# **Determination of the Genomic Structure of the COL4A4 Gene and of Novel Mutations Causing Autosomal Recessive Alport Syndrome**

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### **Summary**

**Autosomal recessive Alport syndrome is a progressive hematuric glomerulonephritis characterized by glomerular basement membrane abnormalities and associated with mutations in either the COL4A3 or the COL4A4** gene, which encode the  $\alpha$ 3 and  $\alpha$ 4 type IV collagen **chains, respectively. To date, mutation screening in the two genes has been hampered by the lack of genomic structure information. We report here the complete characterization of the 48 exons of the COL4A4 gene, a comprehensive gene screen, and the subsequent detection of 10 novel mutations in eight patients diagnosed with autosomal recessive Alport syndrome. Furthermore, we identified a glycine to alanine substitution in the collagenous domain that is apparently silent in the heterozygous carriers, in 11.5% of all control individuals, and in one control individual homozygous for this glycine substitution. There has been no previous finding of a glycine substitution that is not associated with any obvious phenotype in homozygous individuals.**

### **Introduction**

Type IV collagen forms the basic structural component of basement membranes. There are six different type IV collagen chains, named  $\alpha$ 1– $\alpha$ 6, which are encoded by distinct but highly homologous genes (Hudson et al. 1993). The genes are unique in that they have characteristic pairwise, head-to-head chromosomal arrangements. These arrangements are the result of evolution

by the intrachromosomal and subsequent interchromosomal duplication of a common ancestral gene, and they can allow coordinated regulation of a particular gene pair. The genes of each pair can be divided, by their homology, into two classes, the COL4A1- or COL4A2 like genes, thus defining their evolutionary origin (Zhou et al. 1994). The corresponding  $\alpha$  chains may assemble into various different heterotrimers to produce different functional isoforms. The  $\alpha$ 1 and  $\alpha$ 2 chains are known to form  $(\alpha 1)2\alpha 2$  trimers and are ubiquitously coexpressed in all basement membranes (Timpl 1989), whereas the other chains have more restricted tissuespecific expression patterns (Kleppel et al. 1989; Ninomiya et al. 1995; Peissel et al. 1995). The  $\alpha$ 3,  $\alpha$ 4, and  $\alpha$ 5 chains are strongly expressed in the glomerular basement membrane (GBM) (Peissel et al. 1995; Ninomiya et al. 1995).

The hereditary nephritis Alport syndrome (AS) (MIM 104200), a progressive, hematuric glomerulonephritis often associated with sensorineural hearing loss and specific eye lesions, is a predominantly X-linked condition characterized by GBM abnormalities (Atkin et al. 1988), and many cases have been shown to be due to mutations in the X chromosome–located COL4A5 gene (Barker et al. 1990; Knebelmann et al. 1996; Lemmink et al. 1997). However, up to 15% of AS cases are autosomally inherited and are thought to be due to mutations in the COL4A3 and COL4A4 genes, which are located on chromosome 2 (Mariyama et al. 1992). In addition, autosomal dominant forms of AS and dominantly inherited familial benign hematuria (FBH) (MIM 141200) have been shown to be linked to the COL4A3-COL4A4 locus, which identifies these as a spectrum of disorders with similar underlying pathology (Lemmink et al. 1996; Jefferson et al. 1997). Mutation screening in these two genes to evaluate their involvement in the molecular etiology of such disorders has been hampered by the availability of only partial intron-exon structure of the genes. To date, only five COL4A3 mutations (Mochizuki et al. 1994; Lemmink et al. 1994; Ding et al. 1995; Knebelmann et al. 1995) and two COLA4A4 mutations (Moch-

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izuki et al. 1994) have been reported in autosomal recessive AS, and only one COL4A4 mutation (Lemmink et al. 1996) in familial benign hematuria.

The human COL4A4 cDNA is translated into a 1,690–amino acid polypeptide, which consists of a 38 residue signal peptide, a 1,421-residue collagenous domain, and a 231-residue noncollagenous (NC1) domain (Leinonen et al. 1994). Only 6 exons at the  $3'$  end have been characterized (Kamagata et al. 1992; Sugimoto et al. 1993; Mochizuki et al. 1994). More recently, the organization of the 5' end has been determined (Momota et al. 1998). We report here the complete characterization of the COL4A4 gene structure, and we demonstrate the usefulness of this information by the detection of 10 novel mutations in eight patients diagnosed with autosomal recessive AS.

