



CariGenetics
Precision
Diagnostics

MyRiskScore

Genetic Testing for Future Health Risks





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2144 E Republic Rd B204, Springfield MO, 65804, USA
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Laboratory Director: Elaine Allgood, MD
CLIA/CAP: 26D2106631/9449559

PROVIDER INFORMATION

Site: Dynamic DNA
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Physician:
Phone: XXXXXXXXX
NPI: XXXXXXXXX

PATIENT INFORMATION

Name: Sample Report
Phone:
DOB:
Gender: F

SPECIMEN INFORMATION

Sample ID: ABC123
Specimen Type: Buccal
Date Received: 06/01/2025
Date Reported: 06/10/2025

POLYGENIC RISK SCORE (PRS) REPORT SUMMARY

DISEASE/TRAIT	PRS PERCENTILE	RISK	PAGE
Breast cancer	71 st	13.4% (Not elevated)	2
Coronary artery disease (CAD)	23 rd	<1X (Not elevated)	3
Atrial fibrillation	92 nd	1.7X (Not elevated)	5
Type 2 Diabetes	17 th	<1X (Not elevated)	6
Hypertension	34 th	<1X (Not elevated)	7
High body mass index (BMI)	18 th	<1X (Not elevated)	8
High triglycerides	51 st	1X (Not elevated)	9
Hypo-HDL cholesterolemia	30 th	<1X (Not elevated)	10
Polygenic hypercholesterolemia	95 th	3.7X (High)	11
High lipoprotein (a)	81 st	2.4X (High)	12
Alzheimer's disease	47 th	<1X (Not elevated)	13
Inflammatory Bowel Disease (IBD)	29 th	<1X (Not elevated)	14
Early menopause	71 st	1.2X (Not elevated)	15
Osteoporosis	8 th	<1X (Not elevated)	16
Stroke	65 th	1.1X (Not elevated)	17
Celiac disease	4 th	<1X (Not elevated)	18



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BREAST CANCER RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Lifetime risk	13.4% (Not elevated)	≥ 20%
Polygenic Risk Score	71 st Percentile (Not elevated)	≥ 94 th Percentile

RESULTS

Based on a PRS result in the 71st percentile, the lifetime risk of developing breast cancer is around 13%. This risk is considered to be not elevated.



IMPLICATIONS

- This risk estimate was not in the high risk range. Follow standard of care for management of breast cancer screening¹
- Risk factor counseling about exercise, alcohol consumption, and maintaining a healthy weight²
- This test did not look for rare variants in single genes associated with breast cancer. Discuss panel testing with your patient and consider hereditary testing criteria³

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Lifetime risk of breast cancer is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 94th percentile is considered high because it confers a greater than 20% lifetime risk of disease.



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CORONARY ARTERY DISEASE (CAD) RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	<1X (Not elevated)	$\geq 2X$
Polygenic Risk Score	23 rd Percentile (Not elevated)	$\geq 85^{\text{th}}$ Percentile

IMPLICATIONS

- This PRS was not in the high risk range. Follow standard of care for screening for coronary artery disease^{1,2}.
- This test did not look for rare variants in FH genes. Consider testing of FH genes if suspicious of FH based on clinical presentation and/or family history³.
- For all patients, engage in risk factor counseling about exercise, alcohol consumption, and maintaining a healthy weight².

1. [Polygenic Risk Scores for Cardiovascular Disease: A Scientific Statement From the American Heart Association \(2022\) Circ 146:e93–e118](#)
2. [AHA Guidelines on management of blood lipids \(2018\) Circ 139:e1144–e1161](#)
3. [Clinical Genetic Testing for Familial Hypercholesterolemia: JACC Scientific Expert Panel. JACC vol. 72, no. 6, 2018, pp. 662–80](#)



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CORONARY ARTERY DISEASE (CAD) RISK REPORT

RESULTS

Based on a PRS result in the 23rd percentile, the relative risk of developing coronary artery disease (CAD) is not increased compared to the rest of the population. This risk is considered to be not elevated.



POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of CAD is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 85th percentile is considered high because it confers a greater than 2-fold increased risk compared to the rest of the population.

PRS above the 98th percentile confers a greater than 3-fold increased risk compared to the rest of the population, which is equivalent to risk of familial hypercholesterolemia.



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ATRIAL FIBRILLATION RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	1.7X (Not elevated)	$\geq 2X$
Polygenic Risk Score	92 nd Percentile (Not elevated)	$\geq 97^{\text{th}}$ Percentile

RESULTS

Based on a PRS result in the 92nd percentile, the relative risk of developing atrial fibrillation is not increased compared to the average population. This risk is considered to be not elevated.



POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of AF is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 97th percentile is considered high because it confers greater than twice the average population risk of disease.



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TYPE 2 DIABETES RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	<1X (Not elevated)	≥ 2X
Polygenic Risk Score	17 th Percentile (Not elevated)	≥ 93 rd Percentile

RESULTS

Based on a PRS result in the 17th percentile, the relative risk of developing Type 2 Diabetes is not increased compared to the average population. This risk is considered to be not elevated.



IMPLICATIONS

- This PRS was not in the high risk range. Follow standard of care for Type 2 Diabetes Screening^{1,2}.
- This test did not look for rare variants in single genes associated with diabetes. If suspicious for monogenic diabetes, consider panel testing.

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of T2D is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 93rd percentile is considered high because it confers greater than twice the average population risk of disease.



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HYPERTENSION RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	<1X (Not elevated)	≥ 2X
Polygenic Risk Score	34 th Percentile (Not elevated)	≥ 96 th Percentile

RESULTS

Based on a PRS result in the 34th percentile, the relative risk of developing hypertension is not increased compared to the average population. This risk is considered to be not elevated.



IMPLICATIONS

Additional non-genetic risk factors will also affect your blood pressure. There are behavioral and dietary approaches to lowering risk, including following a healthy lifestyle and regular exercise.

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of hypertension (systolic blood pressure over 160 mmHg) is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 96th percentile is considered high because it confers greater than twice the average population risk of disease.



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HIGH BODY MASS INDEX (BMI) RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	<1X (Not elevated)	≥ 2X
Polygenic Risk Score	18 th Percentile (Not elevated)	≥ 90 th Percentile

RESULTS

Based on a PRS result in the 18th percentile, the relative risk of developing high body mass index (BMI) is not increased compared to the average population. This risk is considered to be not elevated.



IMPLICATIONS

This BMI PRS provides an assessment of the contribution of genetics to bodyweight which is not an assessment of your actual BMI. High BMI is a risk factor for many common diseases. It is important to maintain a healthy weight to keep BMI low by following a healthy lifestyle and regular exercise.

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of high BMI (>30) is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 90th percentile is considered high because it confers greater than twice the average population risk of increased BMI.



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HIGH TRIGLYCERIDES RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	1X (Not elevated)	≥ 2X
Polygenic Risk Score	51 st Percentile (Not elevated)	≥ 91 st Percentile

RESULTS

Based on a PRS result in the 51st percentile, the relative risk of developing high triglycerides is not increased compared to the average population. This risk is considered to be not elevated.



IMPLICATIONS

Measure Triglycerides to assess baseline value

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of high Triglycerides (>150 mg/dL) is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 91st percentile is considered high because it confers greater than twice the average population risk of high triglycerides.



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HYPO-HDL CHOLESTEROLEMIA RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	<1X (Not elevated)	≥ 2X
Polygenic Risk Score	30 th Percentile (Not elevated)	≥ 87 th Percentile

RESULTS

Based on a PRS result in the 30th percentile, the relative risk of developing hypo-HDL cholesterolemia is not increased compared to the average population. This risk is considered to be not elevated.



IMPLICATIONS

Aim to increase HDL to at least 60 mg/dL

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of low HDL-C (<40 mg/dL) is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 87th percentile is considered high because it confers greater than twice the average population risk of low HDL-C.



