

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB: 7/17/1985
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Chromosome Analysis, Amniotic Fluid

ARUP test code 2002293

Chromosome Analysis, Amniotic Fluid

See Note (Ref Interval: Normal)

Test performed: Chromosome Analysis
Specimen type: Amniotic Fluid
Reason for referral: Abnormal ultrasound finding on antenatal screening of mother, supervision of elderly primigravida second trimester

Laboratory analysis

Number of cells counted: 15
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 [REDACTED]

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

[REDACTED]

H=High, L=Low, *=Abnormal, C=Critical

**INTERPRETIVE INFORMATION: Chromosome Analysis,
Amniotic Fluid**

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

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

EER Chromosome Analysis Amniotic Fluid

See Note

Authorized individuals can access the ARUP Enhanced Report using the following link:

[REDACTED]

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Chromosome Analysis, Amniotic Fluid	23-027-114715	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
EER Chromosome Analysis Amniotic Fluid	23-027-114715	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical