



Cytogenetics Section
Genetic Diagnostic Laboratory



Accredited Medical laboratory
Reference No. 6986

QF-PCR ANALYSIS

Name:	Lab No:
Address:	Date of Birth:
	NHS No:
	Hospital:
	Ward/Clinic:
	Consultant:
Sample Type Pren AF	Sub-type: Amniotic Fluid
Indication: Screening risk elevated	Date Collected:
	Date Received:

REPORT

Report Summary: NO evidence of trisomy 13, 18 or 21.

Report Interpretation

QF-PCR analysis showed NO evidence of trisomy 13, 18 or 21.

This is a test to detect numerical abnormalities of these chromosomes only. This result does not exclude trisomy and monosomy of other chromosomes, structural chromosome abnormalities, including imbalances of small segments, additional marker chromosomes, or mosaicism.

Extracted DNA from this sample will be stored.

Basis of Test:

Quantitative fluorescence polymerase chain reaction (QF-PCR) analysis of DNA extracted from uncultured amniocytes to identify trisomy for chromosomes 13, 18 and 21. The QF-PCR multiplex analysis includes 5 polymorphic microsatellite markers from chromosome 13, 6 markers from chromosome 18 and 4 markers from chromosome 21. The possibility of a triploid genotype has been excluded by QF-PCR analysis. The results and their interpretations assume the sample received contains predominantly fetal cells/tissue.

Report by:

Pre-Registration Clinical Scientist

Authorised by:

Clinical Scientist

Checked by:

Clinical Scientist

XX/XX/XXXX

Copies to:

Report on Lab No .

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