

Patient: [REDACTED]
DOB: [REDACTED] Age: 21 Sex: F
Patient Identifiers: [REDACTED]
Visit Number (FIN) [REDACTED]

Client: [REDACTED]
Physician: [REDACTED]

ARUP Test Code: 2008367
Collection Date: 12/23/2022
Received in lab: 12/24/2022
Completion Date: 01/05/2023

Interpretation

Specimen received

Specimen type: Amniotic Fluid
Reason for referral: Hydrops
Test performed: Chromosome Analysis

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 (Female)

46,XX

This specimen is being reflexed to genomic microarray

INTERPRETATION

This analysis showed a normal result.

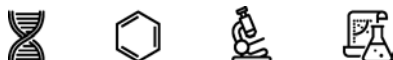
The standard cytogenetic methodology used in this analysis may not detect small rearrangements or low-level mosaicism and cannot detect submicroscopic deletions or duplications that are detectable by genomic microarray analysis.

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):

Note: Only the Chromosome Analysis, Amniotic Fluid results are reported on this enhanced report. When the result of Chromosome Analysis is either "no growth" or "normal," Genomic Microarray is performed. If the genomic microarray test was 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: 22-357-108478

Chromosome Analysis, Amniotic Fluid, with Reflex to Genomic Microarray

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

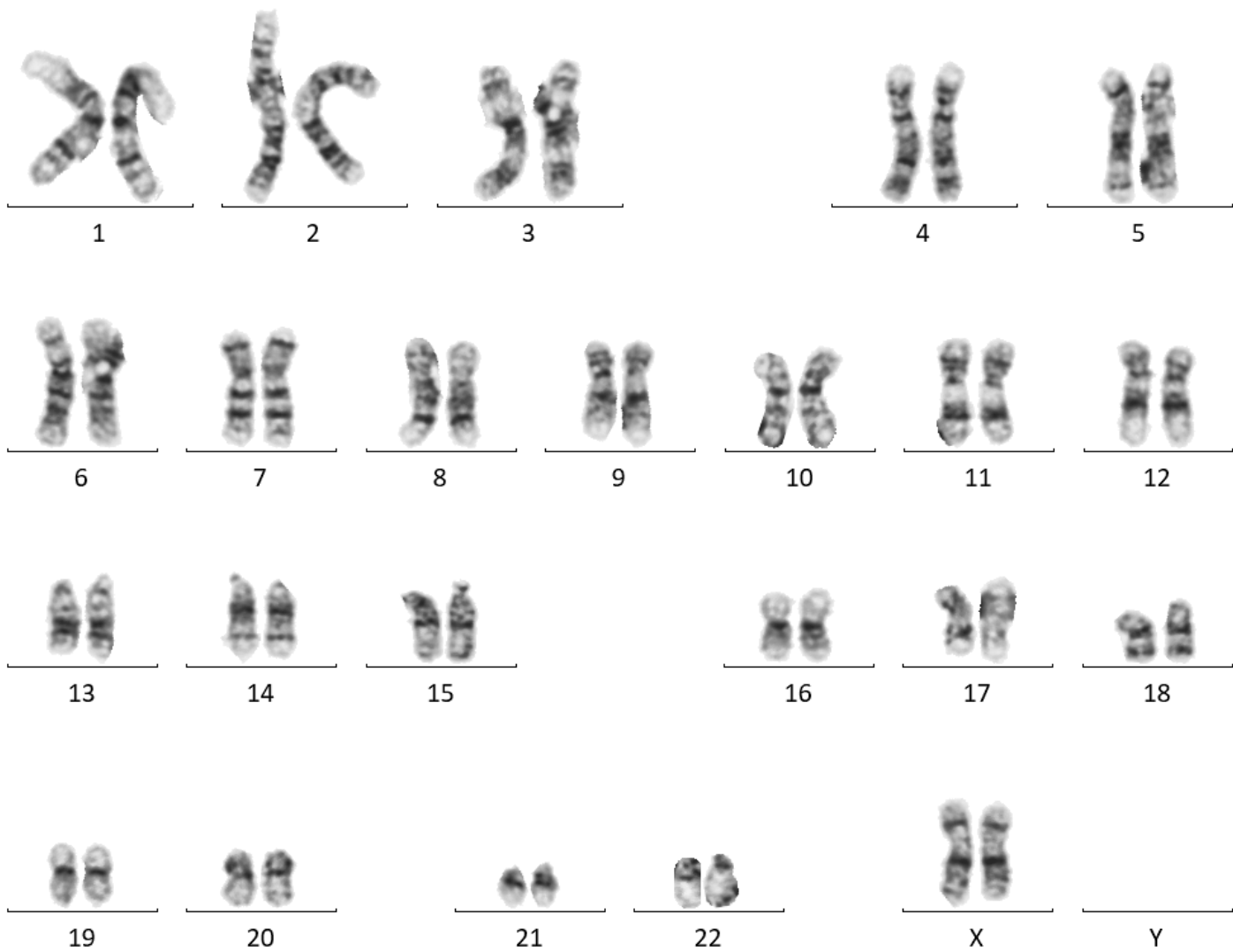


Patient: [REDACTED]
ARUP Accession: 22-357-108478

Chromosome Analysis, Amniotic Fluid, with Reflex to Genomic Microarray

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

Slide ID: 016



Patient: [REDACTED]
ARUP Accession: 22-357-108478