Veritas was founded in 2018 by Dr. Luis Izquierdo, Dr. Vincenzo Cirigliano and Javier de Echevarría, who accumulate extensive experience in the field of genetics, diagnostics and biotechnology. Initially linked to Veritas Genetics, a company founded in 2014 by Prof. George Church, one of the pioneers in preventive medicine, Veritas was born with the aim of making genome sequencing and its clinical interpretation available to all citizens as a tool to prevent diseases and improve health and quality of life.

Since its inception, Veritas has led the activity and development in the markets in which it operates, with the goal of turning genomics into a daily instrument at the service of people's well-being.

In March 2022 Veritas announces that it will become part of LetsGet-Checked, a global healthcare solutions company based in Dublin and New York that provides the tools to manage health from home, through direct access to diagnostic testing and virtual healthcare.

Veritas
a LetsGetChecked company

info@veritasint.com

veritasint.com

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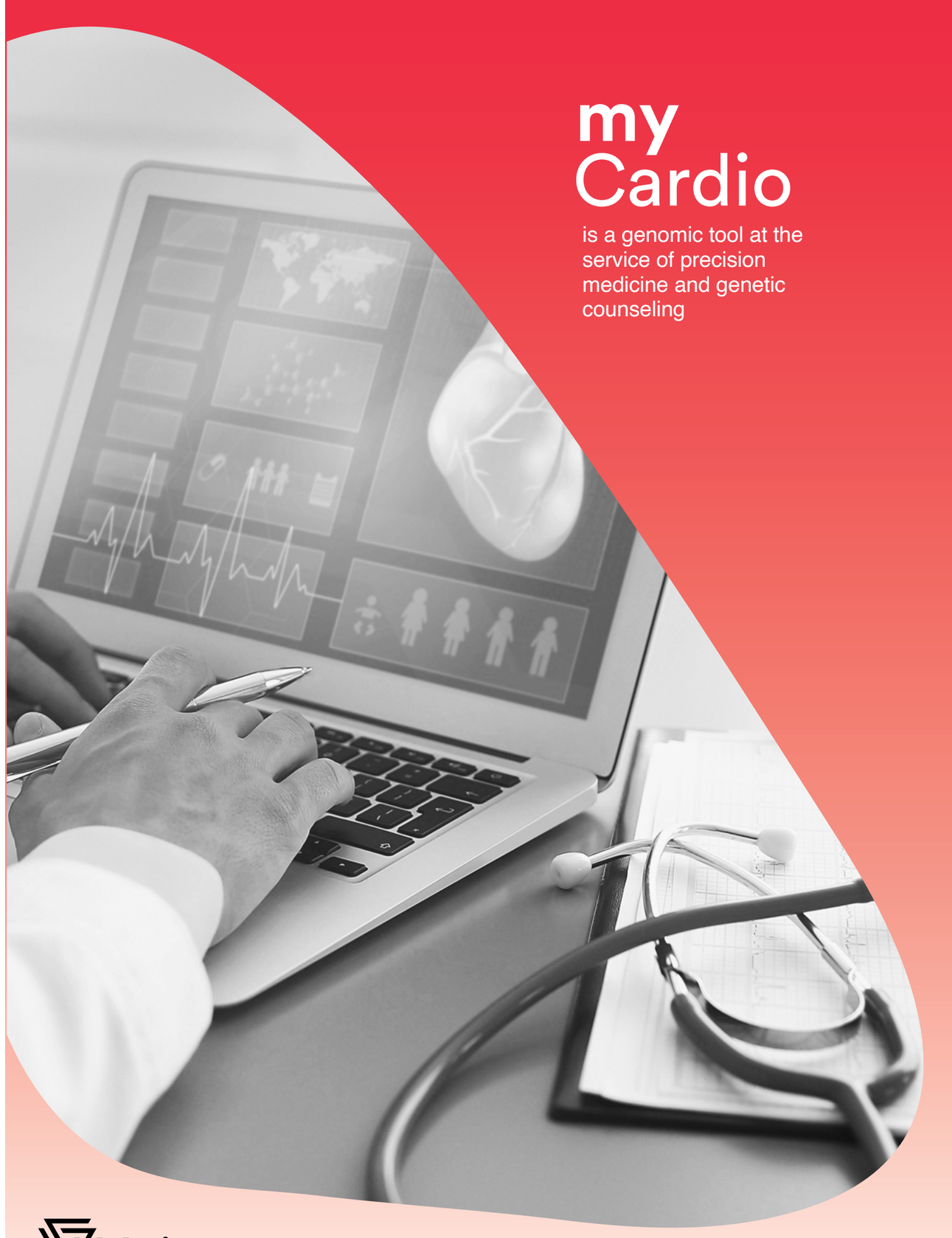
my Cardio