### **Patients and Methods**

## *Patients*

Thirty-one unrelated autosomal recessive AS patients of European (21), North African (6), Middle Eastern (2), and West Indian (2) origin were investigated. All fulfilled the diagnostic criteria for AS (Antignac et al. 1994), and autosomal recessive inheritance was assessed on the existence of one or more of the following: (1) severity of the disease in young females, (2) consanguinity in the family, (3) microscopic hematuria in the father of a male patient, (4) immunohistochemical changes typical of autosomal recessive AS (Gubler et al. 1995), and (5) exclusion of linkage to the COL4A5 locus. Informed consent was obtained from all individuals or their parents. A control group was composed of 48 individuals with no obvious phenotype. The group comprised 34 Europeans, 8 North Africans, 2 Africans, and 4 individuals from the Middle East.

# *Long-Range PCR Amplification*

Twenty 18–20-base primer pairs located ∼250 nucleotides apart were chosen at random to cover the entire 5.2-kb COL4A4 cDNA sequence (Leinonen et al. 1994), by means of the OLIGO 5.0 program (NBI). The primers were used to amplify COL4A4 genomic DNA from the YAC 929\_G\_1 from the CEPH library. We amplified ∼50 ng of total yeast DNA from melted YAC plugs, using the Expand Long Template PCR System (Boehringer Mannheim) according to the manufacturer's protocol. The 10  $\times$  buffer containing 22.5 mM MgCl<sub>2</sub> and optimized for amplifying the largest templates was used. The PCR reaction was performed with a GeneAmp PCR System 9600 (Perkin-Elmer) under the following conditions (Rozet et al. 1996): an initial denaturation step at  $94^{\circ}$ C for 4 min; 10 cycles of denaturation at 93°C for 10 s and annealing/extension at  $59^{\circ}$ C for 15 s; 20 cycles of

denaturation at 93C for 10 s and annealing/extension at  $59^{\circ}$ C for 15 min, with a 20 s/cycle stepwise augmentation of the annealing/extension time; and a final extension step at 68°C for 10 min. Failure to obtain an amplification product under these conditions, followed by less stringent annealing temperature conditions, was thought to indicate either the presence of one or more large introns  $(>=12 \text{ kb})$  or the presence of an exon-exon boundary within one or both of the primer sequences. To rectify this problem, we took advantage of the high homology between type IV collagen chains and redesigned primers outside putative exon-exon boundaries, modeled on the mouse col4a2 genomic structure (Buttice et al. 1990). The amplification products were purified with either the Geneclean II kit (Bio 101) or the Wizard PCR Preps DNA purification system (Promega). Purified fragments were sequenced directly, with specific primers for the cDNA or the genomic sequence and the PRISM Ready Reaction Sequencing kit (Perkin-Elmer) on an automatic fluorometric DNA sequencer (Perkin-Elmer).

## *Ligation-Mediated PCR*

To characterize the structures of the exons, which were inaccessible by long-range PCR amplification because of the presence of very large introns, we designed a series of external and internal primers in specific regions of interest (i.e., within an exon with an undefined exonintron boundary and directed toward the potential boundary). We thereby characterized the intervening genomic sequences by ligation-mediated PCR, using the technique described by Kere et al. (1992), replacing YAC-arm primers with region-specific primers. Amplification products were purified and sequenced as described above.

# *Mutation Detection by SSCP Analysis and Direct Sequencing*

We amplified all coding exons by PCR using flanking intronic primers selected with the OLIGO 5.0 program (NBI) and screened by SSCP analysis, as described elsewhere (Saunier et al. 1997). Where mobility shifts were detected, automated direct sequencing was used to characterize the sequence variation. SSCP analysis and direct sequencing were used to detect and to evaluate the presence of the nucleotide variants in the control population.

