香港中文大學
The Chinese University of Hong Kong

Baylor College of Medicine
DEPARTMENT OF MOLECULAR & HUMAN GENETICS

# 1st BCM-CUHK Joint Symposium in Clinical Genetics
## Pre-congress Workshop: Genomic Bioinformatics
Date: 19 May 2017 (Fri)

Venue: Tutorial Room, 3/F, Postgraduate Education Centre, School of Public Health, Prince of Wales Hospital, Shatin, Hong Kong

## Organiser

Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong; Department of Molecular and Human Genetics, Baylor College of Medicine, USA

## Language

English

## Accreditation

1 **CME** point per lecture hour accredited by HKCOG (MFM)
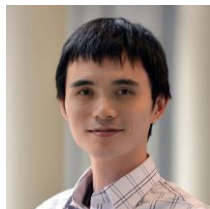
## Quota

50

## Speakers

**Mahim Jain, M.D.**
Lab Members - Clinical Postdoctoral Fellows: Brendan Lee Lab
Medical Resident
      Mol. & Human Gen./Clinical Fellows
      Baylor College of Medicine, Houston, TX, US

**Fan Xia, PhD**
Diagnostic Laboratory Faculty - Genetics Faculty N-Z:
Diagnostic Laboratories
Associate Professor
      Molecular and Human Genetics
      Baylor College of Medicine, Houston, TX, US
Laboratory Director
      Baylor Genetics

## Registration and Enquiry

Mr. Brown Mak
Tel: 852-2632 1534 / Fax: 852-2636 0008 / Email: cymak@cuhk.edu.hk

## Scientific Programme

| Session 1 - Current Status of Clinical Genetic Testing | |
|---|---|
| 0900-0915 | Introduction |
| 0915-1015 | Lecture 1: Clinical Genetic Tests: Current methodologies |
| 1015-1115 | Lecture 2: NGS Panel Tests, Whole Exome Sequencing and Whole Genome Sequencing Data Processing |
| 1115-1215 | Didactic 1: Review of Example Clinical Reports |
| **Session 2 - How to Approach a Case Not Solved by Clinical Whole Exome or Genome Sequencing** | |
| 1300-1400 | Lecture 3: Strategies for reprocessing and reannotating sequencing data |
| 1400-1500 | Lecture 4: Tools for known disease gene identification and prioritization of novel candidates |
| 1500-1615 | Didactic 2: 3 Clinical cases solved by WES/WGS |

## Reply Slip (Seats reserved for symposium participants first)

**Personal information**

| Title: | Prof. ☐   Dr. ☐   Mr. ☐   Ms. ☐ |
|---|---|
| Name: | |
| Hospital / Organization: | |
| Department: | |
| Address: | |
| Tel: | |
| Email: | |

## Payment Method

### Registration fee HK$1,000

☐ By Cheque (Payable to **The Chinese University of Hong Kong**)
    Please post to Department of Obstetrics and Gynaecology, 1/F, Block E, Prince of Wales Hospital, Shatin, Hong Kong
    Cheque no.: _____ Bank Name: _____

☐ By Credit Card (in Hong Kong Dollars only)
    ☐ **Visa**    ☐ **MasterCard**
    Card holder's name (Block letter): _____
    Signature: _____ Date: _____

Credit Card Number           Expiry Date (mm/yy)