**MED12-related Disorders: MED12 Gene Deletion/Duplication**

**Test Code:** DMED1  
**Turnaround time:** 2 weeks  
**CPT Codes:** 81228 x1

### Condition Description

Intellectual disability (ID) is a nonprogressive cognitive impairment affecting 1-3% of the Western population. It is estimated that up to 50% of moderate-severe cases have genetic causes and approximately 10% are due to X-linked intellectual disability disorders (XLID). XLID can be syndromic or nonsyndromic and is observed in all ethnic groups. More than 100 XLID syndromes have been described in the literature to date. Fragile X is the most common XLID syndrome (~1 in 4000 males) while others can be quite rare with only a few patients reported in the literature. Males can have moderate to severe intellectual disability depending on the syndrome, and carrier females can also be affected, but typically have milder clinical symptoms.

**FG Syndrome Type 1**  
FG syndrome type 1 (FGS1) is clinically diagnosed when six of the following eight features are present: intellectual disability, hypotonia, constipation and/or anal anomalies, small and simple ears, tall and prominent forehead, downslanting palpebral fissures, broad thumbs and halluces, and abnormalities of the corpus callosum. Additional features that can be seen in individuals with FGS1 are friendly, hyperactive, attention-seeking behavior; macrocephaly; and hypertelorism. FGS1 is caused by a recurrent p.ARG961Trp mutation in the MED12 gene (Xq13).

**Lujan Syndrome**  
Lujan syndrome is clinically diagnosed when six of the following eight features are present: intellectual disability, hypotonia, macrocephaly, tall, thin body habitus, long, thin face, high nasal root, high narrow palate, and short philtrum. Additional features that can be seen in individuals with Lujan syndrome are hypernasal speech, micrognathia, hyperextensible digits, and abnormalities of the corpus callosum. Lujan syndrome is caused by a recurrent p.Asn1007Ser mutation in the MED12 gene (Xq13).

Female carriers could develop clinical findings related to the disorders.

For patients with a suspected MED12-Related Disorder, sequence analysis is recommended as the first step in mutation identification. For patients in whom mutations are not identified by full gene sequencing, deletion/duplication analysis is appropriate.

### References:
- GeneReviews  
- OMIM #300188: MED12 gene  
- OMIM #305450: FGS1  
- OMIM #309550: Lujan syndrome

### Genes

**MED12**

### Indications

This test is indicated for:
- Confirmation of a clinical diagnosis of MED12-Related Disorders in an individual in whom sequence analysis was negative.  
- Carrier testing in adults with a family history of MED12-Related Disorders in whom sequence analysis was negative.

### Methodology

DNA isolated from peripheral blood is hybridized to a CGH array to detect deletions and duplications. The targeted CGH array has overlapping probes which cover the entire genomic region.

Please note that a "backbone" of probes across the entire genome are included on the array for analytical and quality control purposes. Rarely, off-target copy number variants causative of disease may be identified that may or may not be related to the patient's phenotype. Only known pathogenic off-target copy number variants will be reported. Off-target copy number variants of unknown clinical significance will not be reported.

### Detection

Clinical Sensitivity: Unknown. Mutations in the promoter region, some mutations in the introns and other regulatory element mutations cannot be detected by this analysis. Large deletions will not be detected by this analysis. Results of molecular analysis should be interpreted in the context of the patient's clinical and/or biochemical phenotype.

Analytical Sensitivity: ~99%

### Specimen Requirements

Submit only 1 of the following specimen types

---

Disclaimer: This information is confidential and subject to change without notice. It may not be reproduced in whole or part unless authorized in writing by an authorized EGL representative.
Preferred specimen type: Whole Blood

**Type: Whole Blood**

Specimen Requirements:

In EDTA (purple top) or ACD (yellow top) tube:
- Infants (2 years): 3-5 ml
- Older Children & Adults: 5-10 ml

Specimen Collection and Shipping: Refrigerate until time of shipment. Ship sample within 5 days of collection at room temperature with overnight delivery.

**Type: Saliva**

Specimen Requirements:

Oragene™ Saliva Collection kit (available through EGL) used according to manufacturer instructions.

Specimen Collection and Shipping: Store sample at room temperature. Ship sample within 5 days of collection at room temperature with overnight delivery.

**Special Instructions**

Sequence analysis is required before deletion/duplication analysis by targeted CGH array. If sequencing is performed outside of Emory Genetics Laboratory, please submit a copy of the sequencing report with the test requisition.

**Related Tests**

- Sequence analysis of the MED12 gene by CGH array is available and is required before deletion/duplication analysis.
- Custom diagnostic mutation analysis (KM) is available to family members if mutations are identified by targeted mutation testing or sequencing analysis.
- Prenatal testing is available only for known familial mutations to individuals who are confirmed carriers of mutations. Please contact the laboratory genetic counselor to discuss appropriate testing prior to collecting a prenatal specimen.
- X-Linked Intellectual Disability panels are available for 30, 60, and 90 genes.