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POLYGENIC HYPERCHOLESTEROLEMIA RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	3.7X (High)	$\geq 2X$
Polygenic Risk Score	95th Percentile (High)	$\geq 81^{\text{st}}$ Percentile

RESULTS

Based on a PRS result in the 95th percentile, the relative risk of developing polygenic hypercholesterolemia is increased by around 3.7 times the average. This is considered to be high risk.



IMPLICATIONS

Measure LDL-C to assess baseline value

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of high LDL-C (>190 mg/dL) is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 81st percentile is considered high because it confers greater than twice the average population risk of high LDL-C.



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HIGH LIPOPROTEIN (A) RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	2.4X (High)	$\geq 2X$
Polygenic Risk Score	81st Percentile (High)	$\geq 76^{\text{th}}$ Percentile

RESULTS

Based on a PRS result in the 81st percentile, the relative risk of developing high lipoprotein (a) is increased by around 2.4 times the average. This is considered to be high risk.



IMPLICATIONS

Measure Lp(a) to assess if high (>125 nmol/L)

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of high LPA levels (>125 nmol/L) is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 76th percentile is considered high because it confers greater than twice the average population risk of high LPA levels.



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ALZHEIMER'S DISEASE RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	<1X (Not elevated)	≥ 2X
Polygenic Risk Score	47 th Percentile (Not elevated)	≥ 84 th Percentile

RESULTS

Based on a PRS result in the 47th percentile, the relative risk of developing Alzheimer's disease is not increased compared to the average population. This risk is considered to be not elevated.



IMPLICATIONS

- This PRS was not in the high risk range.
- This test looks at both copies of apolipoprotein E (*APOE*), however the alleles are not reported as part of this test.

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of Alzheimer's disease is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 84th percentile is considered high because it confers greater than twice the average population risk of Alzheimer's disease.



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INFLAMMATORY BOWEL DISEASE (IBD) RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	<1X (Not elevated)	≥ 2X
Polygenic Risk Score	29 th Percentile (Not elevated)	≥ 89 th Percentile

RESULTS

Based on a PRS result in the 29th percentile, the relative risk of developing Inflammatory Bowel Disease (IBD) is not increased compared to the average population. This risk is considered to be not elevated.



IMPLICATIONS

The exact cause of IBD is unknown, but IBD is the result of a defective immune system. There are both genetic and environmental components to risk.

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of IBD is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 89th percentile is considered high because it confers greater than twice the average population risk of Inflammatory Bowel Disease (IBD).



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EARLY MENOPAUSE RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	1.2X (Not elevated)	$\geq 2X$
Polygenic Risk Score	71 st Percentile (Not elevated)	$\geq 96^{\text{th}}$ Percentile

RESULTS

Based on a PRS result in the 71st percentile, the relative risk of developing early menopause is not increased compared to the average population. This risk is considered to be not elevated.



IMPLICATIONS

A woman's risk of early menopause (defined as menopause which occurs naturally before the age of 45) is the result of both genetic and environmental risk factors. A Polygenic Risk Score (PRS) was applied in an integrated model to calculate the risk of developing early menopause.

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of early menopause is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 96th percentile is considered high because it confers greater than twice the average population risk of early menopause.



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OSTEOPOROSIS RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	<1X (Not elevated)	≥ 2X
Polygenic Risk Score	8 th Percentile (Not elevated)	≥ 94 th Percentile

RESULTS

Based on a PRS result in the 8th percentile, the relative risk of developing osteoporosis is not increased compared to the average population. This risk is considered to be not elevated.



IMPLICATIONS

An average risk for osteoporosis means that the genetics of the tested individual does not confer an additional risk for this trait. However, risk increases with age, as well as with the presence of other risk factors not considered in the test. This genetic risk should be interpreted in the context of the individual's clinical and family history.

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of osteoporosis is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.



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STROKE RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	1.1X (Not elevated)	≥ 2X
Polygenic Risk Score	65 th Percentile (Not elevated)	≥ 98 th Percentile

RESULTS

Based on a PRS result in the 65th percentile, the relative risk of having a stroke is not increased compared to the average population. This risk is considered to be not elevated.



