



(A Unit of KOS Healthcare)

			LABORATO	ORY REPORT		
Name	:DEVI CHAND		Sex/Age	: Male/ 40 Years	Case ID	: 20800105379
Ref By	\$		Dis.Loc.	2	Pt ID	\$
Bill. Loc.	:Neuberg Diagn	ostics Pvt Ltd Delhi			Pt. Loc.	Ž.
Registratio	n Date & Time	: 04-Aug-2022 10:31	Sample Typ	e : Heparin Whole Blood -	- Na Ph#) *
Sample Da	te & Tíme	: 04-Aug-2022 10:31	Sample Co	II. By :	Ref Id	: 2155147942
Report Dat	e & Time	: 14-Aug-2022 19:26	Acc. Rema	rks :	Ref ld 2	: NDPL-DELHI

Chromosome Analysis Report

Clinical History	44:
Karyotype (ISCN-2020)	

Interpretation	Normal Karyotype
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Banding Method	: GTG	Culture type	: 72hrs PHA stimulated
Banding Resolution	: 450	Metaphases Counted	: 20
Metaphases Analyzed	: 20	Metaphases Karyotyped	: 20

For test 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.

STMPL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Dr. Samarth S. Bhatt Ph.D,EU Dip in Mol.Cytogenetics Dr. Sandip Shah M.D. (Path. & Bact.)

Consultant Pathologist

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Bill. Loc.	:Neuberg Diagr	ostics Pvt Ltd Delhi					Pt. Loc.	3
Registratio	n Date & Time	: 04-Aug-2022 10:31	Sample Typ	e	: Heparin Whole Blood	- Na	Ph#	8
Sample Da	te & Time	: 04-Aug-2022 10:31	Sample Co	ll. By	:		Ref Id	: 2155147942
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Proliferative Index	: Good	Quality of Metaphase	: Good
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Karyogram

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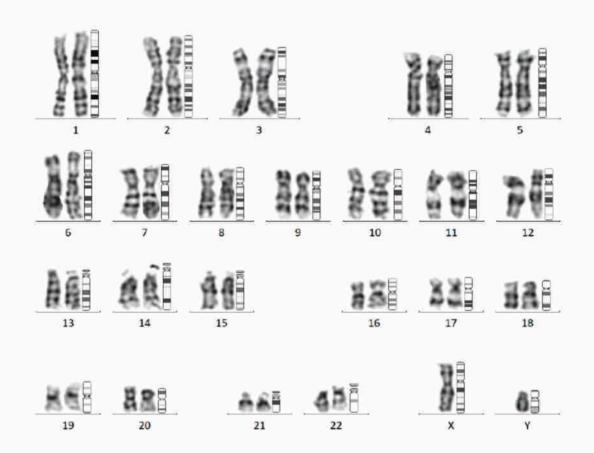
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			LABORATO	DRY REPORT			
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Bill. Loc.	:Neuberg Diagn	ostics Pvt Ltd Delhi			1	Pt. Loc.	Ę
Registratio	on Date & Time	: 04-Aug-2022 10:31	Sample Typ	: Heparin Whole Blood	- Na	Ph#	į.
Sample Da	ate & Time	: 04-Aug-2022 10:31	Sample Co	II. By :		Ref Id	: 2155147942
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Metaphase

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NOTE



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Limitations

The error rate of the test is 0.5%. The normal report does not rule out minor chromosomal anomalies, mosaicism, malformation, fragile X syndrome and other genetic disorders. The report should be interpreted in accordance with the counseling provided before the test and with the report.

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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).

<u>Reference:</u> 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.

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