Supplemental Contents:

Supplementary Table 1: Extended Renal Gene Set					
ACE	ACTN4	ADAMTS13	ADCK4	AGT	AGTR1
AGXT	AHI1	ALG8	ALMS1	AMN	ANKS6
ANLN	AP2S1	APOA1	APOE	APOL1	APRT
AQP2	ARGHDIA	ARHGAP24	ARL13B	ARL6	ATP2A2
ATP6B1	ATP6V0A4	AVP	AVPR2	BBS1	BBS10
BBS12	BBS2	BBS4	BBS5	BBS7	BBS9
BCS1L	BICC1	BMP4	BRAF	BRIP1	BSND
C2orf86	C3	CA2	CACNA1S	CASR	CC2D2A
CCDC28B	CD151	CD2AP	CD46	CDC5L	CDKN1C
CEP104	CEP164	CEP290	CFB	CFH	CFHR1
CFHR2	CFHR3	CFHR4	CFHR5	CFI	CHD7
CHRM3	CLCKNB	CLCN5	CLDN16	CLDN19	COL4A3
COL4A4	COL4A5	COL4A6	COQ2	COQ6	CPT2
CRB2	CREBBP	CSPP1	CTNS	CUBN	CUL3
CYP11B1	CYP17A1	DGKE	DHCR7	DLG3	DLL3
DNMT3B	DSTYK	EGF	EIF2AK3	EMP2	ERCC4
ERCC8	ESCO2	ETFA	ETFB	ETFDH	EYA1
FAN1	FANCA	FANCB	FANCC	FANCD2	FANCE
FANCF	FANCG	FANCI	FANCL	FANCM	FGA
FGF10	FGF20	FGF23	FGFR1	FGFR2	FGFR3
FN1	FOXC1	FOXC2	FOXF1	FRAS1	FREM1
FRTS	FXYD2	GALNT3	GDNF	GLA	GLIS2
GPC3	GRHPR	GSN	H19	HNF1B	HOXA1
HOXA13	HOXD13	HPSE2	HRAS	HSD11B2	HSD17B4
ICK	IKBKAP	INF2	INPP5E	INVS	IQCB1
ITGA3	ITGB4	JAG1	JBTS15	KANK1	KANK2
KANK4	KCNJ10	KCNJ5	KCNQ1OT1	KLHL3	KRAS
LAMB2	LCAT	LMX1B	LRIG2	LRP2	LRP4
LYZ	MAGI2	MAP2K1	MAP2K2	MAX	MCP
MEFV	MKKS	MKS1	MLL2	MMACHC	MMP1
MNX1	MRE11A	MUC1	MUT	MVK	MYCN
MYH9	MYO1E	NEIL1	NEK8	NIPBL	NKCC2
NLRP3	NOTCH2	NPHP1	NPHP3	NPHP4	NPHS1
NPHS2	NR3C2	NSD1	NUP107	NUP205	NUP93
OCRL	OFD1	PAF1	PALB2	PAX2	PBX1

PDSS2	PEX1	PEX12	PEX14	PEX26	PEX5
PEX6	PHEX	PKD1	PKD2	PKHD1	PLCE1
PROK2	PROKR2	PTEN	PTPN11	PTPRO	PVRL1
PXMP3	RECQL4	REN	RET	ROBO2	ROMK
ROR2	RPGRIP1L	SAC	SALL1	SALL4	SCARB2
SCN4A	SCNN1A	SCNN1B	SCNN1G	SDCCAG8	SDHB
SDHD	SEMA3E	SHH	SIX1	SIX2	SIX5
SLC12A3	SLC22A12	SLC26A1	SLC26A4	SLC2A10	SLC34A1
SLC34A3	SLC3A1	SLC4A1	SLC4A4	SLC5A2	SLC7A9
SLC9A3R1	SLIT2	SMARCAL1	SMC1A	SOX3	STRA6
SUCLA2	TFAP2A	THBD	TMEM127	TMEM216	TMEM237
TMEM67	TNFRSF1A	TP63	TRAP1	TRIM32	TRPC6
TRPM6	TSC1	TSC2	TTC21B	TTC8	TTR
UBE3A	UMOD	UPK3A	UQCRB	UQCRQ	USH2A
VANGL1	VHL	VIPAR	VPS33B	WDR19	WDR73
WFS1	WNK1	WNK4	WNT3	WT1	XDH
XPNPEP3	XPO5	ZNF423			

Supplementary Table 2 – Patient Demographics and Clinical History					
Patient ID	**Age**	**Gender**	**Race**	**Gene Set**	**Clinical History**
1	25	M	HIS	aHUS	25M referred for aHUS genetic testing. Limited clinical history.
2	24	M	W	aHUS	24M with HUS and TTP referred for aHUS genetic testing. Limited clinical history.
3	41	F	HIS	aHUS	41F with aHUS and anemia referred for aHUS genetic testing. Limited clinical history.
4	45	F	W	aHUS	45F referred for aHUS genetic testing. Limited clinical history.
5	28	F	OTH	aHUS	28F referred for aHUS genetic testing. Limited clinical history.
6	36	F	W	aHUS	36F referred for aHUS genetic testing. Limited clinical history.
7	4	M	OTH	aHUS	4M referred for aHUS genetic testing. Limited clinical history.
8	28	M	W	aHUS	28M referred for aHUS genetic testing. Limited clinical history.
9	25	F	HIS	aHUS	25F with TMA referred for aHUS genetic testing. Limited clinical history.
10	63	F	W	aHUS	63F with ESRD 2/2 C3GN s/p transplant in 2016. disease onset 2006. No family history of kidney disease
11	30	M	W	aHUS	30M ESRD 2/2 C3GN dx 3/2017 s/p transplant in 5/2017. History of gout. Hyptertension dx at age 28 with CKD4 2/2 C3GN biopsy-confirmed. Family history of hypertension and diabetes in his sister but no kidney disease.
12	43	M	W	aHUS	43M with a family history of aHUS referred for aHUS genetic testing. Limited clinical history.
13	40	F	W	aHUS	40F with a family history of aHUS referred for aHUS genetic testing. Limited clinical history.
14	51	F	AA	aHUS	51F referred for aHUS genetic testing. Limited clinical history.
15	31	F	HIS	aHUS	31F referred for aHUS genetic testing. Limited clinical history.
16	24	F	W	aHUS	24F referred for aHUS genetic testing. Limited clinical history.
17	39	F	OTH	aHUS	39F referred for aHUS genetic testing. Limited clinical history.
18	46	M	W	aHUS	46M s/p kidney transplant in Aug 2016. Disease onset Mar 2010 with biopsy-confirmed TMA. Clinical dx of TTP.

