

Patient: [REDACTED]
DOB: [REDACTED] Age: 0 Gender: M
Patient Identifiers: [REDACTED]
Visit Number (FIN): [REDACTED]

Client: [REDACTED]
Physician: [REDACTED]

ARUP Test Code: 2005763
Collection Date: 06/04/2021
Received in lab: 06/07/2021
Completion Date: 06/16/2021

Interpretation

Test Performed: Chromosome Analysis
Specimen Type: Peripheral Blood
Indication for Testing: F82 Specific developmental disorder of motor function; R62.50 Unspecified lack of expected normal physiological development in childhood

Number of cells counted: 20
Number of cells analyzed: 6
Number of cells karyotyped: 6
ISCN band level: 550
Banding method: G-Banding

RESULT

Normal Karyotype (Male)

46,XY

This specimen is being reflexed to genomic microarray

INTERPRETATION

This analysis showed a normal result.

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

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.

This result has been reviewed and approved by [REDACTED]

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

[REDACTED]

NOTE: Only the **Chromosome Analysis, Peripheral Blood** results are reported on this enhanced report. When the result of Chromosome Analysis is "normal," **Cytogenomic SNP Microarray** is performed. If the genomic microarray is performed, those results can be accessed via a patient report or electronic medical records system after the genomic microarray has been completed.



Patient: [REDACTED]
ARUP Accession: 21-155-137050

Chromosome Analysis, Constitutional Blood, with Reflex to Genomic Microarray

Patient: [REDACTED] | Date of Birth: [REDACTED] | Gender: M | Physician: [REDACTED]
Patient Identifiers: [REDACTED] | Visit Number [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.

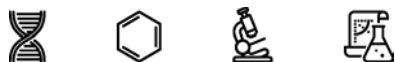
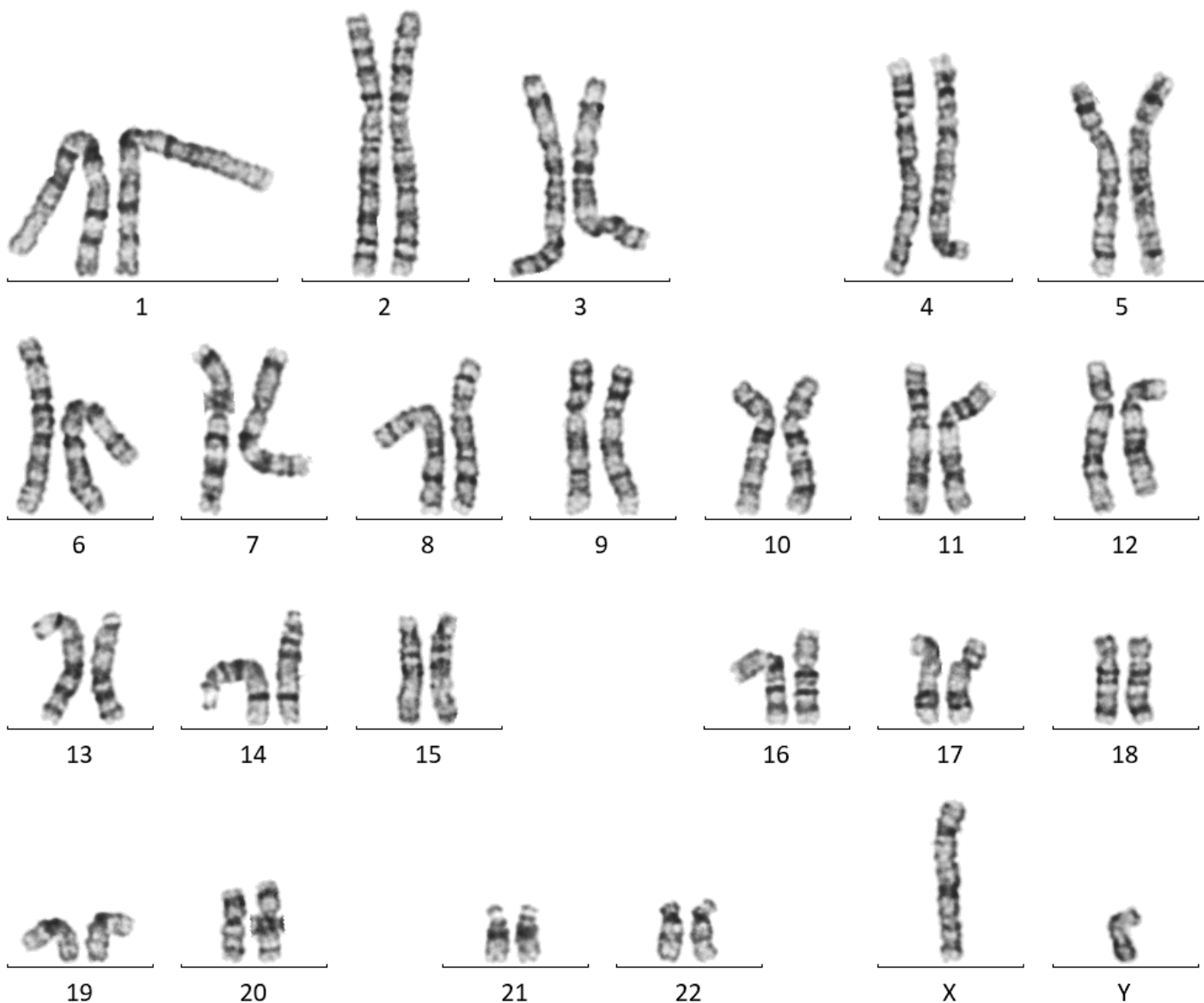


Patient: [REDACTED]
ARUP Accession: 21-155-137050

Chromosome Analysis, Constitutional Blood, with Reflex to Genomic Microarray

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

Slide ID: 0047



Patient: [REDACTED]
ARUP Accession: 21-155-137050