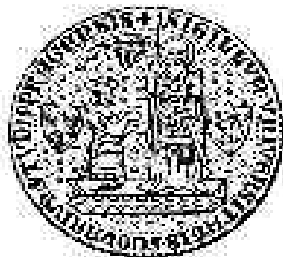
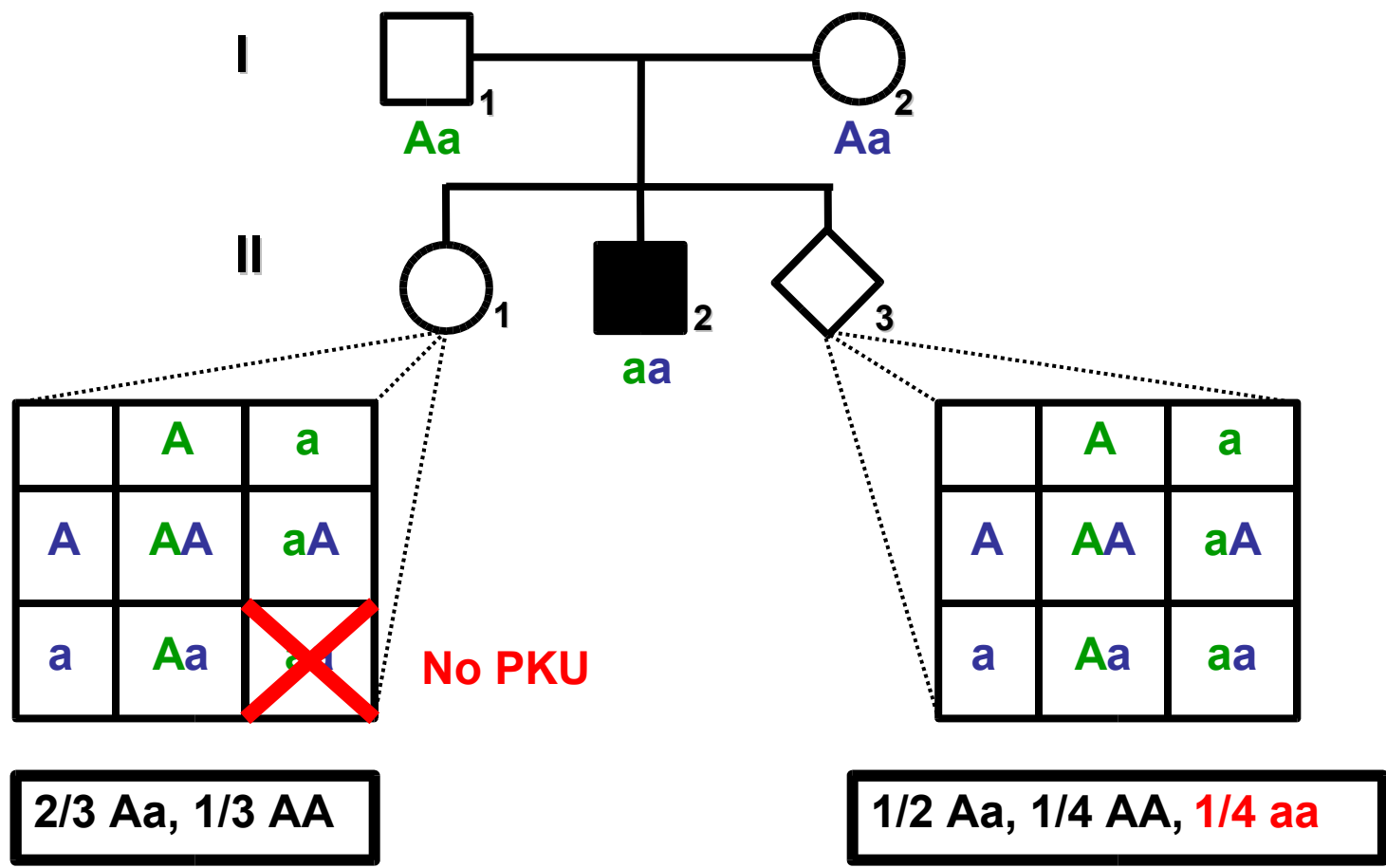


