# Clinical Cytogenetics Review

### Thursday, April 12 to Friday, April 13, 2018

Frank E. Anderson Conference Rooms 7-8 (R11.1100)

Main Building, Floor 11, Elevator A

Course Director: Jun Gu, Ph.D.

Th	nurs	dav
----	------	-----

7:30 a.m. Registration and Continental
Breakfast
8 a.m. Course Introduction
8:15 a.m. Specimen Handling, Preparation,
and Processing
9:15 a.m. Culturing Techniques
10:45 a.m. Harvesting Techniques

1 p.m. Chromosome Banding

Techniques
2 p.m. Array Comparative Genomic
Hybridization (a-CGH)

12 p.m. Lunch Laboratory Practice I

3 p.m. Use and Maintenance of Microscopes and Computer Imaging Equipment for Image Analysis I

4 p.m. Fluorescent In Situ Hybridization

#### **Friday**

7:30 a.m. Continental Breakfast

8 a.m. Chromosome Analysis: The

**Basics** 

9 a.m. Chromosome Analysis:

Constitutional Issues

10:45 a.m. Chromosome Analysis:

**Oncology Issues** 

12 p.m. Lunch Test-Taking Strategies

1 p.m. Chromosome Analysis: ISCN

2:45 p.m. Laboratory Practice Part II

4 p.m. Evaluation and Adjournment

NOTE: This review course is not sanctioned, endorsed and/or sponsored by the American Society for Clinical Pathology (ASCP)

**Directions to R11.1100:** Enter Main Building to Elevator A to Floor 11; exit elevator to the right; proceed around the hallway to Rooms 7-8.

Getting to MD Anderson, Entrance #2, Garage 10: <a href="http://bit.ly/1TD8uvC">http://bit.ly/1TD8uvC</a> Parking in Garage 10 (\$12/day): <a href="http://bit.ly/1TD91h6">http://bit.ly/1TD91h6</a>



For more information, contact jungu@mdanderson.org or 713-563-3225

## Registration Information

Note: Registration is limited

#### **Registration Fee**

Free aCGH Workshop (sponsored by Agilent Tech) \$350 Two-Day Course, includes lunches and continental breakfasts

Pay by credit card or check (see below)

Choose the da	ys you will attend	
□ All 3 Days	☐ Wednesday only	/ ☐ Thursday & Friday only
Name		
Employer		
Address		
City		
State	Zip Code	
Daytime Pho	one	
Evening Pho	ne	
Email		
THE UNIVERSITY OF CANCER  Making Cancer Hi	derson Center	
Pay by credit ca	rd □ MasterCard	□ VISA
Card #		
•	(mm/dd/yyyy) o charge my account	CCV
Signature		



The University of Texas MD Anderson Cancer Center

TO REGISTER mail this letter and your payment to: The University of Texas MD Anderson Cancer Center School of Health Professions - CGT Program 1515 Holcombe Blvd, Unit 0002 Houston, TX 77030-4009