is a genomic tool at the service of precision medicine and genetic counseling



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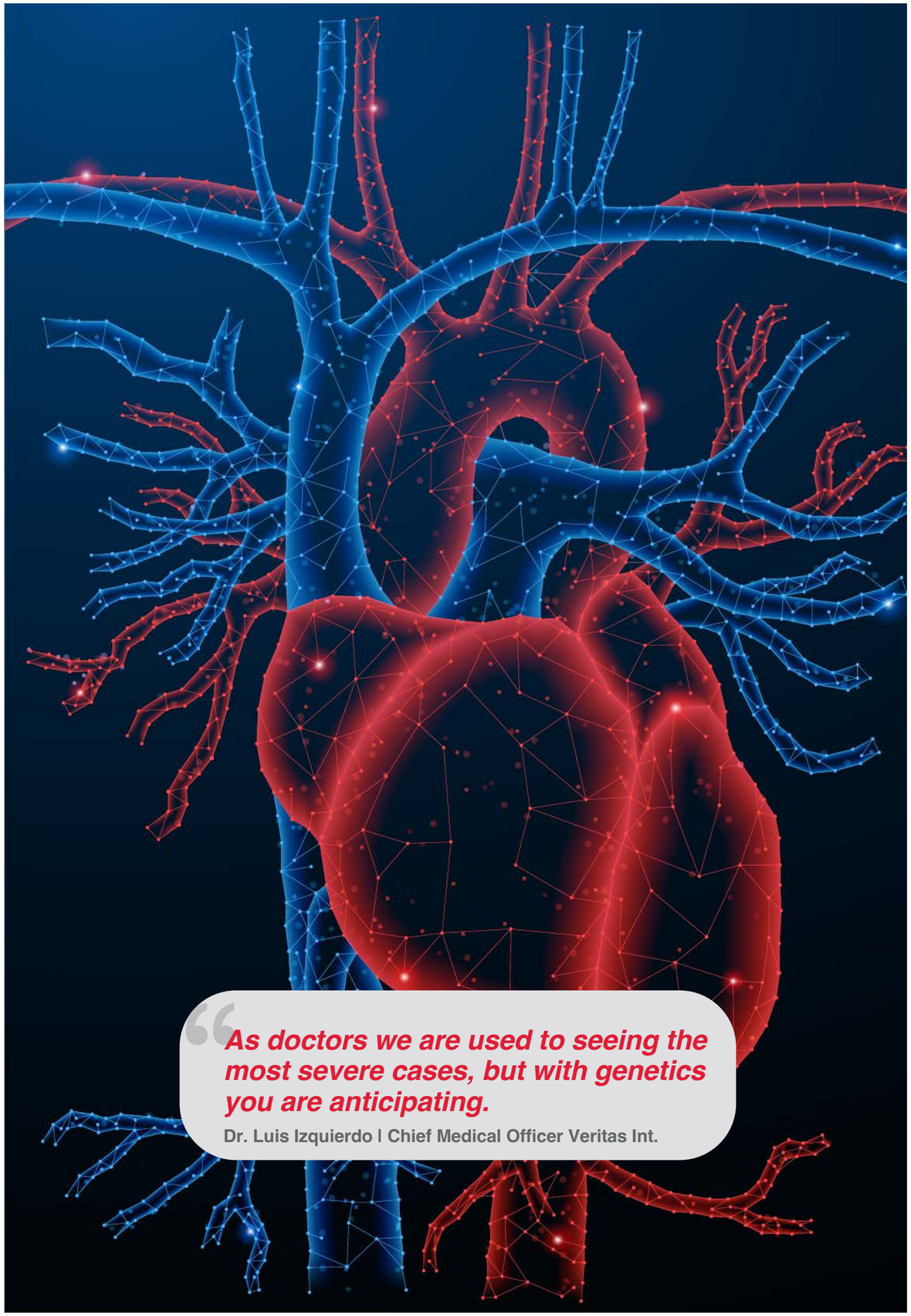