Molecular genetics V

**winter semester
(Nov. 18th – 21th, 2008)**



Task 3, p. 134, PKU

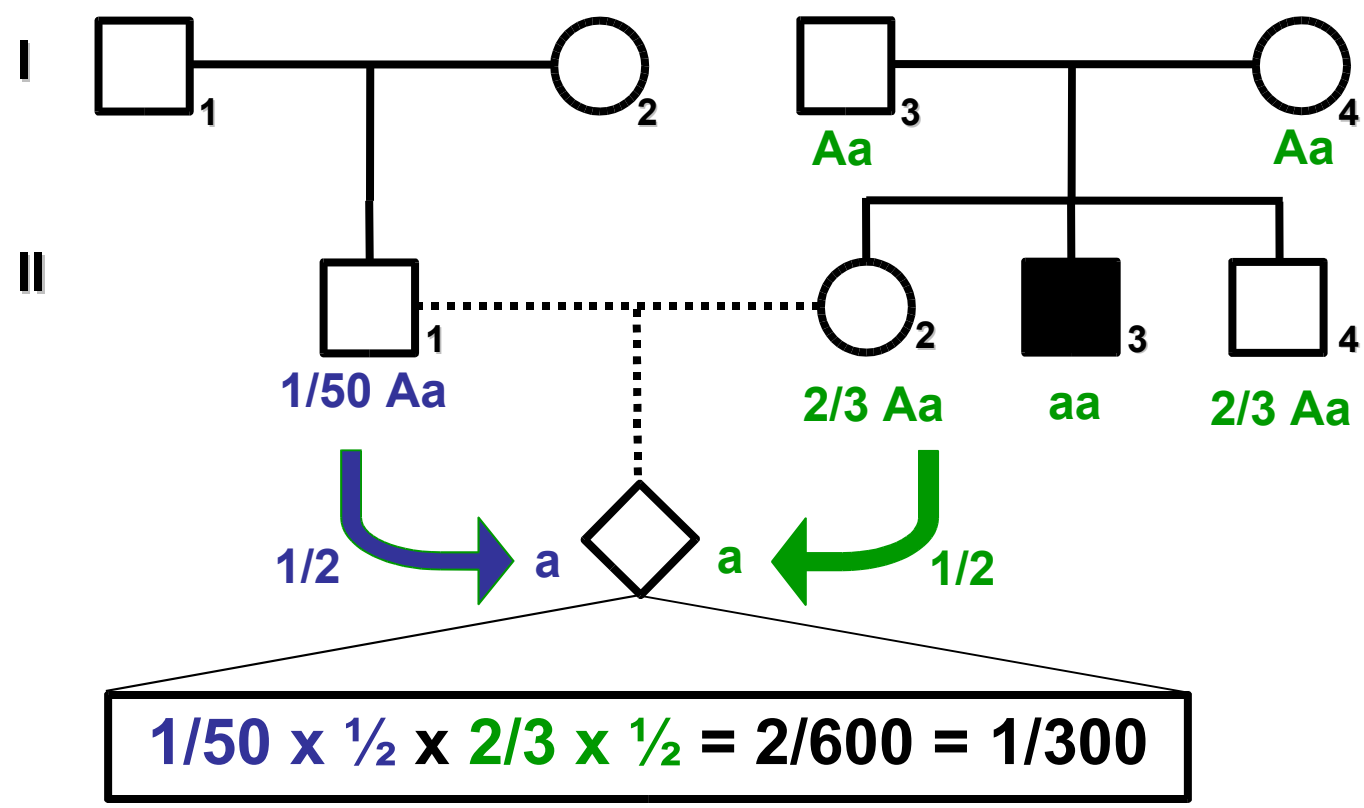


Prenatal dg. was not possible in late 1970s.

Risk 25% (i.e. > 10%) - possibility to terminate the pregnancy upon mother's request.

In case the pregnancy continues: after the child is born, PKU screening will be performed, and put on special diet if tested positive (i.e. affected).