19	13	F	HIS	aHUS	13F with C3GN referred for aHUS genetic testing. Limited clinical history.
20	39	M	W	aHUS	39M with ESRD 2/2 biopsy-proved TMA
21	1	F	W	nephrotic	21moF with nephrotic syndrome s/p transplant. Kidney biopsy showed minimal change disease. She had a positive ANA. No family history of kidney disease.
22	26	M	HIS	aHUS	26M with TMA and ARF referred for aHUS genetic testing. Limited clinical history.
23	50	F	W	aHUS	50F with TTP referred for aHUS genetic testing. Limited clinical history.
24	3	M	OTH	nephrotic	3M with nephrotic syndrome referred for nephrotic syndrome / FSGS genetic testing. Limited clinical history
25	61	M	W	aHUS	61M with ESRD 2/2 C3GN s/p transplant. No family history of kidney disease.
26	26	F	W	aHUS	26F with ESRD s/p transplant due to E.Coli-positive HUS at the age of 4.
27	24	M	W	aHUS	24M with ESRD 2/2 HUS s/p transplant. No family h/o kidney disease
28	25	F	W	aHUS	25F with a history of HUS at 18mo with renal function recovery until recently.
29	14	M	W	nephrotic	14M with nephrotic syndrome and FSGS s/p transplant at age 16. Family history of younger brother and father also with MCD.
30	18	F	AA	aHUS	18F with HUS and systemic vasculitis referred for aHUS genetic testing. Limited clinical history.
31	61	M	W	aHUS	61M referred for aHUS genetic testing. Limited clinical history.
32	37	F	W	aHUS	37F referred for aHUS genetic testing. Limited clinical history.
33	39	F	AA	aHUS	39F referred for aHUS genetic testing. Limited clinical history.
34	43	M	W	aHUS	43M with TTP referred for aHUS genetic testing. Limited clinical history.
35	27	F	HIS	aHUS	27F with HUS referred for aHUS genetic testing. Limited clinical history.
36	3	M	OTH	nephrotic	3M with nephrotic syndrome referred for nephrotic syndrome / FSGS genetic testing. Limited clinical history.
37	35	F	W	aHUS	35F with ESRD 2/2 C3GN and nephrotic syndrome during pregnancy with recurrence during her second pregnancy. During the first pregnancy she

					had endometritis and was treated for infection. Mother has a horseshoe kidney and mother and father both have HTN. Otherwise, no family history of kidney disease.
38	31	M	AS	aHUS	31M with ESRD and aHUS referred for aHUS genetic testing. Limited clinical history.
39	43	F	AA	aHUS	43F with ESRD 2/2 lupus s/p transplant June 2015.
40	48	F	AA	aHUS	48F with ESRD 2/2 sarcoidosis.
41	46	F	W	aHUS	46F referred for aHUS genetic testing. Limited clinical history.
42	65	F	W	aHUS	65F referred for aHUS genetic testing. Limited clinical history.
43	69	M	W	aHUS	69M referred for aHUS genetic testing. Limited clinical history.
44	21	F	OTH	aHUS	21F with ESRD 2/2 IGA nephropathy. No family history of kidney disease.
45	33	F	AA	aHUS	33F with ESRD 2/2 severe preeclampsia s/p transplant. Family history of nonobstructive cardiomyopathy and sudden cardiac death.
46	60	M	W	aHUS	60M referred for aHUS genetic testing. Limited clinical history.
47	24	F	W	aHUS	24F referred for aHUS genetic testing. Limited clinical history.
48	43	M	OTH	aHUS	24F referred for aHUS genetic testing. Limited clinical history.
49	39	M	AA	aHUS	39M with ESRD 2/2 HTN. No family history of kidney disease.
50	36	M	AA	aHUS	36M with ESRD 2/2 C3GN s/p kidney transplant. First transplant 2/2 FSGS diagnosed at age 18 and c/b recurrent FSGS. Transplant was from his mother.
51	20	F	HIS	aHUS	20F with lupus and C3GN referred for aHUS genetic testing. Limited clinical history.
52	35	F	W	aHUS	35F with a clinical diagnosis of Laurence-Moon syndrome (retinitis pigmentosa, obesity, possible hypogonadism) and a history of congenital nephrotic syndrome. She underwent kidney transplant which was complicated by thrombosis for which she received aHUS genetic testing.
53	2	F	W	aHUS	2F with clinical history of bloody diarrhea after traveling to Mexico received genetic aHUS testing. She is homozygous for CFHR3-1 deletion.

54	21	M	W	aHUS	21M with ESRD 2/2 IgA nephropathy and FSGS with a failed kidney transplant. He initially presented with gross hematuria. He is s/p transplant from his mother
55	25	F	W	aHUS	25F referred for aHUS genetic testing. Limited clinical history.
56	9	M	W,AA	aHUS	9M referred for aHUS genetic testing. Limited clinical history.
57	1	F	HIS	nephrotic	1F with nephrotic syndrome referred for nephrotic syndrome / FSGS genetic testing. Limited clinical history.
58	44	F	W	aHUS	44F with HUS, ARF, anemia, and thrombocytopenia. ADAMTS13 activity of 88%. No family history of kidney disease
59	32	M	AA	aHUS	32M referred for aHUS genetic testing. Limited clinical history.
60	19	F	W	aHUS	19F referred for aHUS genetic testing. Limited clinical history.
61	51	F	W	aHUS	51F referred for aHUS genetic testing. Limited clinical history.
62	23	M	W	aHUS	23M with biopsy-confirmed C3GN and proteinuria.
63	45	F	W	aHUS	45F with HUS referred for aHUS genetic testing. Limited clinical history.
64	47	F	W	aHUS	47F with ARF, hypocomplementemia, hemolysis referred for aHUS genetic testing. Limited clinical history.
65	64	M	W	aHUS	64M that presented with severe abdominal pain was found to have MAHA, thrombocytopenia, splenic infarct. ADAMTS13 activity was 70%. PMH of DM2, HTN, HPL, necrotizing pancreatitis unknown etiology. At age 54 he underwent pancreas resection c/b pancreatic insufficiency. Family history of MI and kidney cancer in father.
66	9	F	W	aHUS	9F referred for aHUS genetic testing. Limited clinical history.
67	64	M	W	oxalosis	64M with ESRD 2/2 renal dysplasia. Lost the first transplant to oxalosis. History of hearing loss since childhood. Mother died of parkinsons and father of heart disease. Brother and brother's children are in good health.
68	46	F	AA	aHUS	46F with ESRD 2/2 preeclampsia. History of bilateral upper body central vein stenosis. No family history of kidney disease.