myCardio

"Human and technological commitment for diagnosis and counseling.

What is myCardio?

It is a service for the diagnosis of hereditary cardiovascular disease that integrates:

- Veritas whole exome sequencing, with an optimized design to achieve a more homogeneous sequencing depth of the exome.
- The analysis, under the Double-check methodology, of 100 genes selected by an expert team in the classification of variants in the field of heart disease.[1,2]
- Pre-test and post-test counseling to the specialist provided by medical geneticists.
- The storage of sequencing data with a bioinformatic tool that allows subsequent access and re-analysis of the information, if necessary.

The ESC, AHA and CCS[3,4,5,6,7] recommend that patients with cardiomyopathy and channelopathy receive genetic counseling.

Scientific publications show that genetic studies in the field of familial heart disease are cost-effective.[8,9]

The test includes all the genes recommended by the American Heart Association (Scientific Statement 2020).[10]

Types of sample

The following sample types are accepted:

- Saliva in specific kit provided by Veritas
- Whole blood in EDTA
- DNA extracted according to Veritas specifications

Counseling to the specialist

Veritas provides a differential service by providing counseling to the specialist for the interpretation of the results of the patient, when needed.

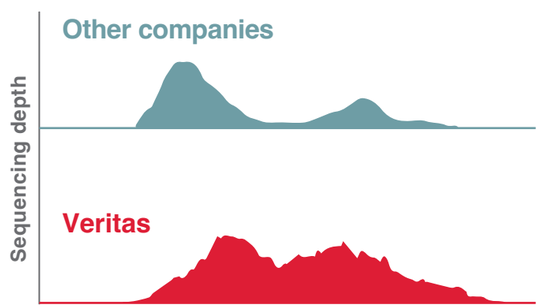
Additional services

Once myCardio test has been performed, the genetic analysis can be expanded to include:

- Other genes of interest based on the specialist criteria.
- Exome Diagnostic Service.
- Data reanalysis service for the patient to benefit from advances in scientific knowledge.[11]

Veritas whole exome technical information

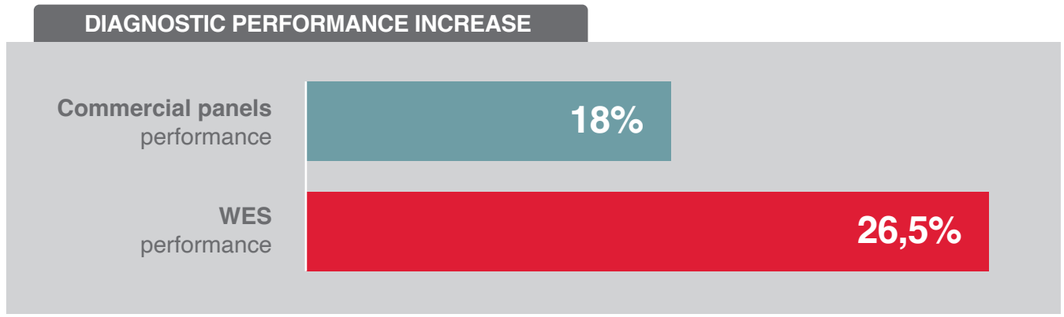
- Whole exome sequencing (WES) with 100x average coverage, sequencing more than 99% of the genes of interest at ≥20x.
- More than 19,000 genes covered.
- The classification of the variants is performed according to the American College of Medical Genetics and Genomics (ACMG) guidelines.
- Veritas has a team of expert curators who perform the interpretation of the variants based on the most up-to-date scientific knowledge, with a specialized software developed for a detailed variant classification.



