CariGenetics
Precision
Diagnostics

MyRiskScore

Genetic Testing for Future Health Risks

CariGenetics Precision Diagnostics
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Laboratory Director: Elaine Allgood, MD
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PROVIDER INFORMATION
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Physician:
Phone: XXXXXXXXX
NPI: XXXXXXXXX

PATIENT INFORMATION
Name: Sample Report
Phone:
DOB:
Gender: M

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
Prostate cancer	95th	4.5X (High)	2
Coronary artery disease (CAD)	45th	<1X (Not elevated)	3
Atrial fibrillation	28th	<1X (Not elevated)	5
Type 2 Diabetes	50th	1X (Not elevated)	6
Hypertension	61st	1.1X (Not elevated)	7
High body mass index (BMI)	32nd	<1X (Not elevated)	8
High triglycerides	70th	1.3X (Not elevated)	9
Hypo-HDL cholesterolemia	24th	<1X (Not elevated)	10
Polygenic hypercholesterolemia	78th	1.8X (Not elevated)	11
High lipoprotein (a)	91st	4.2X (High)	12
Alzheimer's disease	49th	<1X (Not elevated)	13
Inflammatory Bowel Disease (IBD)	63rd	1.2X (Not elevated)	14
Stroke	96th	1.3X (Not elevated)	15
Celiac disease	11th	<1X (Not elevated)	16

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PROSTATE CANCER RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	**4.5X (High)**	≥ 2X
Polygenic Risk Score	**95th Percentile (High)**	≥ 78th Percentile

RESULTS

Based on a PRS result in the 95th percentile, the relative risk of developing prostate cancer is increased by around 4.5 times the average. This is considered to be high risk.

IMPLICATIONS

- It is important to make sure your patient's prostate cancer screening is up-to-date[1]
- Discuss whether to consider initiating prostate specific antigen (PSA) screening beginning at age 40. If patient is 50 or older, Incorporate PRS results into PSA shared decision making discussion with patient[1].
- Consider baseline digital rectal exam if PSA testing is completed[1].
- This test did not look for rare variants in single genes associated with prostate cancer. Discuss panel testing with your patient and consider hereditary testing criteria[2].

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 prostate cancer is calculated by comparing the tested individual's PRS to a reference population of similar genetic ancestry.
PRS above the 78th percentile is considered high because it confers greater than twice the average population risk of disease.

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CORONARY ARTERY DISEASE (CAD) RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	<1X (Not elevated)	≥ 2X
Polygenic Risk Score	45th Percentile (Not elevated)	≥ 85th 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 history[3].
- For all patients, engage in risk factor counseling about exercise, alcohol consumption, and maintaining a healthy weight[2].

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 45th 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	<1X (Not elevated)	≥ 2X
Polygenic Risk Score	28th Percentile (Not elevated)	≥ 95th Percentile

RESULTS

Based on a PRS result in the 28th 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 95th 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	50th Percentile (Not elevated)	≥ 94th Percentile

RESULTS

Based on a PRS result in the 50th 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 94th 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	1.1X (Not elevated)	≥ 2X
Polygenic Risk Score	61st Percentile (Not elevated)	≥ 96th Percentile

RESULTS

Based on a PRS result in the 61st 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	32nd Percentile (Not elevated)	≥ 89th Percentile

RESULTS

Based on a PRS result in the 32nd 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 89th 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	1.3X (Not elevated)	≥ 2X
Polygenic Risk Score	70th Percentile (Not elevated)	≥ 92nd Percentile

RESULTS

Based on a PRS result in the 70th 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 92nd percentile is considered high because it confers greater than twice the average population risk of high triglycerides.