# **Results**

#### *Intron-Exon Structure Determination*

Three YAC clones from the human CEPH library (Cohen et al. 1993) containing at least part of the COL4A4 gene—clones 870\_B\_6 (400 kb), 929\_G\_1 (1220 kb), and 933\_C\_7 (1690 kb)—were found by screening Unigene, a gene-oriented view of European Molecular Biology Laboratory/GenBank sequence entries at the National Center for Biotechnology Information, and the STS-based map of the human genome at the Whitehead Institute for Biomedical Research/MIT Center for Genome Research. 929\_G\_1 was shown, by PCR and Southern blot analysis, to contain the  $3'$  ends of both COL4A3 and COL4A4 and thus was chosen for use in the study. Long-range PCR amplification of YAC genomic DNA, using randomly chosen cDNA PCR primers in combination with ligation-mediated PCR, allowed identification of a total of 48 individual exons covering the COL4A4 cDNA sequence. All of these had recognizable  $3'$  and  $5'$  splice sites conforming to the GT-AG rule for intron-exon boundaries, except for the 5' splice site of exon 21 (see table 1). The sizes of the coding exons range from 9 bp to 287 bp. The initiation methionine codon is in exon 2, and the signal peptide is encoded by exons 2 and 3. Exons  $4-45$  and the  $5'$  part of exon 46 code for the collagenous domain. The carboxyl NC1 domain is encoded by the 3' end of exon 46, exon 47, and the coding part of exon 48. PCR amplification of the YAC DNA as well as various human control DNAs, using primers located in the  $3'$  untranslated region (5452F: 5 -ATGCTGCACAGATGGAT-TTG-3 and 5569R: 5 -TGGCCTTTATCATCTACTTG-3 ), consistently give a 137-bp fragment, which proves that this region is entirely encoded by a single exon (48). The exons, their sizes, the immediately flanking intronic sequences, and the approximate intron sizes are indicated in table 1. All sequences derived from YAC genomic DNA were confirmed on human genomic DNA, and no exonic deletions were found in the YAC.

As expected, comparison of the deduced COL4A4 gene structure, with respect to exon number and size, with the other previously characterized type IV collagen genes revealed a high degree of similarity to the X-linked COL4A6 gene, as well as to mouse col4a2, as is shown in figure 1. Twenty-five COL4A4 exons are the same size as the corresponding COL4A6 exons, and 19 of them are also the same size as the corresponding mouse col4a2 exons. As with COL4A5 and COL4A6, the first several exons (5–18) of the collagenous domain and three other exons (23, 25, and 34) begin with an intact glycine codon, whereas the remaining 25 exons encoding the collagenous domain start with the second nucleotide of a glycine codon.

#### *SSCP Mutation Analysis*

PCR primers designed for SSCP screening are indicated in table 2. SSCP screening of all the coding exons allowed the detection of multiple band shifts. In eight cases (exons 17, 21, 29, 33, 39, 42, 44, and 47), highly variable patterns were observed among patients and controls because of the presence of numerous polymor-

phisms. Novel primers were chosen, to exclude the polymorphic sequences within the PCR products of two exons (exons 42 and 44). Although the amended amplification products do not completely cover the relevant exons and their genomic flanking regions, they allowed the detection of two novel band shifts.

A total of 16 sequence variants were identified (table 3). Five of these result in premature termination codons or frameshifts and are potentially null mutations. Another is an 18-bp deletion in exon 20 and would be expected to result in the deletion of two Gly-X-Y repeats. Two other mutations affect splicing. One is a 46-bp deletion, which includes 17 bp of exon 15 and 29 bp from the 5' part of intron 15; the second is an  $A\rightarrow G$  substitution at position  $-23$  in intron 45, which creates a potential acceptor splice site. The presence of a potential branch point at position  $-37$  (GGTTTAAC) may allow this cryptic splice site to be used, which leads to a frameshifted transcript. This mutation was not found in any of the 48 unrelated controls screened. Thus, all of these mutations are expected to be pathogenic. Seven further nucleotide differences cause presumptive amino acid substitutions. One is a leucine for proline substitution in the carboxyterminal NC1 domain, P1572L. This change was not found in 48 control DNAs, involves a proline conserved among all of the human type IV  $\alpha$ chains, and thus is probably pathogenic. All the other amino acid substitutions occur in the collagenous domain. Four are substitutions of nonglycine residue. Two of these, L1004P and P1402S, are obviously amino acid–sequence polymorphisms, since their frequencies are .46 and .68, respectively, in 90 normal chromosomes. The other two, E570Q and A931T, do not involve conserved amino acids. One, E570Q, is present in 1 of the 48 controls screened and therefore is likely not to be pathogenic. A931T was not found in the control population, but, as this group does not adequately represent the West Indian population from which the patient originates, its significance remains unclear. The last two variants are glycine substitutions, G545A and G1030V, within continuous stretches of Gly-X-Y repeats in the collagenous domain. The glycine-to-valine substitution was found in only one patient and in no control individuals. The alanine for glycine substitution, on the other hand, was found to be homozygous in two unrelated patients, both from consanguinous families, and was also found to be heterozygous in one patient (family AR12), in whom two nonsense mutations had already been found, as well as in numerous control individuals. In fact, 30 (11.5%) of 261 control individuals of various geographic origins display the G545A substitution in the heterozygous state. Interestingly, this number includes 15 (of 60) individuals originating from North Africa. In addition, in one North African individual without any obvious phenotype, G545A was present in the homo-





