

GENETIC CLINIC
DEPT. OF PEDIATRICS K. E. M. HOSPITAL
BOMBAY-400 012.

1	2	3			4	5
6	7	8	9	10	11	12
13	14	15		16	17	18
19	20			21	22	(SEX : CHR)

Name :

Reference No. :

Culture No. : (G. No.)

Unit No. :

Date of Culture

Stain :

Referred by :

Chromosome Counts	45	46	47	Other	Total
-------------------	----	----	----	-------	-------

No. of Cells

Karyotype Report :

DR. N. B. KUMTA

Signed _____
Officer-in-Charge.

GENETIC CLINIC
DEPT. OF PEDIATRICS K. E. M. HOSPITAL
BOMBAY-400 012.



Name :

Reference No. :

Culture No. : (G. No.)

Unit No. :

Date of Culture

Stain :

Referred by :

Chromosome Counts	45	46	47	Other	Total
No. of Cells					

No. of Cells

Karyotype Report :

DR. N. B. KUMTA

Signed _____
 Officer-in-Charge.

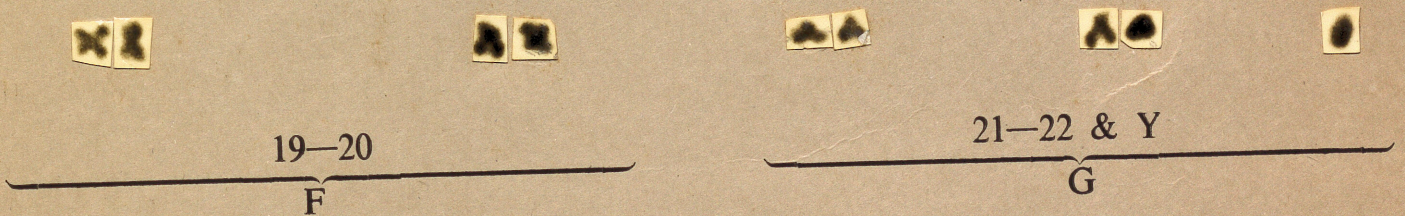
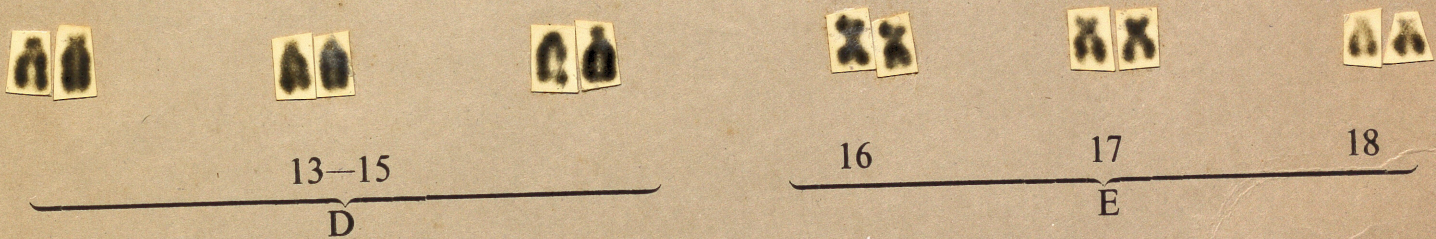
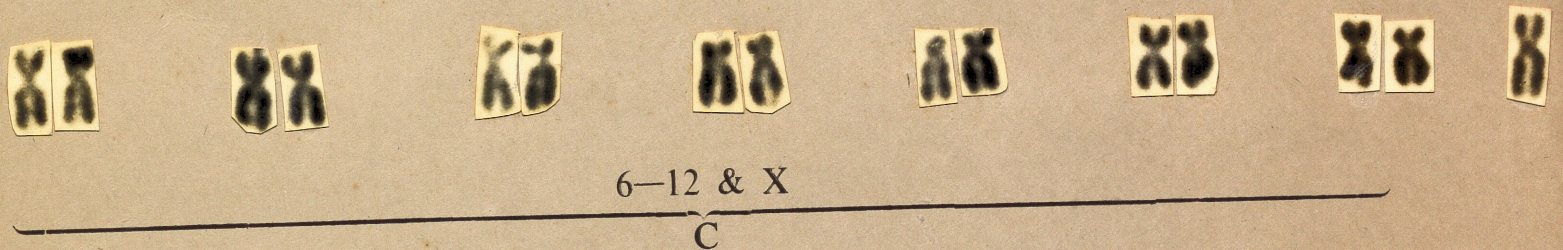
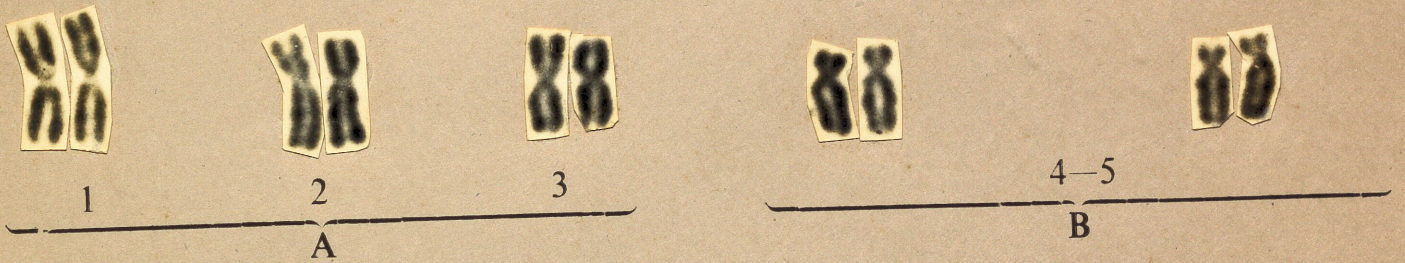
GENETIC CLINIC AND PHARMACOGENETIC UNIT

