MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

| PATIENT NAME | PATIENT NUMBER | AGE | SEX | ACCESSION # |
|---|---|---|---|---|
| TESTING, 86208 | L3MRNG9166103 | 41 | M | G9166103 |

| ORDERING PHYSICIAN | CLIENT ORDER # | ACCOUNT # |
|---|---|---|
| | | LIAISONS |

| COLLECTION DATE TIME | RECEIVED DATE TIME | REPORT PRINTED DATE TIME | SPECIMEN INFORMATION |
|---|---|---|---|
| 03/08/11 09:04 A | 03/08/11 09:04 A | 03/09/11 10:21 A | DATE OF BIRTH: 10/19/1969 |

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

| TEST REQUESTED | HI LO | REF RANGE | PERFORM SITE * |
|---|---|---|---|

**15q Del, Characteriz Reflex, FISH** — **REPORTED: 03/08/11 09:10 A**

| | | |
|---|---|---|
| **Specimen** | **Blood** | **MCR** |
| **Specimen ID** | **1053703** | **MCR** |
| **Order Date** | **08 Mar 2011 09:05** | **MCR** |

**Reason for Referral** — **MCR**

Prader-Willi syndrome, known paternal deletion found by MLPA

**Method** — **MCR**

FISH using a BAC probe (289D12) at 15q11.2 and a control probes at 15q21.1 (SNRPN) and 15qter.

**Result** — **MCR**

ish del(15)(q11.2q11.2)(289D12+,SNRPN-,15qter+)
289D12 was present on the normal chromosome 15 and the homolog with deletion of SNRPN.

**Interpretation** — **MCR**

This patient previously was shown by MLPA to carry a deletion of the Prader-Willi/Angelman syndrome critical region (reported elsewhere). FISH analysis was performed to differentiate between the larger (BP1-BP3) and smaller (BP2-BP3) deletions. Since the 289D12 probe is present, this patient carries the smaller deletion, which is reportedly associated with a milder phenotype. Butler et al. Pediatrics 113:565-573, 2004.
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** |
| **Released Date** | **08 Mar 2011 09:08** | **MCR** |

Analyte Specific Reagent

** Perform Site Legend on last page of report*

| PATIENT NAME | ORDER STATUS | COLLECTION DATE AND TIME |
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| TESTING, 86208 | Final | 03/08/11 09:04 A |

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Please note change in methodology effective xx/xx/xxxx.

*** PERFORMING SITE**

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

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