Task 4a, p. 134, PKU – incidence 1/10,000



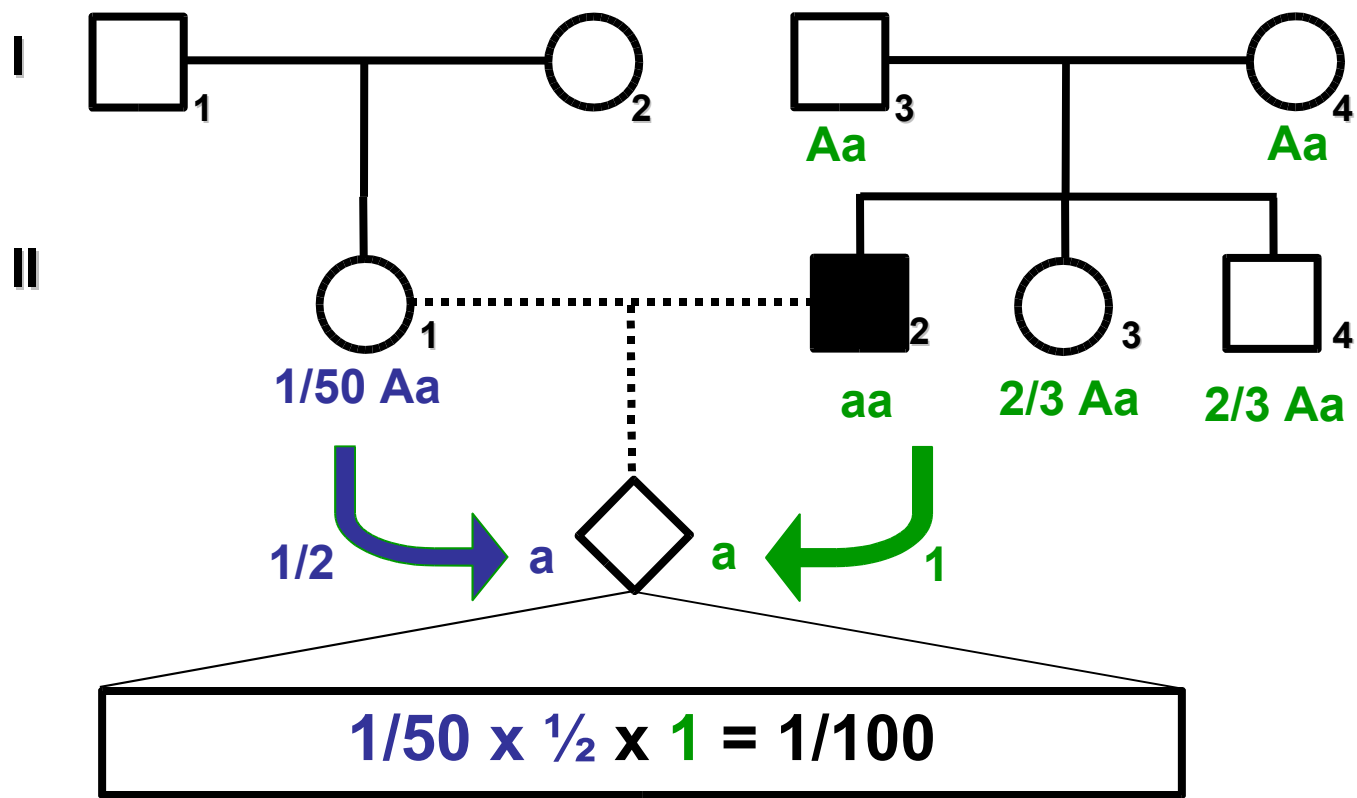
$q^2 = 1/10000$

$q = 1/100$

$2pq = 2 \times 99/100 \times 1/100 = 1/50$

Low risk, DNA analysis recommended,
Importance of TIME factor....