IMPLICATIONS

A number of lifestyle factors are known to increase risk of stroke. These include smoking, high blood pressure and diet. To reduce lifetime risk of stroke, as well as a number of other diseases, it is important to maintain a healthy lifestyle, reduce alcohol consumption and keep physically active.

POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of stroke is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 98th percentile is considered high because it confers greater than twice the average population risk of stroke.



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CELIAC DISEASE RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	<1X (Not elevated)	≥ 2X
Polygenic Risk Score	4 th Percentile (Not elevated)	≥ 77 th Percentile

RESULTS

Based on a PRS result in the 4th percentile, the relative risk of developing celiac disease is not increased compared to the average population. This risk is considered to be not elevated.



POLYGENIC RISK SCORE AND RELATIVE RISK EXPLAINED

A polygenic risk score (PRS) measures the component of disease risk from many genetic variants spread throughout the genome. Relative risk of Celiac disease is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.

PRS above the 77th percentile is considered high because it confers greater than twice the average population risk of celiac disease.

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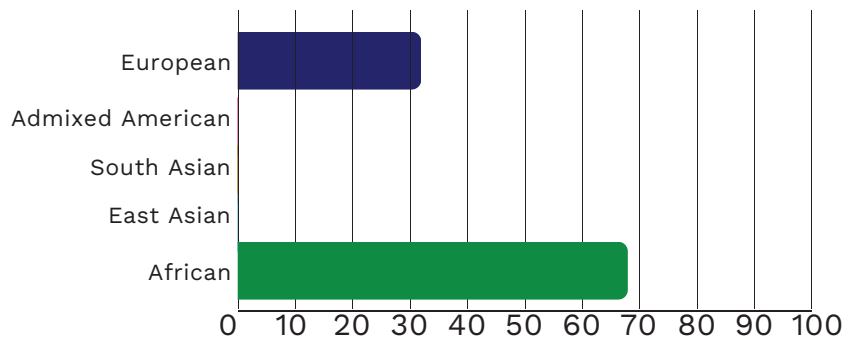
GENETIC ANCESTRY REPORT

Your genetic ancestry is **68% African, 32% European**

An individual inherits their DNA from their biological parents, who inherited their DNA from their biological parents. These DNA links go back for generations, so an individual's genome contains a record of their ancestors. It is a unique history of past generations. However, an individual does not inherit DNA from all their ancestors, so genetic ancestors will only ever be a small subset of their genealogical ancestors. Nevertheless, by comparing an individual's genome to DNA from people across the world we can open a window into their past.

The tested individual's genome most closely matches DNA from a mixture of contemporary human populations.

To assess the individual's ancestry, their genome was compared to a reference dataset comprising more than 2,500 individuals from 26 global populations. Historical and archaeological studies indicate that our ancestors moved around the globe and, although it's possible to extract DNA from people who were alive hundreds and even thousands of years ago, this ancestry assessment only compares the tested individual's genomes to people alive in different parts of the world today. It is therefore best viewed as an estimate of the tested individual's recent ancestry rather than a reflection of their deep history.





COMMON QUESTIONS

What is PRS?

A PRS is a number calculated from a person's genetic data and is the sum of the number of risk alleles associated with the disease of interest weighted by the corresponding effect sizes (beta parameter) of those alleles on the disease.

What is a PRS percentile?

The percentile is a value that represents how an individual's score (PRS) compares to others in a population. When the risk of disease is known for this population, then the percentile can be used to assess a person's disease risk during lifetime. To establish the percentiles of the population, it is divided into 100 equally sized groups that allows to carry out the distribution of risk. If the PRS is in the 95th percentile, it does not mean the individual has a 95% chance of developing the disease, it means that, out of 100 people, the individual's polygenic score is higher than 95 people and the same or lower than 5.

A high PRS percentile means that the score is higher than many in the population. Depending on the condition analysed, having the same PRS percentile can equate to different lifetime or relative risk.

