SAMPLE REPORT

Patient Name: Sample Patient
Referring Physician: John Doe, M.D.
Specimen \#: 10000000
Client \#: 12345
Patient ID: 20000000-1

DOB:00/00/1981
Date Collected: 09/07/2012
SSN: ***_**_**** Date Received: 09/08/2012
Lab ID:
Hospital ID:
Specimen Type: POC

City Hospital
1 Main Street
Anywhere, USA

Indication: Missed abortion

| Metaphases Counted: | 3 |  |  | Banding Technique: | GTW |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Metaphases Analyzed: | 3 | Number of Cultures: | 1 | Banding Resolution: | 400 |
| Metaphases Karyotyped: | 2 | Subculture: | N | Dept. Section: | POCCVS |

## RESULTS: 45,X

## Abnormal female karyotype

## INTERPRETATION:

Cytogenetic analysis shows an abnormal chromosome complement with 45 chromosomes due to the loss of a sex chromosome, resulting in monosomy X . This is consistent with Turner syndrome.

The loss of a sex chromosome is the most common abnormality found in spontaneous abortions, with more than $99 \%$ of $45, \mathrm{X}$ fetuses aborting spontaneously (Nussbaum, R.L, et. al., Thompson \& Thompson, Genetics in Medicine, 6th edition. Philadelphia: WB Saunders Co., 2001. Pp. 175).

All available material has been examined and only 3 cells were available for analysis. The number of available cells examined does not meet our laboratory standard of 20.

RECOMMENDATION:
Genetic counseling.
COMMENT:
No other chromosome abnormalities are observed. The standard cytogenetic methodology utilized in this analysis does not routinely detect subtle rearrangements or low-level mosaicism and cannot detect microdeletions. Also, it cannot detect molecular cytogenetic abnormalities (such as microdeletions and microduplications) that may be detectable by microarray analysis.

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