Task 4b, p. 134, PKU – incidence 1/10,000

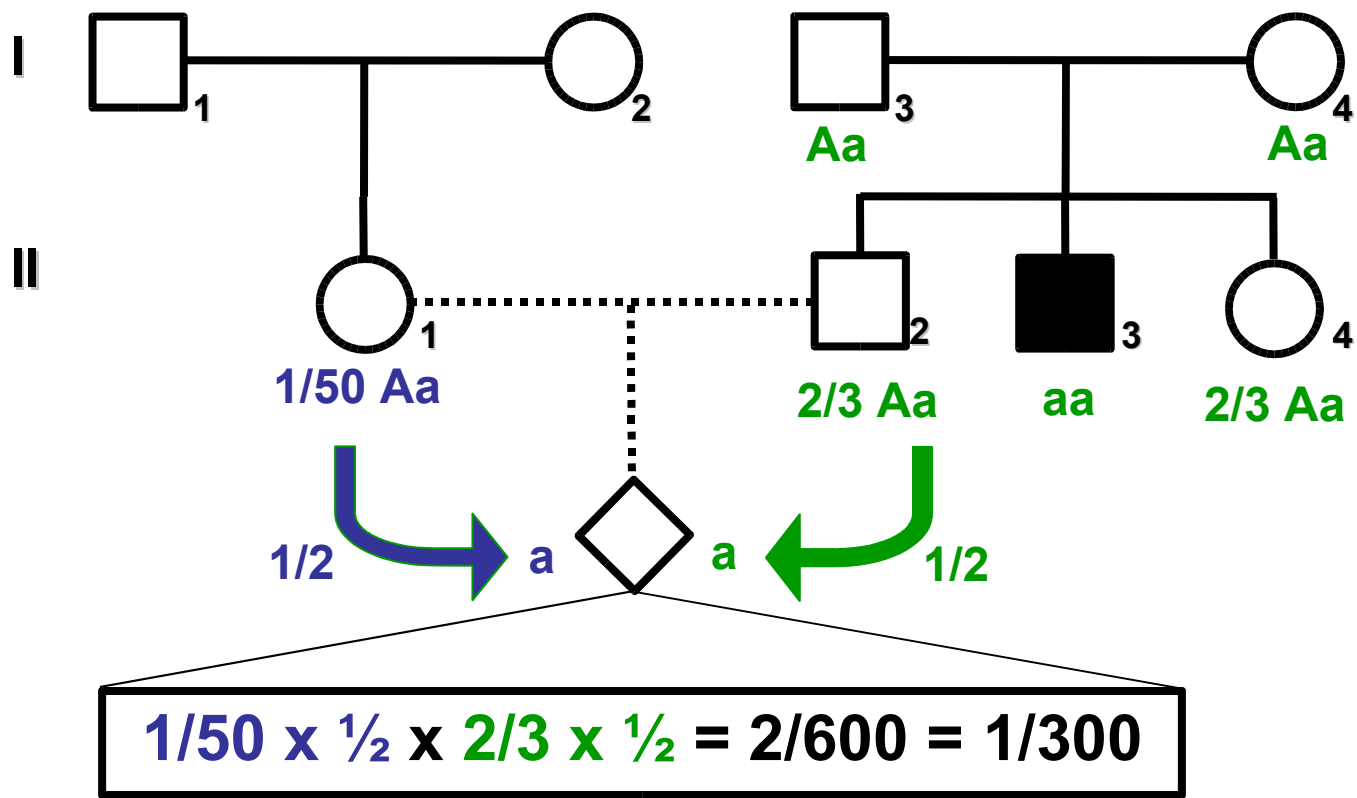


$q^2 = 1/10000$

$q = 1/100$

$2pq = 2 \times 99/100 \times 1/100 = 1/50$

Task 4b, p. 134, PKU – incidence 1/10,000

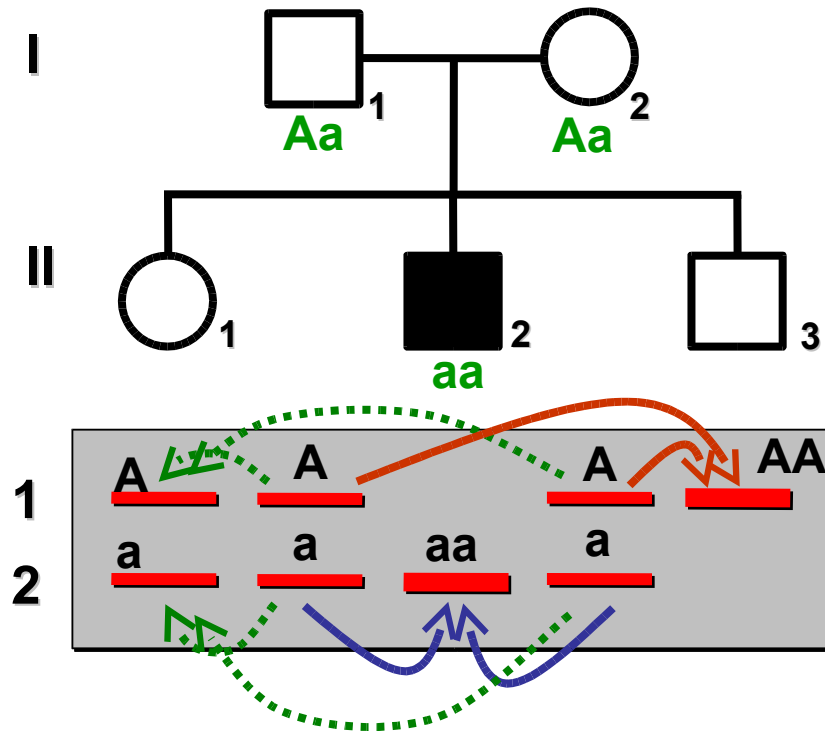


$q^2 = 1/10000$

$q = 1/100$

$2pq = 2 \times 99/100 \times 1/100 = 1/50$

Task 6, p. 135



- Yes, the family IS INFORMATIVE concerning the genotypes of II/1-3.
