

QF-PCR ANALYSIS

Patient ID		Gender		Location	
Patient Name		Clinician Name		Sample Collected	
Patient DOB		GA/LMP Date		Sample Received	
Age		Hospital Name		Report Released	

Test Requested:- QF-PCR	Sample Type:-Amniotic Fluid	Sample Quality:- Acceptable
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CLINICAL INDICATION >>> G2P1L1. Advanced maternal age. Non consanguineous marriage.

SYNDROMES TABEL >>>

List of Syndromes Aneuploidy	Aneuploidy
Trisomy 21 (Down's Syndrome)	Not Detected
Trisomy 18 (Edward's Syndrome)	Not Detected
Trisomy 13 (Patau's Syndrome)	Not Detected
Gonosomal Aneuploidy	Not Detected

METHOD >>>

QF-PCR analysis has been performed on genomic DNA by Devyser Extend V2 for Patau's syndrome (Trisomy 13), Edward's syndrome (Trisomy 18), Down's syndrome (Trisomy 21), Sex chromosomes (X and Y).

INTERPRETATION >>>

Electrophoretogram analysis for chromosome specific markers indicates a normal chromosome complement of 13, 18, 21 & sex chromosome through QF-PCR.

NOTE >>>

Maternal Cell Contamination - No Significant Maternal Cell Contamination (MCC) detected.

RESULT >>>

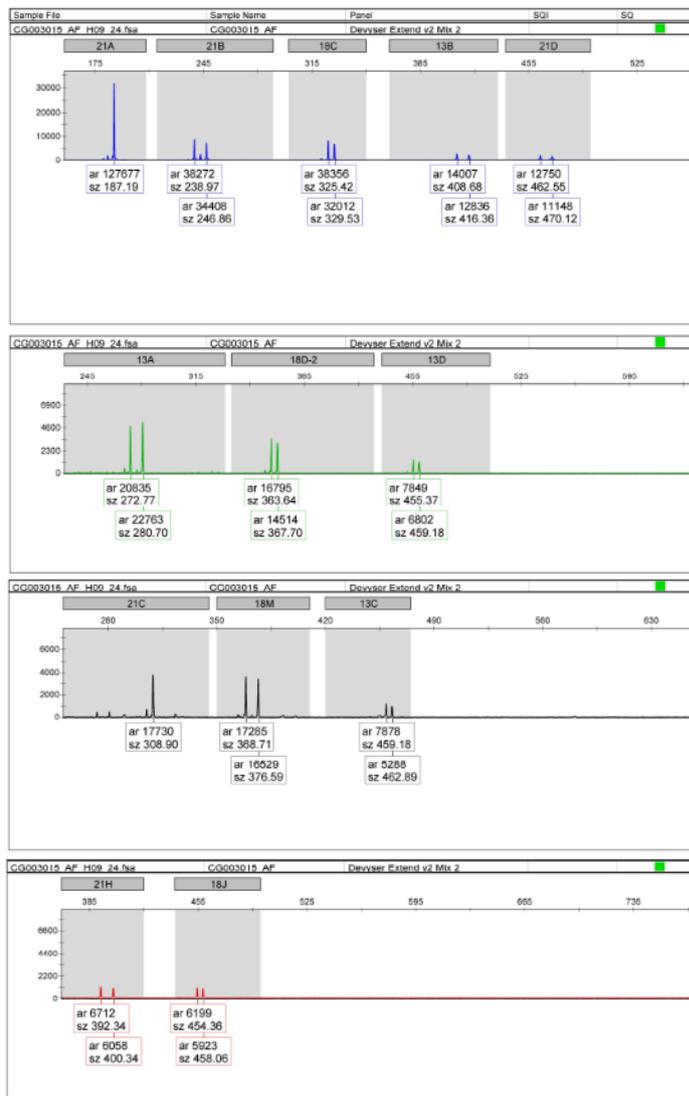
No aneuploidy detected

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ELECTROPHORETOGRAM



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TECHNOLOGY

Quantitative fluorescence PCR (QF-PCR) is a reliable molecular method for rapid aneuploidy diagnosis. DNA was isolated from the given sample using a commercial kit according to manufacturer's instructions. Multiplex PCR amplification of short tandem repeat (STR) markers using fluorescent tagged primer was carried out using a commercial kit according to manufacturer's instructions. The resulting fragments were analysed on the genetic analyser for visualization and quantification. The copy number of respective chromosome is quantified by calculating the relative allele ratio. Analysed region includes: D13S634, D13S305, D13S800, D13S628, D13S252, D18S386, D18S978, D18S390, D18S819, D18S535, D21S11, D21S1437, D21S1409, D21S1435, D21S1442, D21S1446, DXS6803, DXS1187, XHPRT, AMELXY, DXYS218, TAF9L and SRY.

REPORTING & LIMITATIONS

1. Detection of structural chromosomal abnormalities including but not limited to balanced and unbalanced translocations is not possible by QF- PCR.
2. Sensitivity and specificity of the assay may be influenced by the quality of the specimens received at the laboratory.
3. Samples with significant mosaicism and maternal cell contamination may impact the diagnostic accuracy of QF-PCR.

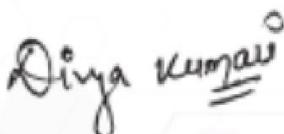
DISCLAIMER

1. The given test result should be interpreted in context of all available clinical findings.
2. As per the PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATIONS & PREVENTION OF MISUSE) AMENDMENT ACT 2002, sex determination shall not be done for all prenatal samples.

REFERENCE

1. American College of Medical Genetics-Standards and Guidelines for Clinical Genetics Laboratories, 2006 Edition.
2. Schrijver, I., Cherny, S.C., and Zehnder, J.L. Testing for Maternal Cell Contamination in Prenatal Samples. Journal of Molecular Diagnostics 2007, 9(3):394-400.
3. Stoiilkovic-Mikic, T., Mann, K., Docherty, Z., and Oqilivie, C.M. Maternal cell contamination of prenatal samples assessed by QF-PCR genotyping. Prenatal Diagnosis 2005, 25(1):79-83.

****END OF REPORT****



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2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.
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DISCLAIMER

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