs)Bad obstetric history
- Implantation failure
- Severe male factor infertility



PGT-SR

Pre-Implantation
Genetic Testing
for Structural
Rearrangements

Tests What?

Specific imbalances arising from parental chromosomal rearrangements as well as other numerical or structural abnormalities across all 24 chromosomes

For Whom?

Couples carrier for chromosomal rearrangement like

- InversionReciprocal translocation
- ▶ Robertsonian translocation



PGT-M

Pre-Implantation
Genetic Testing
for Monogenic
Disorders

Tests What?

Specific monogenic disorders (autosomal recessive/ autosomal dominant/ X linked)

For Whom?

- Previous child with a genetic disorder
- Carrier for a specific genetic pathogenic variant associated with a known diagnosis or known predisposition within a family



niPGT

Non Invasive Pre-Implantation Genetic Testing

Tests what?

Chromosomal aneuploidies in all 23 pairs of chromosomes.

For whom?

To minimise the invasive nature of embryo biopsy, niPGT is performed from the spent cuture media of the embryo.

Prior discussion with technical team mandatory before undergoing PGT-SR and PGT-M. PGT-M is not recommended in cases of variants of uncertain significance. [7]

OPERA (Optimal time for Endometrial Receptivity Assay)

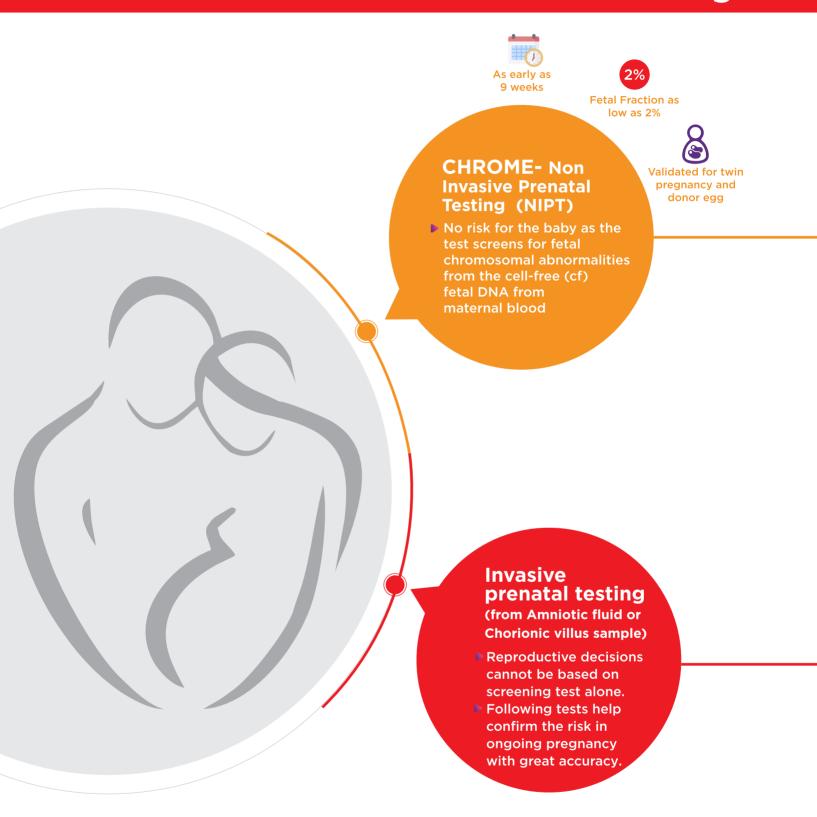
- Next Generation Sequencing (NGS) Technology
- Analyses transcriptomic signature of the window of receptivity (P+5 in HRT/ LH+7 in natural cycle)
- Successful pregnancy in 69.2% of patients after endometrial receptivity testing guided personalised ET [8]

Endobiome

- Increase in non-Lactobacillus-dominated microbiota in a receptive endometrium has been reported to be associated with significant decreases in implantation.
- ▶ EndoBiome analyses the microbial population of endometrium for a better reproductive prognosis.

Monitoring the pregnancy!