69	12	F	W	aHUS	12F with ESRD 2/2 nephrotic syndrome referred for aHUS genetic testing. Patient presented at 7mo. Limited clinical history.
70	74	M	W	aHUS	74M referred for aHUS genetic testing. Limited clinical history.
71	23	M	W	aHUS	23M referred for aHUS genetic testing. Limited clinical history.
72	50	M	W	aHUS	50M ESRD of unknown etiology s/p kidney transplant jan 2016. He started dialysis at age 48 after presenting with presumed HUS / TTP. Family history of hyperlipidemia and hypertension but no kidney disease.
73	13	F	W	nephrotic	13F with steroid-resistant nephrotic syndrome. She had a kidney biopsy that showed minimal change disease. No hematuria or systemic symptoms.
74	34	F	W	aHUS	34F referred for aHUS genetic testing. Limited clinical history.
75	26	F	W	aHUS	26F referred for aHUS genetic testing. Limited clinical history.
76	3mo	F	OTH	nephrotic	3moF with congenital nephrotic syndrome. Limited clinical history.
77	15	F	W	APOL1	15F with obesity, hypertension and a solitary right kidney cyst.
78	16	M	AA	nephrotic	16M with CKD and a kidney biopsy showing collapsing FSGS and is APOL1 G1G2. No history of hypertension or diabetes. No family history of kidney disease. RUS shows bilateral echogenic kidneys with no visible cysts.
79	26	F	W	aHUS	28F with ESRD 2/2 MPGN. Kidney biopsy was c/w secondary membranous. h/o positive ana and apls but no lupus. Kidney dz onset age 22. pt with mitral regurg. Famhx htn. She has multiple autoab including anti-cardiolipin. No h/o hearing loss.
80	71	M	W	aHUS	74M with immune mediated length-dependent axonal sensory neuropathy in the setting of positive TS-HDS antibodies, vasculitis, chronic kidney disease stage 4 and a free kappa light-chain monoclonal protein. He initially presented with a clinical diagnosis of aHUS made by kidney biopsy. At that time he had mild thrombocytopenia with a platelet count of ~100k and renal insufficiency. PMH significant for HTN and HPL. No family history of kidney disease.

81	22	M	W	aHUS	22M with ESRD 2/2 MPGN type 1 with a positive C3 nephritic factor s/p kidney transplant in 2016.
82	52	F	W	aHUS	52F referred for aHUS genetic testing. Limited clinical history.
83	30	M	W	aHUS	30M referred for aHUS genetic testing. Limited clinical history.
84	74	F	W	aHUS	74F with metastatic ovarian cancer that developed kidney injury and tma. Limited clinical hx.
85	14	M	W	aHUS	14M referred for aHUS genetic testing. Limited clinical history.
86	18	F	OTH	aHUS	18F with referred for aHUS genetic testing. Limited clinical history.
87	61	M	AA	aHUS	61M referred for aHUS genetic testing. Limited clinical history.
88	58	M	W	aHUS	58M with ESRD 2/2 biopsy-proven diabetic nephropathy. He underwent living-related kidney transplantation a Sep 2010. Developed chronic kidney disease following transplantation with FSGS on a kidney transplant biopsy.
89	48	M	AA	APOL1	48M referred for APOL1 genetic testing with nephrotic syndrome and CKD 2/2 FSGS, bilateral hip osteonecrosis, and a history of substance abuse.
90	26	F	W	aHUS	26F referred for aHUS genetic testing. Limited clinical history.
91	13	M	AA	nephrotic	13M with a history of nephrotic syndrome, facial swelling, hematuria and leukopenia. The patient had a 3mo history of a hyperpigmented rash on his chin. A kidney biopsy showed collapsing FSGS. RUS identified worsening bilateral nephrocalcinosis and parenchymal echogenicity. He has a family history of glomerulonephritis in his maternal grandmother, and lupus in his paternal grandmother.
92	13	F	OTH	aHUS,nephrotic	13F with steroid-resistant nephrotic syndrome. She initially presented with streptococcal pneumonia and developed HUS with multiorgan failure. Kidney biopsy results were consistent with MCD / FSGS. Family history of maternal great grandfather, maternal grandfather, and maternal great aunt with nephrotic syndrome.
93	31	F	W	aHUS	31F referred for aHUS genetic testing. Limited clinical history.

94	5	M	AA	nephrotic	4M with steroid-dependent nephrotic syndrome. His family history is significant for a maternal grandmother with lupus, and multiple paternal relatives with lupus and rheumatoid arthritis. Kidney biopsy was consistent with MCD.
95	9	F	W	nephrotic	6F with steroid-responsive biopsy-confirmed MCD c/b multiple relapses. Family histroy of kidney stones in her mother but otherwise no history of kidney disease.
96	9	F	AA	nephrotic	9F with persistent gross hematuria and biopsy showing FSGS with normal thickness gbm. She has a family history of ESRD in her mother 2/2 igan. She has 2 healthy siblings.
97	63	M	AS	aHUS	63M referred for aHUS genetic testing. Limited clinical history.
98	31	F	W	nephrotic	31F with FSGS. She initially presented at age 24 with proteinuria and has progressed to CKD3. She had a kidney biopsy at age 26 that showed FSGS and nephrocalcinosis. She has a strong family history of kidney disease and ESRD in her father who is s/p kidney transplant.
99	28	F	W	aHUS	31F with ESRD 2/2 MPGN type 1 now s/p kidney transplant at the age of 30. She has a history of Goodpastures syndrome with pulmonary hemorrhage at age 29. She does not have a family history of kidney disease.
100	24	M	HIS	aHUS	24M referred for aHUS genetic testing. Limited clinical history.
101	55	F	W	alport,nephrotic	55F undergoing kidney donor evaluation for her mother. She has a family history of ESRD in her mother and brother. Her father and sister have diabetes.
102	74	F	W	alport,nephrotic	75F with a history of FSGS diagnosed by kidney biopsy at age 72 s/p transplant. She has a history of ESRD and sub-nephrotic proteinuria with hearing loss and intermittent hematuria. Her brother has CKD and her mother has diabetes. Her sister has proteinuria.
103	19	M	W	alport,nephrotic	19M with biopsy-proven FSGS. He has a family history of ESRD in his father, brother, and paternal relatives.
104	23	M	AS	aHUS	23M with a history of C3GN. No family history of kidney disease.

105	14	F	W	nephrotic	14F with a history of rituximab-responsive FSGS. She presented at age 12 after a week of vomiting and diarrhea. She does not have a family history of kidney disease.
106	10	F	W	nephrotic	10F with ARF of unknown etiology. Presented with a 1 week history of fever, nausea, vomiting and diarrhea. RUS is normal. Her kidney function subsequently normalized.
107	16	F	W	nephrotic	16F with abdominal pain, constipation, and AKI. She has a history of recurrent UTI. No family history of kidney disease.
108	52	F	AA	aHUS	52F with a history of ESRD s/p kidney transplant at age 35 for hypertensive nephrosclerosis. She developed ESRD at age 29 following her 2nd pregnancy. CT abdomen showed atrophic bilateral kidneys with a 7mm cyst in the lower pole of the left kidney thought to be a hemorrhagic cyst. She does not have a family history of kidney disease.
109	34	F	W	nephrotic	34F evaluated for living kidney donation to her sister who has ESRD 2/2 obesity-related FSGS diagnosed at age 20. No other family members have a history of kidney disease.
110	41	M	OTH	nephrotic	41M referred for nephrotic/FSGS genetic testing. Limited clinical history.
111	24	F	W	aHUS	24F referred for aHUS genetic testing. Limited clinical history.
112	41	M	W	aHUS	41M with ESRD 2/2 biopsy-proved TMA attributed to HTN s/p kidney transplant. He does not have a family history of kidney disease.
113	1	M	OTH	aHUS	9mo with anemia, thrombocytopenia, and E.coli-positive blood diarrhea c/w HUS.
114	55	F	AA	aHUS	55F with a history of TMA referred for aHUS genetic testing. Limited clinical history.
115	34	F	W	aHUS	34F referred for aHUS genetic testing. Limited clinical history.
116	59	F	HIS	aHUS	59F referred for aHUS genetic testing. Limited clinical history.
117	69	F	W	aHUS	69F with biopsy findings of C3GN. She has a history of NASH-related cirrhosis. Her family history is significant for her mother with cirrhosis.
118	36	F	W,HIS	aHUS	36F referred for aHUS genetic testing. Limited clinical history.

