QUADRA MEDICAL SERVICES PRIVATE LIMITED

LABORATORY SERVICE GUIDE BOOK

QMSPL/4.3LSG/01

COPY NO: 01

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YOUR TRUSTED PARTNER IN HEALTHCARE

WE ARE OPEN

MONDAY TO SATURDAY: 8 AM – 8PM

SUNDAY: 8 AM – 2 PM

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SL No.	Name of the Brunch	Address	Contact Details
Under NABL Scope			
1.	Hazra – I	41 Hazra Road, Kolkata - 700019	033 66012345 / 033 49508000
2.	Hazra – II	53 Hazra Road, Kolkata - 700019	033 66012345 / 033 49508000
3.	Behala	111, Diamond Harbour Road, Kolkata - 700034	033 66012345 / 033 49508000
4.	Patuli	Premises No. - 1/10, Baishnabghata Patuli Township, Kolkata - 700094.	033 66012345 / 033 49508000
5.	Kalyani - I	90, Basantapur, Ghoragachha, opposite AIIMS, Kalyani, Nadia, West Bengal 741245.	033 66012345 / 033 49508000
6.	Kalyani - II	B-16/14(s) Kalyani, Nadia-741225	033 66012345 / 033 49508000
7.	Howrah	311, Netaji Subhash Rd., Naora, Shibpur, Howrah, West Bengal 711101	033 66012345 / 033 49508000
8.	New Town	Street Number 35, Block - AI/HIG - 1, Newtown, Kolkata, New Town, West Bengal 700156	033 66012345 / 033 49508000
9.	Baguiati	DC-2/8/A, Shastri Bagan, Baguiati, Kolkata - 700059	033 66012345 / 033 49508000
10.	Chandannagar	424/102, Grand Trunk Rd, Hatkhola, Mankundu, Chandannagar, West Bengal 712136	033 66012345 / 033 49508000
11.	Narkeldanga	141, Narkeldanga Main Rd, Narkeldanga, Kolkata, West Bengal 700011	033 66012345 / 033 49508000
Not Under NABL Scope			
12.	Baruipur	35, Kulpi Rd, Dakshin Gobindopur, Kolkata, West Bengal 700144	033 66012345 / 033 49508000
13.	Barasat	35/B, Jessore Rd, Gupta Colony, Barasat, Kolkata, West Bengal 700055	033 66012345 / 033 49508000
14.	Jassore RD	gokul dham complex, 956/61, Jessore Rd, Shyama Prasad Colony, Kolkata, West Bengal 700055	033 66012345 / 033 49508000
15.	Jote Shibrampur	B4-18/257, Prime Tower, Ho Chi Minh Sarani, Shibrampur Rd, Kolkata, West Bengal 700141	033 66012345 / 033 49508000
16.	Kanchrapara	53/F, Bag Station Rd, Halisahar, Kanchrapara, West Bengal 743145	033 66012345 / 033 49508000

Leading the Way in Diagnostics

Quadra Medical Services (QMS) is the leading stand-alone diagnostic facility in Eastern India with state-of-the-art equipment and facilities matching global standards. With highly skilled doctors and technicians, Quadra Medical Services has set a new definition in medical diagnostics and responded to the need for a hi-tech, sophisticated and affordable diagnostic facility in the region. Quadra offers the latest in diagnostic imaging technology, including MRI, CT-Scan, X-ray, Ultrasound, Nuclear Medicine including FDG-PET scans and Gallium scans, Specialist Cardiac Screening, Pathology, Neurology and Gastroenterology. QMS is certified by ISO 9001:2015 from the International Certification Agencies for the last 16 years, and has retained its NABL Accreditation (National Accreditation Board for Testing and Calibration Laboratories, New Delhi) for the last 19 years.

We are constantly improving the standards of excellence in medical diagnostics through the use of latest technology, highly trained and committed doctors and technical staff and constant review of our quality indicators. Compassion and empathy are an important part of our work ethos and every patient receives a kind human touch, to make their treatment a pleasant experience. With a cancer tsunami expected over the next few years, Quadra has installed the most advanced PET CT Discovery IQ 5 Ring with Respiratory Gating in 2015, thus bringing world class cancer diagnosis facility to our city.

Moto: We look to developing long-term relationships with patients and their families regarding their diagnostic needs.

