Table 1Clinical features of twelve novel PIGT-CDG cases and the clinical features in the fourteen previously published PIGT-CDG cases.

Physiologic System	Clinical	Kvarnung et al. 2013 [10]	Nakas hima et al.201 4 [28]	Lam et al. 2015 [25]	Skauli et al. 2016 [27]	Pagnamenta 2017 [30]	Kohashi 2017 [26]	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10	Patient 11	Patient 12	Patient 13	Patient 14
Sex / age at investigation		Turkish family. 4 affected females. Ages 1-3 years	Japane se female . 12- years- old	Caucasian mother and an African American father Patient 1: A 7-years- old female Patient 2: A 6-years- old male	Patient 1: African male, 9-years- old Patient 2: African male, 7-years- old	Patient 1: Caucasion female, age unknown Patient 2: Afghanistani male, age unknown	Japanese male, 11 months- old	Danish female, 7-years- old (family 1)	Danish male, deceased at 11 months of age (family 1)	Asian female, deceased at 6 months of age (family 2)	Polish female, 5-years- old (family 3)	Polish female, 9-years-old (family 4)	Polish female, 4-years- old (family 4)	Somalian male, 11-years old (family 5)	Somalian male, 22- months- old (family 5)	Femal e (family 6)	Male, deceas ed at 26 month s of age (family 6)	Polish female / 4- years- old (family 7)	Pakistani female, 2- years-old (family 8)	Banglade shi female, 6- months- old (family 9)-	Banglade shi female, 4- months- old (family 9)
Genetic investigation		Whole exome sequenci ng	Whole exome seque ncing	Whole exome sequenci ng	Whole exome sequenci ng	Whole exome sequencing	Whole exome sequenci ng	Whole exome sequenci ng	Whole exome sequenci ng	Targeted NGS panel	Whole exome sequenci ng	Whole exome sequencing,	Sanger sequenci ng	Exome sequenci ng via the DDD study	Sanger sequenci ng	Exome seque ncing via the DDD study	Target ed Sanger seque ncing after result in patien t 9	Exome seque ncing via the DDD study	Targeted NGS panel	Targeted NGS panel after result in patient 10	Whole exome sequenci ng
Genetic result		c.547A>C; c.547A>C	c.250G >T; c.1342 C>T	c.918dup C; c.1342C> T	c.1079G> T; c.1079G> T	Patient 1: c.1582G>A; c.1730dupC Patient 2: c.709G>C; c.709G>C	c.250G>T; c.1096G> T	c.1472T> A; 1484+2T> A	c.1472T> A; 1484+2T> A	c709G>C; c709G>C,	c.494-2A, c.1582G> A;	c.1582G>A; c.1582G>A	c.1582G> A; c.1582G> A	c.1079 G>T; c.1079G> T	c.1079 G>T; c.1079G> T	c.1079 G>T; C.1079 G>T	c.1097 G>T; c.1097 G>T	c.1724 _1725i nsC; c.1582 G>A	c.550G>A ; c.550G>A	c.709 G>C; c. 709G>C	c.709 G>C; c. 709G>C
Neonatal	Gestation al age	37–40 weeks	40 weeks	31 weeks	40 weeks	Unknown	Unknown	40 weeks	39 weeks	39 weeks	39 weeks	38 weeks	37 weeks	42 weeks	29 weeks	40 weeks	41 weeks	42 weeks	36w	40 weeks	39 weeks
	Birth weight	69–99th centile	50– 90th centile	10th and 90th centile	50th centile	Unknown	Unknown	90th centile	50th centile	0.4th centile	>90th centile	>95th centile	>95th centile	95th centile	Unknown	50th centile	99th centile	91th centile	72th centile	<0.4th centile	0.4th centile
	Birth length	93–99th centile	50th centile	10-90th centile	50th centile	Unknown	Unknown	95th centile	90th centile	Not recorded	>97th centile	>95th centile	>75th centile	Not known	Unknown	Unkno wn	Un known	Unkno wn	Unknown	Unknown	Unknown