We have got



you covered

CHROME-Focus:

- Screens for chromosomal aneuploidies in:
- chromosome 13 (Patau syndrome)
- chromosome 18 (Edward's syndrome)
- chromosome 21 (Down syndrome)
- XXY (Klinefelter syndrome)
- XYY (Jacobs Syndrome)
- X0 (Turner syndrome)

CHROME-Comprehensive:

 Screens for chromosomal aneuploidies in all 23 pairs of chromosomes.

CHROME-Plus:

- Screens for chromosomal aneuploidies in all the 23 Chromosomes
- Microdeletions
 - 1. DiGeorge(22q11.2)
 - 2.Angelman(15q11.2)
 - 3. Prader-willi(15q11.2)
 - 4. Cri-du-chat(5p),
 - 5. Wolf-Hirschhorn syndrome(4p)
 - 6. 1p36 deletion

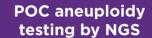
Invasive Prenatal Testing (from Amniotic fluid or Chorionic villus sample)

Fluorescence in Quantitative situ hybridization Karyotype (FISH) for fluorescent chromosome PCR (QF-PCR) 13, 18, 21, X, Y Chromosomal NGS based Microarray: Exome Rapidsure (315K) sequencing-Deepdive (750K) **ORION**

 $^{^*}$ It is essential to rule out maternal cell contamination (MCC) in prenatal samples (AF/CVS) by a separate test.

Recurrent pregnancy Loss

Let there be a Neu-beginning



Genetic assessment of tissue from products of conception (POC) can elucidate the reason for miscarriage in approximately 50-70% of first trimester miscarriages. [10]

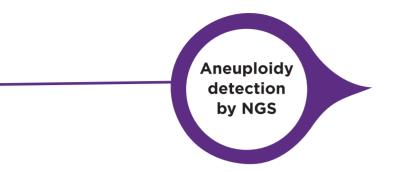
Chromosomal Microarray

Microarray can be offered to detect chromosomal microdeletion/ microduplications.

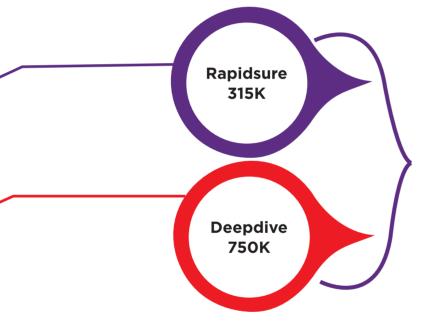
Cytogenetic Test

Cytogenetic abnormalities in couples with RPL include reciprocal translocation (~60%), Robertsonian (~40%) or rarely paracentric and pericentric inversions

with Neu-Hope



- ▶ 48% of pregnancy loss tissue contains chromosomal abnormalities
- NGS based testing detects chromosomal aneuploidies of >10MB in size.
- ▶ The detection rate is >95% [11].
- No requirement of cell culture.



The detection rate of CMA for chromosomal aneuploidies in POC sample is ~10-13% higher than conventional karyotype^[11].



- ▶ 2-4% of couples are affected with RPL
- In ~4-12% of couples, one of the partner is identified as a carrier of balanced translocation ^[4]
- ► Conventional karyotype can detect all balanced translocation in couples.

Sample	Specification	Comments	
Whole Blood	4 ml in lavender top (EDTA)	CMA, NGS based tests, Y chromosome microdeletion	
Whole Blood	4 ml in green top (Sodium heparin)	Karyotype	
Amiotic fluid	10-20 ml in falcon tubes	Prenatal tests (MCC required)	
Chorionic villus sampling	50 mg cleaned villi in 15 ml falcon tubes with 3 ml Amniomax media	Prenatal tests (MCC required)	
Products of conception	50 mg of villus material of fetal origin / fetal tissue sample (toe-thumb) in sterile container with culture media/ normal saline with 0.25 ml gentamycin/amikacin	Chromosomal microarray, NGS based aneuploidy detection on POC, FISH	
Maternal blood	10 ml in cell-free DNA tubes	Non Invasive Prenatal Testing	
Semen	Sterile container	Sperm DNA fragmentation	
Tropho - ectodermal cells	Trophoectodermal biopsy in -20° C Mini Cooler provided by NCGM (please follow "PGT protocol" provided with the kit).	Preimplantation Genetic Tests	
Endometrial biopsy	Endometrial biopsy in RNA stabilizing solution provided by NCGM. (please follow "PGT protocol" provided with the kit).	OpERA, EndoBiome	

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