(*continued*)

# **Table 1 (continued)**



NOTE.—Sixty–base pair intronic sequences for each boundary have been deposited in European Molecular Biology Laboratory/GenBank.<br>ª Intron sizes were determined from YAC DNA and may have been underestimated if internal dele

 $\sigma^b$  According to Momota et al. (1998).<br>
Exact intron size (obtained by sequencing).



**Figure 1** Comparison of exon sizes in the COL4A4 gene with the COL4A6 (Oohashi et al. 1995) and col4a2 (Buttice et al. 1989) genes. Exon numbers are indicated by the numbers below each gene. Exons of conserved size between COL4A4 and either col4a2 or COL4A6 are indicated in black, coding exons of differing sizes are indicated by open boxes. Noncoding regions are represented in gray.

zygous state. These data suggest that the G545A variant has little or no functional significance and that substitution of alanine for glycine at this position does not cause any severe pathogenesis.

In total, 10 mutations that are likely to be pathogenic were found in eight patients, with one nonsense mutation being found in two unrelated patients. In three patients originating from consanguineous marriages, the mutation, as expected, was homozygous. In three others, both heterozygous mutations were found, and in two cases, only one mutation was detected.

#### *Segregation of the Mutations in the Families*

In three families, one consanguineous (AR2), and in two families in which both mutations were found in the probands (AR18, AR23), the segregation of the mutation could be studied (fig. 2). In family AR2, six individuals are homozygous for the mutation (fig. 2*a*), and two patients each from families AR18 and AR23 (fig. 2*b* and *c,* respectively) share two different COL4A4 mutations, one inherited from each parent. All of these patients have features of severe AS, including deafness. Five of them, aged 22–34 years, already have end-stage renal disease or chronic renal failure, and the five others, all aged !28 years, present hematuria and proteinuria. In these families, various members have permanent microscopic hematuria. The individuals with hematuria all have normal renal function (even at age 90 years), except one (patient II.2 of family AR23), aged 54 years, whose chronic renal failure might be the result of lithium therapy. One individual (III.2 of family AR18) has both microscopic and episodes of macroscopic hematuria. A renal biopsy performed in individual III.7 of family AR23 at age 27 years displayed thin basement membranes. All hematuric individuals also display a COL4A4 mutation

in the heterozygous state, but not all individuals carrying the same mutation seem to have microscopic hematuria; however, the latter group tends to be younger than the hematuric individuals.

# **Discussion**

We report the complete intron-exon structure of the human COL4A4 gene, which encodes the  $\alpha$ 4 chain of type IV collagen. This gene had previously been mapped, head-to-head with the COL4A3 gene, to chromosome 2q34-37 (Mariyama et al. 1992), and cDNAs had been isolated covering the entire coding sequence (Leinonen et al. 1994), but its genomic structure had not been determined, with the exception of its  $3'$  end (Kamagata et al. 1992; Sugimoto et al. 1993; Mochizuki et al. 1994). Using a combination of long-range PCR and ligation-mediated PCR, we amplified and sequenced YACs covering the chromosomal region and searched for deviations from the published cDNA sequence that would indicate the presence of introns. By virtue of the sizes of overlapping long range PCR products, using YAC DNA as template, we can put the size of the COL4A4 gene at a minimum of 113 kb. This estimate does not take into account the sizes of introns 4 and 25, which must be  $>12$  kb, since we could not amplify them. This large size is typical of the human type IV collagen genes. With reference to the published cDNA sequence (Leinonen et al. 1994), the COL4A4 gene was found to have 48 exons, with a 5 UTR covering exon 1 and part of exon 2. Recently, Momota et al. (1998) further characterized the transcription start site, increasing the size of exon 1 to 178 bp, and described an alternative first exon (exon 1 ) with rather ubiquitous and low expression and located upstream of exon 1. Contrary to a

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**Oligonucleotide Primers and PCR Conditions Used for SSCP Analysis**



<sup>a</sup> Exonic sequences are underlined.