119	17	M	W	alport	17M with gross hematuria. Normal serum creatinine and no proteinuria. Normal RUS. Renal biopsy normal in 2012. Family history significant for maternal uncle with a kidney transplant for unknown reason.
120	37	M	W	custom	37M with CKD 2/2 medullary cystic disease. Family history is significant for 3 brothers with kidney disease one of which received a kidney transplant. His mother died of leukemia and ARF but it is unclear if she had kidney disease. His maternal grandfather had kidney disease and so did at least 2 of his maternal grandfathers brothers. No family history of gout or hyperuricemia. Clinical suspicion for AD tubulointerstitial kidney disease.
121	29	F	HIS	aHUS	29F referred for aHUS genetic testing. Limited clinical history.
122	70	F	OTH	aHUS	70F from Jordan with CKD of unclear etiology. Kidney biopsy showed secondary FSGS with suspicion for TMA. Patient has HTN and DM2. She does not have a family history of kidney disease.
123	32	M	W	aHUS	32M with a history of nausea, vomiting, abdominal pain and ARF. No family history of kidney disease.
124	66	F	W	alport	66-year-old Caucasian female with past medical history of fibromyalgia, interstitial pulmonary fibrosis, hypertension, hypercholesterolemia, insomnia, fibromuscular dysplasia of the carotid, carotid artery occlusion and cerebrovascular accidents, arthritis, spinal stenosis and multiple abdominal surgeries. Her renal function has for the most part always been relatively normal, but she states that she has had microscopic hematuria for at least 10 years. She saw a nephrologist over 10 years ago who diagnosed her with Alport syndrome based on family history. A kidney biopsy was never done. Her father was reportedly diagnosed with Alport syndrome in his 50s and was initiated on dialysis at age 58. He ultimately passed from complications of end stage renal disease at age 59. The patient and her son report a very strong family history of kidney disease but upon further questioning, it does not appear to be a monogenic disorder. The patient has a sister who has kidney stones. She also has a granddaughter

					who had some form of a stent placed in her renal artery when she was relatively young and she has a great granddaughter who is 4 years old and being evaluated by a nephrologist currently for an "inflamed kidney." Other than her father, no family members were initiated on dialysis nor had history of early hearing loss.
125	39	M	W	aHUS	39M with ESRD 2/2 MPGN now s/p transplant. He was first diagnosed with CKD at age 15. No family history of kidney disease.
126	6	M	AA	aHUS	6M referred for aHUS genetic testing. Limited clinical history.
127	38	F	AS	aHUS	38F referred for aHUS genetic testing. Limited clinical history.
128	59	F	W	aHUS	59F with aHUS s/p plasmapheresis and eculizumab. She does not have a family history of kidney disease.
129	43	F	W	aHUS	43F referred for aHUS genetic testing. Limited clinical history.
130	39	F	W	aHUS	39F referred for aHUS genetic testing. Limited clinical history.
131	7	F	W	aHUS	7F referred for aHUS genetic testing. Limited clinical history.
132	13	F	W	aHUS	13F referred for aHUS genetic testing. Limited clinical history.
133	34	F	W	aHUS	34F with ESRD 2/2 IgA nephropathy and preeclampsia with TMA. No family history of kidney disease.
134	16	M	W	nephrotic,alport,nephronopthisis,custom	16M with "possible" ADPKD and hypertension. He has had renal cysts since the age of 10 and has since developed proteinuria and CKD3. A kidney biopsy showed FSGS. His mother does not have a history of kidney disease but his father's history is unknown.
135	18	F	W	aHUS	18F referred for aHUS genetic testing. Limited clinical history.
136	79	F	W	aHUS	79F referred for aHUS genetic testing. Limited clinical history.
137	35	F	AA	aHUS	35F with a history of urinary tract infections and nephrolithiasis that had an epidose of flank pain, dysuria and vomiting. Her serum creatinine rose to 3.8 and she had leukocytosis (32K),

					thrombocytopenia (4k) and hemolytic anemia. She improved after plasmapheresis.
138	75	F	W	aHUS	75F referred for aHUS genetic testing. Limited clinical history.
139	56	F	W	aHUS	56F referred for aHUS genetic testing. Limited clinical history.
140	22	F	W	aHUS	22F referred for aHUS genetic testing. Limited clinical history
141	57	F	W	aHUS/tma/c3	57F referred for aHUS genetic testing. She does not have a family history of kidney disease.
142	59	F	AA	aHUS	59F referred for aHUS genetic testing. Limited clinical history.
143	37	M	AA	aHUS	37M referred for aHUS genetic testing. Limited clinical history.
144	30	M	W	aHUS/tma/c3	30M donor evaluation for his sister who has pregnancy-associated aHUS. No other family members have a history of kidney disease.
145	22	M	HIS	aHUS	22M referred for aHUS genetic testing. Limited clinical history.
146	20	F	W	aHUS/tma/c3	20F with ESRD 2/2 HELLP.
147	49	M	W	aHUS/tma/c3	49M with ESRD 2/2 MPGN diagnosed at age 35. He had his 2nd kidney transplant at age 46. He has a history of nephrolithiasis at age 13 and demyelinating peripheral neuropathy treated with plasmapheresis and IVIG. He does not have a family history of kidney disease.
148	33	F	OTH	aHUS	33F referred for aHUS genetic testing. Limited clinical history.
149	17	F	W	nphp	17F referred for nephronophthisis genetic testing. She had hematuria and renal colic at age 14. She has a strong family history of kidney stones. She had a kidney biopsy that showed no significant abnormalities. RUS showed a small kidney stone and a small cyst in the left kidney.
150	34	M	AA	aHUS	34M referred for aHUS genetic testing. Limited clinical history
151	44	F	W	aHUS	44F referred for aHUS genetic testing. Limited clinical history.
152	74	M	W	aHUS/tma/c3	74M with a clinical diagnosis of PKD that is s/p transplant.
153	66	M	AA	aHUS	66M referred for aHUS genetic testing. Limited clinical history.

