

Patient: [REDACTED]  
DOB: [REDACTED] Age: 32 Sex: F  
Patient Identifiers: [REDACTED]  
[REDACTED]  
Visit Number (FIN): [REDACTED]

Client: [REDACTED]  
Physician: [REDACTED]

ARUP Test Code: 2002291  
Collection Date: 11/29/2022  
Received in lab: 12/01/2022  
Completion Date: 12/14/2022

**Interpretation**

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Test Performed: Chromosome Analysis  
Specimen Type: Chorionic Villi  
Indication for Testing: Prior newborn with mosaic trisomy 8

Number of cells counted: 20  
Number of cells analyzed: 20  
Number of cells karyotyped: 20  
ISCN band level: 400  
Banding method: G-Banding

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RESULT  
Normal Karyotype (Female)

46,XX

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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.

NOTE: FISH was performed on this sample and reported under ARUP accession #(22-333-123865). FISH results were NORMAL.

Cytogenetic analysis performed on CVS presumes that the fetal chromosome complement is accurately reflected in the extra-embryonic tissue. There are rare examples in which the karyotype of the CVS is not consistent with that of the fetus. In addition, contamination of the sample with cells of maternal origin may result in the analysis of maternal rather than fetal chromosomes.

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 [REDACTED]  
[REDACTED]

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

[REDACTED]

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: [REDACTED]  
ARUP Accession: 22-335-401090

# Chromosome Analysis, Chorionic Villus

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

Slide ID: 0020