J. J. GROUP OF HOSPITALS & GRANT MEDICAL COLLEGE, BOMBAY.

NAME Babasaheb. AGE _____

COMPLAINTS Neuman's Syndrome.

DIAGNOSIS Normal Male.



REMARKS

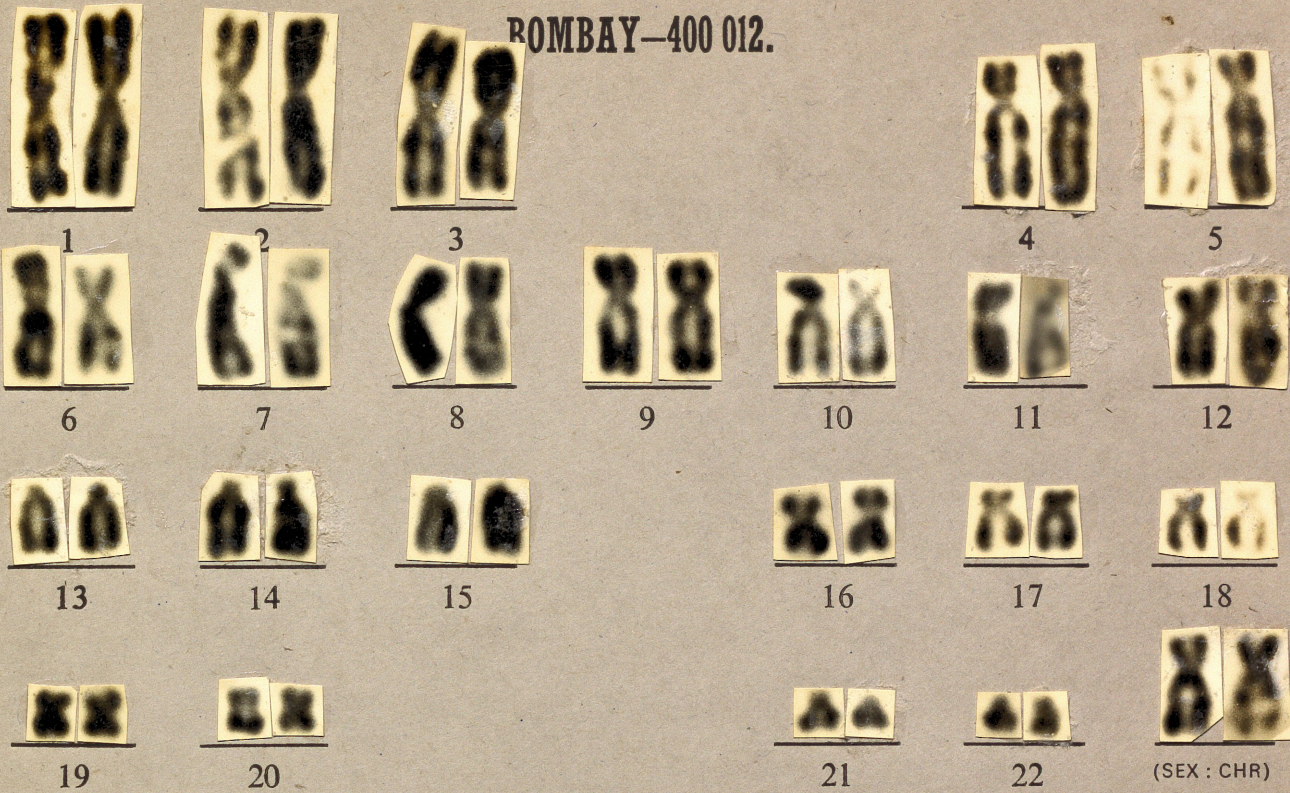
46, XY

Prohara



79098.
21.5 v 114.8 (46)

GENETIC CLINIC
DEPT. OF PEDIATRICS K. E. M. HOSPITAL
BOMBAY-400 012.



Name :

Reference No. :

Culture No. : (G. No.)

Unit No. :

Date of Culture

Stain :

Referred by :

Chromosome Counts	45	46	47	Other	Total
No. of Cells					

No. of Cells

Karyotype Report :

DR. N. B. KUMTA

Signed _____
 Officer-in-Charge.