Vision: Our vision is to build the most trusted brand, which provides diagnostic facilities of the highest world standards, in terms of quality and accuracy, at the most affordable rates.

Mission: Our mission is to make healthcare better by ensuring innovative, reliable and responsible services with an uncompromising commitment to quality and to maintain utmost objectivity and integrity.

Section No.: LSG D	Distribution List	Doc. No. QMSPL/4.3LSG/01

Copy No	Copy Type	Mode of Copy	Copy Holder
Copy 1	Master Copy	Hard & Soft Copy	QA Officer
Copy 2	Controlled Copy	Soft Copy	Chief of Laboratory
Copy 3	Controlled Copy	Soft Copy	Section In Charge
Copy 4	Controlled Copy	Hard Copy	Collection Centers

LABORATORY SERVICES

BIOCHEMISTRY

Biochemistry explores chemical processes related to living organisms. It is a laboratory-based science combining biology and chemistry. Biochemists study the structure, composition, and chemical reactions of substances in living systems and, in turn, their functions and ways to control them.

- Fully Automated Analyzers from Beckman Coulter/Abbott/Roche
- Analysis of Routine Chemistry
- Analysis of Hormones and Tumor Markers

PATHOLOGY

Pathology is a field of general inquiry and research; pathology addresses components of disease: cause, mechanisms of development (pathogenesis), structural alterations of cells (morphologic changes), and the consequences of changes (clinical manifestations). In common medical practice, general pathology is mostly concerned with analyzing clinical abnormalities and their precursor resulted from both infectious and non-infectious dieses, and is conducted by experts in one of two major specialties, anatomical pathology and clinical pathology/ hematology.

Clinical Pathology:

- All Routine Tests from Urine/Stool/Sputum Samples
- Special tests: urine for Porphobilinogen, Myoglobin, Hemosiderin, chyluria Urea, Bens Jones protein.
- Semen Analysis

Hematology:

- All Routine Tests
- Special tests: direct/indirect comb's test, lupus anticoagulant, osmotic fragility test, HPLC, Serum Protein Electrophoresis (SPEP)
- Bone Marrow Aspiration and Biopsy

Histopathology:

- With oncopathology and facility of immunohistochemistry)
- Analysis of biopsy sample(reporting of oncopathology specimen according to cap protocol)
- Liver biopsy and kidney biopsy
- Frozen sections with urgent reporting (within 30 mins)
- Special histo chemical stain

Cytopathology:

- Cervical/ Vaginal Cytology [Liquid bases cytology(LBC) and conventional]
- Routine fine needle aspiration cytology [FNAC: guided & non-guided]
- Preparation of cell block
- CSF study by cytospin/ fluid study/joint fluid and cnysbl study.

Immunology:

- Immunofluroscence and line immuno-assay
- DIF kidney biopsy/DIF skin biopsy

Molecular Biology:

Molecular biology is the branch of biological sciences that seeks to understand the molecular basis of biological activity in and between cells, including bio-molecular synthesis, modification, mechanisms, and interactions. The study of chemical and physical structure of biological macromolecules is known as molecular biology.

- Real Time PCR (polymerase chain reaction)
- Gene expert (MTB RIF/ HCV viral load)
- Dengue viral load by PCR
- HBV qualitative & quantitative (viral load) by RT- PCR

Microbiology Serology:

Microbiology is the scientific study of microorganisms, those being of unicellular, multicellular, or acellular. Microbiology encompasses numerous sub-disciplines including virology, bacteriology, protistology, mycology, immunology, and parasitology. Serology is the analysis of blood samples is performed to check for the presence of antigens and antibodies (IgG and IgM) to help with the diagnosis of diseases and assessment of immunity status.

SL. No	Name of the Consultants	Designation	Qualification	Timing
1.	Dr. Asish Kr. Datta	Chief of Pathology & Lab Director	MBBS, MD (Path PGI, Chandigarh)	Full Time
2.	Dr. Kumkum Bhattacharyya	Consultant Microbiologist	MBBS, MD (Microbiology PGI, Chandigarh)	Part Time
3.	Dr. Subhasis Basu	Consultant Pathologist In charge of Histopathology & Cytopathology	MBBS, MD (Manipal)	Full Time
4.	Dr. Manas Muhury	Consultant Pathologist In Charge of Hematology & Clinical Pathology	MBBS, MD (PATH)	Full Time
5.	Dr. Trishna Sengupta	Consultant Biochemist Section Head of Clinical Biochemistry	PhD (Biochemistry), POST DOC. (USA)	Full Time
6.	Dr. Saurabh Laskar	Consultant Microbiologist Section Head Microbiology, Serology & Molecular Biology	MBBS, MD, DA (Microbiology)	Full Time
7.	Dr. Sukanya Hajra	Consultant Pathologist	MBBS (CAL) DNB	Full Time
8.	Dr. Rina Chanda	Consultant Pathologist	MBBS (CAL)	Full Time
9.	Dr. Prasenjit Maulik	Consultant Pathologist Section In charge of Kalyani Lab	MBBS, MD	Part Time

