

## DEPARTMENT OF CYTOGENETICS

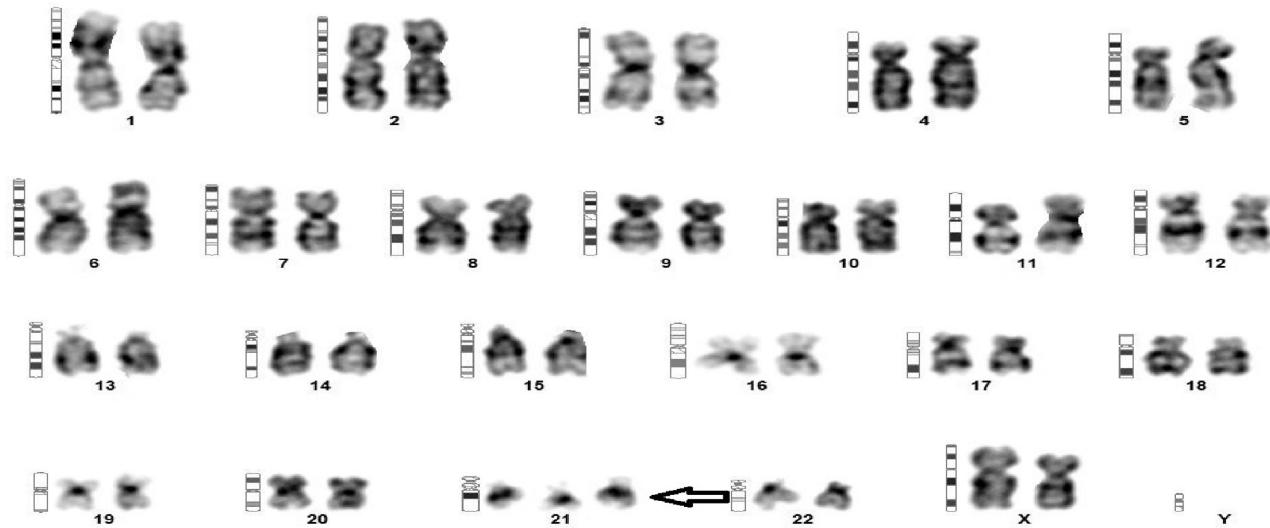
Patient Name	Baby. SAI SRADHA MALICK	Reg.NO	0652407040116	Barcode	A0714618
Age/Gender	11 M 15 D / FEMALE		-	Collected Date	05-07-2024 08:41 AM

### CHROMOSOMAL ANALYSIS-KARYOTYPING

SAMPLE RESULTS	
Sample Type	Peripheral Venous Blood.
Quality of Sample	Good.
Yoda Cytogenetics Number	CYG-24-PB-1176
Clinical Indication	Not provided
Test Requested	Karyotyping on Blood sample.
Test Methodology	Stimulated Peripheral Blood lymphocyte culture.
No of cells counted	20
No of cells Karyotyped	05
Estimated band resolution	400-500 bphs
Banding method	GTG
ISCN	2020

Initial

### CYTOGENETICS REPORT -CYG-24-PB-1176



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### Karyotype

47,XX,+21

### Interpretation

Chromosome analysis of PHA stimulated Peripheral Blood lymphocytes revealed a female karyotype with the presence of an additional copy of chromosome 21, suggestive of trisomy 21. This is indicative of female child with Down syndrome. Kindly correlate cytogenetic findings with clinical features.

### References

1. An International System for Human Cytogenetic Nomenclature (2020). Karger Publishers.
2. Human Cytogenetics: Constitutional Analysis. A Practical Approach. Third Edition, Edited by Denise Rooney.

### Disclaimer

1. This assay allows for microscopic visualization of numerical and structural abnormalities. The limitation in size of the chromosomal abnormalities like deletion(intersitial and terminal) , translocation, inversion , duplication(intersitial and terminal ) and other structural aberrations size from >5mb to 10mb.
2. Sample received without relevant clinical history , family history , previous medical reports related to cytogenetics and microarray will not be accepted .The lab is not responsible for any deviation in interpretation of the assay as a result of not being provided the necessary relevant clinical information.
3. Sample not received in appropriate containers or not collected optimally may lead to poor GTG banding and low resolution and therefore have high chances of missing structural abnormalities. The lab does not address the problems related to inappropriate sample collection and handling (preanalytic issues)
4. Test results are based on the sample received in the department and the results and interpretation are in the context of the demographic details received along with the sample.
5. Reporting TAT may be delayed due to the unsought circumstances and extra workload and repeat culture and clinical correlation with other parameters.
6. Test results are reported as per updated and current version of ISCN.
7. Partial reproduction of the report is not permitted
8. The content of the report may be used for research purpose without revealing the personal information of the subject.
9. Detection of heterogeneity of the clonal cell population in the specimen (i.e., mosaicism) is limited by the number of cells analyzed and karyotypes per report.