	Birth head circumfer ence	84–99th centile	50– 90th centile	<10-75th centile	10th and >97.5th centile	Unknown	Unknown	>95th centile	50th centile	Not recorded	50th centile	>95th centile	>95th centile	69th centile	Unknown	<0.4th centile	>95th centile	Not record ed	Not recorded	<0.4th centile	<0.4th centile
	Other	No	Polyhy	1/2				No	No								Electiv				

			dramni OS	Elevated AFP on 2nd trimester screen	No	Unknown	Cesarean section due to breech presentat ion			Forceps assisted delivery	No	No	No	No	Unknown	Cesare an sectio n due to breech presen tation	e cesare an sectio	Vagina l bleedi ng at 6-8 weeks and 12wee ks of pregna ncy	Born by assited vaginal delivery	Forceps assisted delivery, Bilateral elbow contractu res & distal finger contractu res	Multiple bone fractures
Dysmorphic features	Skull	Brachyce phaly (4/4)	Unkno wn	Brachyce phaly (2/2)	Unknown (2/2)	Unknown	Unknown	Brachyce phaly	Brachyce phaly	Unknown	Unknown	Brachycepha ly	No	Saggital ridge	No	Metop ic and saggita I ridge	Not at birth Later. Scaph oceph aly	Norma I	Brachyce phaly	Normal	Normal
	High forehead	4/4	Unkno wn	2/2	Yes	Yes (patient 1)	Unknown	Yes	Yes	Unknown	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Unknown	Yes
	Bitempor al narrowin g,	4/4	Unkno wn	2/2	Yes	Yes (patient 1)	Unknown	Yes	Yes	Unknown	Yes	NO	Yes	Yes	No	No	No	Yes	No	No	No
	Telecanth us	Unknown	Unkno wn	Unknown	Unknown	Yes (patient 1)	Yes (and also epicanthu s)	Yes	Yes	Unknown	Yes	Yes	Yes	No	No	Mild teleca nthus	Mild teleca nthus	No	Yes	Unknown	Unknown
	Palpebral fissures	Straight (4/4)	Upslan ting	Upslantin g (2/2)	Straight (2/2)	Straight (patient 1)	Unknown	Straight, normal length	Straight, normal length	Unknown	Straight	Upslanting	Upslantin g	Mildly downslati ng	No	Straigh t, normal lenghtl	Norma I	Straigh t, normal length	Normal	Normal	Upslantin g
	Eyebrows	Arched (3/4)	Unkno wn	Arched (2/2)	Arched (1/2)	Straight (patient 1)	Arched	Straight	Straight	Unknown	Straight	Arched	Arched	Straight	Unknown	Straigh t	Norma I	Norma I	Normal	Normal	Normal
	Nose	Short, antevere d (4/4)	Short, anteve red	Short, antevere d (2/2)	Short, antevere d (2/2)	Short with broad nasal tip (patient 1)	Short, antevere d	Short, antevere d	Short, antevere d	Unknown	Small	Short, anteverted	Short, anteverte d	Short, antevere d	Unknown	Unkno wn	Norma I	Broad nasal tip	Short anteverte d	Normal	Normal
	Nasal bridge	Depresse d (4/4)	Depres sed	Depresse d (2/2)	Depresse d (2/2)	Unknown	Depresse d	Depresse d	Depresse d	Unknown	Depresse d	Depressed	Depresse d	Broad and depresse d	Unknown	Depres sed	Mildy depres sed	Norma I	Broad	Normal	Normal
	Malar flattening	Yes (4/4)	Yes	Yes (2/2)	Yes (2/2)	Unknown	Unknown	Yes	Yes	Unknown	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	No
	Philtrum	Long and distinct (4/4)	Unkno wn	Long (2/2)	Short (2/2)	Short (patient 1)	Long	Long and distinct	Long and distinct	Unknown	Normal	Long and distinct	Long and distinct	Normal	Normal	Short	Norma I	Distinc t	Distinct	Normal	Normal
	Cupid bow lip	Yes (4/4)	Unkno wn	Yes (2/2)	Unknown	Unknown	Unknown (tented	Yes	Yes	Unknown	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Normal	Unknown

							lip)														