INFORMATION ABOUT THE TEST PRICE

Patients may inquire at the reception regarding test prices, and the receptionist will provide the relevant cost details.

For outside sample collection, patients may visit our website for complete information.

Test details and bookings are also available through our mobile application.

Visit: www.quadradiagnostics.com

INSTRUCTIONS FOR COMPLETION OF THE REQUEST FORM:

The form is available in reception. Patient may seek assistant front office staff.

Patient Information:

If the patients want to add some more tests with the last prescribed test, then they have to inform the reception as following.

For all Hematology Parameters- within 6 hours of Blood Collection.

For Coagulation parameters- within 4 hours of Blood Collection.

For Biochemistry parameters- within 12 hours of Blood Collection. (Except for Electrolyte Parameters which is within 2 hours of Blood Collection.)

Time Limit for retesting of the primary sample is within 24 hours of blood collection. (Except for Electrolyte Parameters which is within 6 hours of Blood Collection.)

GENERAL INSTRUCTIONS

Errors & variables in the pre-analysis stage can affect test results. Patient variables include physical activity, diet, age, sex, circadian variations, posture, stress, obesity, smoking & medication.

Strict adherence to proper technique and site selection can minimize collection variables such as hemolysis, hemoconcentration, clots and other causes for sample rejection or erroneous results. Blood collection containers are color coded based on additive or preservative and each is suitable only for specific tests. Failure to use proper tubes, or filling tubes in the wrong sequence can produce erroneous results.

PRECOLLECTION VARIABLE

Diurnal variation – It is encountered when testing for hormones, iron, acid Phosphates and urinary excretion sodium, potassium and phosphate.

Exercise- Physical activity has transient and long-term effects on laboratory determinations.

Diet – An individual's diet can greatly affect test results.

Parameters	Effect
Glucose, Potassium, Triglycerides, Alkaline Phosphates	Increases After Eating
Serum Bilirubin	Increases After 48 Hrs Of Fasting
Plasma Glucose	Decreases To 45mg/Dl After 72 Hrs Of Fasting
Plasma Triglycerides, Free Fatty Acids	Increases After 72 Hrs Of Fasting In Healthy Men
Longtime Vegetarian Diet	Decreases LDL, VLDL, Cholesterol, Triglycerides, Phospholipids& Vitamin B 12
Protein Rich Diet	Increases Urea, Uric & Ammonia
Caffeine	Increase Free Fatty Acid & Catecholamine's
Alcohol	Increases GGTP, HDL, Uric Acid, Lactate, Urate, Triglycerides & MCV

Tests Affected By Diurnal Variation, Posture & Stress

Parameter	Effect
Cortisol	Peaks 4 -6am; lowest 8pm to 12 am;50% lower at 8pm than at 8am; increases with stress
Aldosterone	Lower at night
Insulin	Lower at night
Growth Hormone	Higher in afternoon &Evening
Acid phosphate	Higher in afternoon & Evening
Thyroxine (T4)	Increases with exercise
Prolactin	Higher levels at 4am,8am,8pm &10pm; higher with stress
Iron	Peaks early to late morning; decreases by 30% during the day
Calcium	4% decrease supine

Obesity-LDH, Cortisol, Insulin& Glucose increase with obesity, Testerone levels are reduced in obese men.

Smoking- Tobacco smokers have high blood carboxy hemoglobin, plasma Catecholamines & serum cortisol. Chroni smoking increases Hemoglobin, RBC, MCV, WBC, Lactate, Insulin, Epinephrine an Growth hormone. Smoking decreases Vitamin B12, Immunoglobins, Spern counts &motility.

Medications-certain test parameters are affected by drug intake.

