

## **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	4			
Name	:Mr RAJINDER KUMAR :DR. VINAY CHOPRA		Sex/Age : Male/41 Years		Case ID	Case ID :40621600402	
Ref By			Dis.Loc.	California Seromenori	Pt ID	1	
Bill, Loc.	:KOS DIAGNOS	TIC LAB			Pt. Loc.	1	
Registration Date & Time : 04-Jun-2024 10:1		: 04-Jun-2024 10:13	Sample Typ	e : Heparin Whole Bloo	od - Na Ph#	1	
Sample Date & Time : 04-Jun-20		: 04-Jun-2024 10:13	Sample Co	oll.By :	Ref Id		
Report Date & Time : 14-Jun-2024 01:19		Acc. Rema	rks :	Ref ld 2	(1)		

## Chromosome Analysis Report

	- N
Clinical History	20

Culture type : 72 hours PHA stimulated culture

Banding Method : GTG

Banding Resolution : Inadequate

Metaphases Counted : 00

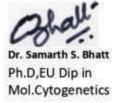
Metaphases Analyzed : 00

Metaphases Karyotyped : 00

Quality of Metaphase : Inadequate

	Inadequate metaphases were obtained even after repeating the
Note	process two times, please provide repeat sample, for analyzing
	additional 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.



Page 1 of 2

Printed On :15-Jun-2024 10:52





## **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



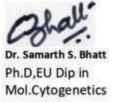
Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

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

		LABORATO	RY REPORT	4			
Name	:Mr RAJINDER KUMAR :DR. VINAY CHOPRA		Sex/Age : Male/41 Years		Case ID :4062160040		
Ref By			Dis.Loc.	Simplement Personalities	PtID	:	
Bill, Loc.	:KOS DIAGNOS	TIC LAB			Pt. Loc.		
Registration Date & Time : 04-		: 04-Jun-2024 10:13	Sample Typ	e : Heparin Whole Blood - N	la Ph#	1	
Sample Date & Time : 04-Jun-		: 04-Jun-2024 10:13	Sample Co	II.By :	Ref Id		
Report Date & Time : 14-Jun-2024 01:19		Acc. Rema	rks :	Ref ld 2	(10)		

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

# 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.



Page 2 of 2

Printed On :15-Jun-2024 10:52