	Mouth	Unknown	Downt urned corner s of mouth	2/2 Downtur ned corners of mouth	Tented upper lip (2/2)	Wide mouth (patient 1)	Unknown	Tented upper lip, microsto mia	Tented upper lip, microsto mia	Unknown	Tented upper lip	Prominent and everted lower lip	Prominen t and everted lower lip	Tented upper lip Downtur ned corners	Tented upper lip	Tented upper lip	Tented upper lip	Unkno wn	Tented upper lip	Unknown	Unknown
	High arched palate	Unknown	Yes	Yes (2/2)	Yes (2/2)	Unknown	Yes	Yes	No	Unknown	Not recorded	Yes	Yes	Yes	Yes	Unkno wn	Unkno wn	No	Yes	Yes	Unknown
	Teeth abnormal ities	Yes (4/4)	No	Unknown	Unknown	Unknown	Unknown	Yes	Yes	Unknown	Unknown	No	No	Yes	Unknown	No	Gum hypert rophy	No	Yes	Unknown	Unknown
	Microgna thia	Yes (4/4)	Yes	No	No	No	Yes	Yes	Yes	Unknown	No	No	No	No	No	No	No	No	No	No	No
	Ears	Unknown	Low set	Large ears (2/2)	Low set and (1/2)	Low set (patient 1)	Unknown	Low set and upliftet earlobes	Normal	Unknown	Normal	Normal	Normal	Low set	No	Norma I	Norma I	Norma I	Normal	Normal	Low set
	Hair	Hypotrich osis Thin, high frontal hairline.	Ingen billede r	Hypotrich osis Thin, high frontal hairline.	Hypotrich osis Thin, high frontal hairline. (2/2)	Unknown	Unknown	Hypotrich osis Thin, high frontal hairline. Hypertric hosis	Hypotrich osis Thin, high frontal hairline.	Unknown	Hypotrich osis, high frontal hairline	Hypotrichosi s, Thin, high frontal hairline.	Hypotrich osis, Thin, high frontal hairline.	Hypothric osis. Thin frontal hairline.	Hypothric osis. Thin frontal hairline.	Unkno wn	Unknw on	Unkno wn	Hypothric osis. Thin frontal hairline.	Unknown	Unknown
	Body proportio ns	Short arms (4/4)	Unkno wn	Normal (2/2)	Normal	Unknown	Unknown	Normal	Normal	Unknown	Normal	Relative macrocephal y	Relative macrocep haly	Normal	Normal	Norma I	Norma I	Norma I	Normal	Normal	Normal
Neurological	Intellectu al disability	Profound (4/4)	Profou nd	Profound (2/2)	Profound (2/2)	Profound (2/2)	Profound	Profound	Profound	Profound	Severe	Severe	Severe	Profound	Profound	Profou nd	Profou nd	Severe	Profound	Profound	Profound
	Seizure onset	12-18 months of age	4 month s of life	5 months of life	12 months of age	Patient 1: 12 months of age Patient 2 Neonatal onset	2 months of life	1th day of life	1th day of life	2 weeks of life	18 months of age	11 months of age	8 months of age	11 months of age	14 months of age	10 month s of age	12 month s of age	12 month s of age	5 months	1st day of life	1th day of life
	Epileptic seizures	Myocloni c (2/4). Generaliz ed tonic clonic (1/4). Absence+ head jerks &	Myocl onic, tonic with apnea that can genera lize	Myocloni c, tonic, and tonic clonic that occasiona lly generaliz e (2/2)	Myocloni c, tonic, and tonic clonic that occasiona lly generaliz e (2/2)	Generalized tonic clonic (2/2)	Myocloni c, tonic with apnea that can generaliz e	Tonic and myocloni c with apnea. Subtle focal seizures. Recurrent CSE	Tonic and myocloni c with apnea. Subtle focal seizures. Recurrent CSE	Myocloni c and subtle focal (febrile / upper respirator y infection)	Tonic- clonic and generaliz ed	Tonic-clonic and generalized	Tonic and myocloni c occasiona lly generaliz ed with apnea	Generaliz ed tonic clonic and atonic seizures	Myocloni c and focal seizures	Myocl onic and subtle focal seizure s. Febrile seizure s.	Myocl onic and focal seizure s, Some genera lised. Febrile seizure	Gener alised tonic clonic seizure s	Generalis ed tonic and myocloni c. Focal myocloni c seizures. Febrile seizures.	Myocloni c jerks.	Generalis ed tonic seizures.

