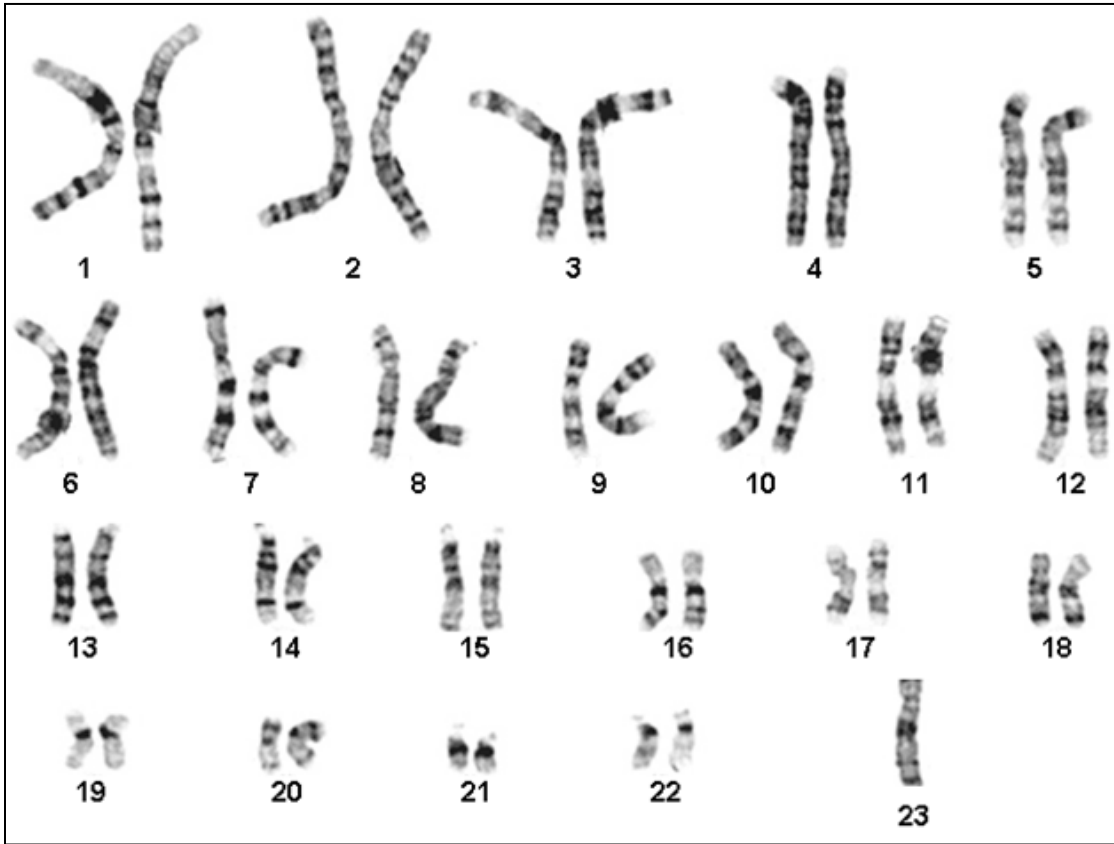
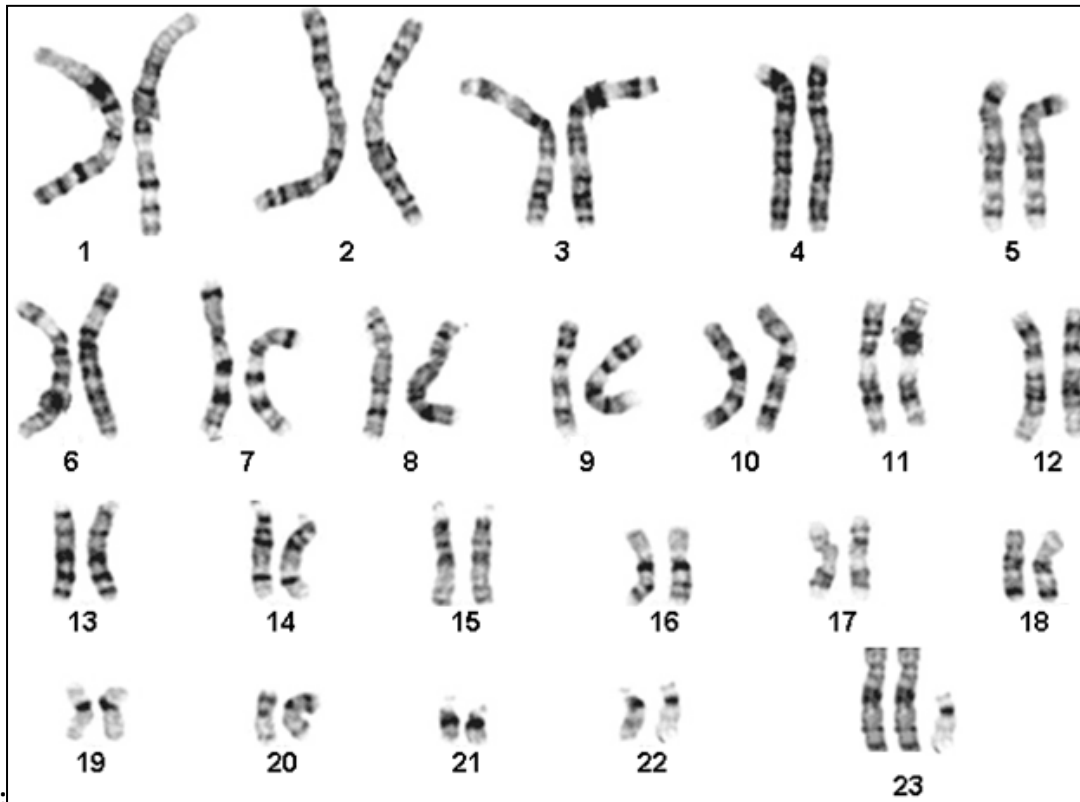


Name: _____ Period: _____ Date: _____

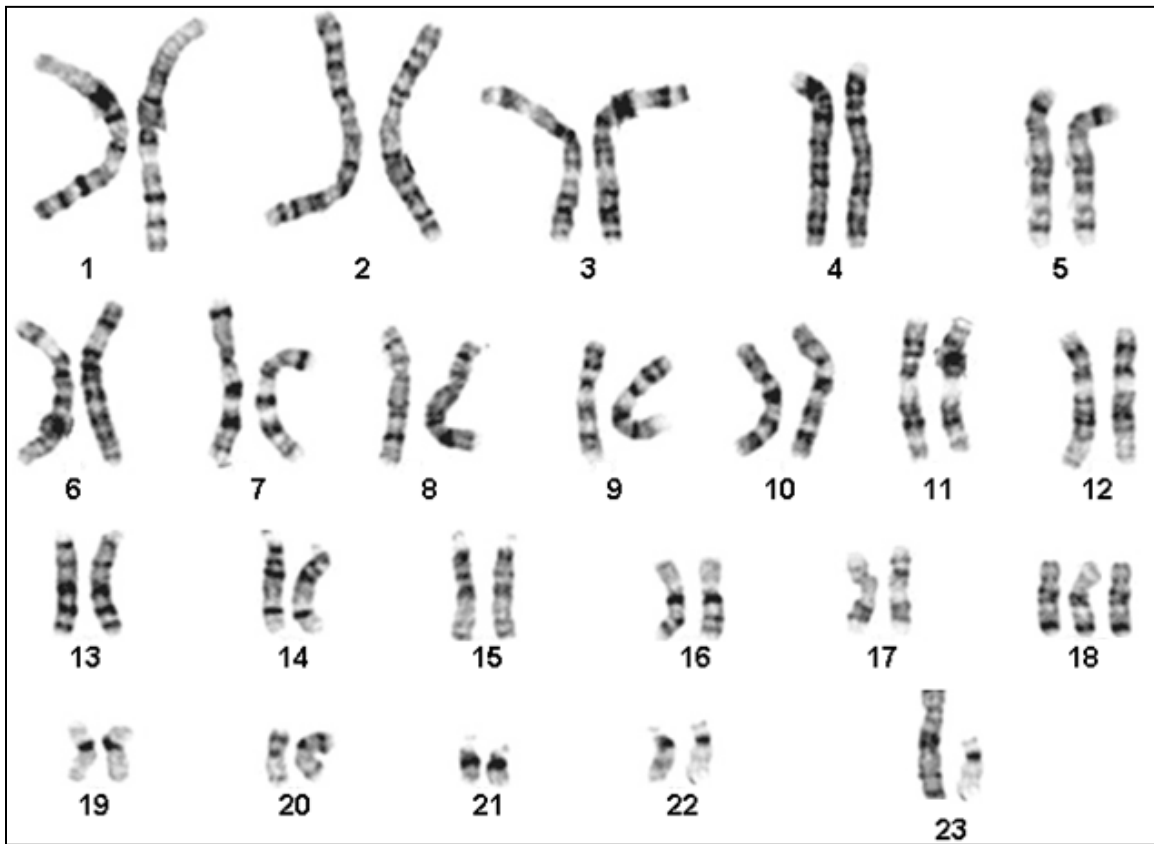
Karyotype #1:



Karyotype #2



Karyotype #3:



For each Karyotype fill in the following information:

	Karyotype #1	Karyotype #2	Karyotype #3
Total # chromosomes			
# of autosomes			
Is this the correct # of autosomes?			
# of sex chromosomes			
Is this the correct # of sex chromosomes?			
What is the sex of this patient (male/female)?			
Is there a disorder? (Yes/No)			
What is the disorder?			