154	23	F	AA	aHUS	23F referred for aHUS genetic testing. Limited clinical history.
155	51	F	W	aHUS/tma/c3	51F with ESRD 2/2 multiple myeloma s/p transplant.
156	21	F	AS	aHUS	21F referred for aHUS genetic testing. Limited clinical history.
157	26	F	OTH	aHUS	26F referred for aHUS genetic testing. Limited clinical history.
158	7	F	W	aHUS/tma/c3	7F with blood diarrhea, anuria, AKI and HUS with prolonged dialysis and progression to CKD4.
159	4	M	W	nephrotic/fsgs	4M with a history of nephrotic syndrome onset at age 2. He ultimately achieved remission at age 6. Family history significant for RA (maternal GMA), thyroid disease (paternal aunt), DM and asthma but no kidney disease. Kidney biopsy showed partial FP effacement and differential includes MCD vs. FSGS.
160	4	M	AA,W	nephrotic/fsgs	4M referred for nephrotic syndrome / FSGS genetic testing. Limited clinical history.
161	71	M	W	nephrotic/fsgs	71M with ESRD s/p transplant at the age of 37 with a clinical diagnosis of Alport syndrome.
162	12	M	HIS,W	nephrotic/fsgs	12M with a history of proteinuria and thin glomerular basement membranes seen on kidney biopsy.
163	2	F	W	aHUS/tma/c3	2F with ARF 2/2 presumed HUS. She had a 2-day history of non-bloody diarrhea, nausea, and vomiting. She had anemia and thrombocytopenia.
164	31	F	W	aHUS	31F with nephrotic syndrome during her 2nd pregnancy and kidney biopsy findings of TMA. She has a history of hyperthyroidism and proteinuria during her first pregnancy that was not evaluated. She has progressed to CKD2. Her maternal grandmother has a history of kidney disease and thyroid disease and her mother and father have hypertension.
165	33	F	AS	aHUS/tma/c3	33F with ESRD 2/2 biopsy-confirmed IgA nephropathy s/p kidney transplant c/b TMA.
166	44	F	W	aHUS	44F referred for aHUS genetic testing. Limited clinical history.
167	74	F	W	aHUS	74F referred for aHUS genetic testing. Limited clinical history.
168	3	M	OTH	nphp	3M that presented with nephrotic syndrome and is now s/p kidney transplant. He had an absent left

					kidney and an enlarged right kidney by RUS with loss of corticomedullary differentiation. The clinical picture was suspicious for nephronophthisis. He has a nonsense mutation in WDR19. This gene is associated with nephronopthisis.
169	5	M	OTH	nephrotic/fsgs	5M with steroid-dependent nephrotic syndrome. He had disease onset at age 4. Kidney biopsy consistent with MCD.
170	48	M	W	aHUS	48M referred for aHUS genetic testing. Limited clinical history.
171	32	F	AA	aHUS	32F referred for aHUS genetic testing. Limited clinical history.
172	27	F	W	aHUS/tma/c3	30F with cystic fibrosis and esrd s/p bilateral lung transplant. She is homozygous for CFTR p.507_508del. She had an episode of AKI and kidney biopsy showed tma, which was attributed to cni toxicity that she was taking for her lung transplant. She has a history of encephalomalacia.
173	26	F	AA	aHUS	26F referred for aHUS genetic testing. Limited clinical history.
174	58	F	W	aHUS/tma/c3	58F with CKD4 of unknown etiology. She has no family history of kidney disease. RUS showed a small left kidney and both kidneys were echogenic. Patient received aHUS testing to exclude aHUS as a potential cause of her kidney disease prior to listing.
175	38	F	W	aHUS/tma/c3	40F with ESRD 2/2 congenital ureteral reflux s/p kidney transplant at age 37. She does not have a family history of kidney disease.
176	53	M	W	custom	53M with PKD s/p kidney transplant. Diagnosed at age 26.
177	1	M	HIS	nephrotic/fsgs	1M with nephrotic syndrome.
178	39	F	W	aHUS	39F referred for aHUS genetic testing. Limited clinical history.
179	17	F	W	nephrotic/fsgs	17F with proteinuria and FSGS. Disease onset at age 15. Her family history is significant for mixed connective tissue disease in her mother and kidney stones in her maternal grandmother.
180	14	F	AA	nphp	14F with polycystic left kidney and absent right kidney. She has a family history of ESRD in her father 2/2 FSGS who is s/p kidney transplant in his 30's. She has multiple half siblings who are healthy.

181	61	F	W	aHUS	61F with a history of aHUS/TTP and hypothyroidism. She developed AKI and was treated with dialysis, plasma exchange, and then eculizumab.
182	7	F	W	aHUS/tma/c3	7F with a history of hypoplastic LV s/p repair. She has a history of Evan's syndrome, T-cell lymphopenia, and CD46 deficiency.
183	10	M	W	nephrotic/fsgs	10M with steroid-resistant nephrotic syndrome. Disease onset at age 9. Family history significant for his sister with a "hole in her bladder" but otherwise no history of kidney disease.
184	69	F	W	aHUS/tma/c3	69F with ESRD 2/2 glomerulonephritis s/p transplant c/b post-transplant TMA. She was diagnosed with GN at age 22 and had her first transplant at age 31. Family history is significant for CKD in her father.
185	68	M	W	aHUS/tma/c3	68M with ESRD 2/2 MPGN and chronic TMA. He has a history of HCV and MGUS. He does not have a family history of kidney disease.
186	47	F	W	aHUS/tma/c3	47F referred for aHUS genetic testing. Limited clinical history.
187	53	M	W	aHUS/tma/c3	53M with ESRD 2/2 type 1 diabetic nephropathy s/p transplant at age 44.
188	10	M	AA	nphp,nephrotic /fsgs	10M with ESRD 2/2 prune belly syndrome s/p kidney transplant. His family history is significant for ESRD in his father.
189	21	M	W	aHUS/tma/c3	21M with ESRD 2/2 IgA nephropathy s/p kidney transplant. He has a family history of Marfan's, hypertension and diabetes.
190	42	M	W	custom	42M with PKD s/p transplant. His father also had PKD and received a transplant.
191	53	F	AA	aHUS/tma/c3	53F with CTD-associated pulmonary fibrosis s/p lung transplant. She has CKD3 of unclear etiology. She has a positive ANA, ENA and SSA-52.
192	35	F	W	aHUS/tma/c3	35F with CKD4 of unclear etiology. She has a history of ARF with thrombocytopenia and anemia and was treated for presumed aHUS.
193	6	F	W	nephrotic/fsgs	6F with FSGS. She has a family history of kidney disease in her maternal greatgrandmother and 2 brothers of the maternal greatgrandmother. Her mother and father do not have a history of kidney disease nor does the maternal grandfather. She has 3 siblings that are healthy.

