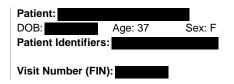


Chromosome Analysis, Amniotic Fluid





ARUP Test Code: 2002293

Collection Date: 01/27/2023 Received in lab: 01/28/2023 Completion Date: 02/10/2023

Interpretation

Test performed: Chromosome Analysis

Amniotic Fluid Specimen type:

Reason for referral: Abnormal ultrasound finding on antenatal screening of mother, Supervision of elderly primigravida second

trimester

Laboratory analysis

Number of cells counted: Number of colonies counted: 15 Number of cells analyzed: 15 Number of cells karyotyped: 15 ISCN Band level: 400

Banding Method: G-Banding

RESULT

Normal Karyotype (Male)

46,XY

INTERPRETATION

This analysis showed a normal result.

The standard cytogenetic methodology used in this analysis may not detect small rearrangements or low-level mosaicism and cannot detect submicroscopic deletions or duplications that are detectable by genomic microarray analysis.

Health care providers with questions may contact an ARUP genetic counselor at (800) 242-2787 ext. 2141.

This result has been reviewed and approved by I

A portion of this analysis was performed at the following location(s):

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.







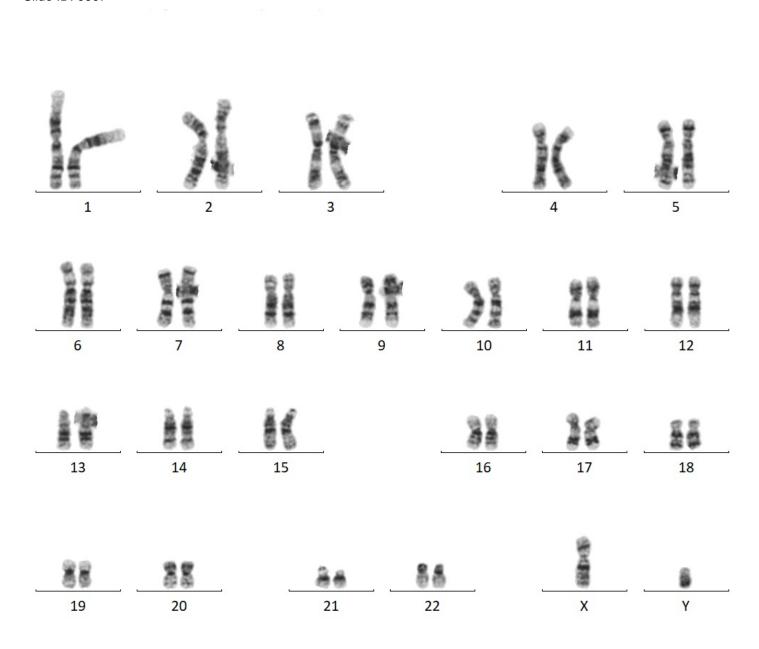


Patient:

ARUP Accession: 23-027-114715

Patient: Patient Identifiers: | Date of Birth: | Visit Number (FIN): | Sex: F | Physician:

Slide ID: 0007











Patient: ARUP Accession: 23-027-114715