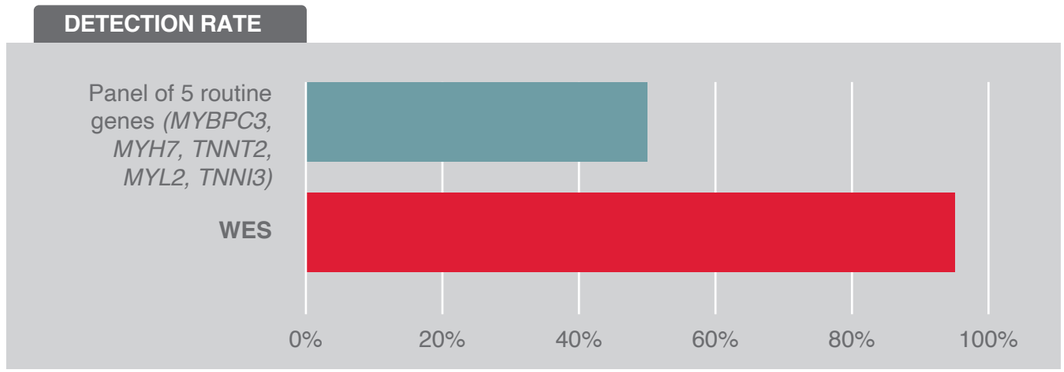
Example of the different coverage of a specific region in the exome with Veritas WES versus other companies.

Whole exome sequencing (WES) is a suitable tool to address the genetic heterogeneity present in hereditary cardiovascular disease.

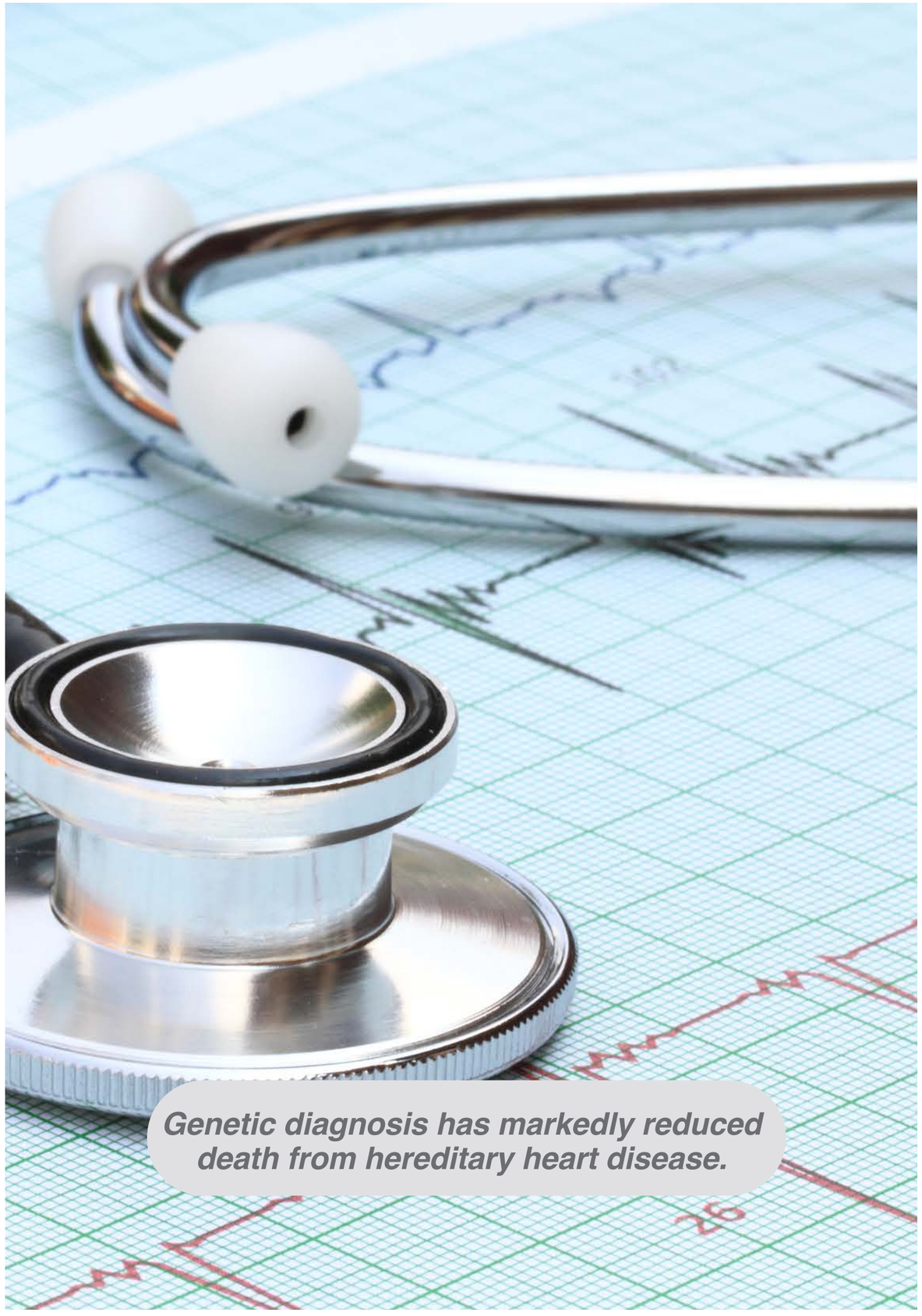
- Recent studies show a very significant improvement in diagnostic performance using exome sequencing compared to the use of panels.[12,13]
- A high number of cases present several mutations simultaneously.[13]
- The advantages of the exome are more prominent in those cases in which there is no high clinical suspicion as well as those in which the patient has recovered after an episode of sudden death.[12]