- Intragenic probe, i.e. the daughter II/1 IS HETEROZYGOUS.
- Intragenic probe, i.e. the son II/3 IS a DOMINANT HOMOZYGOTE.
- NO, indirect diagnostics cannot be used outside the context of the family.

Task 7, p. 135

Mutated
allele

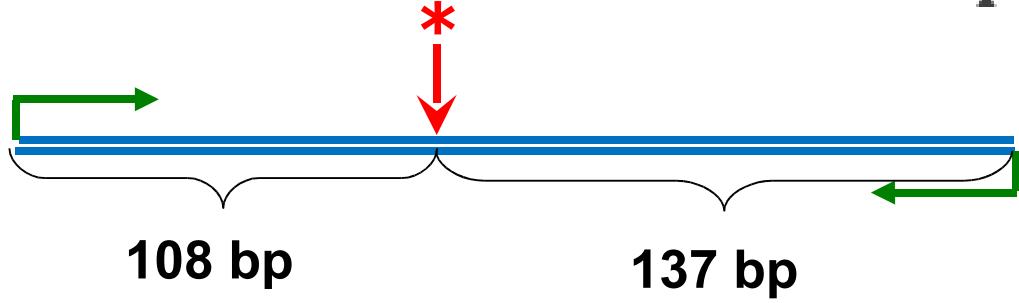
R408W

R408W
(Sty I)

ProTrp
cctTGG

StyI

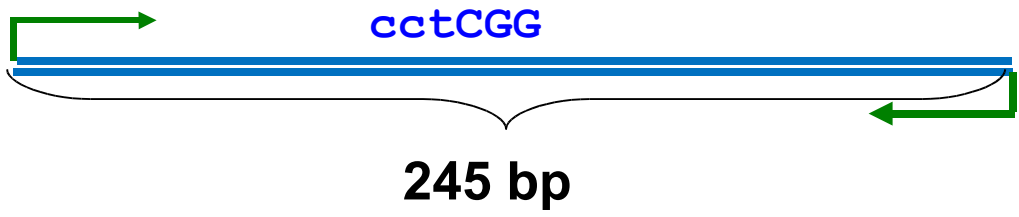
5'...C[▼]CWWGG...3'
3'...GGWWC[▲]C...5'