Drugs like Aspirin, phenothiazines cause increase false positive values for Bilirubin

Drugs containing Vitamin D cause increase false positive values for Calcium and thiazide diuretics cause decrease false negative values

Drugs gap aminosalicyticacid aspirin, cephalexin causes increase false positive values for Glucose and ampicillin, fluazepam, furosemide caused decrease false negative values.

Availability of clinical advice on ordering of examinations and on interpretation of examination results:

Patient before ordering the examination, the order of the examination or after receiving the report for interpretation patient may visit the laboratory consultant for further clarification.

The laboratory's policy on protection of personal information:
Laboratory doesn't reveal any information to anyone other than physician or patient. Report is releases to only the patient carrying the bill; in case bill is not carried by the patient identity is obtained before delivery of the report.

The Laboratory's Criteria for Accepting and Rejecting Samples

Type Of Sample	Rejection Criteria
Any kind of specimen which is required special preparation	Sample not to be collected if patient is not prepared as per instruction
Any specimen	Sample quantity/volume not sufficient (QNS) for testing
Blood sample	Hemolysis sample
EDTA Blood	Clot in the Vial
Any Sample Collected Outside	Improper Container
Primary Sample	Received 24 hrs. after Collection
Citrate Blood for Coagulation Test	Under or Overfilled Sample
Culture sample	Submitted Sample not Transported in proper Container or on Time for Testing
Blood	Appropriate anticoagulant not used

SL. No.	Test	Patient Preparation
1.	Glucose(Fasting)	Do not eat or drink anything other than water for at least 8 hours before the blood sample is taken. If you have diabetes, your doctor may ask you to wait until you have had your blood collected before taking your morning dose of insulin or diabetes medicine.
2.	Glucose Tolerance Test-(Non-Pregnant	Patient should be fasting for 8 hours (no food or drink, except for water). A fasting blood specimen will be drawn and tested. You will then be given a glass of glucose drink. Your blood will be drawn once each hour or each half hour after you finish the drink. The number of hours may vary from 2 to 4.
3.	Prenatal-Glucose Tolerance. Tests	For our pregnant patients your physician may order glucose tolerance testing during your pregnancy. 50 Gram 1 Hour Glucose Tolerance Test (Gestational Diabetes-Screen) 1. No special patient preparation is required. 2. This test is done without regard to the time of day or time of last meal. 3. You will be given a glucose drink and your blood will be drawn one hour after you finish the drink. 4. Please allow at least 1 ½ hours for this test to be completed. 100 Gram 3 Hour Glucose Tolerance Test (Gestational Diabetes) 1. This test should be performed in the morning after an overnight fast of at least 8 hours and after at least 3 days of unrestricted diet and activity. 2. A blood specimen will be drawn and tested. 3. You will then be given a glucose drink. 4. Your blood will be drawn once each hour after you finish the drink for three-hours. 5. This test will be completed in 4 hours. Hence be prepared to spend this time at the lab Severe stress can cause a temporary increase in blood glucose. This stress is usually due to surgery, trauma, stroke, or heart attack. Certain medications can also affect blood glucose levels.
4.	Post Prandial Glucose (PP)	A blood specimen is collected exactly 2 hours after the patient finishes eating breakfast / meal.
5.	Random Blood Sugar (RBS):	No special preparation is required before having a random blood sugar test
6.	Urea/Bun	None
7.	Creatinine	Fast overnight or refrain from eating cooked meat
8.	Uric Acid	No test preparation may be needed
9.	Lipid Profile	For optimal results, the patient should be on a stable diet for 2-3 weeks prior to testing. Patient should fast for 9 to 14 hours before blood collection. Fasting should be no food or drink except for water Previous day's meal should be normal in fat content.
10.	Total Protein	Prolonged application of a tourniquet during blood collection can result in a blood sample with a falsely elevated total protein (higher than the actual concentration in the circulation)
11.	ALBUMIN	No special preparation is required
12.	TOTAL BILIRUBIN	• Factors which can cause increased levels • Prolonged fasting • Factors which can cause decreased levels • Exposure of sample to sunlight or bright artificial light at room temperature, high fat meal, air bubble and shaking of sample