Circulation: Cardiovascular Genetics - AHA Journals
A study carried out by the Yale School of Medicine, on 200 cases of consecutive entry, in the framework of hereditary-based cardiovascular disease (CVD), a diagnostic increase from 18% to 26.5% was observed with the use of the exome p = 0.04 [12]



Archives of Cardiovascular Diseases Supplements
Multicenter study on 200 cases of hypertrophic cardiomyopathy. The diagnostic yield appreciated is 95% compared to the 50% obtained with a reduced panel of 5 genes [13] *(60% with the usual genes in routine practice in Spain)* [4,14]



LIST OF FAMILY HEART DISEASES AND ASSOCIATED GENES
(GROUPED BY CONDITION)

Primary cardiomyopathies	Hypertrophic cardiomyopathy	*ACTC1, ACTN2, COX15, CSRP3, FHL1, FLNC, FXN, JPH2, LAMP2, LDB3, MYBPC3, MYH7, MYL2, MYL3, NEXN, NF1, PLN, PRKAG2, SLC25A4, TCAP, TNNC1, TNNI3, TNNT2, TPM1, TTN, VCL*
	Dilated cardiomyopathy	*ABCC9, ACTC1, ACTN2, BAG3, CRYAB, CSRP3, DES, DSG2, FKTN (FCMD), LDB3, LMNA, MYBPC3, MYH7, NEXN, NF1, PLN, RBM20, SCN5A, TAZ, TCAP, TMEM43, TNNC1, TNNI3, TNNT2, TPM1, TTN, VCL*
	Left ventricular noncompaction	*ACTC1, CSRP3, LDB3, LMNA, MYBPC3, MYH7, SCN5A, TAZ, TNNT2, TPM1, TTN*
	Arrhythmogenic right ventricular cardiomyopathy	*DES, DSC2, DSG2, DSP, JUP, LMNA, PKP2, PLN, RYR2, TGFB3, TMEM43, TTN*
	Familial restrictive cardiomyopathy	*ACTC1, BAG3, DES, FLNC, MYH7, MYL2, MYL3, TNNI3, TNNT2, TPM1, TTN*
Metabolic cardiomyopathies	Fabry disease	*GLA*
	Pompe disease	*GAA*
	Danon disease	*LAMP2*
	Barth syndrome	*TAZ*
	Transthyretin-related familial amyloidotic cardiomyopathy	*TTR*
Channelopathies - Arrhythmias	Short QT syndrome	*KCNH2, KCNJ2, KCNQ1*
	Long QT & Romano-Ward syndrome	*CALM1, CALM2, CAV3, KCNE1, KCNE2, KCNH2, KCNQ1, SCN5A*
	Jervel and Lange-Nielsen syndrome	*KCNE1, KCNQ1*
	Brugada syndrome	*CACNA1C, SCN5A*
	Catecholaminergic polymorphic ventricular tachycardia	*CALM1, CALM3, CASQ2, RYR2, TRDN*
