

Ambry Genetics® Variant Classification Scheme

The Ambry Classifi™ program is the way we actualize our promise to provide genetic test results of unparalleled quality. A cornerstone of the Classifi program is the Ambry Genetics Variant Classification Scheme, which is a points-based framework that allows for a clear understanding of a variant's classification. Ambry is dedicated to routinely updating our variant classification scheme to reflect published recommendations and scientific data to drive accurate variant interpretation and deliver high-confidence classifications.

Classification Score					
Benign ≤ -4 points	Likely Benign -3 to -2 points	Uncertain Significance -1 to +5 points	Likely Pathogenic +6 to +9 points	Pathogenic ≥ +10 points	
Point Range	ACMG Code	Criteria			
CLINICAL	0.25 to 10.00+	PS2 & PM6	De novo Variant (with confirmed or unconfirmed parental relationships)		
	4.00	PS4_CC	Case-Control Studies (significant disease association)		
	0.25 to 10.00+	PS4_Fhx	Family History Data (internal data modeling)		
	0.25 to 10.00+	PS4_PC	Proband Counting (unrelated affected individuals without an alternate molecular basis for disease)		
	1.00 to 6.00	PP4	Proband <i>in vivo</i> Functional Data		
	0.25 to 10.00+	PM3	Pathogenic Co-occurrence in Recessive Disorders (in <i>trans</i> or homozygous)		
	1.00 to 6.00	PP1	Co-Segregation (with disease in affected family members)		
MOLECULAR IMPACT	1.00 to 10.00	PVS1	Loss-of-Function Variant (nonsense, reading frameshift, 3' truncations, elongations, gross deletions, gross duplications, and initiation codon)		
	1.00 to 6.00	PVS1	Loss-of-Function Splicing Variant (canonical splice sites or last nucleotide of exon)		
	4.00	PS1	Same Amino Acid Change (as an established pathogenic variant at the same position; regardless of nucleotide change)		
	1.00 to 8.00	PS3_RNA	Functionally-validated Splicing Variant		
	1.00 to 10.00	PM4	In-frame Insertions and Deletions		
	2.00 to 4.00	PM5	Different Amino Acid Change (as an established pathogenic variant at the same position)		
	2.00 to 4.00	PS5_RNA	Different Splicing Variant (as an established pathogenic variant at the same splice site)		
	1.00 to 4.00	PM1	Protein Structure		
	1.00	PP2	Missense Constraint (missense variant in a region of the gene that has a low rate of benign missense variation)		
	1.00 to 4.00	PP3	<i>In silico</i> (model predicts deleterious)		
FUNCTIONAL	1.00 to 10.00	PS3	Functional Assay(s) (significant altered protein function in appropriate assay(s))		

Classification Score				
Benign ≤ -4 points	Likely Benign -3 to -2 points	Uncertain Significance -1 to +5 points	Likely Pathogenic +6 to +9 points	Pathogenic ≥ +10 points
	Point Range	ACMG Code	Criteria	
CLINICAL	-10.00 to -1.00	BS2	Observed in Unaffected Individual(s)	
	-3.00 to -1.00	BS4	Lack of Segregation (with disease in affected family members)	
	-3.00 to -1.00	BP2	Same Gene Co-Occurrence (with pathogenic variant providing alternate molecular basis for disease)	
	-1.00	BP5	Different Gene Co-Occurrence (with pathogenic variant providing alternate molecular basis for disease)	
	-3.00 to -1.00	A_BP9	Case-Control Studies (no significant disease association)	
	-10.00 to -1.00	A_BP10	Family History Data (internal data modeling)	
MOLECULAR IMPACT	-3.00 to -1.00	BS3_RNA	RNA Analysis (intronic or synonymous alteration with no splicing impact)	
	-3.00 to -1.00	BP1	Mechanism of Disease (inconsistent with known cause of pathogenicity)	
	-2.00 to -1.00	BP3	In-frame Insertions and Deletions	
	-3.00	BP4_Ref	Reference Amino Acid (consistent with other species)	
	-3.00 to -1.00	BP4	In silico (model predicts benign)	
	-1.00	BP7	Synonymous or Specified Intronic Variant Qualifying for BP4	
	-1.00	A_BP8	Protein Structure	
FUNCTIONAL	-10.00 to -1.00	BS3	Functional Assay(s) (significant intact protein function in appropriate assay(s))	
FREQUENCY	-8.00 to -3.00	BS1/BA1	Population Frequency (general population or subpopulation frequency too high to be pathogenic based on disease prevalence and penetrance)	

The variant classification scheme is not intended for the interpretation of alterations considered epigenetic factors including genetic modifiers, multifactorial disease, or low-risk disease association alleles and may be limited in the interpretation of alterations confounded by incomplete penetrance, variable expressivity, phenocopies, triallelic or oligogenic inheritance, or skewed X-inactivation..

The criteria in the classification scheme are to be applied to variants in genes with moderate, strong, or definitive Gene-Disease validity. Codes denoted "A_" have been added as Ambry specific codes following the ACMG numbering.