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	:Ms. DEEPIKA	Sex/Age	: Female/27 Years	Case ID	:30421601149
Ref By	:DR VINAY CHOPRA	Dis.Loc.	:	Pt ID	:
Bill. Loc.	:KOS DIAGNOSTIC LAB			Pt. Loc.	:
Registration Date & Time	: 16-Apr-2023 09:38	Sample Type	: Heparin Whole Blood - Na	Ph #	:
Sample Date & Time	: 16-Apr-2023 09:38	Sample Coll.By	:	Ref Id	:
Report Date & Time	: 24-Apr-2023 10:45	Acc. Remarks	:	Ref Id 2	:

Chromosome Analysis Report

Clinical History	No clinical history available.
Karyotype (ISCN Nomenclature 2020)	**46,XX**
Interpretation	**Normal Karyotype**

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 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. Samarth S. Bhatt
Ph.D,EU Dip in
Mol.Cytogenetics

Printed On : 24-Apr-2023 14:45

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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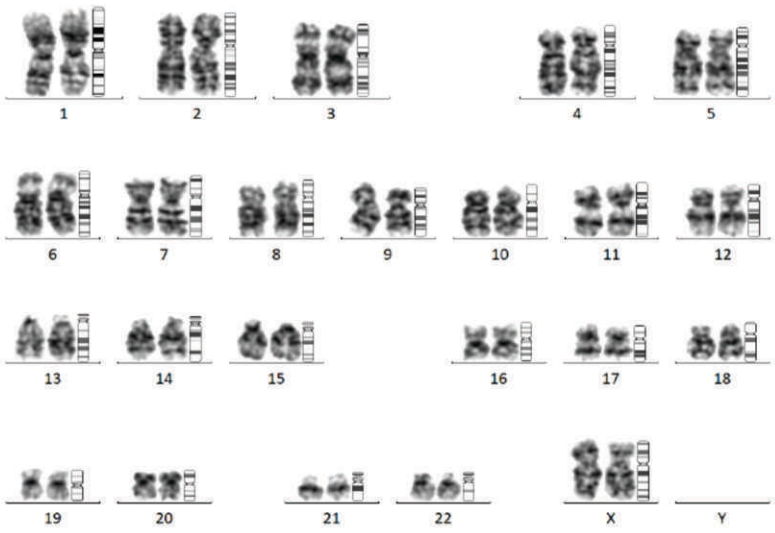
Karyogram and Metaphase



Limitation

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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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