



Weill Cornell Medical College

The Ronald O. Perelman and Claudia Cohen
Center for Reproductive Medicine

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Weill Cornell Medical Center

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Dear Patient,

The Center for Reproductive Medicine is committed to providing you with the best care possible.

CRM now uses **Mt. Sinai's Expanded Pan-ethnic Panel (281 disorders)** for more comprehensive genetic testing on all patients (280 for male testing). There are many disorders that are prevalent in certain ethnic backgrounds and not everyone can properly identify their ancestry. This makes appropriate ethnic-based carrier screening quite challenging. Mt. Sinai has compiled 281 genetic disorders that occur at increased frequencies in certain populations to make expanded pan-ethnic carrier screening more streamlined.

CRM Donor Egg Program requires genetic testing to be done on all male partners, directed/known sperm donors and anonymous, agency and directed/known egg donors. Since this is different genetic testing than what was offered in the past, all patients are required to do this and it cannot be waived. Please find the attached list of diseases that are tested in this panel.

If the sperm source is anonymous, it will be up to the patient to request the sperm bank to have the sperm donor tested for the same disorder(s). We will be requiring an "Acknowledgement of Risk" consent signed by the recipient in order to proceed with the anonymous sperm donor without testing should she decide to do so.

- *Carrier screening on all male partners/directed sperm donors must be completed to become active on the wait list.*
- *We cannot match you with an egg donor until we have these results because we cannot offer a donor who carries the same disorder.*
- *You will be informed of the disorder/s the donor is a carrier of; all recipients receive a genetic report on the donor.*
- *Counseling will be provided and you may proceed with the cycle if you choose to do so.*

We have a special patient price arranged with Mt. Sinai. In order to qualify for this pricing, a blood sample can be collected at CRM. It may take up to 14 days for results to be available so please have this done as soon as possible. Please call Mari Santocildes (646)-962-3447 for an appointment.

If you have any questions regarding genetic testing or have a family history of a genetic disease not listed, please contact our genetic counselor, Debra Lilienthal, at (646)-962-3434.

If you have any other questions please feel free to contact our program manager, Dee Svedberg, at (646)962-3345.

Sincerely,
Ina Cholst, M.D.
Donor Egg Program Director

Expanded Pan-ethnic Panel includes:

<input type="checkbox"/> Abetalipoproteinemia	<input type="checkbox"/> D-Bifunctional Protein Deficiency	<input type="checkbox"/> Leigh Syndrome, French-Canadian Type	<input type="checkbox"/> Niemann-Pick Disease A/B (<i>SMPD1</i> -Related)
<input type="checkbox"/> Achromatopsia	<input type="checkbox"/> Deafness, Autosomal Recessive 77	<input type="checkbox"/> Lethal Congenital Contracture Syndrome 1 / Lethal Arthrogryposis with Anterior Horn Cell Disease	<input type="checkbox"/> Niemann-Pick Disease, Type C (<i>NPC1</i> -Related)
<input type="checkbox"/> Acrodermatitis Enteropathica	<input type="checkbox"/> Duchenne Muscular Dystrophy / Becker Muscular Dystrophy	<input type="checkbox"/> Leukoencephalopathy with Vanishing White Matter	<input type="checkbox"/> Niemann-Pick Disease, Type C (<i>NPC2</i> -Related)
<input type="checkbox"/> Acute Infantile Liver Failure	<input type="checkbox"/> Dyskeratosis Congenita (<i>RTEL1</i> -Related)	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy, Type 2A	<input type="checkbox"/> Nijmegen Breakage Syndrome
<input type="checkbox"/> Acyl-CoA Oxidase 1 Deficiency	<input type="checkbox"/> Dystrophic Epidermolysis Bullosa	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy, Type 2B	<input type="checkbox"/> Non-Syndromic Hearing Loss (<i>GJB2</i> -Related)
<input type="checkbox"/> Adenosine Deaminase Deficiency	<input type="checkbox"/> Ehlers-Danlos Syndrome, Type VIIc	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy, Type 2C	<input type="checkbox"/> Odonto-Onycho-Dermal Dysplasia / Schopf-Schulz-Passarge Syndrome
<input type="checkbox"/> Aicardi-Goutières Syndrome (<i>SAMHD1</i> -Related)	<input type="checkbox"/> Ellis-van Creveld Syndrome (<i>EVC</i> -Related)	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy, Type 2D	<input type="checkbox"/> Omenn Syndrome (<i>RAG2</i> -Related)
<input type="checkbox"/> Alpha-Mannosidosis	<input type="checkbox"/> Emery-Dreifuss Myopathy 1	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy, Type 2E	<input type="checkbox"/> Omenn Syndrome / Severe Combined Immunodeficiency, Athabaskan-Type
<input type="checkbox"/> Alpha-Thalassemia	<input type="checkbox"/> Enhanced S-Cone Syndrome	<input type="checkbox"/> Limb-Girdle Muscular Dystrophy, Type 2I	<input type="checkbox"/> Ornithine Aminotransferase Deficiency
<input type="checkbox"/> Alpha-Thalassemia Mental Retardation Syndrome	<input type="checkbox"/> Ethylmalonic Encephalopathy	<input type="checkbox"/> Lipoamide Dehydrogenase Deficiency	<input type="checkbox"/> Ornithine Transcarbamoylase Deficiency
<input type="checkbox"/> Alport Syndrome (<i>COL4A3</i> -Related)	<input type="checkbox"/> Fabry Disease	<input type="checkbox"/> Lipoid Adrenal Hyperplasia	<input type="checkbox"/> Osteopetrosis 1
<input type="checkbox"/> Alport Syndrome (<i>COL4A4</i> -Related)	<input type="checkbox"/> Factor IX Deficiency	<input type="checkbox"/> Lipoprotein Lipase Deficiency	<input type="checkbox"/> Pendred Syndrome
<input type="checkbox"/> Alport Syndrome (<i>COL4A5</i> -Related)	<input type="checkbox"/> Factor XI Deficiency	<input type="checkbox"/> Long-Chain 3-Hydroxyacyl-CoA Dehydrogenase Deficiency	<input type="checkbox"/> Phenylalanine Hydroxylase Deficiency
<input type="checkbox"/> Alstrom Syndrome	<input type="checkbox"/> Familial Autosomal Recessive Hypercholesterolemia	<input type="checkbox"/> Lysinuric Protein Intolerance	<input type="checkbox"/> 3-Phosphoglycerate Dehydrogenase Deficiency
<input type="checkbox"/> Andermann Syndrome	<input type="checkbox"/> Familial Dysautonomia	<input type="checkbox"/> Maple Syrup Urine Disease, Type 1a	<input type="checkbox"/> Polycystic Kidney Disease, Autosomal Recessive
