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MD (Pathology & Microbiology)  
Chairman & Consultant Pathologist

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MD (Pathology)  
CEO & Consultant Pathologist

**LABORATORY REPORT**



Name : Mrs MEGHA A0487025	Sex/Age : Female / 30 Years	Case ID : 41021603893
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : KOS DIAGNOSTIC LAB		Pt. Loc. :
Reg Date and Time : 25-Oct-2024 11:08	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 25-Oct-2024 11:08	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 28-Oct-2024 15:24	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**Genomics**

**HLA - B BY SSOP ( Luminex)**

Method For HLA	Sequence-specific oligonucleotide ( Luminex)
Allele I For HLA - B*	40:06
Allele II For HLA - B*	51:01

**Remarks:** HLA B\*(51) WAS DETECTED

**Disclaimer:** The above four digit HLA typing report is based on the probe-based HLA typing method (SSO-Luminex). Once in a while, the third and fourth digit of HLA alleles may change when the reporting has done based on NGS

HLA antigens are cell membrane glycoproteins with key roles in the initiation of the immune response. Current methods for HLA typing define HLA alleles and allele groups using DNA-based methods. Different DNA-based molecular techniques are used depending on the clinical application. Solid-organ transplantation requires a low- to intermediate-level typing resolution to determine an individual's HLA antigens. Bone marrow transplantation requires a high-resolution typing to determine the HLA alleles. Determination of HLA phenotypes is also applied to vaccine development, studies of disease associations and as companion diagnostics for the safe and effective use of therapeutic products.

**Test Usage:** A high-resolution typing result is defined as a set of alleles that specify and encode the same protein sequence for the peptide binding region of an HLA molecule and that excludes alleles that are not expressed as cell surface proteins. This test is used for HLA typing at a minimum of 4 digits in Bone Marrow Transplants. In low-resolution typing result is defined as a set of alleles of HLA molecule, this test is used for HLA typing of 2 digits.

**Note:** The intended use of this test in transplant HLA allele matching. This can be used for HLA-related disease screening not for disease confirmation.

**LIMITATIONS OF THE PROCEDURE:**

In cases of ambiguities of low-resolution HLA typing, Sequence-based HLA Typing is Advised to confirm the Results. This Report will not be valid for assessing the relationship between two individuals. For Relationship assessment between individuals, Autosomal STR testing is advised.


For tests performed by STMP on samples provided by a referring laboratory or organization, STMP does not bear any responsibility towards the identity of the sample.

These tests do not in any way imply or confirm the identity of the sample.

Rare primer site mutations or sequence variations in the genome might result in an erroneous report.

If the Recipient / Donor has undergone blood transfusion than the results may vary and give ambiguous results. In

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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**NOTE:**

***This Sample was outsourced***



ISO 9001 : 2008 CERTIFIED LAB

# KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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this type of matter, the laboratory gives the advice to resolve by NGS platform method. Although all precautions are taken, available data indicate a technical error rate of approximately 2% for all molecular tests. It is important that any individual interpreting these tests is aware of this data before acting upon their results. This report will not be valid for assessing the relationship between two individuals without the attachment of the photographs of the concerned individuals and a valid form-3 signed by a qualified immunologist.

### NOTE:

IMGT/HLA DATABASE RELEASE: 3.14.0 2013 OCT 11

This assay was carried out by sequence typing of exons 2 & 3 for HLA Class I and exon 2 for HLA Class II. This test has been conducted by Sanger Sequencing/Luminex using the Secore sequencing Kit/Immucor kit. All efforts are made to resolve ambiguities. However, in certain cases, this is not possible, and therefore ambiguous alleles for the same loci may be reported. In cases where special sequencing can be done to resolve ambiguities, the patient/physician will be consulted and a special sequencing test will be carried out for a fee. Alleles with ambiguities in intronic regions will not be resolved. This report is to be interpreted by a Transplant physician/surgeon only. The alleles that are in italics and underlined are RARE alleles. The NMDP biannual rare alleles list comprises of class I alleles observed at a frequency of less than 1/50,000 and DRB1 alleles observed at a frequency of less than 1/100,000 in the NMDP registry. Rare alleles have extremely low frequencies and are not likely to be found repeatedly in a significant number of unrelated subjects. For tests performed on specimens received or collected from non-STMPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.

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

# For test performed on specimens received or collected from non-NDPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NDPL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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Page 2 of 2

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