194	12	F	W	aHUS/tma/c3	12F referred for aHUS genetic testing. Limited clinical history
195	1	M	W	aHUS/tma/c3	1wkM with congenital renal failure.
196	37	F	W	aHUS/tma/c3	37F with aHUS and choledocholithiasis s/p ERCP c/b pancreatitis. She subsequently developed thrombocytopenia, anemia and AKI.
197	37	M	W	nephrotic/fsgs	37M referred for genetic testing with the nephrotic syndrome / fsgs gene set due to concern for familial FSGS.
198	33	M	W	aHUS/tma/c3	33M with ESRD 2/2 PKD s/p transplant. His mother also has PKD.
199	15	F	W	aHUS/tma/c3	15F referred for aHUS genetic testing. Limited clinical history.
200	12	F	W	aHUS/tma/c3	12F with ESRD 2/2 Henoch Schonlein Purpura diagnosed at age 10 s/p kidney transplant. No family history of kidney disease.
201	20	M	HIS	nephrotic/fsgs	20M with CKD referred for nephrotic syndrome / FSGS genetic testing. Limited clinical history.
202	8	F	OTH	alport	8F with persistent hematuria and kidney biopsy with thin basement membranes. She has a family history of Alports syndrome. Maternal great uncle had deafness as a child and is s/p kidney transplant x2. He has 2 boys and a girl and they are all healthy. Maternal grandmother with intermittent hematuria s/p kidney biopsy.
203	2	F	OTH	nphp	2F with congenital echogenic kidneys with tiny cysts and bilateral pelviectasis.
204	17	M	OTH	nephrotic/fsgs	17M with FSGS referred for nephrotic syndrome / FSGS genetic testing. Limited clinical history.
205	2	F	OTH	aHUS/tma/c3	2F with a history of C3GN referred for aHUS genetic testing. Limited clinical history.
206	9	F	AA	aHUS/tma/c3,nephrotic/fsgs	9F with a history of Denys-Drash syndrome. Kidney biopsy showed acute and chronic TMA with severe IFTA and glomerulosclerosis. She does not have a family history of kidney disease.
207	1	F	OTH	PKHD1	1F with a family history of PKD and normal kidney function and no evidence of renal cysts by RUS.
208	20	F	W	nephrotic/fsgs	20F with a history of nephrotic syndrome onset at age 2 and FSGS.
209	20	M	AA	nephrotic/fsgs	20M with ESRD 2/2 biopsy-proven FSGS s/p kidney transplant. No family history of kidney disease
210	43	F	W	aHUS/tma/c3	43F CKD4 2/2 HTN. History of necrotizing enterocolitis at birth, HBV, preeclampsia. Kidney

					biopsy showed arteriosclerosis. No family history of kidney disease. Patient referred for aHUS genetic testing to exclude aHUS as a potential etiology of her kidney disease because her sister is considering donation.
211	71	M	W	aHUS/tma/c3	71M with a history of biopsy-proven TMA after a raccoon bite. Family history of diabetes but no kidney disease.
212	1mo	F	W	nphp	1moF with renal dysplasia born at 37wk. At 20 weeks gestation, noted mild renal dilatation, bilateral pelviectasis and echogenic kidneys with an AFI of 11 at that time. She was followed by MFM, fetal cardiologist and nephrology/urology at Mercy. Repeat prenatal ultrasound showed no renal cysts, no hydroureter and dilatation of renal pelvis. Small bladder noted intermittently on prenatal US. Postnatal US with bilateral echogenic kidneys, collecting system dilation, poor corticomedullary differentiation. Cardiac ECHO showed biventricular hypertrophy, flattened IVS, severe LVOT obstruction, small PFO and normal cardiac function. Liver US obtained and noted to have hepatosplenomegaly without evidence of biliary atresia. There is no family history of renal disease.
213	1mo	F	HIS	nephrotic/fsgs	1moF referred for nephrotic syndrome / FSGS genetic testing. Limited clinical history.
214	37	M	W	aHUS/tma/c3,nephrotic/fsgs	37M with ESRD 2/2 HTN and TMA s/p transplant at the age of 30 c/b FSGS. His mother and father have diabetes but there is no family history of kidney disease.
215	12	F	OTH	nphp	12F referred for nephronophthisis genetic testing. Limited clinical history.
216	5mo	F	W	nephrotic/fsgs	5moF with Denys Drash Syndrome. The pelvic ultrasound showed a uterus (4 x 1.2 x 1.2 cm) and right ovary. She has clitoromegaly and undescended gonads. Her AMH was in the normal range for male and her CAH profile was normal. Her SRY was positive. She is 46XY.
217	15	M	OTH	nphp	15M with a multicystic right dysplastic kidney and type 1 diabetes.
218	3	M	AA	nephrotic/fsgs	3M with biopsy-proven FSGS, steroid-resistant nephrotic syndrome, fever, and hematuria. RUS

					shows nephromegaly. No family history of kidney disease.
219	58	F	W	aHUS/tma/c3	58F with ESRD 2/2 PKD. She has a family history of kidney disease in her father.
220	6	F	HIS	nphp	6F with multiple bilateral small renal cysts with normal kidney function and congenital deformity of her skull.
221	25	F	W	aHUS/tma/c3	25F with persistent proteinuria and kidney biopsy showing MPGN. No RUS.
222	23	M	AA	nephrotic/fsgs	23M presents for kidney donor evaluation. He has no past medical history. He has a family history of a brother with FSGS and maternal uncle with ESRD of unknown cause.
223	13	M	W	nephrotic/fsgs	13M with steroid-resistant nephrotic syndrome with disease onset at age 8. No family history of kidney disease.
224	37	F	W	custom	37F evaluated for living kidney donation for her sister who carries a diagnosis of cystinosis. The patient has no history of kidney disease.
225	61	M	W	nphp	61M with ESRD 2/2 PKD s/p kidney transplant. He has a family history of ESRD and aneurysms in his father.
226	25	F	W	aHUS/tma/c3	25F with biopsy-proven DDD and nephrotic syndrome. No family history of kidney disease
227	34	M	W	alport	34M with ESRD 2/2 hereditary nephritis. He had a transplant at age 24. He has a paternal uncle, nephew, and 2 cousins with biopsy-proven FSGS.
228	1	M	OTH	aHUS/tma/c3	1M previously healthy with new-onset seizures and hemolytic anemia concerning for TTP. He has no family history of bleeding or clotting disorders.
229	26	F	HIS	nephrotic/fsgs	26F with ESRD of unclear etiology. She has subsequently devloped CHF. She was diagnosed at age 23 when she presented with ARF. Her autoimmune workup was negative. The patients sister has a history of FSGS and her parents are both healthy.
230	1mo	M	AA	nphp	1moM with renal dysfunction referred for nephronophthisis genetic testing. Limited clinical history.
231	19	M	W	aHUS/tma/c3	19M referred for genetic testing for aHUS with a clinical h/o tma and esrd. Patient was diagnosed with C3GN by kidney biopsy in 2002. Patient has a septated renal cyst in the right upper pole and