<input type="checkbox"/> Argininosuccinic Aciduria	<input type="checkbox"/> Familial Hypercholesterolemia, Autosomal Recessive	<input type="checkbox"/> Maple Syrup Urine Disease, Type 1b	<input type="checkbox"/> Polyglandular Autoimmune Syndrome, Type 1
<input type="checkbox"/> Aromatase Deficiency	<input type="checkbox"/> Familial Hyperinsulinism (<i>ABCC8</i> -Related)	<input type="checkbox"/> Meckel-Gruber syndrome 1 / Bardet-Biedl Syndrome 13	<input type="checkbox"/> Pontocerebellar Hypoplasia, Type 1A
<input type="checkbox"/> Arthrogryposis, Mental Retardation, and Seizures	<input type="checkbox"/> Familial Hyperinsulinism (<i>KCNJ11</i> -Related)	<input type="checkbox"/> Medium Chain Acyl-CoA Dehydrogenase Deficiency	<input type="checkbox"/> Pontocerebellar Hypoplasia, Type 6
<input type="checkbox"/> Asparagine Synthetase Deficiency	<input type="checkbox"/> Familial Mediterranean Fever	<input type="checkbox"/> Megalencephalic Leukoencephalopathy with Subcortical Cysts	<input type="checkbox"/> Primary Carnitine Deficiency
<input type="checkbox"/> Aspartylglycosaminuria	<input type="checkbox"/> Fanconi Anemia, Group A	<input type="checkbox"/> Menkes Disease	<input type="checkbox"/> Primary Ciliary Dyskinesia (<i>DNAI1</i> -Related)
<input type="checkbox"/> Ataxia With Isolated Vitamin E Deficiency	<input type="checkbox"/> Fanconi Anemia, Group C	<input type="checkbox"/> Metachromatic Leukodystrophy	<input type="checkbox"/> Primary Ciliary Dyskinesia (<i>DNAH5</i> -Related)
<input type="checkbox"/> Ataxia-Telangiectasia	<input type="checkbox"/> Fanconi Anemia, Group G	<input type="checkbox"/> 3-Methylcrotonyl-CoA Carboxylase Deficiency: (<i>MCC1</i> -Related)	<input type="checkbox"/> Primary Ciliary Dyskinesia (<i>DNAI2</i> -related)
<input type="checkbox"/> Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay	<input type="checkbox"/> Fragile X Syndrome	<input type="checkbox"/> 3-Methylcrotonyl-CoA Carboxylase Deficiency: (<i>MCC2</i> -Related)	<input type="checkbox"/> Primary Hyperoxaluria, Type 1
<input type="checkbox"/> Bardet-Biedl Syndrome (<i>BBS10</i> -Related)	<input type="checkbox"/> Fumarase Deficiency	<input type="checkbox"/> 3-Methylglutaconic Aciduria, Type III / Optic Atrophy 3, with Cataract	<input type="checkbox"/> Primary Hyperoxaluria, Type 2
<input type="checkbox"/> Bardet-Biedl Syndrome (<i>BBS12</i> -Related)	<input type="checkbox"/> Galactokinase Deficiency	<input type="checkbox"/> Methylmalonic Acidemia (<i>MMAA</i> -Related)	<input type="checkbox"/> Primary Hyperoxaluria, Type 3
<input type="checkbox"/> Bardet-Biedl Syndrome (<i>BBS1</i> -Related)	<input type="checkbox"/> Galactosemia	<input type="checkbox"/> Methylmalonic Acidemia (<i>MMAB</i> -Related)	<input type="checkbox"/> Progressive Cerebello-Cerebral Atrophy
<input type="checkbox"/> Bardet-Biedl Syndrome (<i>BBS2</i> -Related)	<input type="checkbox"/> Gaucher Disease	<input type="checkbox"/> Methylmalonic Acidemia (<i>MUT</i> -Related)	<input type="checkbox"/> Progressive Familial Intrahepatic Cholestasis, Type 2
<input type="checkbox"/> Bare Lymphocyte Syndrome, Type II	<input type="checkbox"/> Gitelman Syndrome	<input type="checkbox"/> Methylmalonic Aciduria and Homocystinuria, Cobalamin C Type	<input type="checkbox"/> Propionic Acidemia (<i>PCCA</i> -Related)
<input type="checkbox"/> Bartter Syndrome, Type 4A	<input type="checkbox"/> Glutaric Acidemia, Type I	<input type="checkbox"/> Methylmalonic Aciduria and Homocystinuria, Cobalamin D Type	<input type="checkbox"/> Propionic Acidemia (<i>PCCB</i> -Related)