13176

4. Check quality of oil immersion lens

5.

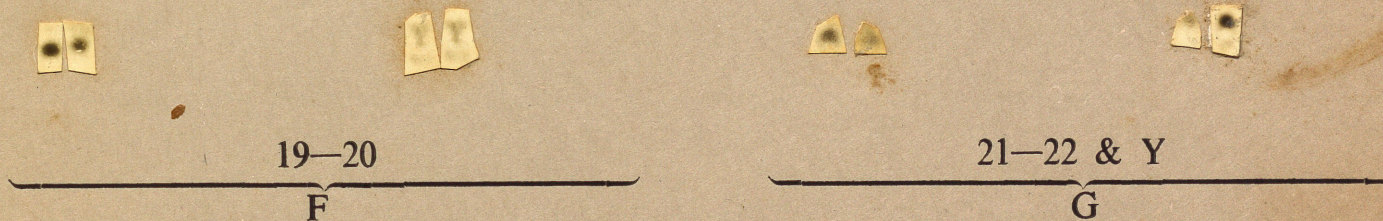
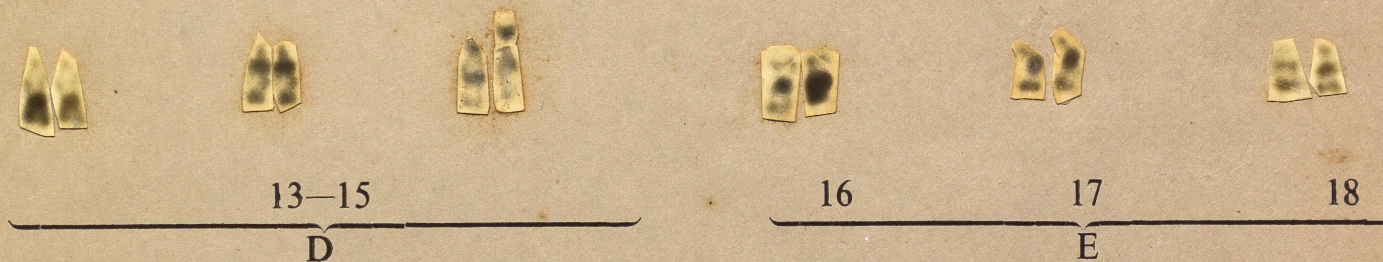
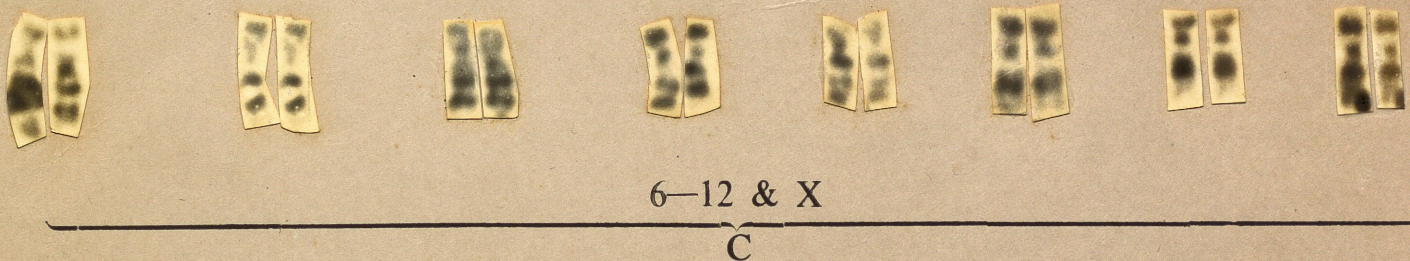
GENETIC CLINIC AND PHARMACOGENETIC UNIT

J. J. GROUP OF HOSPITALS & GRANT MEDICAL COLLEGE, BOMBAY.

NAME _____ AGE _____

COMPLAINTS _____

DIAGNOSIS _____



REMARKS

GENETIC CLINIC
DEPT. OF PEDIATRICS K. E. M. HOSPITAL
BOMBAY-400 012.



Name : *Balool Ali Haddad* Reference No. :
 Culture No. : (G. No.) *G1145/82* Unit No. :
 Date of Culture *5-4-82*
 Stain : *giemsa* Referred by :

Chromosome Counts	45	46	47	Other	Total
No. of Cells	1	33	-	-	34

Karyotype Report : *46, XX*

DR. N. B. KUMTA

Signed *[Signature]*
 Officer-in-Charge.

GENETIC CLINIC
DEPT. OF PEDIATRICS K. E. M. HOSPITAL
BOMBAY-400 012.



Name :

Reference No. :

Culture No. : (G. No.)

Unit No. :

Date of Culture

Stain :

Referred by :

Chromosome Counts	45	46	47	Other	Total
No. of Cells					

No. of Cells

Karyotype Report :

DR. N. B. KUMTA

Signed _____
 Officer-in-Charge.