	blinking															s.				
EEG features	(1/4) Multifoca l epileptifo rm abnormal ities (3/4)	Multif ocal epilept iform abnor malitie S	Multifoca l epileptifo rm abnormal ities (2/2)	Multifoca l epileptifo rm abnormal ities (2/2)	Multifocal epileptiform abnormalitie s (2/2)	Multifoca l epileptifo rm abnormal ities	(2 wks) bilateral burst of SW (4 yrs) BG slowing, focal FT slowing and SW	(2 wks) bilateral burst of SW (6 mo) BG slowing, focal posterior slowing and SW	(2 wks) burst suppressi on, myocloni c jerks, focal sz (right and left T)	(4 yrs) slowing and (poly)SW in the left FT region	(3 and 7 yrs) BG slowing	(18 mo) BG slowing, sporadic SW in the left FT region or F bilat	(22 mo) bilateral bursts of SW	NA	(10 mo) normal	(12 mo) bilater al fast activit y (f.u) Multif ocal epilept iform abnor malitie s	(12 mo) BG slowin g,	(6 mo) BG slowing, posterior epileptifo rm abnormal ities	(neonatal) burst suppressi on pattern	(age unknown) BG slowing and burst suppressi on pattern
Seizure outcome	Intractabl e	Intract able	Intractabl e	Intractabl e	Patient 1: Favorable (seizure-free with AED). Patient 2 Intractable	Intractabl e	Intractabl e	Intractabl e	Intractabl e	Favorable	Favorable	Favorable	Intractabl e on AEDs but almost seizure- free on ketogenic diet	Intractabl e	Intract able	Intract able	Favora ble	Intractabl e	Intractabl e	Intractabl e
Epileptic encephal opathy or developm ental delay with epilepsy	Epileptic encephal opathy	Epilept ic encep halopa thy	Epileptic encephal opathy	Epileptic encephal opathy	Patient 1: Developmen tal delay with epilepsy Patient 2 Epileptic encephalopa thy	Epileptic encephal opathy	Epileptic encephal opathy	Epileptic encephal opathy	Epileptic encephal opathy	Develop mental delay with epilepsy	Developmen tal delay with epilepsy	Develop mental delay with epilepsy	Epileptic encephal opathy	Epileptic encephal opathy	Epilept ic encep halopa thy	Epilept ic encep halopa thy	Develo pment al delay with epileps y	Epileptic encephal opathy	Epileptic encephal opathy	Epileptic encephal opathy
Hypotoni a	Yes (4/4)	Yes	Yes (2/2)	Yes (2/2)	Yes (2/2)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes but with brisk reflexe s	Yes but with brisk reflexe s	Yes	Yes	Yes	Yes
Was an MRI available	Yes (4/4)	Yes	Yes (2/2)	Yes (2/2)	Yes (2/2)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Brain imaging — Global cerebral and cerebellar atrophy with <u>predomin</u> <u>ant</u> vermis and cerebellar hemisphe re	Yes (3/4)	Yes	Yes (2/2)	Yes (2/2)	Progressive isolated cerebellar atrophy affecting vermis and cerebellar hemispheres (patient 1)	Progressi ve isolated cerebellar atrophy affecting vermis and cerebellar hemisphe res	No	No	No	Yes	Yes	No	No (only slight asymmetr y of the hippocam pi)	No (only mild ventricula r dilatation)	Yes	No	Progre ssive isolate d cerebe llar atroph y affecti ng vermis and hemis pheres	Global cerebral and cerebellar atrophy.	Unknown	No

	atrophy															1		(at 4			
																		years of age).			