<input type="checkbox"/> Bernard-Soulier Syndrome, Type A1	<input type="checkbox"/> Glutaric Acidemia, Type IIa	<input type="checkbox"/> Microphthalmia / Anophthalmia	<input type="checkbox"/> Pycnodysostosis
<input type="checkbox"/> Bernard-Soulier Syndrome, Type C	<input type="checkbox"/> Glutaric Acidemia, Type IIc	<input type="checkbox"/> Mitochondrial Complex I Deficiency (<i>ACAD9</i> -Related)	<input type="checkbox"/> Pyruvate Dehydrogenase E1-Alpha Deficiency
<input type="checkbox"/> 3-Beta-Hydroxysteroid Dehydrogenase Type II Deficiency	<input type="checkbox"/> Glycine Encephalopathy (<i>AMT</i> -Related)	<input type="checkbox"/> Mitochondrial Complex I Deficiency (<i>NDUFA5</i> -Related)	<input type="checkbox"/> Pyruvate Dehydrogenase E1-Beta Deficiency
<input type="checkbox"/> Beta-Ketothiolase Deficiency	<input type="checkbox"/> Glycine Encephalopathy (<i>GLDC</i> -Related)	<input type="checkbox"/> Mitochondrial Complex I Deficiency (<i>NDUFS6</i> -Related)	<input type="checkbox"/> 6-Pyruvoyl-Tetrahydropterin Synthase Deficiency
<input type="checkbox"/> Beta-Globin-Related Hemoglobinopathies	<input type="checkbox"/> Glycogen Storage Disease, Type Ia	<input type="checkbox"/> Mitochondrial Complex I Deficiency (<i>NDUFG1</i> -Related)	<input type="checkbox"/> Renal Tubular Acidosis and Deafness
<input type="checkbox"/> Bilateral Frontoparietal Polymicrogyria	<input type="checkbox"/> Glycogen Storage Disease, Type Ib	<input type="checkbox"/> Mitochondrial Complex I Deficiency (<i>NDUFG2</i> -Related)	<input type="checkbox"/> Retinitis Pigmentosa 25
<input type="checkbox"/> Biotinidase Deficiency	<input type="checkbox"/> Glycogen Storage Disease, Type II	<input type="checkbox"/> Mitochondrial Complex I Deficiency (<i>NDUFG3</i> -Related)	<input type="checkbox"/> Retinitis Pigmentosa 26
<input type="checkbox"/> Bloom Syndrome	<input type="checkbox"/> Glycogen Storage Disease, Type III	<input type="checkbox"/> Mitochondrial Complex I Deficiency (<i>NDUFG4</i> -Related)	<input type="checkbox"/> Retinitis Pigmentosa 28
<input type="checkbox"/> Canavan Disease	<input type="checkbox"/> Glycogen Storage Disease, Type IV / Adult Polyglucosan Body Disease	<input type="checkbox"/> Mitochondrial Complex I Deficiency (<i>NDUFG5</i> -Related)	<input type="checkbox"/> Retinitis Pigmentosa 29
<input type="checkbox"/> Carbamoylphosphate Synthetase I Deficiency	<input type="checkbox"/> Glycogen Storage Disease, Type V	<input type="checkbox"/> Mitochondrial Complex I Deficiency (<i>NDUFG6</i> -Related)	<input type="checkbox"/> Retinitis Pigmentosa 59
<input type="checkbox"/> Carnitine Palmitoyltransferase IA Deficiency	<input type="checkbox"/> Glycogen Storage Disease, Type VII	<input type="checkbox"/> Mitochondrial DNA Depletion Syndrome 6 / Navajo Neurohepatopathy	<input type="checkbox"/> Rhizomelic Chondrodysplasia Punctata, Type 1
<input type="checkbox"/> Carnitine Palmitoyltransferase II Deficiency	<input type="checkbox"/> GRACILE Syndrome and Other <i>BCS1L</i> -Related Disorders	<input type="checkbox"/> Mitochondrial Myopathy and Sideroblastic Anemia 1	<input type="checkbox"/> Rhizomelic Chondrodysplasia Punctata, Type 3
<input type="checkbox"/> Carpenter Syndrome	<input type="checkbox"/> Hemochromatosis, Type 2A	<input type="checkbox"/> Mucopolipidosis II / IIIA	<input type="checkbox"/> Roberts Syndrome
<input type="checkbox"/> Cartilage-Hair Hypoplasia	<input type="checkbox"/> Hemochromatosis, Type 3	<input type="checkbox"/> Mucopolipidosis III Gamma	<input type="checkbox"/> Salla Disease
<input type="checkbox"/> Cerebral Creatine Deficiency Syndrome 1	<input type="checkbox"/> Hereditary Fructose Intolerance	<input type="checkbox"/> Mucopolipidosis IV	<input type="checkbox"/> Sandhoff Disease
