

# **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

		LABORATO	RY REPORT	Γ				
Name	:Mrs. MUSKAN		Sex/Age	: Fema	ale/19 Years		Case ID	:31121600198
Ref By	:DR. VINAY CHO	OPRA	Dis.Loc.	:			Pt ID	:
Bill. Loc.	:KOS DIAGNOS	TIC LAB					Pt. Loc.	:
Registratio	n Date & Time	: 03-Nov-2023 08:36	Sample Typ	е	: Heparin Whole Blood	- Na	Ph#	:
Sample Da	te & Time	: 03-Nov-2023 08:36	Sample Co	ll.By	:		Ref Id	:
Report Dat	e & Time	: 09-Nov-2023 16:23	Acc. Rema	rks	:		Ref Id 2	:

### **Chromosome Analysis Report**

<b>Clinical History</b>	No clinical history available.					
Karyotype (ISCN Nomenclature 2020)	46,XX					
<u>Interpretation</u>	Normal Karyotype					
Banding Method	: GTG	Culture Type	: 72hrs PHA stimulated			
Banding Resolution	: Approx 550	<b>Metaphases Counted</b>	: 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 Formand 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 Page 1 of 3

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**NOTE:** 

This Sample was outsourced



# **KOS Diagnostic Lab**

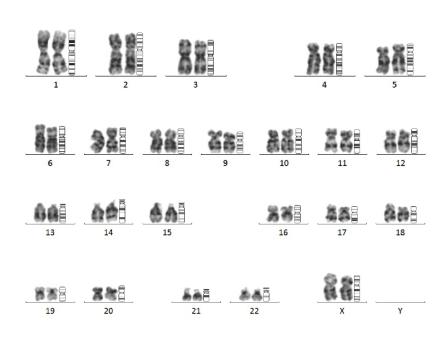
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### Karyogram and Metaphase





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#### Limitation

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.

 <b>End Of Report</b>	

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Consultant Pathologist

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