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Proposed Parentage Calculations in Cases with a Chimera – Part 1 of 3

Robert E. Wenk MD, Debra Davis PhD and Michael Baird PhD

I. Detection and Confirmation of Human Chimera

A *congenital chimera* is an individual composed of two cell populations derived from early dizygotic twin embryos that have fused together or by inter-twin transfusion or cell migration. Fusion produces a “tetragametic” chimera, a misnomer because all chimera, including those produced by transplantation, contain the genomes of four gametes. Cell migration from mother to child or from one DZ twin embryo to another are other ways to generate chimera, but fewer cells distribute to fewer tissues and fewer cells implant. Actually, little is known about their natural genesis in humans.

Human chimerism is detected so infrequently that its prevalence hasn't been established. Few cases have been recognized despite suspicion that chimera may be far more prevalent than published cases suggest. There are several reasons why this is so: 1) Common analytical methods exhibit poor sensitivity. Typical PCR amplification of STRs as used in relationship testing laboratories may fail to amplify DNA of the minor cell population. 2) The tissue distribution of a chimera's DZ cell populations is highly variable. Whereas some tissues contain two populations of cells, other tissues appear to contain only one. Sampling DNA from an apparently monozygotic tissue has resulted in false exclusions of parentage.^{1,2,3} 3) Observing the alleles of two genomes has been mistaken for sample contamination. One prenatal paternity test sample of maternal plasma was initially considered contaminated, when, in fact, the plasma contained the fetal DNA of a congenital chimera (D. Davis, unpublished).

Sometimes, human congenital chimerism is suggested by clinical observations of bi-colored skin or hair, differently colored eyes (iris heterochromia) or physical evidence of intersex, but these findings are not specific. Unexplained 'mixed field agglutination' found by a blood bank is similarly nonspecific, but by 1973 'mixed field' reactions had led to diagnosis of seventy congenital 'blood chimera', of which almost half were attributed to DZ twin transfusion.⁴ (Blood chimera are so-named because that was the only tissue examined.) Chromosomal heteromorphisms can diagnose congenital chimera, but past cytogenetic studies were ordered after clinical recognition of intersex.⁵ Molecular genetics laboratories have detected or diagnosed chimera at loci of blood groups, HLAs and STRs. Molecular diagnosis of chimera depends on demonstrating 3-4 alleles/locus at loci on different chromosomes. Otherwise, mosaicism and single chromosomal anomalies (duplications, trisomy) may produce extra alleles at a locus on that chromosome.

If a chimera's two cell populations are sampled and a genetic (STR) profile is obtained, every genetic locus necessarily carries four alleles, but the four are not always observed. The reasons are:

- 1) An uneven tissue distribution of DZ cells. Not every tissue contains cells from both zygotes so that sampling the wrong tissue causes only one genome to be examined. No tissue is known to provide an optimal site for collecting cells of both populations.
- 2) Analytical Insensitivity. Cells of one population may be too few to obtain sufficient DNA for analysis. Alleles of the minor cell population may not be observed after PCR amplification.
- 3) Allele Duplication. Second, third and fourth copies of an STR allele cannot be observed separately from the first copy. For example, a duplicate STR allele in an ordinary homozygote is not visible as a discrete marker. The two-alleles are seen as one because both copies migrate to the same location in an electrophoretic gel. (Only a greater fluorescent signal after PCR amplification suggests that more than one copy of an allele may be present.) Thus, duplicate alleles are not "visible" as separate from alleles already identified in a chimera's phenotype. Suspected duplicates of an allele seen in a chimera's phenotype will be termed "invisible" alleles in this article.

Allele duplication occurs for two reasons. Either the genotype from one cell population is homozygous at a locus or the locus genotypes of the two cell populations share identical alleles. Since the DZ twins comprising a chimera are full siblings they inherit 50% of their alleles identical by descent from common parents. Our experience has shown that most of a chimera's STR loci exhibit three visible locus alleles; a minority of loci exhibit four; fewer loci exhibit two; and rarely does a locus exhibit one.

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GREAT RESOURCES

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- + Available E-Cast: **Human Chimera**
Describes different kinds of chimera and mosaics, how natural chimera arise in an embryo and how human chimera are discovered and proven by genetic tests. Limitations in detection and testing are discussed and indicate why the frequency of chimerism is not easily determined. To purchase the [Human Chimera E-Cast](#) visit our Marketplace.
- + AABB has launched the newest edition of the Collector Training certificate course for individuals who would like to be recognized as AABB-trained sample collectors for relationship testing purposes. For more information visit the [AABB RT Collector Training](#) web page.

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The AABB
Relationship
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Report Summary

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With the explosion of advertising on the internet, there has been increasing misuse of AABB's trademarked logos and misleading claims of AABB accreditation. We are renewing our efforts to stop such practices and are actively searching out these organizations so that we can address this problem on a more global scale. These efforts benefit accredited laboratories by preserving the strong value of AABB accreditation and by ensuring that customer attention is focused on laboratories that actually are accredited. Our facilities work hard to achieve and maintain accreditation and deserve the maximum benefit of that accreditation. Increased vigilance will also benefit laboratories' customers by ensuring that they get the accredited-laboratory test that they have paid for. You can aid these efforts by bringing to our attention instances of logo misuse or misleading statements regarding accreditation. Please advise AABB's Accreditation Department (accreditation@aabb.org) by providing the offending Web site and briefly describing the issue. It would be particularly helpful if you copy and email the actual link from your browser's address bar, as some offending organizations maintain multiple Web sites. The [AABB Trademark Usage Guideline](#) as well as [Language for use by Third Party Collectors](#) can found on the AABB Website.

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Share your content as part of AABB's 2018 RT Audio Conference Series.

Please let us know if you have given a talk or presentation in the last 2-3 years on a topic that you think may be of interest to the relationship testing community. Topics of interest may include but are not limited to calculations, new technologies, expert systems, court room basics, forensics, DNA etc. If you decide to submit your content, you can choose to moderate the audio conference or we can assign a speaker for you.

For more information or to submit your content, contact Nikki Bass at nikkib@aabb.org

Articles

Do you have an interesting case or question you would like to share through this newsletter? Or is there a topic or issue you would like us to write about? Email us at nikkib@aabb.org

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- ❖ Are you interested in working with U.S. Citizenship and Immigration Service and/or the Dept. of State as it relates to RT?

If these issues are of interest to you, the **Relationship Testing Accreditation Committee** would like to have you as a member.

- ❖ Are you currently an AABB Member?
- ❖ Would you like to be involved in creating and revising the Relationship Testing Standards?
- ❖ Would you like to be involved in creating and revising the Guidance for the Standards?

If these issues are of interest to you, the **Relationship Testing Standards Committee** would like to have you as a member. To get involved, please contact Nikki Bass at the AABB National Office at nikkib@aabb.org.

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