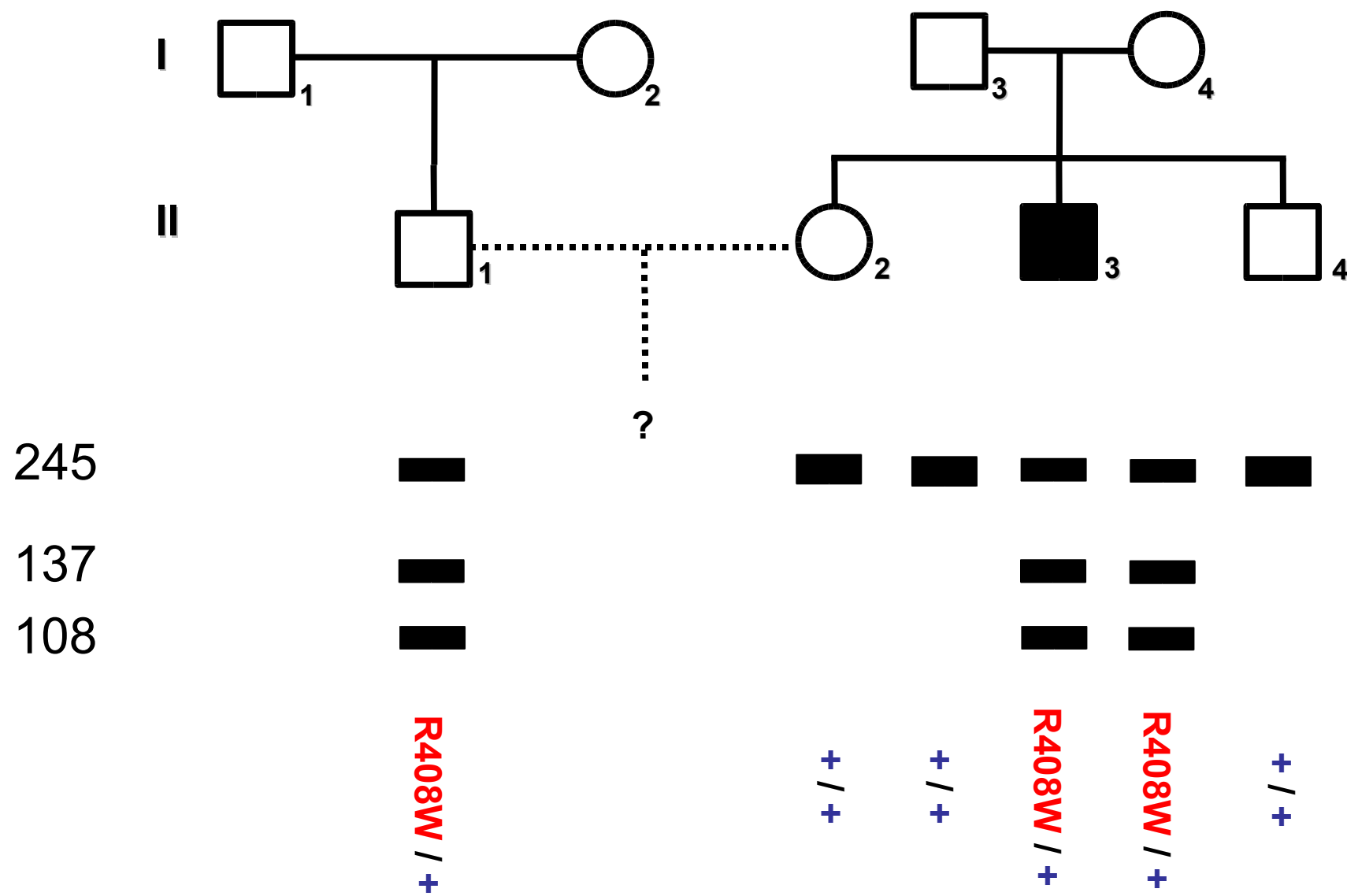
Normal
allele

+

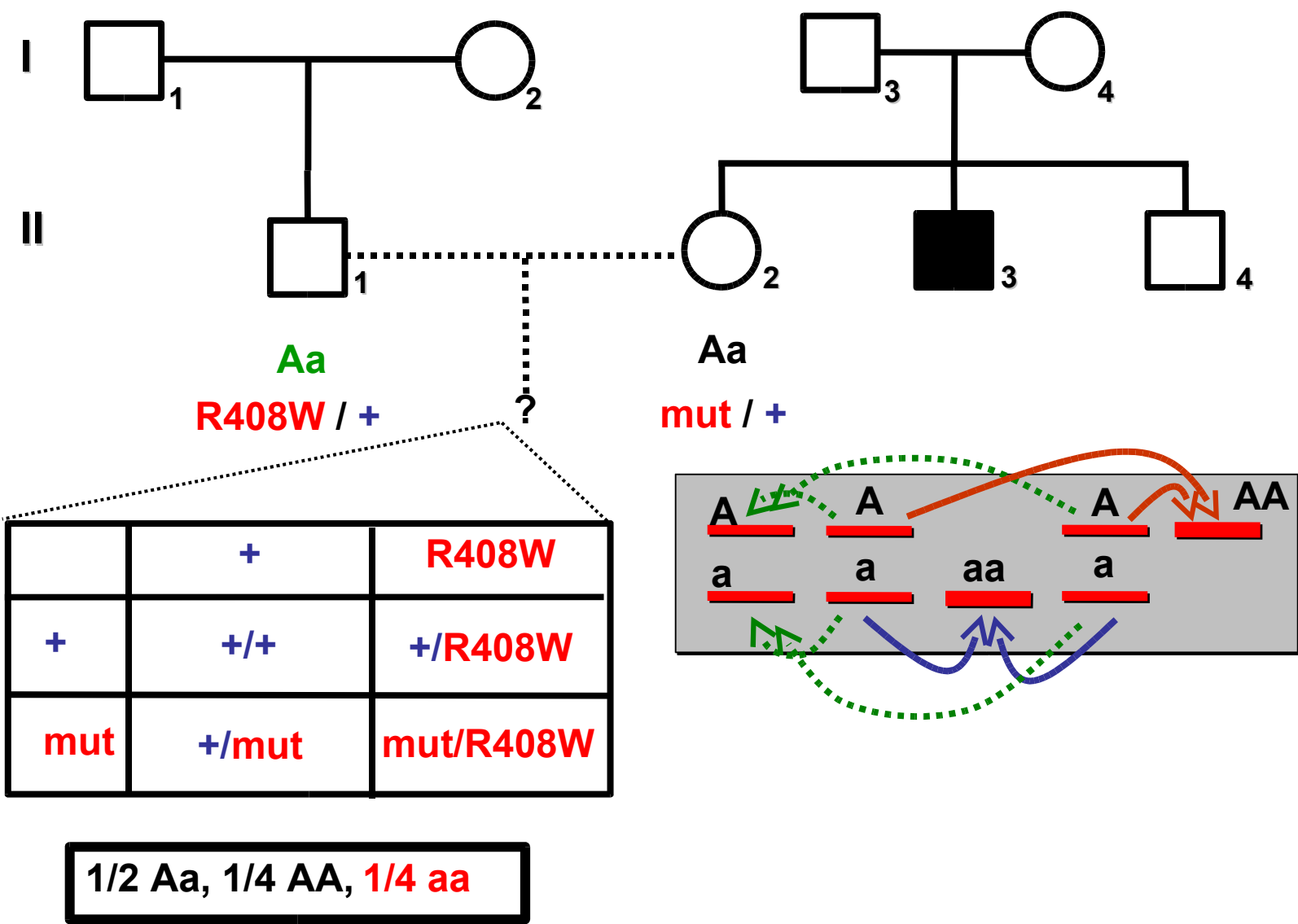
ProArg
cctCGG



Task 7a, p. 135



Task 7b, p. 135



Task 8, p. 136 SSCP for EXON 6.