**b** No. of exon bases between primer and beginning of translation.

<sup>c</sup> Novel primer designed to exclude polymorphic sequences within the PCR product.

report by Sugimoto et al. (1993), our data show that the entire 3' untranslated region of COL4A4 lies in a single exon (48), as do those of the other type IV collagen genes. All of the exons have conventional GT-AG donor and acceptor splice sites, except exon 21, which has a donor site with GC instead of GT, confirmed by sequencing several human control DNAs. Although extremely rare, this  $5'$  splice site sequence has been de-

#### **Table 3**

#### **Characteristics of Nucleotide Variants Detected in the COL4A4 Gene**



 $A^A$  H = homozygous change; h = heterozygous change.

 $b$  ND = not done.

 $\degree$  Deletes 17 bp of exon 14 and 29 bp in the 5' part of intron 15, deleting the 5' splice site.

scribed, elsewhere, for single exons in a few genes (Senapathy et al. 1990) and, in particular, for COL4A1 exon 34 (Soininen et al. 1989).

Current knowledge of the type IV collagen gene family indicates that these genes derive from a common ancestral gene (Zhou et al. 1994). By comparison of their peptide sequences, as predicted from their cDNA sequences, the  $\alpha$  chains can be divided into two classes by virtue of their homology to either  $\alpha$ 1- or  $\alpha$ 2-like chains. The deduced  $\alpha$ 4 chain was shown to belong to the  $\alpha$ 2like group (Leinonen et al. 1994) by virtue of homology at the amino acid level; this is further supported here by a high proportion of identical exon sizes and positions of split glycine residues at exon-intron boundaries, compared with human COL4A6 (Oohashi et al. 1995) and mouse col4a2 (Buttice et al. 1990).

Having characterized the COL4A4 gene structure, we performed mutation screening by SSCP in all COL4A4 coding exons of 31 patients with recessive AS, and we detected 10 novel mutations that are likely to be caus-



**Figure 2** Mobility shifts observed in SSCP/heteroduplex analysis of DNA from members of three families. *a,* Family AR2, mutation 1122del46bp in exon 15. No clinical information or DNA samples were available for generations I and II. The uppermost bands, found only in heterozygotes, represent heteroduplex products. *b,* Family AR18, upper SSCP panel, mutation 1013/6insA in exon 13, present in the two siblings affected with autosomal recessive AS (IV.1 and IV.2) as well as in their mother; lower SSCP panel, mutation R1377X in exon 44, present in the two affected children and in the paternal branch. *c,* Family AR23, upper SSCP panel, mutation 3854delG in exon 39, present in the two children affected with autosomal recessive AS (III.1 and III.2) and in their father; lower SSCP panel, mutation 1527del18bp in exon 20, present in the two affected sibs as well as in their mother and several individuals from the maternal branch of the family. c indicates control  $DNA; h+,$  microscopic hematuria; h–, no hematuria; h+\*, microscopic and episodes of macroscopic hematuria; h+\*\*, microscopic hematuria, and thin basement membranes on renal biopsy; and ND, microscopic hematuria not determined.

ative and six different probably nonpathogenic amino acid substitutions. Only two mutations in COL4A4 have been described, to date, in autosomal recessive AS (Mochizuki et al. 1994). The pathogenic mutations were detected in eight unrelated families, including two nonconsanguinous families, in which only one heterozygous mutation was detected. This represents a relatively low mutation-detection rate compared with the 85% detection rate obtained in this laboratory using the identical method in the screening of the cystinosis gene (G. Jean, personal communication). It is possible that some COL4A4 mutations have been missed because of the presence of numerous polymorphisms that render the detection of additional bandshifts very difficult. Of course, mutations of the COL4A3 gene may also be responsible for the disease in a significant number of these patients. A further consideration is the possibility that autosomal recessive AS can exist as a "digenic" disease (i.e., with a COL4A4 mutation at one allele and a COL4A3 mutation at the other). This could account for the missing mutations in the two patients in whom only one mutation was found. This question cannot be addressed properly until the COL4A3 gene has been fully characterized and comprehensively screened in this and other patient cohorts.

