MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 82583	L3MRNG9166101	4	F	G9166101

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
03/08/11 08:59 A	03/08/11 08:59 A	03/09/11 10:21 A	DATE OF BIRTH: 2/2/2007

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

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
Subtelomeric Region Anomalies, FISH			**REPORTED: 03/08/11 09:04 A**	
Specimen		**Blood**		**MCR**
Specimen ID		**1053702**		**MCR**
Order Date		**08 Mar 2011 09:01**		**MCR**
Reason For Referral				**MCR**

r/o subtelomeric deletion/rearrangement

Method				**MCR**

FISH for the subtelomeric region of each chromosome except the acrocentric short arms (ToTelVysion, Abbott Molecular, Inc.).

Results		**ish del(14)(qter)**		**MCR**

A 14qter deletion was observed in 12 metaphase cells.

Interpretation				**MCR**

The result is abnormal. A deletion of the 14q subtelomeric region was observed.
This FISH result does not define the extent of the apparent deletion and chromosome analysis should be performed to further classify this anomaly.
Parental chromosome and FISH analysis could be performed to rule out a familial chromosome abnormality. A genetic consultation may be of benefit. Adeyinka et al., Amer J Med Genet 135A:28-35, 2005; De Vries et al., Journal of Medical Genetics 40:385-398, 2003.
DISCLAIMER: This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic, Rochester, MN. It has not been cleared or approved by the U.S. Food and Drug Administration. This FISH assay does not rule out other chromosome abnormalities.

Consultant		**Heather Lynn Owen**		**MCR**
Report Date		**08 Mar 2011 09:03**		**MCR**

** Perform Site Legend on last page of report*

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, 82583	Final	03/08/11 08:59 A

MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 82583	L3MRNG9166101	4	F	G9166101

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
03/08/11 08:59 A	03/08/11 08:59 A	03/09/11 10:21 A	DATE OF BIRTH: 2/2/2007

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

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *

*** 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, 82583	Final	03/08/11 08:59 A

Specimen receipt and report times are in CST/CDT

REPRINT