MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 80257	L3MRNG9166088	38	F	G9166088

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
03/08/11 08:14 A	03/08/11 08:14 A	03/09/11 10:19 A	DATE OF BIRTH: 1/22/1973

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

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *

Chromosomes, Chorionic Villus Samp — **REPORTED: 03/08/11 08:27 A**

Specimen — MCR

Chorionic Villi Sample

Specimen ID 1053696 — MCR

Order Date 08 Mar 2011 08:23 — MCR

Banding Methods — MCR

Method	Analyzed	Karyotyped	Band Level
GTL	20	2	
Total	20	2	425

Method CVS culture — MCR

Reason For Referral — MCR

maternal age, increased nuchal translucency on ultrasound, r/o aneuploidy

Results 47,XX,+21 — MCR

Interpretation — MCR

The result is abnormal and consistent with trisomy 21.
These results are based upon 20 metaphases analyzed from 3 primary cultures. A genetic consultation may be of benefit.
This result is consistent with the abnormal FISH studies, reported separately.
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. Warburton et al., Am J Hum Genet 75:376-385, 2004.
The College of American Pathologists and the American College of Medical Genetics recommend confirmation of abnormal diagnostic results at birth or pregnancy termination, to the extent possible.

Consultant Heather Lynn Owen — MCR

** Perform Site Legend on last page of report*

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 80257	Final	03/08/11 08:14 A

MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 80257	L3MRNG9166088	38	F	G9166088

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
03/08/11 08:14 A	03/08/11 08:14 A	03/09/11 10:19 A	DATE OF BIRTH: 1/22/1973

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

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
Report Date	**08 Mar 2011 08:25**		**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, 80257	Final	03/08/11 08:14 A

Specimen receipt and report times are in CST/CDT

REPRINT