**Cytotechnician Report**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Mr. and Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

From the karyotype study that we have performed, it has been determined that the gender of your baby is \_\_\_\_\_\_\_\_\_. The study also indicates that your \_\_\_\_\_\_\_\_\_\_\_\_\_\_ shows a chromosomal abnormality. This abnormality is indicated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as clearly circled in the karyotype. This abnormality is called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and can also be known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

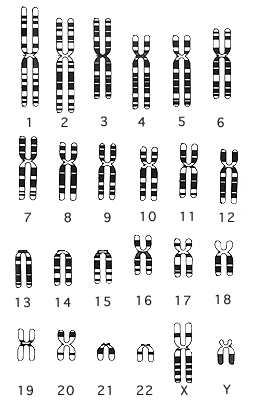
**Incidence:**

**Symptoms/Health Complications:**

**Prognosis for the child:**

Sincerely,

**Karyotype Grid - Key**

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**Karyotype Grid**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | | **3** | | | | **4** | | **5** | |
|  | |  | |  | | | |  | |  | |
| **6** | **7** | | **8** | | **9** | **10** | | | **11** | | **12** |
|  |  | |  | |  |  | | |  | |  |
| **13** | **14** | | **15** | | **16** | **17** | | | **18** | | **19** |
|  |  | |  | |  |  | | |  | |  |
| **20** | | **21** | | **22** | | | **X** | | | **Y** | |
|  | |  | |  | | |  | | |  | |