	Brain imaging — Possible neuronal migration defect	2/4	Unkno wn	0/2	Unknown	Unknown	Unknown	No	No	No	No	No	No	No	No	No	No	No	Unknown	Normal	Unknown
	CSF (glucose, protein, cell count, oligoclon al bands)	Unknown	Unkno wn	Normal (2/2)	Yes (2/2)	Unknown	Unknown	High protein count	Unknown	Normal	Unknown	Unknown	Unknown	Normal	Unknown	Norma I	Unkno wn	Norma I	Normal	Normal	Not performe d
	CSF albumin & albumin quotient	Unknown	Unkno wn	Low (2/2)	Unknown	Unknown	Unknown	High	Unknown	Normal	Unknown	Unknown	Unknown	Unknown	Unknown	Norma I	Norma I	Unkno wn	Unknown	Normal	Unknown
	Periphera I nerve conductio n studies	Unknown	Unkno wn	Normal (2/2)	Unknown	Unknown	Unknown	Not performe d	Not performe d	Not performe d	Unknown	Not performed	Not performe d	Normal	Unknown	Not perfor med	EMG and nerve condu ction did not show any eviden ce of neuro muscul ar proble mbut neurog enic change in bulbar muscul ature	Not perfor med	Normal	Not performe d	Not performe d
Ophthalmol ogic	Cortical visual impairme nt	Yes (4/4)	Yes	Yes (2/2)	Yes (2/2)	Unknown	Unknown	Yes	Yes	No but ophthalm ological examinati on was done once at three weeks of age.	Unknown	Yes	Yes	No	Yes	Unkno wn	No	No	Yes	No	No
	Strabismu s, nystagmu s	Yes (4/4)	Yes	Yes (2/2)	Yes (2/2)	Unknown	Unknown	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	Anteri or conver gent Down beat	No	Yes	Unknown	Unknown

																	nystag				
	Hyperopi a	Yes (4/4)	Unkno wn	1/2	Unknown	Unknown	Unknown	No	Unknown	No	Yes	Yes	Yes	No	No	No	mus Yes	No	Unknown	Unknown	Unknown
	Myopia	0/4	Unkno wn	1/2	Unknown	Unknown	Unknown	Yes	Unknown	No	No	No	No	No	No	No	No	No	Unknown	Unknown	Unknown
	Other	Down gaze palsy (1/4)	Unkno wn	Astigmati sm (1/2) Posterior staphylo ma (1/2)	Astigmati sm (2/2)	Oculomotor apraxia (patient 1). Nystagmus and optic atrophy (patient 2)	Unknown			No	No	Astigmatism	Astigmati sm	No	No	No	Deep optic discs	Vertica l oculo motor apraxi a, previo us episod es of tonic upgaze deviati on	No	Unknown	Unknown
Audiologic	Hearing loss	0/4	Unkno wn	2/2	Unknown	Unknown	Unknown	No	No	No	Unknown	No	No	No	Normal	Unkno wn	Unkno wn	No	Normal	Normal	Unknown
Cardiologic	Patent ductus arteriosus	1/4	Yes	0/2	No	Unknown	No	No	No	No	No	No	No	PFO with an atrial septal aneurysm	No	Small PDA	Unkno wn	No	No	No	No
	Restrictiv e cardiomy opathy	1/4	No	0/2	No	Unknown	No	No	No	No	No	No	No	No	No	No	Unkno wn	No	No	No	No
	Increased atrial load	1/4	No	1/2	No	Unknown	No	No	No	No	No	Unknown	Unknown	No	No	No	Recurr ent bradyc ardia and atrial ectopi cs noted on ECG- no cardiac echo perfor med	No	No	No	No
	Atrial Septal defect	0/4	No	1/2	No	Unknown	No	No	No	No	No	No	No	No	No	Unkno wn	Unkno wn	No	No	No	No
	Borderlin e long QT	Unknown	Unkno wn	1/2	Unknown	Unknown	No	No	Unknown	Unknown	Unknown	No	No	No	No	Unkno wn	No	Unkno wn	No	No	Unknown