					multiple smaller cysts in the right lower pole by RUS and CT. Patients mother, father, 3 brothers, and sister do not have pkd.
232	61	M	W	aHUS/tma/c3	19M with ESRD and TMA referred for aHUS genetic testing. Limited clinical history.
233	71	M	W	nphp	71M with ESRD 2/2 PKD s/p kidney transplant. He started hemodialysis at age 70. He has a family history of kidney stones in his son, heart failure in his mother, and hypertension in his sister.
234	25	F	W	aHUS/tma/c3	25F with nausea, vomiting, fatigure, ARF and thrombocytopenia with elevated LDH. The constellation of findings at that time were consistent with a microangiopathic hemolytic anemia. She had normal ADAMTS13 activity. She has no family history suggestive of familial TTP.
235	31	F	AA	aHUS/tma/c3	31F with ESRD. She was first diagnosed at age 17 with ARF. Kidney biopsy findings were consistent with malignant hypertension-associated TMA. MRI of the abdomen showed that the patient's right kidney was 6.8 centimeters, left kidney was 11 centimeters without any hydronephrosis
236	38	M	W	aHUS/tma/c3	38M with ESRD 2/2 post-infectious GN s/p kidney transplant. He has no family history of kidney disease.
237	8	M	W	alport	8M with a history of gross hematuria at age 5-6 and a family history of Alport syndrome. His mother had genetic studies for Alport syndrome and was noted to have a normal heterozygous missense variant of unknown function in exon 29 of COL4A4. There is a family history of Alport syndrome in the maternal great grandfather, maternal grandmother, maternal aunt and cousins. They have had genetic tests and were diagnosed with COL4A5 (X-linked) mutations.
238	7	F	W	nephrotic/fsgs	7F with a history of FSGS referred for nehrotic syndrome / FSGS genetic testing. Limited clinical history.
239	16	F	W	alport,nphp	16F with CKD2 of unclear etiology, 2+ proteinuria, and hearing loss. Kidney biopsy was suboptimal but showed no significant abnormalities. She has a family history of diabetes but no kidney disease. RUS with bilateral kidneys 2SD below the mean in size.

240	19	M	W	aHUS/tma/c3	19M with ESRD 2/2 E.Coli+ HUS s/p kidney transplant. He does not have a family history of kidney disease
241	1	F	W	aHUS/tma/c3	1F with ARF and nephrotic syndrome diagnosed with aHUS. No family history of kidney disease.
242	10	F	AA	nephrotic/fsgs	5F early pubertal development with tanner stage 4 breasts and no pubic hair. Born at 24wks. History of "teeth root deformity" after birth. Kidney transplant 2/2 fsgs. Patient developed early diabetes. Has a pineal cyst. NS at age 6. history of bilateral inguinal hernia repair. Mother has 2 kidneys both on right side. Brother has keratoconus. Paternal grandfather has proteinuria.
243	16	F	W	nephrotic/fsgs	16F with proteinuria and immune complex GN. Autoimmune workup was negative. She does not have a family history of kidney disease.
244	3	F	W	nphp	3F with a history of cystic renal disease and macrocephaly. There is a history of multiple family members with a large head in paternal side. Mother's cousin had a renal transplant as a young adult due to hypertension. No family history of cystic kidney disease. Mother and father have had renal ultrasounds (at 30 years of age) - no cysts noted on renal U/S. Renal cysts in distant family member on dad's side.
245	31	F	W	nphp	31F with a history of PKD referred for nephronophthisis genetic testing. Limited clinical history.
246	55	M	W	aHUS/tma/c3	55M with ESRD 2/2 FSGS s/p kidney transplant c/b TMA. He has a history of kidney stones. He does not have a family history of kidney disease.
247	16	F	AA	nephrotic/fsgs	16F with ESRD of unclear etiology s/p kidney transplant. She first presented with severe anemia and ARF at age 13. She has a history of psychiatric illness treated with risperidone and benzotropine.
248	49	F	W	custom	49F with PKD referred for PKD1 and PKD2 genetic testing. Limited clinical history.
249	5	F	W,AA	nephrotic/fsgs	5F with steroid-resistant nephrotic syndrome and biopsy findings c/w MCD. She initially presented at age 3. She does not have a family history of kidney disease.
250	32	M	OTH	nphp	32M with PKD and nephrolithiasis. Family history is significant for ESRD in an aunt with diabetes as

					well as an uncle with FSGS on his paternal side, both were in their 50s and 60s. There is also a history of a hemorrhagic stroke on his paternal side.
251	2	F	AA	nphp	2F with CKD4 of unclear etiology. Kidney biopsy showed podocyte foot process effacement. PMH significant for hemoglobin SC disease and alpha thalassemia trait. RUS unremarkable. She does not have a family history of kidney disease.
252	15	M	OTH	nphp	15M with PKD and normal kidney function. He has a family history of PKD but not ESRD.
253	1	M	AS	nephrotic/fsgs	1M with nephrotic syndrome referred for nephrotic syndrome / FSGS genetic testing. Limited clinical history.
254	16	F	AA	nphp,nephrotic /fsgs	16F with ESRD 2/2 obstructive uropathy s/p kidney transplant. She does not have a family history of kidney disease.
255	9	M	AA	nphp,nephrotic /fsgs	9M with a history of renal dysplasia and posterior urethral valves leading to ESRD. No family history of kidney disease.
256	31	M	AA	aHUS/tma/c3	31M with ESRD 2/2 aHUS vs. small vessel vasculitis c/b TMA. He does not have a family history of kidney disease.
257	13	F	W	aHUS/tma/c3	13F with HUS admitted with abdominal pain, diarrhea, anemia, elevated LFTs, and ARF. She does not have a family history of kidney disease.
258	33	F	W	aHUS/tma/c3	33F with CF s/p bilateral lung transplant and CKD5. She has a brother with CF but no family history of kidney disease.
259	14	M	OTH	nephrotic/fsgs	14M with biopsy-proven steroid-resistant FSGS. He had his first symptoms at age 4. He has a history of kidney disease in his grandmother.
260	21	F	AA	nephrotic/fsgs	14F with nephrotic syndrome and biopsy-proven collapsing FSGS homozygous for APOL1 risk alleles. She does not have a family history of kidney disease.
261	14	F	HIS	aHUS/tma/c3	14F with CF s/p bilateral lung transplant c/b TMA. She has normal kidney function. She is adopted and her family history is unknown.
262	8	M	W	aHUS/tma/c3	8M with a history of hematuria and glomerulonephritis with a low C3. He does not have a family history of kidney disease.

