



CLIENT CODE : C000000939

CLIENT'S NAME AND ADDRESS :  
NINE WELLS CARE MOTHER & BABY HOSPITAL - COLOMBO 05  
NO: 55/1, KIRIMANDALA MAWATHA, COLOMBO 05  
COLOMBO  
D1 - MALABE  
SRI LANKA  
0114527181, 0112049968

LANKA HOSPITALS DIAGNOSTICS PVT LTD.  
7TH FLOOR, LANKA HOSPITAL, NO. 578, ELVITIGALA MAWATHA,  
NARAHENPITA,  
COLOMBO 5  
WESTERN, SRI LANKA  
Tel : + 94 11 5430000 , Fax : + 94 11 5439032  
Email : info@lhd.lk, Web : www.lhd.lk

PATIENT NAME : B/O MRS B L G U BHAGYA  
ACCESSION NO : 6001TH009371  
AGE : 1 Days SEX :  
DATE OF BIRTH : 10/08/2020  
REFERRING DOCTOR : DR BUDDIMA JAYASINGHE

PATIENT ID : MRSBU1008206001  
COLLECTED : 11/08/2020 00:20  
RECEIVED : 11/08/2020 06:11  
REPORTED : 26/08/2020 13:00

Test Report Status	Results	Biological Reference Interval	Units
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#### CYTOGENETICS

##### KARYOTYPING - PERIPHERAL BLOOD

SPECIMEN	Peripheral Blood
INDICATIONS	Dysmorphic features
CELLS COUNTED & ANALYSED	30
CELLS KARYOTYPED	05
BANDING	G-Banding
BANDING RESOLUTION	500
ISCN RESULT	46,XX
INTERPRETATION	Chromosome analysis revealed a normal female karyotype in all cells examined.



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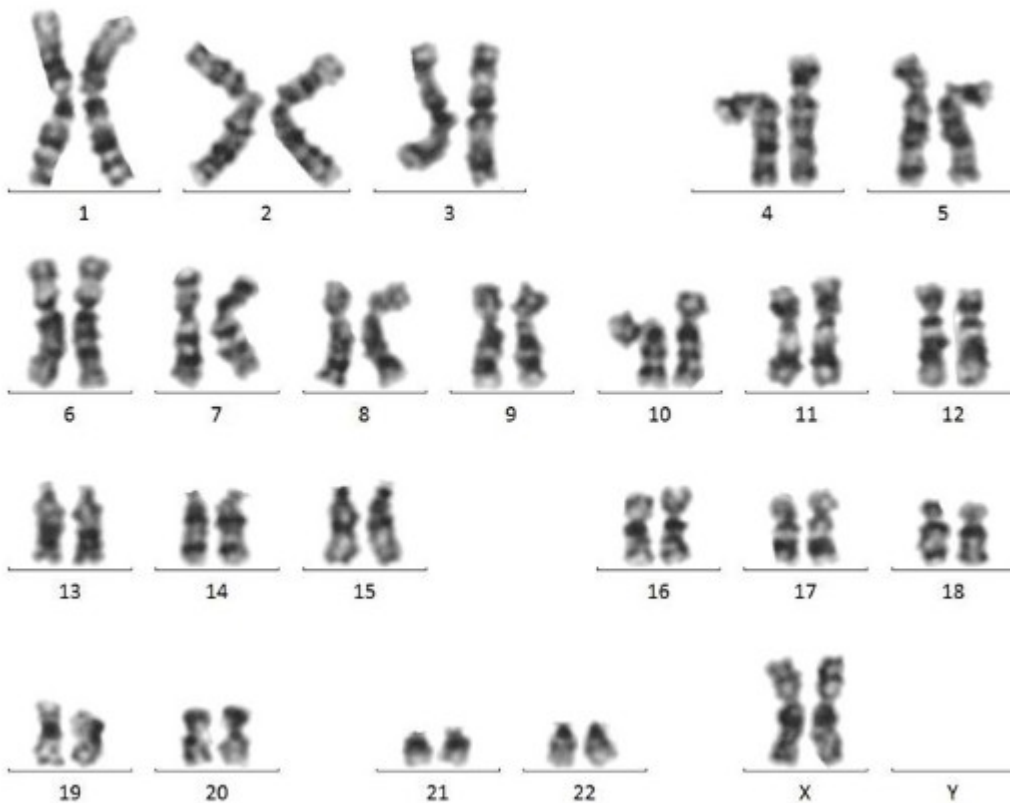
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Test Report Status	<u>Final</u>	Results	Biological Reference Interval
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Dr. Prasanna Galhena.  
BDS, M.Phil, PhD  
Visiting Cytogeneticist - LHD

\*\*End Of Report\*\*