MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 8887	L3MRNG9166087	25	F	G9166087

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
03/08/11 08:09 A	03/08/11 08:09 A	03/09/11 10:19 A	DATE OF BIRTH: 4/11/1985

Test Client
Attn: Mayo Liaisons
200 First Street SW
Rochester, MN 55905
507-284-8202

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *

Chromosome, Autopsy/Concep/Stillbir — **REPORTED: 03/08/11 08:15 A**

Specimen		**MCR**
Products of Conception		
Specimen ID	**1053694**	**MCR**
Source	**Chorionic villi**	**MCR**
Order Date	**08 Mar 2011 08:11**	**MCR**
Banding Methods		**MCR**

Method	Analyzed	Karyotyped	Band Level
GTL	20	2	
Total	20	2	400

Method	**Fibroblast culture**	**MCR**
Reason For Referral	**miscarriage**	**MCR**
Results	**47,XX,+16**	**MCR**
Interpretation		**MCR**

The result is abnormal. Each metaphase was trisomy 16. Autosomal trisomy accounts for approximately 30% of all miscarriages. For any future pregnancy, the recurrence risk of a trisomic conception appears to be slightly increased in comparison with the usual maternal age-associated risk. A genetic consultation may be of benefit. Warburton et al., Am J Hum Genet 75:376-385, 2004.

Consultant	**Heather Lynn Owen**	**MCR**
Report Date	**08 Mar 2011 08:14**	**MCR**

*** PERFORMING SITE**

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 8887	Final	03/08/11 08:09 A

Specimen receipt and report times are in CST/CDT

REPRINT