PATIENT INFORMATION

Name:	Vania	**Date Collected:**	-	**Accession No:**	909106
DOB:	-	**Date Received:**	07-March-2019	**Specimen ID:**	BC19-161
Age:	13 years	**Date Reported:**	27-March-2019	**Specimen:**	Blood
Sex:	Female	**Referred by:**	Immunodiagnostics	**Test Requested/Code:**	Karyotype/1010
Indication:	-				

CYTOGENETICS REPORT

RESULTS:

Method:	G-banding
Metaphases counted:	20
Metaphases analyzed:	20
Metaphases karyotyped:	08
Banding Resolution:	450
Karyotype (ISCN 2016):	46, XX
Result:	Normal

INTERPRETATION:

Normal female chromosome complement. There is no evidence of aneuploidy or structural rearrangement at the resolution of banding analysis.

RECOMMENDATION:

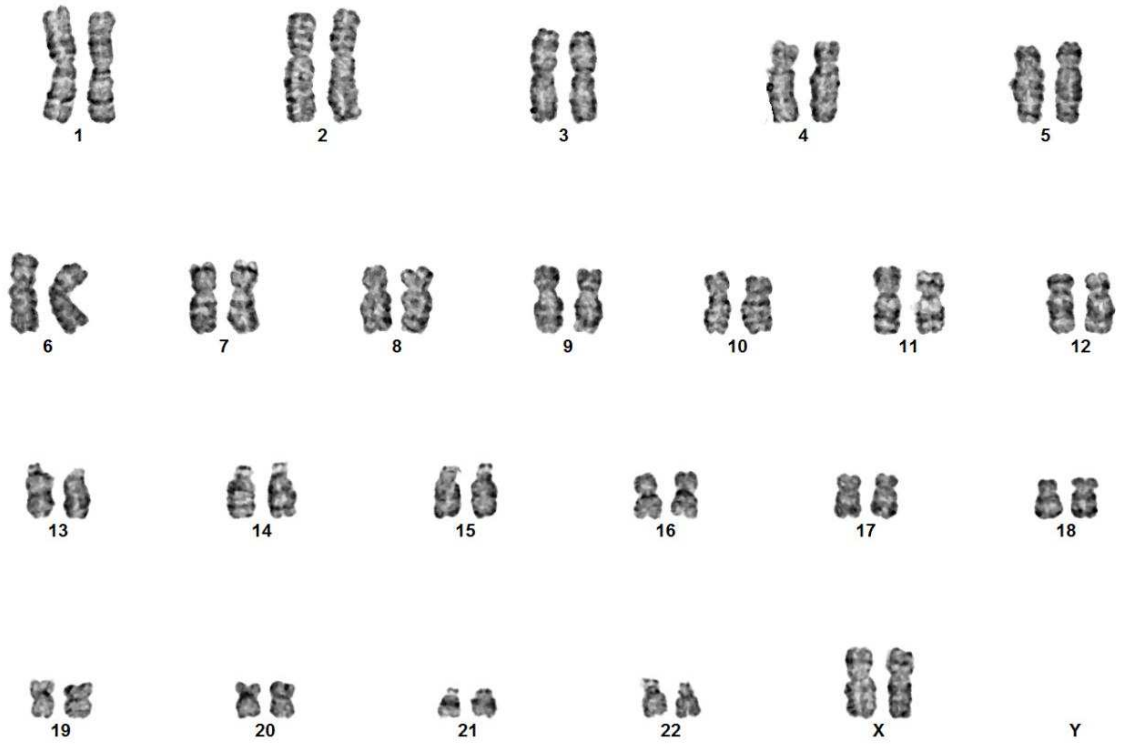
Chromosome microarray analysis is recommended for this patient because this test will be able to detect submicroscopic deletions and duplications in the genome, which cannot be detected by chromosome analysis. CMA is now considered the first-tier cytogenetic diagnostic test (Miller et al., 2010; Manning, Hudgins and the ACMG Professional Practice and Guidelines Committee, 2010). This testing is now available in our Laboratory, contact us for more information.In addition, a complete genetic evaluation should be considered to rule out other genetic etiologies associated with the clinical finding(s) in this patient. Genetic counseling is recommended.

Advanced Genomics Institute & Laboratory Medicine Pvt Ltd

New Delhi: 1513, 1st Floor, Guman Puri Complex, Wazir Nagar, Bhishma Pitamah Marg, New Delhi – 110003

Tel: +91 11 24603558-59,+91 8587876766, **Email:**info@labassure.com, **Website:**www.labassure.com

KARYOTYPE:



Patient Name:	**Vania**
Karyotype:	**46, XX**

Please Note: Although the methodology used in this analysis and interpretation is highly accurate, it does not detect small rearrangements and very low-level mosaicism, which are detectable only by molecular methods. Failure to detect an alteration at any locus does not exclude the diagnosis of any of the disorders. AGILE can assist the physician in determining the appropriate test in the context of clinical indications.

This report has been reviewed and electronically signed on 27th March 2019.

Authorized Signatory

Brijesh Kumar
Senior Scientist

Prepared By Arti Joshi

Checked By Tara Nath

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New Delhi: 1513, 1st Floor, Guman Puri Complex, Wazir Nagar, Bhishma Pitamah Marg, New Delhi – 110003

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