

(A Unit of KOS Healthcare)



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

			LABORAT	ORY REPORT		
Name	:Mrs. JATINDER	KAUR	Sex/Age	: Female/ 32 Years	Case ID	: 30100113379
Ref By	:		Dis.Loc.		Pt ID	1
Bill. Loc.	:Neuberg Diagr	nostics Pvt Ltd Delhi			Pt. Loc.	3
Registration	Date & Time	: 12-Jan-2023 09:44	Sample Typ	e : Heparin Whole Blood - N	a Ph#	3
Sample Dat	e & Time	: 12-Jan-2023 09:44	Sample Co	ill. By :	Ref Id	: NDPL - DELHI
Report Date	e & Time	: 19-Jan-2023 19:27	Acc. Rema	rks :	Ref ld 2	: 2155147869

### Chromosome Analysis Report

Clinical History	-
Karyotype	46 VV

Interpretation Normal Karyotype	
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Banding Method	: GTG	Culture type	: 72hrs PHA stimulated
<b>Banding Resolution</b>	: 400	Metaphases Counted	: 20
Metaphases Analyzed	: 20	Metaphases Karyotyped	:5

# 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

(ISCN-2020)

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### **NOTE:**



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### Karyogram

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			LABORATO	RY REPORT			
	Mrs. JATINDER	KAUR		: Female/ 32 Years		Case ID	: 3010011337
Ref By :			Dis.Loc.	•		Pt ID	1
		ostics Pvt Ltd Del			_	Pt. Loc.	1
Registration [		: 12-Jan-2023 0	9:44 Sample Type	: Heparin W	hole Blood - Na	Ph#	*
Sample Date		: 12-Jan-2023 0	9:44 Sample Coll	. By :		Ref Id	: NDPL - DELH
Report Date 8	& Time	: 19-Jan-2023 1	9:27 Acc. Remark	cs :		Ref Id 2	: 2155147869
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				10			

### Metaphase

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specimen by the sender.

19

20

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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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#### 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 Re	port
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