What is relative risk and how is it calculated?

Relative risk reports how an individual's PRS translates into increased or decreased risk compared to the average risk in the population. A relative risk of 1 is equivalent to the average population risk, values greater than 1 represent higher than the population average risk and values less than 1 represent risk that is lower than the population average. Relative risk was computed using the PRS percentile and the Odds Ratio per Standard Deviation from a logistic regression model using PRS as independent variable and adjusted for the first 4 principal components of variation.

What does it mean to have high relative risk?

If a PRS is calculated on a population, the scores will form a normal distribution with most people having scores in the middle of this distribution, or average risk. A high PRS means that the score is higher than many in the population. This equates a genetic make-up with comparatively higher than average risk compared to the population. Having a high relative risk does not mean that the disease will definitely develop, as there are numerous additional lifestyle and physiological factors that contribute to modify the absolute risk. Additionally, the risk for many diseases varies substantially with age.



Processed by Dynamic DNA Laboratories
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CLIA/CAP: 26D2106631/9449559

TEST LIMITATIONS

This test does not diagnose any disease or health condition. This test provides a quantitative assessment of an individual's future risk of disease. This test should only be performed on consenting adults and is not intended to be used, and has no utility, to assess risk in any of the following situations: children under the age of 18; in vitro fertilisation embryo selection; carrier screening for family planning. Consider discussing the results of this test with a genetic counselor.

INTENDED USES

This test is performed on saliva or blood samples. Variants and their associated effect sizes are selected from the largest Genome Wide Association Study (GWAS) available for a particular disease and the best performing PRS identified out of a suite of PRS methods. The sum of risk alleles for each SNP is weighted by the corresponding effect size from the PRS panel to determine a patient's risk of developing various diseases or multifactorial traits. Risk by a given age (age-dependent risk) is computed by a Cox regression model using PRS as independent variable and adjusted for the first 4 principal components of ancestry variation. Genetic ancestry is assessed by principal components analysis (PCA) and iAdmix to adjust an individual's PRS to his ancestry. The PCA statistical method is used to identify structure in the distribution of genetic variation across geographical location and ethnic background, so this adjustment accounts for differences in individual's genetics due to their ancestry rather than their disease risk. The PRS is finally aligned to ancestry specific scores distributions built using populations from a range of genetic ancestries. The software is CE-IVD marked for the intended use of determining a patient's risk of developing the following diseases and multifactorial traits: breast cancer, prostate cancer, CAD, atrial fibrillation, hypertension, LDL cholesterol, triglycerides, and type 2 diabetes.

TECHNICAL DETAILS

It is important to note that the results of the PRS analyses presented here are not diagnostic. The aim of these genetic and bioinformatic analyses is to provide additional information to clinicians about the risk of disease to a patient that is conferred by their genes. Depending on the PRS, the analysis takes into account a range of tens to millions of common genetic variants that have been robustly associated with the disease of interest. However, there may still be additional, as yet unidentified, genetic variants involved in genetic risk. In addition, this test does not take into account either known or unknown pathogenic or likely pathogenic variants in known disease susceptibility genes. These variants may be present but unidentified and may additionally contribute to an individual's genetic risk of developing disease. Genetic variation differs between ethnic groups and PRS have been developed in European ancestry association datasets. This test has been validated on several ethnic groups, but the performance between ethnicities may vary.

DISCLAIMER

This test should be interpreted in context with other clinical findings. All risk estimation is approximate and based on previously analysed cohorts. Being identified as "high risk" is not a diagnosis and does not guarantee that a person will develop the disease.

METHODOLOGY

All sample testing is completed by Dynamic DNA Laboratories at 2144 E. Republic Rd., Ste B204, Springfield, MO 65804. This test was developed in partnership with Allelica, and its performance characteristics determined by Dynamic DNA Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. Genotyping tests are completed using a DNA microarray. Array testing is performed using the Illumina version 3 Global Screening Array and imaged on an Illumina iScan array scanner.

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