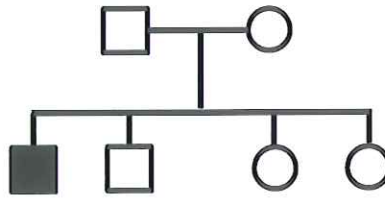


Name: Key

Date: _____

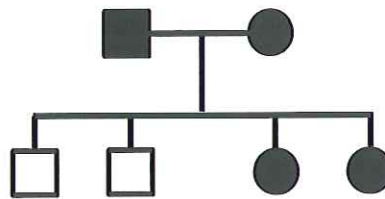
Genetics Practice 6: Pedigrees

Pedigree #1:



- | | | | If "Yes," Suggested Parental Genotypes | |
|--------------------------------|--------------------------------------|-------------------------------------|--|-------------------------------------|
| | | | ♂ | ♀ |
| a. autosomal recessive? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <u>Aa</u> | x <u>Aa</u> |
| b. autosomal dominant? | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ | x _____ |
| c. X-linked recessive? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <u>X^Ay</u> | x <u>X^AX^a</u> |
| d. X-linked dominant? | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ | x _____ |
| e. holandric trait? (Y-linked) | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ | x _____ |

Pedigree #2:



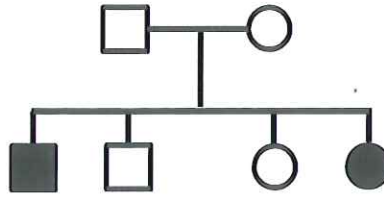
- | | | | If "Yes," Suggested Parental Genotypes | |
|--------------------------------|--------------------------------------|-------------------------------------|--|-------------------------------------|
| | | | ♂ | ♀ |
| a. autosomal recessive? | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ | x _____ |
| b. autosomal dominant? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <u>Aa</u> | x <u>Aa</u> |
| c. X-linked recessive? | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ | x _____ |
| d. X-linked dominant? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <u>X^AY</u> | x <u>X^AX^a</u> |
| e. holandric trait? (Y-linked) | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ | x _____ |

Name: _____

Date: _____

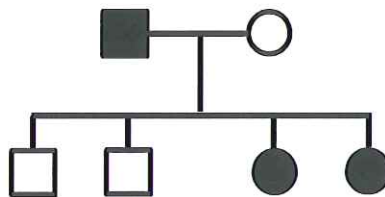
Genetics Practice 6: Pedigrees

Pedigree #3:



- | | | | If "Yes," Suggested Parental Genotypes | |
|--------------------------------|--------------------------------------|-------------------------------------|--|-------------|
| | | | ♂ | ♀ |
| a. autosomal recessive? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <u>Aa</u> | x <u>Aa</u> |
| b. autosomal dominant? | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ | x _____ |
| c. X-linked recessive? | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ | x _____ |
| d. X-linked dominant? | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ | x _____ |
| e. holandric trait? (Y-linked) | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ | x _____ |

Pedigree #4:



- | | | | If "Yes," Suggested Parental Genotypes | |
|--------------------------------|--------------------------------------|-------------------------------------|--|---------------|
| | | | ♂ | ♀ |
| f. autosomal recessive? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <u>aa</u> | x <u>Aa</u> |
| g. autosomal dominant? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <u>Aa</u> | x <u>aa</u> |
| h. X-linked recessive? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <u>XaY</u> | x <u>XAXa</u> |
| i. X-linked dominant? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <u>XAY</u> | x <u>XaXa</u> |
| j. holandric trait? (Y-linked) | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ | x _____ |