

# **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist

Name	:Miss RITIKA		Sex/Age : Fem	nale/18 Years		Case ID	:40921600350
Ref By	:DR. VINAY CHO	OPRA	Dis.Loc. :			Pt ID	:
Bill. Loc.	:KOS DIAGNOS	TIC LAB				Pt. Loc.	:
Registratio	n Date & Time	: 03-Sep-2024 09:59	Sample Type	: Heparin Whole Blood	- Na	Ph#	:
Sample Da	te & Time	: 03-Sep-2024 09:59	Sample Coll.By	:		Ref Id	:
Report Dat	te & Time	: 21-Sep-2024 14:35	Acc. Remarks	:		Ref Id 2	:

#### **Chromosome Analysis Report**

Clinical History	No clinical history available.
Karyotype (ISCN Nomenclature 2020)	46,XX
<u>Interpretation</u>	Normal Karyotype

Banding Method	: GTG	Culture Type	: 72hrs PHA stimulated
Banding Resolution	: Approx 550	<b>Metaphases Counted</b>	: 20
Metaphases Analyzed	: 20	Metaphase Karyotyped	: 05
Proliferative Index	: Good	Quality of Metaphases	: Good

# For specimens received from non NCGM locations, it is presumed that it belongs to the patient as identified on the labels of the container/Test Requisition Formand it has been verified as per GCLP (Good Clinical Lab Practices) by the referrer at the time of collection of the specimen. NCGM's responsibility is limited to the analytical part of the assay performed.

Page 1 of 3

**DR. Priya Varma** Scientist.

Printed On :23-Sep-2024 09:27

NOTE:

This Sample was outsourced



## **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)

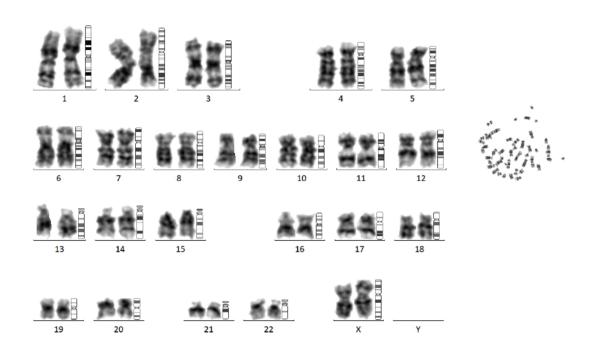


Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

		LABORATO	RY REPORT	PORT			
Name	:Miss RITIKA		Sex/Age : Fem	nale/18 Years	Case ID	:40921600350	
Ref By	:DR. VINAY CHO	OPRA	Dis.Loc. :		Pt ID	:	
Bill. Loc.	:KOS DIAGNOS	TIC LAB			Pt. Loc.	:	
Registratio	on Date & Time	: 03-Sep-2024 09:59	Sample Type	: Heparin Whole Blood - Na	Ph#	:	
Sample Date & Time : 03-Sep-2024 09:59		Sample Coll.By	:	Ref Id	:		
Report Date & Time : 21-Sep-2024 14:35		Acc. Remarks	:	Ref Id 2	:		

#### Karyogram and Metaphase



# For specimens received from non NCGM locations, it is presumed that it belongs to the patient as identified on the labels of the container/Test Requisition Formand it has been verified as per GCLP (Good Clinical Lab Practices) by the referrer at the time of collection of the specimen. NCGM's responsibility is limited to the analytical part of the assay performed.

Page 2 of 3

**DR. Priya Varma** Scientist.

NOTE: This Sample was outsourced

Printed On :23-Sep-2024 09:27





### **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

Dr. Yugam Chopra MD (Pathology) **CEO & Consultant Pathologist** 

	LABORATORY REPORT							
Name	:Miss RITIKA		Sex/Age	: Female	18 Years		Case ID	:40921600350
Ref By	:DR. VINAY CHO	OPRA	Dis.Loc.	:			Pt ID	:
Bill. Loc.	:KOS DIAGNOS	TIC LAB					Pt. Loc.	:
Registratio	n Date & Time	: 03-Sep-2024 09:59	Sample Type	е	: Heparin Whole Blood	- Na	Ph#	:
Sample Da	te & Time	: 03-Sep-2024 09:59	Sample Co	II.By	:		Ref Id	:
Report Dat	te & Time	: 21-Sep-2024 14:35	Acc. Remai	rks	:		Ref Id 2	:

#### Limitation

The error rate of the test is 0.5%. The normal report does not rule out very Low grade mosaicism, minor chromosomal anomalies, and deletion, Duplication or Inversion at very subtle level. The report should be interpreted in accordance with the counselling provided before the test and with the report. A standard G-banded Karyotype usually has a resolution of around 5 Mb.

#### **Disclaimer**

Polymorphic variants have not been reported as these variants are not associated with specific disease or phenotype. Cytogenetically visible polymorphic variants include variants involving heterochromatin (variant size), satellite size, pericentric inversions (heterochromatic or euchromatic regions) [e.g., 1qh+/qh-, 9qh+/qh-, 16qh+/qh-, acrocentric p+ or p-, Yqh+/qh-, inv(9)(p11q13), inv(2)(p11.2q13)] and also euchromatic variants (e.g., located on 4p16, 8p23.1, 9p12, 9q13-q21.12, 15q11.2, 16p11.2).

Reference: Silva, M., de Leeuw, N., Mann, K., Schuring-Blom, H., Morgan, S., Giardino, D., Rack, K. and Hastings, R., 2019. European guidelines for constitutional cytogenomic analysis. European Journal of Human Genetics, 27(1), pp.1-16.

----- End Of Report ------

# For specimens received from non NCGM locations, it is presumed that it belongsto the patient as identified on the labels of the container/Test Requisition Formand it has been verified as per GCLP (Good Clinical Lab Practices) by the referrer atthe time of collection of the specimen. NCGM's responsibility is limited to the analytical part of the assay performed.

Page 3 of 3

DR. Priya Varma Scientist.

Printed On :23-Sep-2024 09:27

NOTE:

This Sample was outsourced