Two mutations detected were glycine substitutions,

G545A and G1030V, which would be predicted to interrupt the Gly-X-Y repeat stretches in the collagenous domain. The G1030V mutation was not found in any controls and thus was considered likely to be pathogenic. In contrast, and rather suprisingly, we found the G545A variant in a patient with two nonsense mutations, as well as in a large number of control individuals, which excluded the possibility that it is responsible for the phenotype. Moreover, we found a control individual with this substitution in the homozygous state. This is the first description of a homozygous glycine substitution in a collagen chain that does not produce any obvious phenotype. The small size of the glycine residue, due to the absence of a side chain, is critical for the formation of a stable collagen triple helix. Although alanine is a bulkier and more hydrophobic amino acid, structurally, it is the most similar to glycine, and its substitution would thus be predicted to produce the most minimal disruption of the helix. This could explain why glycine-toalanine substitutions in the collagenous domain are less frequent than other glycine substitutions, as is observed in severe forms of osteogenesis imperfecta (Byers and al. 1991) and in X-linked AS (3 of 69 glycine substitutions reported in the Human Gene Mutation Database Cardiff; Krawczak and Cooper 1997). Furthermore, type IV collagens contain numerous interruptions in the collagenous regions and thus might be likely to tolerate glycine substitutions at particular sites in the gene. The glycine at position 545 is located in a stretch of two Gly-X-Y triplets that lack prolines (in the X and Y positions) thought to be essential for thermostability (Westerhausen et al. 1990). This could suggest that local stability of this region is not critical to overall stability of the helix, so that disruption here does not significantly affect protein structure, folding, or function.

Given the frequency of this mutation in the population, it should be present in ∼1/300 individuals in the homozygous state. One could therefore speculate that the latter group represents sporadic cases of microscopic hematuria, which seems to be relatively frequent in the general population (Cameron 1998) and would generally escape detailed molecular investigation.

In one family, the mutation 1527del18bp segregates with the presence of microscopic hematuria and thin basement membranes, typical features of familial benign hematuria. Although one COL4A4 mutation has already been described in a family with familial benign hematuria (Lemmink et al. 1996), this is the first report of a type IV collagen mutation in a family showing the complete clinical and histological features of FBH. Our results confirm that carriers of autosomal recessive AS may have FBH, as suggested by Lemmink et al. (1996).

In this study, the elucidation of the COL4A4 genomic structure enabled us to perform a comprehensive mutation screen of the gene in 31 patients with autosomal

recessive AS and to detect 10 mutations in eight patients. All of these mutations are likely to be causative, as they can be predicted to alter the putative protein structure significantly. These data, which document potentially pathogenic COL4A4 mutations in AS and FBH and the presence of glycine substitutions in the general population, will contribute to genotype-phenotype correlation studies and, along with the possibility of the existence of compound heterozygotes with mutations in COL4A3 as well, will enhance arguments for including those syndromes in a more generalized framework of type IV collagen disorders.

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# **Electronic-Database Information**

Accession numbers and URLs for data in this article are as follows:

- European Molecular Biology Laboratory, http://www.ebi. ac.uk/ebi\_docs/embl\_db/ebi/topembl.html (for COL4A4 exon and flanking intronic sequences, accession numbers Y17396–Y17443)
- GenBank, http://www.ncbi.nim.nih.gov/Web/Genbank (for COL4A4 exon and flanking intronic sequences, accession numbers Y17396–Y17443)
- Human Gene Mutation Database, http://www.uwcm.ac.uk/ uwcm/mg/hgmd0.html (for glycine substitutions in collagen disorders)
- National Center for Biotechnology Information, http://www. ncbi.nlm.nih.gov/Unigene/Hs.Home.html (for YAC clones containing at least part of the COL4A4 gene)
- Online Mendelian Inheritance in Man (OMIM), http://www. ncbi.nlm.nih.gov/Omim (for autosomal recessive AS [MIM 203780], dominantly inherited familial benign hematuria (FBH) (MIM 141200, and hereditary nephritis AS [MIM 104200])
- Whitehead Institute for Biomedical Research/MIT Center for Genome Research, http://www-genome.wi.mit.edu (for YAC clones containing at least part of the COL4A4 gene)

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