

# KOS Diagnostic Lab (A Unit of KOS Healthcare)



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

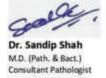
Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

		LABORATO	RY REPORT	<u> </u>			
Name	:Mrs HARPREET	KAUR	Sex/Age	: Female/34 Years	Case ID	:40321602039	
Ref By	:DR. VINAY CHOPRA		Dis.Loc.	\$5	Pt ID	20	
Bill. Loc.	KOS DIAGNOST	TIC LAB			Pt. Loc.	2	
Registration Date & Time : 15-Mar-2024 10:30		Sample Typ	e ; Heparin Whole Blood +	Na Ph#	1)		
Sample Date & Time		: 14-Mar-2024 10:30	Sample Co	oll.By :	Ref Id	8	
Report Date & Time : 20-Mar-2024 20:25		Acc. Rema	rks :	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 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.



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## **NOTE:**



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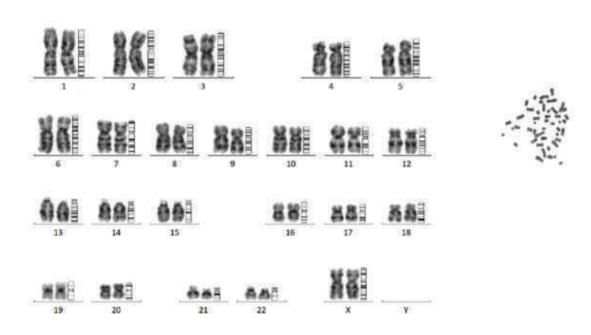


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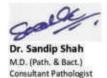
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### Karyogram and Metaphase



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Report Date & Time : 20-Mar-2024 20:25		Acc. Rema	arks	2	Ref Id 2	4:	

#### 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., Scharmg-Blom, H., Morgan, S., Giardino, D., Rack, K. and Hastings, R., 2019. European guidelines for constitutional cytogenomic analysis. European Journal of Himan Genetics, 27(1), pp 1-16.

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

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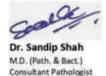
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----- End Of Report -----

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