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Sample ID: ABC123
Specimen Type: Buccal
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HYPO-HDL CHOLESTEROLEMIA RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	<1X (Not elevated)	≥ 2X
Polygenic Risk Score	24th Percentile (Not elevated)	≥ 91st Percentile

RESULTS

Based on a PRS result in the 24th 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 91st 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	1.8X (Not elevated)	≥ 2X
Polygenic Risk Score	78th Percentile (Not elevated)	≥ 81st Percentile

RESULTS

Based on a PRS result in the 78th percentile, the relative risk of developing polygenic hypercholesterolemia is not increased compared to the average population. This risk is considered to be not elevated.

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	**4.2X (High)**	≥ 2X
Polygenic Risk Score	**91st Percentile (High)**	≥ 74th Percentile

RESULTS

Based on a PRS result in the 91st percentile, the relative risk of developing high lipoprotein (a) is increased by around 4.2 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 74th 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	49th Percentile (Not elevated)	≥ 89th Percentile

RESULTS

Based on a PRS result in the 49th 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 89th 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	1.2X (Not elevated)	≥ 2X
Polygenic Risk Score	63rd Percentile (Not elevated)	≥ 89th Percentile

RESULTS

Based on a PRS result in the 63rd 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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STROKE RISK REPORT

ANALYSIS	RESULTS	HIGH RISK THRESHOLD
Relative Risk	1.3X (Not elevated)	≥ 2X
Polygenic Risk Score	96th Percentile (Not elevated)	≥ 98th Percentile

RESULTS

Based on a PRS result in the 96th 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	11th Percentile (Not elevated)	≥ 76th Percentile

RESULTS

Based on a PRS result in the 11th 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 76th percentile is considered high because it confers greater than twice the average population risk of celiac disease.

CariGenetics Precision Diagnostics
H106, Hallett Hall, Bermuda College 21 Stonington Ave, Paget, PG04, Bermuda
441-500-1982 | precisiondx.carigenetics.com
email: precisiondx@carigenetics.com

Processed by Dynamic DNA Laboratories
2144 E Republic Rd B204, Springfield MO, 65804, USA
417-319-1047 | dynamicdnalabs.com
Laboratory Director: Elaine Allgood, MD
CLIA/CAP: 26D2106631/9449559

CariGenetics Precision Diagnostics
MyRiskScore

PROVIDER INFORMATION
Site: Dynamic DNA Laboratories
Physician:
Phone: XXXXXXXXX
NPI: XXXXXXXXX

PATIENT INFORMATION
Name: Sample Report
Phone:
DOB:
Gender: M

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

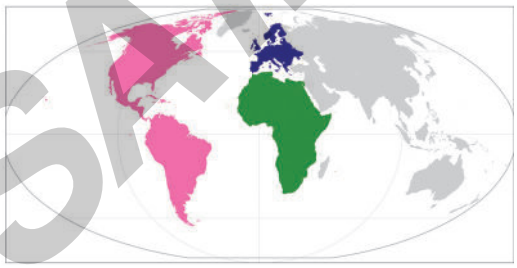
GENETIC ANCESTRY REPORT

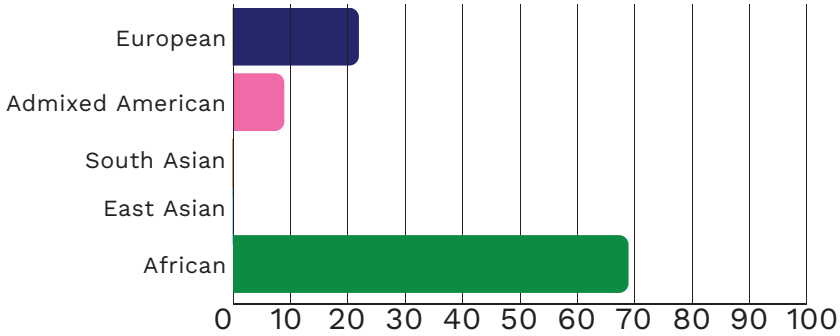
Your genetic ancestry is **67% African, 21% European, 12% Admixed American**

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.





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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.\n

\nA 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.

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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 patients 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 patients 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. \nGenetic 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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