

## PATIENT INFORMATION

|                    |         |                        |                       |                             |                |
|--------------------|---------|------------------------|-----------------------|-----------------------------|----------------|
| <b>Name:</b>       | Simran  | <b>Date Collected:</b> | -                     | <b>Accession No:</b>        | 914020         |
| <b>DOB:</b>        | -       | <b>Date Received:</b>  | 01-Aug-2020           | <b>Specimen ID:</b>         | BC20-406       |
| <b>Age:</b>        | 17 year | <b>Date Reported:</b>  | 25-Aug-2020           | <b>Specimen:</b>            | Blood          |
| <b>Sex:</b>        | Female  | <b>Referred by:</b>    | Dr. Yugam             | <b>Test Requested/Code:</b> | Karyotype/1010 |
| <b>Indication:</b> |         |                        | KOS Diagnostic Centre |                             |                |

## CYTOGENETICS REPORT

### RESULTS:

|                        |           |
|------------------------|-----------|
| Method:                | G-banding |
| Metaphases counted:    | 02        |
| Metaphases analyzed:   | 02        |
| Metaphases karyotyped: | 01        |
| Banding Resolution:    | 450       |
| Karyotype (ISCN 2016): | 46, XX    |
| Result:                | Normal    |

### INTERPRETATION:

Apparently normal female chromosome complement in limited number of metaphases analyzed. There is no evidence of aneuploidy or structural rearrangement at the resolution of banding analysis.  
A repeat specimen may be sent for testing if clinically indicated.

### RECOMMENDATION:

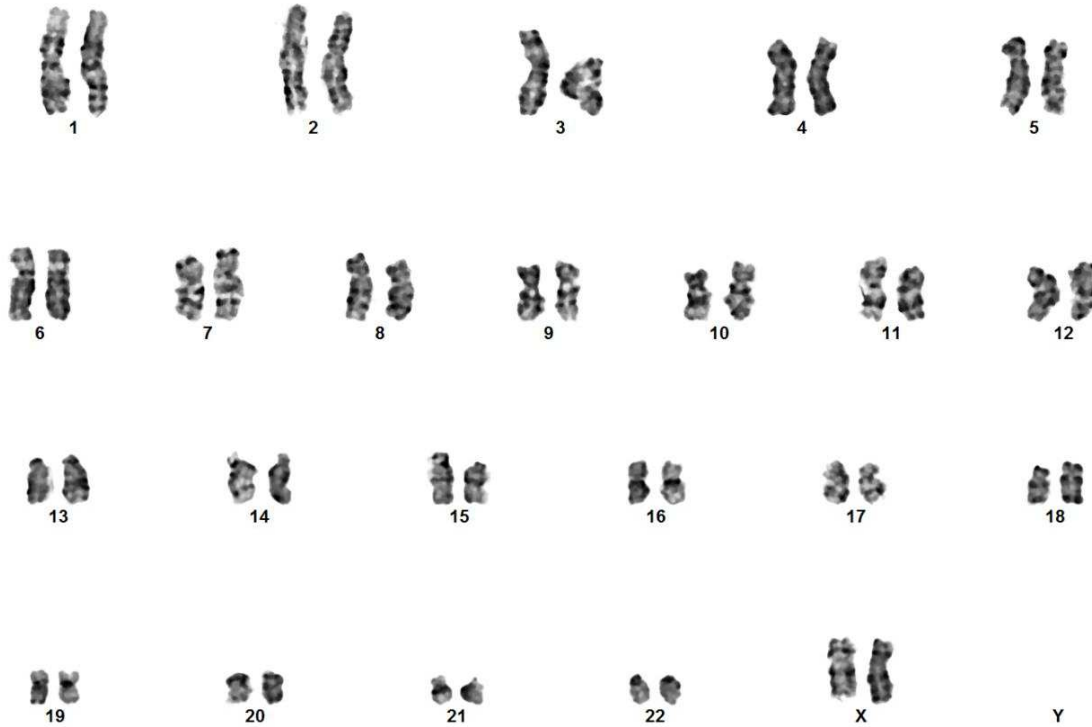
Chromosome microarray analysis is recommended for this patient because this test will be able to detect submicroscopic deletions and duplications in the genome, which cannot be detected by chromosome analysis. CMA is now considered the first-tier cytogenetic diagnostic test (Miller et al., 2010; Manning, 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.



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**KARYOTYPE:**

**Patient Name:** Simran  
**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. This report was analyzed at a partner lab of LABASSURE. In case of any discrepancy with the clinical indications, please inform the lab immediately. No clinical decisions should be made only on the bases of this report. LABASSURE can assist the physician in determining the appropriate test in the context of clinical indications. The results assume that the sample is provided from this patient only and that all patient information provided is correct. This report has been reviewed and electronically signed by:

**Authorized Signatory**



Brijesh Kumar  
Senior Scientist

**Checked By**

Dr. S. Kumar



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