Respiratory		Atypical lung lobulatio n	Unkno wn	Mixed central and	Unknown	Unknown	Central apnea	Central sleep apnea	Central sleep apnea	None	Unknown	No	No	None	Mild obstructiv e sleep apnea	Obstru ctive sleep apnea	apnea	None	Central sleep apnea	No	No

		(1/4)		obstructiv e sleep apnea (1/2)																	
Gastro- intestinal	Obesity	No	Unkno wn	Yes (2/2)	Unknown	Unknown	No	No	No	No	No	Unknown	No								
	Gastroes ophageal reflux	Unknown	Unkno wn	Yes (2/2)	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	No	No	Yes	Yes	No	No	Unkno wn	Yes	Yes	Unknown
	Aspiratio n risk + secondar y G-tube depende nce	Unknown	Unkno wn	Yes (2/2)	Unknown	Unknown	Yes	Yes	Yes	Yes	Unknown	Unknown	Unknown	No	Impaired swallow	Unkno wn	Yes	No	Yes	Unknown	Yes
	Hypertrigl yceridemi a	Unknown	Unkno wn	1/2	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Yes	Unknown	Unknown	Unknown	Unkno wn	Unkno wn	Unkno wn	Unknown	No	Unknown
Urologic/Re nal	Nephroca Icinosis	Yes (4/4)	No (but + urolith iasis)	No	No	Nephrolithia sis (patient 1)	Unknown	No	No	No	Unknown	No	No	No	Unknown	No	Unkno wn	Left ureteri c stone	No	Unknown	No
	Urine calcium	High	Norma I	Normal	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	No	Unknown	No	Unkno wn	Norma I	Unknown	No	Unknown
	Ureteral dilation	Yes (3/4)	Yes	0/2	No	Unknown	Unknown	No	Unknown	No	Not known	No	Yes	No	Unknown						
	Renal Cysts and dysplasia	1/4	No	0/2	No	Unknown	Unknown	No	Unknown	No	Unkno wn	No	No	Unknown	No						
Musculo- skeletal	Prematur e loss of teeth	2/4	No	0/2	Unknown	Unknown	Unknown	No	Unknown	Unknown	No	No	No	No	Unknown	No	No	No	No	No	Unknown
	Slender long bones	4/4	Unkno wn	2/2	No (but pictures not shown)	Unknown	Unknown	Yes	Yes	Unknown	Unknown	No	No	Unknown	Unknown	Unkno wn	Not known	No	Unknown	No	Yes
	Scoliosis	2/4	Yes	2/2	No	Unknown	Unknown	No	No	No	No	Yes	No	No	No	Unkno wn	No	No	No	No	No
	Craniosyn ostosis	2/4	No	Unknown	No	Unknown	Unknown	Unknown	Unknown	Unknown	No	No	No	Unknown	No	Metop ic and saggita I ridge		No	Unknown	No	No
	Short arms	4/4	Unkno wn	0/2	No	Unknown	Unknown	No	No	No	No	Unknown	Unknown	No	No	Unkno wn	No	No	No	No	No
	Pectus excavatu	1/4	Unkno	⅓	No	Unknown	Unknown	No	Unkno wn	No	No	Yes	Unknown	No							

	m		wn																		
	Joint hypermo bility	Unknown	Unkno wn	2/2	Unknown	Unknown	Unknown	Yes	Yes	No	No	Yes	Yes	No	No	Unkno wn	Unkno wn	Unkno wn	Yes	No	Unknow
	Electromy ography	Unknown	Unkno wn	Reduced muscle bulk, but normal motor units	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknwon	Unkno wn	Neuro genic change in the bulbar muscul ature other wise normal EMG and NC	Unkno wn	No	Unknown	No
Endocrine	Bone age	Delayed (4/4	Unkno wn	Advanced (1/2), Normal (1/2)	Normal (2/2)	Unknown	Unknown	Normal	Unknown	Unknown	Unknown	Normal	Unknown	Unknown	Unknwon	Unkno wn	Not known	Unkno wn	Unknown	Unknown	Unknowr
