Most people do not know they are a carrier for an inherited genetic disease until they have a child with the disease. The Vista™ Carrier Screen detects 15,000 mutations across 547 genes, for more than 600 genetic disorders and offers one of the most comprehensive, accurate and affordable pre-pregnancy screening tests on the market.

Why Choose BGI VISTA™ Carrier Screening?

BGI VISTA™ Carrier Screening can be ordered before or during pregnancy and is ideally suited for couples who want to learn about their genetic status, so that they can make more informed reproductive decisions.

Conditions Screened

Option 1: BGI VISTA™ Carrier Screening Targeted Panel (screening of 128 genes)

Option 2: BGI VISTA™ Carrier Screening Comprehensive Panel (screening of 626 genes)

BGI VISTA™ Carrier Screening covers most common disease such as:

- Duchenne Muscular Dystrophy – the most common form of muscular dystrophy affecting children.
- Wilson disease – Worldwide 1 in 30,000 people have Wilson disease.
- Cystic fibrosis – one of the most common deadly inherited disorder among Caucasians.
- Spinal Muscular Atrophy – 1 in 50 people found to be a carrier of this disease.
- Glycogen Storage Disease— The most comprehensive coverage for all types of pomp disease in the market.

Who should consider Vista™ Carrier Screening?

- Individuals or couples who want to know more about their genetic status in order to make more informed reproductive decisions
- Individuals or couples receiving donor sperm or eggs and who want to select a donor that doesn’t carry the same mutation as the member of the couple who will provide the gamates
- People with a family history of a genetic disease or from an ethnic background known to be at risk for certain genetic diseases and who are therefore at higher risk of being carriers for those diseases
- Couples who are already pregnant and who wish to know more about the genetic health of their pregnancy
The Power of Knowing
BGI VISTA™ Carrier Screening

Sample Requirements

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>QUALITY</th>
<th>REQUIREMENT</th>
<th>SHIPMENT</th>
</tr>
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<tbody>
<tr>
<td>Saliva</td>
<td>&gt;2mL</td>
<td>Refer to the specific Saliva instructor</td>
<td>Shipped at room temperature in 7 days</td>
</tr>
<tr>
<td>Peripheral blood</td>
<td>5mL</td>
<td>Genetic invert the EDTA tube to avoid hemolysis</td>
<td>Stored at -20°C for short term, -80°C for long term; Shipped with dry ice. Please avoid vibrations or shock</td>
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<tr>
<td>DNA</td>
<td>≥6µg</td>
<td>Concentration&gt;30ng/µL OD260/280(1.8~2.0)</td>
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</table>

Methodology

Next Generation Sequencing (NGS) technology is used to analyze exons in different genes, as well as selected intergenic and intronic regions. These regions are sequenced with high coverage and compared to the normal variation standards and reference database. Vista detects more than 10 thousand genetic variants covering 600 diseases of clinical importance selected from the HGMD database.

Detected variations include: single point mutations, small Indel (within 20bp). Large duplications and deletions, balanced translocations, inversions, ploidy changes, uniparental disomy and methylation alterations cannot be detected.

Detected mutations are validated with Sanger sequencing. Results are then returned to the ordering healthcare provider who will help interpret the results and provide any follow up genetic counseling or risk management plans.

Only variants classified as "pathogenic" or "likely pathogenic" will be reported. Variants of benign, likely benign or variants of uncertain significance are not reported. Variants are interpreted according to ACMG guidelines.

VISTA™ Carrier Screening Validation

Using next-generation sequencing (NGS), BGI sequenced 2570 pan-ethnic samples from across Europe for 549 recessive and X-linked genes involved in severe childhood phenotypes. Preclinical validation included 48 DNA samples carrying known mutations for 27 genes resulting in a sensitivity of 99%. In total, we detected 1,796 unique pathogenic or likely pathogenic variants; 13,785 variants of unknown clinical significance (VOUS) were defined. From the 2,570 patients investigated, 2,161 (84%) were positive for at least one pathogenic variant. The average carrier burden of recessive or X-linked conditions was 2.3 mutations per sample.

Workflow

1. Conduct pre-test genetic counseling with patient and sign consent form
2. Take sample from patient and send it to BGI
3. Sequencing takes place at BGI laboratory
4. Receive test results 25 days later
5. Conduct post-test genetic counseling with patient

Table:

<table>
<thead>
<tr>
<th></th>
<th>TP*</th>
<th>TN*</th>
<th>FP*</th>
<th>FN*</th>
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<td>100.00%</td>
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<tr>
<td>DEL/INS</td>
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<td>1600</td>
<td>0</td>
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<td>100.00%</td>
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</tbody>
</table>

* TP - True Positive; TN - True Negative; FP - False Positive; FN - False Negative

Contact your local BGI representative for more information or email info@bgi-international.com. More information can also be found on our website. www.bgi.com/global/