

# 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 REPOR	T IIII		
Name	:Mr KARNAIL SINGH		Sex/Age	: Male/35 Years	Case ID	:40321600153
Ref By	:DR. VINAY CHO	OPRA	Dis.Loc.		Pt ID	18
Bill. Loc.	:KOS DIAGNOS	TIC LAB			Pt. Loc.	:
Registration Date & Time : 02-Mar-2024 09:52		Sample Typ	e : Heparin Whole Blood - Na	Ph#	:	
Sample Da	ite & Time	: 02-Mar-2024 09:52	Sample Co	oll.By :	Ref Id	
Report Da	te & Time	: 12-Mar-2024 12:45	Acc. Rema		Ref Id 2	2

# **Chromosome Analysis Report**

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

Quality of Metaphases

# 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

**Proliferative Index** 

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: Good

## NOTE:

This Sample was outsourced

: Good



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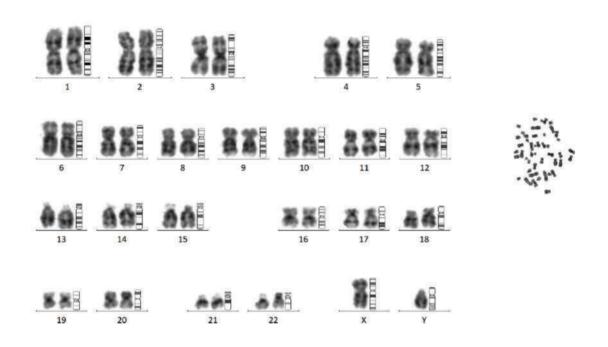


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Name	:Mr KARNAIL SI	NGH	Sex/Age	: Male/35 Years	Case ID	:40321600153
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Bill. Loc.	:KOS DIAGNOS	TIC LAB			Pt. Loc.	
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## Karyogram and Metaphase



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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.

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----- End Of Report -----

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