



ISO 9001 : 2008 CERTIFIED LAB

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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

LABORATORY REPORT



Name : Mrs. ARSHDEEP KAUR	Sex/Age : Female/27 Years	Case ID : 30300142760
Ref By :	Dis. Loc. :	Pt ID :
Bill. Loc. : Neuberger Diagnostics Pvt Ltd Delhi		Pt. Loc. :
Registration Date & Time : 30-Mar-2023 10:54	Sample Type : Heparin Whole Blood - Na	Ph # :
Sample Date & Time : 30-Mar-2023 10:54	Sample Coll. By :	Ref Id : 2155147818
Report Date & Time : 10-Apr-2023 20:09	Acc. Remarks :	Ref Id 2 : NDPL-DELHI

Chromosome Analysis Report

Clinical History	No clinical history available.
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Karyotype (ISCN Nomenclature 2020)	46,XX
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Interpretation	Normal Karyotype
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Banding Method	: GTG	Culture Type	: 72hrs PHA stimulated
Banding Resolution	: Approx 550	Metaphases Counted	: 20
Metaphases Analyzed	: 20	Metaphase Karyotyped	: 05
Proliferative Index	: Good	Quality of Metaphases	: Good

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

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

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NOTE:

This Sample was outsourced



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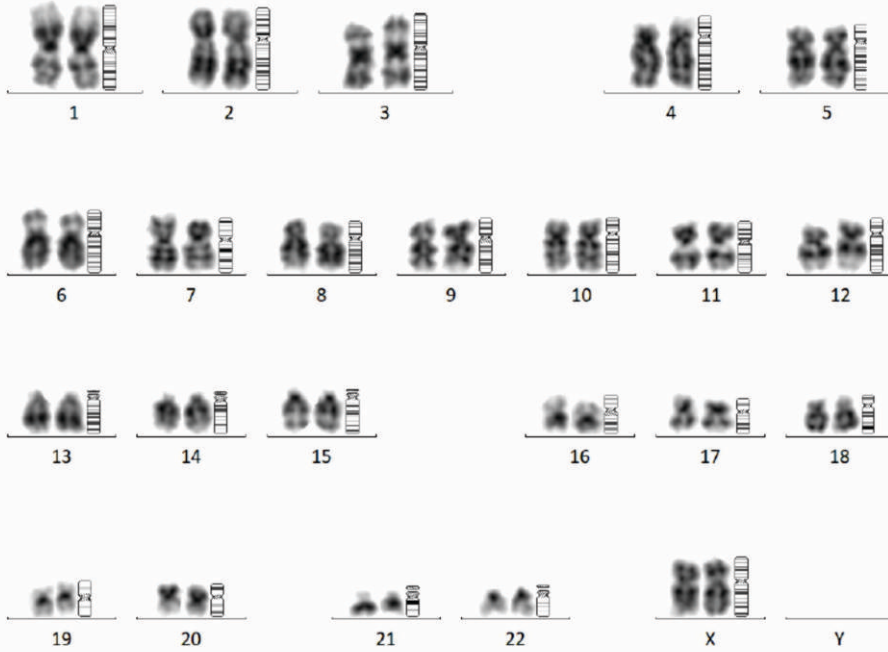
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Karyogram and Metaphase



Limitation

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

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The error rate of the test is 0.5%. The normal report does not rule out very Low grade mosaicism, minor chromosomal anomalies, and deletion, Duplication or Inversion at very subtle level. The report should be interpreted in accordance with the counselling provided before the test and with the report. A standard G-banded Karyotype usually has a resolution of around 5 Mb.

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 Report -----

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