



ISO 9001 : 2008 CERTIFIED LAB

# 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

## LABORATORY REPORT



Name : Mr RAJINDER KUMAR	Sex/Age : Male/41 Years	Case ID : 40621604078
Ref By : DR VINAY CHOPRA	Dis. Loc. :	Pt ID :
Bill. Loc. : KOS DIAGNOSTIC LAB		Pt. Loc. :
Registration Date & Time : 27-Jun-2024 12:04	Sample Type : Heparin Whole Blood - Na	Ph # :
Sample Date & Time : 27-Jun-2024 12:04	Sample Coll. By :	Ref Id :
Report Date & Time : 03-Jul-2024 19:41	Acc. Remarks :	Ref Id 2 :

## Chromosome Analysis Report

<b>Clinical History</b>	No clinical history available.
<b>Karyotype</b> (ISCN Nomenclature 2020)	46,XY
<b>Interpretation</b>	Normal Karyotype

<b>Banding Method</b>	: GTG	<b>Culture Type</b>	: 72hrs PHA stimulated
<b>Banding Resolution</b>	: Approx 550	<b>Metaphases Counted</b>	: 20
<b>Metaphases Analyzed</b>	: 20	<b>Metaphase Karyotyped</b>	: 05
<b>Proliferative Index</b>	: Good	<b>Quality of Metaphases</b>	: 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 Form and 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. Samarth S. Bhatt**  
Ph.D, EU Dip in  
Mol. Cytogenetics

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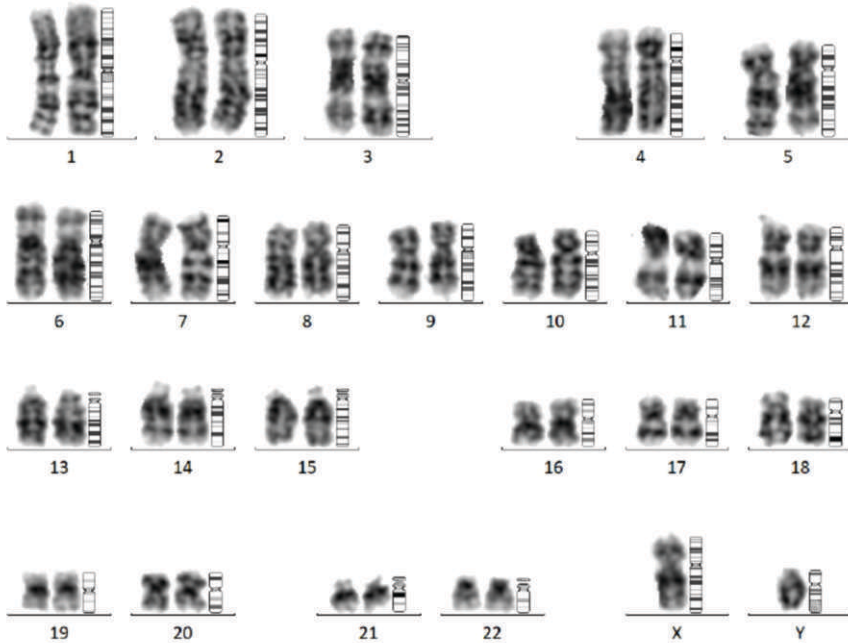
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**Karyogram and Metaphase**



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*S. Bhatt*

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**Limitation**

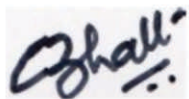
The error rate of the test is 0.5%. The normal report does not rule out very Low grade mosaicism, minor chromosomal anomalies, and deletion, Duplication or Inversion at very subtle level. The report should be interpreted in accordance with the counselling provided before the test and with the report. 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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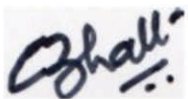
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----- End Of Report -----

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