	KATP channelopathies	*ABCC9*
	Familial atrial fibrillation	*ABCC9, KCNE2, KCNH2, KCNJ2, KCNQ1, LMNA, PRKAG2, RYR2, SCN5A, TNNI3, TNNT2*
	Wolf-Parkinson-White	*PRKAG2*
	Familial progressive cardiac conduction defect	*SCN5A*
Syndromes with vascular involvement	Marfan syndrome	*FBN1*
	Loeys-Dietz syndrome	*SMAD3, TGFB2, TGFB3, TGFBR1, TGFBR2*
	Congenital contractural arachnodactyly (Beals syndrome)	*FBN2*
	Familial thoracic aortic aneurysm	*ACTA2, ELN, FBN1, FLNA, LOX, MYH11, MYLK, NOTCH1, PRKG1, SMAD3, SKI, SLC2A10, SMAD4, TGFBR1, TGFBR2*
	Ehlers-Danlos syndrome type IV (vascular type)	*COL3A1*
RASopathies	Noonan syndrome	*BRAF, KRAS, MAP2K1, NRAS, PTPN11, RAF1, RIT1, SOS1, SOS2*
	LEOPARD syndrome	*BRAF, MAP2K1, PTPN11, RAF1*
	Cardiofaciocutaneous syndrome	*BRAF, KRAS, MAP2K1, MAP2K2*
	Costello syndrome	*HRAS*
	Noonan-like syndrome with loose anagen hair (OMIM # 607721 # 617506)	*PPP1CB, SHOC2*
	Noonan-like syndrome with or without juvenile myelomonocytic leukemia	*CBL*
Other syndromes linked to heart disease	Friedreich ataxia with associated cardiomyopathy	*FXN*
	Andersen-Tawil syndrome	*KCNJ2*
	Cantu syndrome	*ABCC9*
	Fatal infantile cardioencephalomyopathy with COX deficiency	*COX15*
	Charcot-Marie-Tooth	*BAG3, LMNA*
	Cutis Laxa	*EFEMP2*
	Limb-Girdle muscular dystrophy	*CAV3, FKTN (FCMD), LMNA, TCAP, TTN*
	Distal muscular dystrophy	*MYH7*
	Emery-Dreifuss muscular dystrophy	*EMD, FHL1, LMNA, TMEM43*
	Fukuyama muscular dystrophy	*FKTN (FCMD)*
	Muscular dystrophy linked to LMNA	*LMNA*
	Leigh syndrome	*COX15*
	Early onset myopathy with lethal cardiomyopathy (OMIM # 611705)	*TTN*
	Neurofibromatosis	*NF1*
	Timothy syndrome	*CACNA1C*
	Walker-Walburg syndrome	*FKTN (FCMD)*
Other risk factors (Ischemic Heart Disease)	Familial hypercholesterolemia	*ABCG5, ABCG8, APOE, APOB, LDLR, LDLRAP1 (ARH), LIPA, PCSK9*

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