263	15	M	W	aHUS/tma/c3	15M with a history of hypocomplementemia, proteinuria and DDD with FSGS diagnosed by kidney biopsy.
264	15	F	AA	alport	15F with FSGS and nephrotic syndrome. Retrospective review identified TRPC6 p.N125S, which has been implicated in autosomal dominant steroid resistant nephrotic syndrome and FSGS in children. The patient is also compound heterozygous for the APOL1 G1G2 risk alleles
265	19	F	OTH	alport	19F with biopsy-proven FSGS. She is adopted and family history is unknown.
266	8	M	W	nephrotic/fsgs	8M with nephrotic syndrome referred for nephrotic syndrome / FSGS genetic testing. Limited clinical history.
267	42	M	HIS,W	aHUS/tma/c3	42M with a history of aHUS. He has no family history of kidney disease.
268	5mo	M	W	nphp	5moM with bilateral renal dysplasia with no cysts. He has a history of micrognathia, gynecomastia with mild galactorrhea, bilateral pneumothoraces at birth s/p bilateral needle thoracentesis, laryngomalacia, and cardiac echo showing a small PFO with L to R shunt, small muscular VSD with L to R shunt, right ventricular hypertrophy, and borderline dilated ascending aorta. No family history of kidney disease.
269	11	M	W	nephrotic/fsgs	11M with FSGS and nephrotic syndrome. He presented with nephrotic syndrome at age 4 and has had partial response to tacrolimus and rituximab.
270	35	F	OTH	nephrotic/fsgs	35F with ESRD 2/2 FSGS s/p kidney transplant at age 21. She does not have a family history of kidney disease.
271	4	M	OTH	alport	4M with microhematuria. His mother is a carrier of Alport syndrome and maternal grandfather had ESRD from Alport syndrome at 34.
272	69	M	W	aHUS/tma/c3	69M with ESRD 2/2 diabetic nephropathy s/p kidney transplant c/b TMA. He does not have a family history of kidney disease.
273	67	F	OTH	nphp	67F with PKD. She does not have a family history of kidney disease.
274	42	F	OTH	nephrotic/fsgs	42F with biopsy-proven FSGS, gout, and obesity. She has a family history of diabetes and hypertension.

275	35	F	AA	aHUS/tma/c3	35F with ESRD 2/2 HTN with kidney biopsy showing hypertension-associated TMA. Her aunt is on dialysis and her brother and sister have hypertension.
276	27	F	OTH	aHUS/tma/c3	27F with ESRD 2/2 biopsy-proven DDD. The patients paternal aunt had to have a native nephrectomy for an undetermined cause.
277	1mo	M	OTH	nephrotic/fsgs	1moM with congenital nephrotic syndrome. He does not have a family history of kidney disease.
278	19	M	W	aHUS/tma/c3	19M with a history of AML c/b TMA. He does not have a family history of kidney disease.
279	19	M	AA	nephrotic/fsgs	19M with ESRD at age 10 2/2 nephrotic syndrome s/p transplant at age 15. His sister was born with 3 kidneys.
280	54	F	OTH	alport	54F with CKD3, proteinuria and biopsy-proven thin basement membrane disease. She has a family history of ESRD.
281	53	F	OTH	nephrotic/fsgs	53F with a strong family history of kidney disease due to FSGS.
282	56	M	OTH	nephrotic/fsgs	53M with ESRD 2/2 biopsy-proven FSGS at age 27. He has a family history of Bright's disease in his grandfather.
283	56	F	OTH	aHUS/tma/c3	56F with ESRD 2/2 DM2 and HTN s/p transplant at age 45 c/b TMA. She has no family history of kidney disease.
284	1	M	W	nphp	1wkM with renal dysplasia referred for nephronophthisis genetic testing. Limited clinical history.
285	18	F	OTH	aHUS/tma/c3	18F with lupus nephritis IV+V c/b TMA. She is adopted and family history is unknown.
286	15	M	W	nephrotic/fsgs	15M with nephrotic syndrome and kidney biopsy showing MCD. He does not have family history of kidney disease.
287	31	M	W	aHUS/tma/c3	31M with CKD5, hematuria and proteinuria with a kidney biopsy showing arteriosclerosis and TMA. He has a PMH of obesity, diabetes and NICM.
288	41	F	AA	aHUS/tma/c3	41F with proteinuria, hypertension and ARF with TMA. She does not have a family history of kidney disease.
289	5mo	F	HIS	aHUS	5moF referred for aHUS genetic testing. Limited clinical history.
290	15	F	HIS	aHUS	15F with ESRD and possible aHUS or C3GN referred for aHUS genetic testing. Limited clinical history

291	52	M	W	aHUS	51M referred for aHUS genetic testing. Limited clinical history.
292	51	M	AA	aHUS	51M referred for aHUS genetic testing. Limited clinical history.
293	55	M	W	aHUS	55M referred for aHUS genetic testing. Limited clinical history.
294	76	F	W	aHUS	76F referred for aHUS genetic testing. Limited clinical history.
295	26	M	AA	aHUS	26M referred for aHUS genetic testing. Limited clinical history.
296	38	F	W	aHUS	38F with aHUS and TMA s/p transplant referred for aHUS genetic testing. Limited clinical history.
297	38	F	AA	aHUS	38F referred for aHUS genetic testing. Limited clinical history.
298	8	F	W	aHUS	8F referred for aHUS genetic testing. Limited clinical history.
299	36	F	W	aHUS	36F referred for aHUS genetic testing. Limited clinical history.
300	69	F	HIS	aHUS	69F with HUS and thrombocytopenia referred for aHUS genetic testing. Limited clinical history.
301	73	F	W	aHUS	73F with MAHA and aHUS referred for aHUS genetic testing. Limited clinical history.
302	30	M	W	aHUS	30M with thrombocytopenia referred for aHUS genetic testing. Limited clinical history.
303	15	F	W	aHUS	15F referred for aHUS genetic testing. Limited clinical history.
304	74	M	W	aHUS	74M with C3GN referred for aHUS genetic testing. Limited clinical history.
305	46	F	AA	aHUS	46F referred for aHUS genetic testing. Limited clinical history.
306	50	M	AA	aHUS	50M referred for aHUS genetic testing. Limited clinical history.
307	33	F	W	aHUS	33F with HUS referred for aHUS genetic testing. Limited clinical history.
308	31	F	HIS	aHUS	31F referred for aHUS genetic testing. Limited clinical history.
309	31	F	OTH	aHUS	31F referred for aHUS genetic testing. Limited clinical history.
310	53	F	W	aHUS	53F with HUS and TMA referred for aHUS genetic testing. Limited clinical history.
311	41	F	W	aHUS	41F referred for aHUS genetic testing. Limited clinical history.

312	3	F	HIS	aHUS	3F referred for aHUS genetic testing. Limited clinical history.
313	67	F	W	aHUS	67F referred for aHUS genetic testing. Limited clinical history.
314	27	F	AA	aHUS	27F referred for aHUS genetic testing. Limited clinical history.
315	4	M	HIS	aHUS	4M with aHUS and HTN referred for aHUS genetic testing. Limited clinical history.
316	10	F	AA	aHUS	10F referred for aHUS genetic testing. Limited clinical history.
317	69	M	W	aHUS	69M with ESRD 2/2 diabetic nephropathy s/p kidney transplant c/b TMA. He does not have a family history of kidney disease.
318	19	M	OTH	aHUS	19M referred for aHUS genetic testing. Limited clinical history.
319	59	M	W	aHUS	59M referred for aHUS genetic testing. Limited clinical history.
320	35	M	HIS	aHUS	35M referred for aHUS genetic testing. Limited clinical history.
321	36	F	W	aHUS	36F referred for aHUS genetic testing. Limited clinical history.
322	1	F	HIS	aHUS	1F referred for aHUS genetic testing. Limited clinical history.
323	57	F	W	aHUS	57F referred for aHUS genetic testing. Limited clinical history.
324	48	F	AS	aHUS	48F referred for aHUS genetic testing. Limited clinical history.

Filtering Strategy