ISO 9001 : 2008 CERTIFIED LAB

KOS Diagnostic Lab
(A Unit of KOS Healthcare)

KOS™
EXCELLENCE IN HEALTHCARE & DIAGNOSTICS

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

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

LABORATORY REPORT

Name	:Mr. JASWINDER SINGH	Sex/Age	: Male/38 Years	Case ID	:30300102225
Ref By	:	Dis.Loc.	:	Pt ID	:
Bill. Loc.	:Neuberg Diagnostics Pvt Ltd Delhi			Pt. Loc.	:
Registration Date & Time	: 02-Mar-2023 09:49	Sample Type	: Heparin Whole Blood - Na	Ph #	:
Sample Date & Time	: 02-Mar-2023 09:49	Sample Coll.By	:	Ref Id	: NDPL - DELHI
Report Date & Time	: 09-Mar-2023 14:00	Acc. Remarks	:	Ref Id 2	: 2155147854

Chromosome Analysis Report

Clinical History	--

Karyotype (ISCN-2020)	**46,XY**

Interpretation	**Normal Karyotype**

Banding Method	: GTG	**Culture type**	: 72hrs PHA stimulated
Banding Resolution	: 550	**Metaphases Counted**	: 20
Metaphases Analyzed	: 20	**Metaphases Karyotyped**	: 05
Proliferative Index	: Good	**Quality of Metaphase**	: Good

For specimens received from non NCGM locations, it is presumed that it belongsto the patient as identified on the labels of the container/Test Requisition Formand it has been verified as per GCLP (Good Clinical Lab Practices) by the referrer atthe time of collection of the specimen. NCGM's responsibility is limited to theanalytical part of the assay performed.

Dr. Sandip Shah
M.D. (Path. & Bact.)
Consultant Pathologist

Page 1 of 5

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NOTE:
This Sample was outsourced

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KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana
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Karyogram

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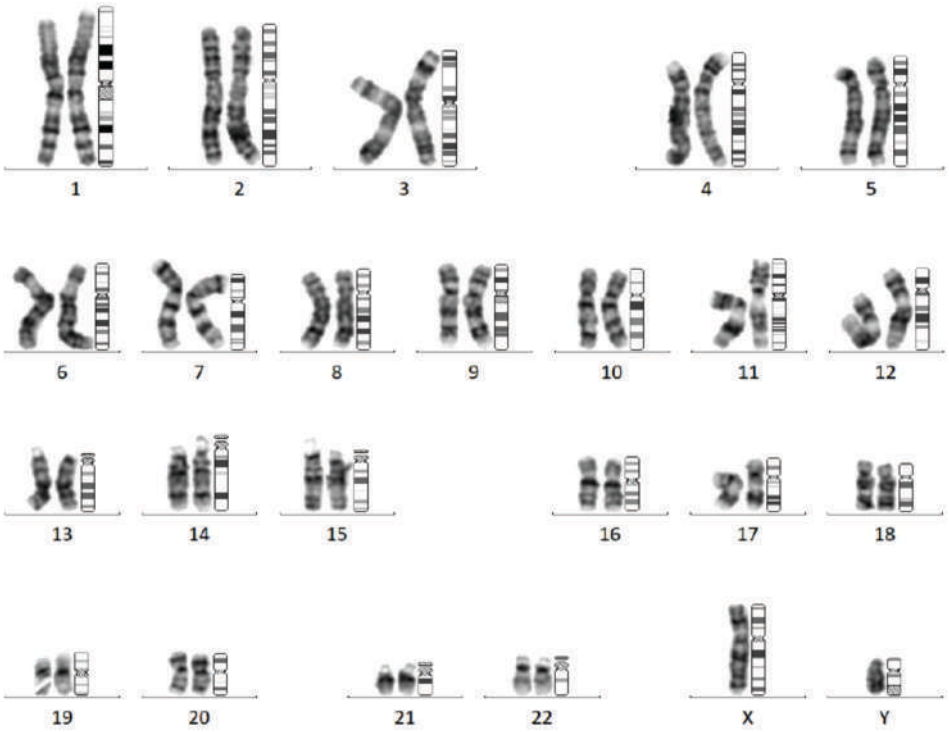

For specimens received from non NCGM locations, it is presumed that it belongs to the patient as identified on the labels of the

Metaphase

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Page 3 of 5

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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.

Disclaimer

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Page 4 of 5

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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).

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 Report ----------

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