

Fluorescence In-Situ Hybridization (FISH) Report: 097371

Date Reported: Friday, June 2, 2023 Cell Line Sex: Female

Cell Line: Sample Report Reason for Testing: LOT_RELEASE

Submitted Passage #: 27

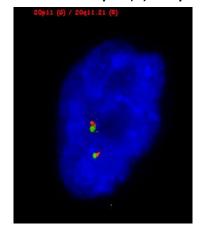
Date of Sample: 5/30/2023 Investigator: WiCell Stem Cell Bank, WiCell

Specimen: Human ESC

Results:

| Probe | # of cells with 2G1R pattern | # of cells with 2G2R pattern | # of cells with 2G3R pattern | # of cells with 3G3R pattern | # of cells with 1G2R pattern |
|---------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| 20p11 (G) / BCL2L1 (R) | 2 / 200 (1.0%) | 191 / 200 (95.5%) | 4 / 200 (2.0%) | 1 / 200 (0.5%) | 2 / 200 (1.0%) |
| Cutoff | 4% | N/A | 5% | 3% | 4% |

Probe: 20p11 (G) / 20q11.21 (R)



Results: The results as observed during scoring. Only signal patterns observed are listed. The cutoffs for each signal pattern are listed below and determined during the probe validation.

Interpretation: A more in depth explanation of the results and whether the sample is normal or abnormal.

Interpretation:

There is no evidence for aneusomy of chromosome 20. Two probe signals were observed in 95.5% of two hundred interphase cells examined for the 20p11.21 and 20q11.21 (BCL2L1) regions.

The Empire Genomics red probe mapping to BCL2L1 at 20q11.21 and the Empire Genomics green probe mapping to the alpha satellite DNA at 20p11.21 (BCL2L1/CON20) were hybridized to this specimen, resulting in the signal patterns in interphase nuclei reported in the table and shown in the images above. The probes used for this assay were validated in this laboratory using guidelines established by the American College of Medical Genetics, NCCLS, and described in Wiktor et al., Genetics in Medicine 89(1),16-23 (2006) and Wolff et al., Journal of Molecular Diagnostics 9(2),134-143 (2007). The WiCell Cytogenetics Laboratory has established and verified the assay's performance.

Completed by: TECHNOLOGIST NAME
Reviewed and Interpreted by: DIRECTOR NAME

| Date: | Sent By: | Sent To: | QC Review By: |
|-----------------------|----------|----------|---------------|
| For internal use only | | | |

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