

## Chromosome Study

Patient Name				Specimen:		BB <input type="checkbox"/>	AM <input type="checkbox"/>	BM <input type="checkbox"/>	CVS <input type="checkbox"/>	Other
Number:				Date Report:						
Clinical Data:				Microscope Name: <span style="float: right;">ارسالی :</span>						
#	nu Slides	Coordinate	nu	X	Y	A/S	9	3	12	6
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Ana1 Result:	Signature1	
Ana2 Result:	Signature2	
ISCN Result		