<input type="checkbox"/> Cerebral Creatine Deficiency Syndrome 2	<input type="checkbox"/> Hereditary Spastic Paraparesis 49	<input type="checkbox"/> Mucopolysaccharidosis Type I	<input type="checkbox"/> Schimke Immunoskeletal Dysplasia
<input type="checkbox"/> Cerebrotendinous Xanthomatosis	<input type="checkbox"/> Hermansky-Pudlak Syndrome, Type 1	<input type="checkbox"/> Mucopolysaccharidosis Type II	<input type="checkbox"/> Segawa Syndrome
<input type="checkbox"/> Charcot-Marie-Tooth Disease, Type 4D	<input type="checkbox"/> Hermansky-Pudlak Syndrome, Type 3	<input type="checkbox"/> Mucopolysaccharidosis Type IIIA	<input type="checkbox"/> Sjogren-Larsson Syndrome
<input type="checkbox"/> Charcot-Marie-Tooth Disease, Type 5 / Arts syndrome	<input type="checkbox"/> HMG-CoA Lyase Deficiency	<input type="checkbox"/> Mucopolysaccharidosis Type IIIB	<input type="checkbox"/> Smith-Lemli-Opitz Syndrome
<input type="checkbox"/> Charcot-Marie-Tooth Disease, X-Linked	<input type="checkbox"/> Holocarboxylase Synthetase Deficiency	<input type="checkbox"/> Mucopolysaccharidosis Type IIIC	<input type="checkbox"/> Spinal Muscular Atrophy (includes Enhanced SMA Testing)
<input type="checkbox"/> Choreoacanthocytosis	<input type="checkbox"/> Homocystinuria (<i>CBS</i> -Related)	<input type="checkbox"/> Mucopolysaccharidosis Type IIID	<input type="checkbox"/> Spondylothoracic Dysostosis
<input type="checkbox"/> Choroideremia	<input type="checkbox"/> Homocystinuria due to <i>MTHFR</i> Deficiency	<input type="checkbox"/> Mucopolysaccharidosis type IVb / GM1 Gangliosidosis	<input type="checkbox"/> Steel Syndrome
<input type="checkbox"/> Chronic Granulomatous Disease (<i>CYBA</i> -related)	<input type="checkbox"/> Homocystinuria, cblE Type	<input type="checkbox"/> Mucopolysaccharidosis type VI	<input type="checkbox"/> Stuve-Wiedemann Syndrome
<input type="checkbox"/> Chronic Granulomatous Disease (<i>CYBB</i> -related)	<input type="checkbox"/> Hydrolethals Syndrome	<input type="checkbox"/> Mucopolysaccharidosis type IX	<input type="checkbox"/> Sulfate Transporter-Related Osteochondrodysplasia
<input type="checkbox"/> Citrin Deficiency	<input type="checkbox"/> Hyperornithinemia-Hyperammonemia-Homocitrullinuria Syndrome	<input type="checkbox"/> Multiple Sulfatase Deficiency	<input type="checkbox"/> Tay-Sachs Disease
<input type="checkbox"/> Citrullinemia, Type 1	<input type="checkbox"/> Hypohidrotic Ectodermal Dysplasia 1	<input type="checkbox"/> Muscle-Eye-Brain Disease and Other <i>POMGNT1</i> -Related Congenital Muscular Dystrophy-Dysglycanopathies	<input type="checkbox"/> Tyrosinemia, Type I
<input type="checkbox"/> Cohen Syndrome	<input type="checkbox"/> Hypophosphatasia	<input type="checkbox"/> Myoneurogastrointestinal Encephalopathy	<input type="checkbox"/> Usher Syndrome, Type IB
<input type="checkbox"/> Combined Malonic and Methylmalonic Aciduria	<input type="checkbox"/> Inclusion Body Myopathy 2	<input type="checkbox"/> Myotubular Myopathy 1	<input type="checkbox"/> Usher Syndrome, Type IC
<input type="checkbox"/> Combined Oxidative Phosphorylation Deficiency 1	<input type="checkbox"/> Infantile Cerebral and Cerebellar Atrophy	<input type="checkbox"/> N-Acetylglutamate Synthase Deficiency	<input type="checkbox"/> Usher Syndrome, Type ID
<input type="checkbox"/> Combined Oxidative Phosphorylation Deficiency 3	<input type="checkbox"/> Isovaleric Acidemia	<input type="checkbox"/> Nephrogenic Diabetes Insipidus, Type II	<input type="checkbox"/> Usher Syndrome, Type IF