	Osteopen ia	4/4	Yes	2/2	No (2/2)	Unknown	Unknown	Yes	Yes	Unknown	Unknown	Unknown	Unknown	Unknown	No	Unkno wn	Not known	Unkno wn	Unknown	Normal	Yes
	Plasma alkaline phosphat ase	Low	Low	Normal	Normal	Normal (patient 1) Low (patient 2)	Low	Normal	Norma I	Norma I	Norma I	Unknown	Normal	Normal							
	Plasma calcium	High/high normal	Norma I	Normal	Normal	Unknown	Not specified but laborator y tests were descibed as normal	Normal	Normal	Normal	Unknown	Normal	Normal	Normal	Normal	Norma I	Norma I	Norma I	Unknown	Normal	Normal
	Plasma phosphat e	Normal	Unkno wn	Normal	Normal	Unknown	Not specified but laborator y tests were descibed as normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	No	Unkno wn	Norma I	Norma I	Unknown	Unknown	Normal
	Parathyro id hormone values	Low	Unkno wn	Normal	Unknown	Unknown	Not specified but laborator y tests were descibed as normal	Normal	Normal	Normal	Unknown	Unknown	Unknown	Unknown	Unknown	Unkno wn	Unkno wn	Norma I	Unknown	Normal	Unknow

	Thyroid function tests	Normal	Unkno wn	Normal	Normal	Unknown Unknown	Not specified but laborator y tests were descibed as normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Unkno wn	Not done at GOSH	Norma I	Unknown	Unknown	Normal
	Precociou s puberty	0/4	Unkno wn	Υ₂	Unknown		Not specified but laborator y tests were descibed as normal	Unknown	Unknown	Unknown	Not applicabl e	Unknown	Unknown	No	No	Unkno wn	Unkno wn	No	No	Unknown	Unknown
Immunologi C	IgA and IgM deficienc Y	Unknown	Unkno wn	1/2	Unknown	Unknown	Not specified but laborator y tests were descibed as normal	IgA and IgM deficienc Y	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Normal	Unkno wn	Unkno wn	lgA low, lgM lower limit of normal	No	Unknown	Unknown
	Other immune deficienci es	Unknown	Unkno wn	0/2	Unknown	Unknown	Not specified but laborator y tests were descibed as normal	No	No	Unknown	Unknown	No	No	Unknown	Pneumoc occal meningiti s and sepicaemi a	Unkno wn	Bronch iolitis and chest infecti ons	Unkno wn	Unknown	Unknown	Unknown
Hematologic	Hyper/hy po coagulabi lity	Unknown	Unkno wn	0/2	Unknown	Unknown	Not specified but laborator y tests were descibed as normal	Normal	Normal	Unknown	Unknown	Normal	Normal	Unknown	Unknown	Unkno wn	No	Unkno wn	Unknown	Unknown	Unknown
	Factor excess or deficienc y	Unknown	Unkno wn	Slightly decrease d Factors V & XI (1/2) Mildly increased Factor VIII (1/2)	Unknown	Unknown	Not specified but laborator y tests were descibed as normal	Unknown	No	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unkno wn	Unkno wn	Unkno wn	Unknown	Unknown	Unknown

Abbreviations:

AFP: Alpha-fetoprotein BG: background CDG: Congenital disorders of glycosylation CSE: Convulsive status epilepticus DDD: Deciphering Developmental Disorders EMG: Electromyography F: frontal NGS: Next generation sequencing PFO: Persistent foramen ovale PIGT: Phosphatidylinositol-glycan class T SW: spike and waves Sz: seizures T: temporal