

Patient: [REDACTED]
DOB: [REDACTED] Age: [REDACTED] Gender: [REDACTED]
Patient Identifiers: [REDACTED]
Visit Number (FIN): [REDACTED]

Client: [REDACTED]
Physician: [REDACTED]

ARUP Test Code: 2002289
Collection Date: 12/21/2016
Received in lab: 12/23/2016
Completion Date: 12/27/2016

Interpretation

Specimen received

Specimen type: Peripheral Blood
Reason for referral: Down Syndrome
Test performed: Chromosome Analysis

Laboratory analysis

Number of cells counted: 21
Number of cells analyzed: 5
Number of cells karyotyped: 5
ISCN Band level: 550
Banding Method: G-Banding

FINAL REPORT

Chromosome results: 47,XY,+21

Diagnostic Impression:
Metaphase cells analyzed revealed a male chromosome complement with an additional chromosome 21 seen in each metaphase. These results are consistent with the diagnosis of Down Syndrome.

Recommendation:
Genetic counseling.

This result has been reviewed and approved by [REDACTED],
Ph.D., FACMG
Electronic Signature

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement C: aruplab.com/CS



Patient: [REDACTED]
ARUP Accession: 16-356-125913

Chromosome Analysis, Peripheral Blood

Patient: [redacted] | Date of Birth: [redacted] | Gender: [redacted] | Physician: [redacted]
Patient Identifiers: [redacted] | Visit Number (FIN): [redacted]

Cytogenetics Preliminary Report

Specimen received

Specimen type: Peripheral Blood
Reason for referral: Down syndrome
Test performed: Chromosome Analysis

Laboratory analysis

Number of cells counted: 11
Banding Method: G-Banding

PRELIMINARY RESULT

Chromosome results: 47,XY,+21

Eleven metaphase cells show a male chromosome complement with an additional chromosome 21 seen in each metaphase.

This finding is consistent with a diagnosis of Down syndrome.

This analysis based on short-term (48 hr) culture does not rule out mosaicism or other smaller structural rearrangements.

Further analysis of additional cells from 72 hr culture with a higher band resolution is pending.

This result has been reviewed and approved by [redacted],
Ph.D., FACMG
Electronic Signature

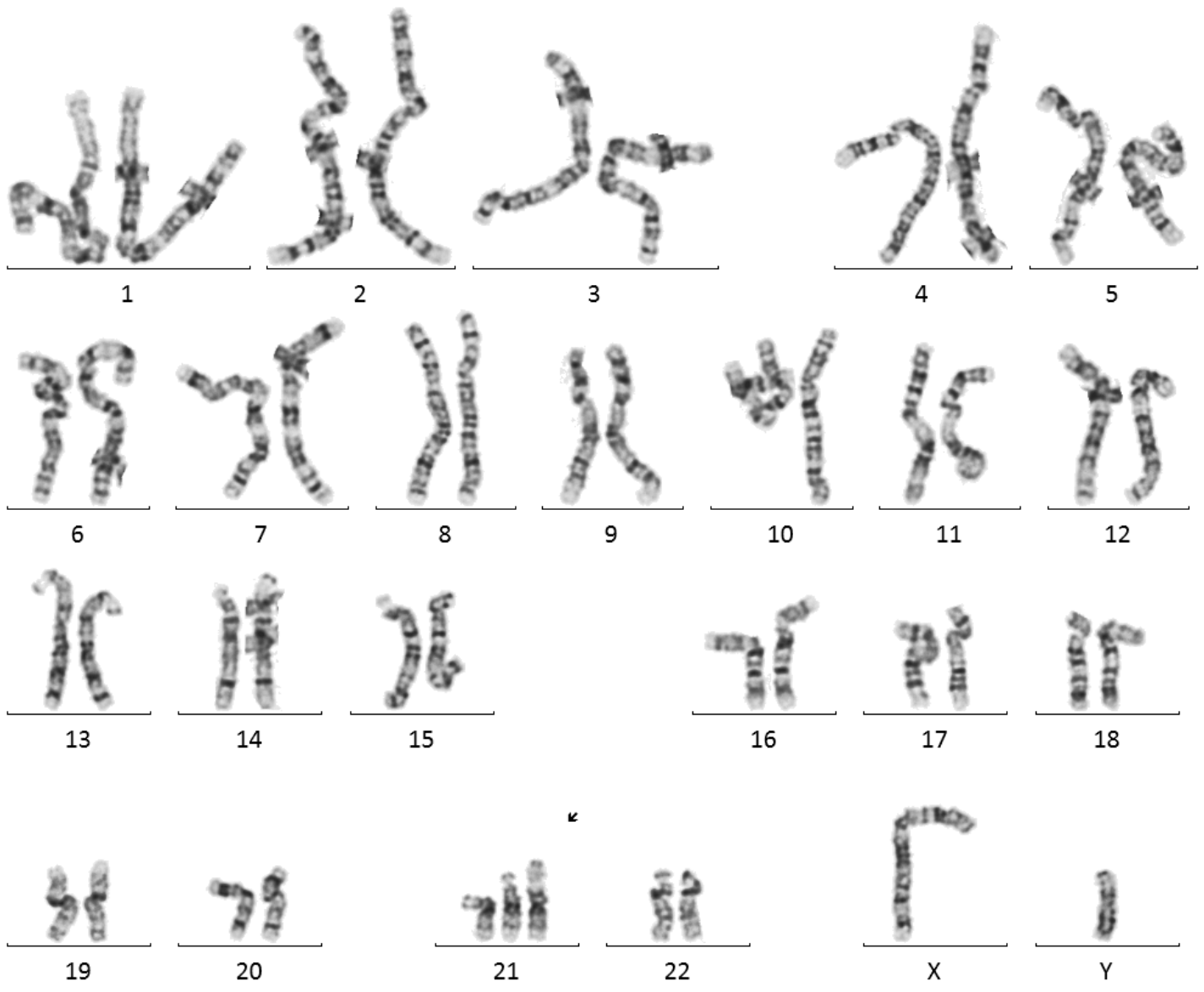


Patient: [redacted]
ARUP Accession: 16-356-125913

Chromosome Analysis, Peripheral Blood

Patient: _____ | Date of Birth: _____ | Gender: _____ | Physician: _____
Patient Identifiers: _____ | Visit Number (FIN): _____

Slide ID: _____



Patient: _____
ARUP Accession: 16-356-125913