<input type="checkbox"/> Combined Pituitary Hormone Deficiency 2	<input type="checkbox"/> Joubert Syndrome 2	<input type="checkbox"/> Nephrotic Syndrome (<i>NPHS1</i> -Related) / Congenital Finnish Nephrosis	<input type="checkbox"/> Usher Syndrome, Type IIA
<input type="checkbox"/> Combined Pituitary Hormone Deficiency 3	<input type="checkbox"/> Joubert Syndrome 7 / Meckel Syndrome 5 / COACH Syndrome	<input type="checkbox"/> Nephrotic Syndrome (<i>NPHS2</i> -Related) / Steroid-Resistant Nephrotic Syndrome	<input type="checkbox"/> Usher Syndrome, Type III
<input type="checkbox"/> Combined SAP Deficiency	<input type="checkbox"/> Junctional Epidermolysis Bullosa (<i>LAMA3</i> -Related)	<input type="checkbox"/> Neuronal Ceroid-Lipofuscinosis (<i>CLN3</i> -Related)	<input type="checkbox"/> Very Long Chain Acyl-CoA Dehydrogenase Deficiency
<input type="checkbox"/> Congenital Adrenal Hyperplasia due to 17-Alpha-Hydroxylase Deficiency	<input type="checkbox"/> Junctional Epidermolysis Bullosa (<i>LAMB3</i> -Related)	<input type="checkbox"/> Neuronal Ceroid-Lipofuscinosis (<i>CLN5</i> -Related)	<input type="checkbox"/> Walker-Warburg Syndrome and Other <i>FKTN</i> -Related Dysmorphies
<input type="checkbox"/> Congenital Amegakaryocytic Thrombocytopenia	<input type="checkbox"/> Junctional Epidermolysis Bullosa (<i>LAMC2</i> -Related)	<input type="checkbox"/> Neuronal Ceroid-Lipofuscinosis (<i>CLN6</i> -Related)	<input type="checkbox"/> Wilson Disease
<input type="checkbox"/> Congenital Disorder of Glycosylation, Type Ia	<input type="checkbox"/> Krabbe Disease	<input type="checkbox"/> Neuronal Ceroid-Lipofuscinosis (<i>CLN8</i> -Related)	<input type="checkbox"/> Wolman Disease / Cholesteryl Ester Storage Disease
<input type="checkbox"/> Congenital Disorder of Glycosylation, Type Ib	<input type="checkbox"/> Lamellar Ichthyosis, Type 1	<input type="checkbox"/> Neuronal Ceroid-Lipofuscinosis (<i>MFS8</i> -Related)	<input type="checkbox"/> Adrenoleukodystrophy
<input type="checkbox"/> Congenital Disorder of Glycosylation, Type Ic	<input type="checkbox"/> Leber Congenital Amaurosis 10 and Other <i>CEP290</i> -Related Ciliopathies	<input type="checkbox"/> Neuronal Ceroid-Lipofuscinosis (<i>PPT1</i> -Related)	<input type="checkbox"/> X-Linked Juvenile Retinoschisis
<input type="checkbox"/> Congenital Insensitivity to Pain with Anhidrosis	<input type="checkbox"/> Leber Congenital Amaurosis 13	<input type="checkbox"/> Neuronal Ceroid-Lipofuscinosis (<i>TPP1</i> -Related)	<input type="checkbox"/> X-Linked Severe Combined Immunodeficiency
<input type="checkbox"/> Congenital Insensitivity to Pain with Anhidrosis	<input type="checkbox"/> Leber Congenital Amaurosis 2 / Retinitis pigmentosa 20		<input type="checkbox"/> Zellweger Syndrome Spectrum (<i>PEX10</i> -Related)
<input type="checkbox"/> Congenital Myasthenic Syndrome (<i>CHRNA</i> -Related)	<input type="checkbox"/> Leber Congenital Amaurosis 5		<input type="checkbox"/> Zellweger Syndrome Spectrum (<i>PEX1</i> -Related)
<input type="checkbox"/> Congenital Myasthenic Syndrome (<i>RAPSN</i> -Related)	<input type="checkbox"/> Leber Congenital Amaurosis 8 / Retinitis pigmentosa 12 / Pigmented Paravenous Chorioretinal Atrophy		<input type="checkbox"/> Zellweger Syndrome Spectrum (<i>PEX2</i> -Related)
<input type="checkbox"/> Congenital Neutropenia (<i>HAX1</i> -Related)			<input type="checkbox"/> Zellweger Syndrome Spectrum (<i>PEX6</i> -Related)
<input type="checkbox"/> Congenital Neutropenia (<i>VPS45</i> -Related)			
<input type="checkbox"/> Corneal Dystrophy and Perceptive Deafness			
<input type="checkbox"/> Corticosterone Methyloxidase Deficiency			
<input type="checkbox"/> Cystic Fibrosis			
<input type="checkbox"/> Cystinosis			