

Name: _____

Date: _____

down syndrome

D F S U B Q C G Q X W G Q D V R M
U Z M O S A I C I S M I P N F E M
O D F Y E F X R J I E O S C K B G
H N E Z A T R I S O M Y R H T W N
L E T W O M B L S Y P D R R R S I
F A U T O F F D C C T I A O A G W
L H S W J P G H W F C S F M N T D
U E B T C E Q P F F Z A H O S I H
I Z N U H L J S Y I X B N S L O Q
D O Q P R I D O G N W I W O O U I
S K L R I F X D E I A L V M C I Y
U L T R A S O U N D V I N E A R M
X P P H N M F W E P G T U S T T U
P T A B L E G W T U I Y X Q I H W
P E R I Z P X I I J Y U Q R O N P
P L E A Z U C M C H T L C S N E B
X H W I I J R B X H U G R Z W K F

Translocation
disability
trisomy
womb

chromosomes
mosaicism
fluids

ultra sound
genetic
fetus