SL. No.	Test	Patient Preparation
13.	DIRECT BILIRUBIN	• Factors which can cause increased levels • Prolonged fasting • Factors which can cause decreased levels • Exposure of sample to sunlight or bright artificial light at room temperature, high fat meal, air bubble and shaking of sample
14.	SGOT	Fasting is not required for this test.
15.	SGPT	Fasting is not required for this test.
16.	ALKALINE PHOSPHATASE	An alkaline phosphatase test is often done at the same time as a routine blood test. You do not need to do anything before having a routine blood test. If you are having a follow-up ALP test, you may be asked to not eat or drink for 10 hours before the test. The ALP level generally goes up after eating, especially after eating fatty foods. Many medicines may change the results of this test.
17.	GGT	GGT levels fall after meals. The patient may be instructed to fast (have nothing to eat or drink except water) for at least 8 hours prior to the test. Alcohol and certain prescription medications can affect GGT levels, so it is advised to abstain from them prior to the test as well.
18.	CALCIUM	Not require fasting. The patient may be instructed to stop taking certain medications, such as lithium, antacids, diuretics, and vitamin D supplements, among others, to ensure the most accurate test results. The tourniquet should be applied approximately three to four inches above the venipuncture site. The tourniquet should be on the arm no longer than one minute
19.	PHOSPHOROUS	Preparation is not always necessary for a serum phosphorus blood test. Certain drugs (Antacids, Excess vitamin D supplements, Laxative that contain sodium phosphate), should be avoided before having this test done so that the results are not affected.
20.	AMYLASE	Do not drink alcohol for 24 hours before the test. For a blood test for amylase, do not eat or drink anything except water for at least 2 hours before having the test. For a 24-hour urine test for amylase, be sure to drink enough fluids during the test to prevent dehydration.
21.	LIPASE	To prepare for an Lipase test, it is advised not eat or drink anything except water for 8 to 12 hours
22.	MAGNESIUM	No special preparation is needed.
23.	CPK	• Activity - If you are being evaluated for skeletal-muscle disorders, avoid exercising for 24 hours before the test. Diet - Do not drink any alcohol for 24 hours before the test • If tourniquet is applied on the arm too long (over 1 minute), it may cause an inaccurate test result. Request another sample to be collected to ensure accuracy
24.	CK-MB	No fasting or special preparation on the part of the patient is required.
25.	LDH	No fasting or special preparation on the part of the patient is required.
26.	IRON	Fasting for 8-12 hours before sample collection may be required. In this case, only water is permitted.
27.	UIBC	Fasting for 8-12 hours before sample collection may be required. In this case, only water is permitted.
28.	RF	Most of the time you do not need to take special steps before this test.
29.	CRP	Most of the time you do not need to take special steps before this test.
30.	ASO	It is advised not to eat or drink anything for six hours before the test.
31.	Na, K Cl	No Special Preparation is required
32.	Lithium	Lithium testing should take place 10 to 12 hours after your last dose of the medication.

SL. No.	Test	Patient Preparation
33.	MA	The micro albumin test is a simple urine test. You can eat and drink normally before the test
34.	MTP	No Prior patient preparation is needed
35.	Creatinine Clearance	▪ Patient should not perform any exercise on the day of testing. ▪ Instruct the patient to collect 24 hour's urine as described below along with blood sample. ▪ Measure the height and weight of the patient and keep a record. ▪ Instruct the patient to discard the 1st specimen and to note the time. ▪ All subsequent specimens should be collected in the container till next morning at the same time when the 1st specimen was discarded. For example, an 8 a.m. to 8 a.m. collection, 1st morning specimen should be discarded at 8 a.m. and the last specimen should be collected next morning at 8 a.m. It is advisable not to add anything but urine to the container and do not pour out any liquid or powder that may already be in the collection container.
36.	C3	No fasting or other preparation is usually needed.
37.	C4	There is no special preparation needed.
38.	VLDL Cholesterol	No preparation is required.
39.	GLOBULIN	No preparation is required.
40.	FT3,FT4, T3 T4, &TSH	None needed; however, certain medications can interfere with the TSH test, so it is advisable to inform of any drugs that one is taking. If one takes thyroid hormone as treatment for thyroid disease, it is recommended that the blood sample be drawn before you take your dose for that day. Avoid collecting blood after the X –ray test that have used a special contrast dye.
41.	FSH& LH :	None, but the timing of a woman's sample will be correlated with her menstrual cycle.
42.	PRL	None; however, the sample should be collected 3 to 4 hours after waking
43.	PSA & FPSA.	Avoid ejaculation for 24 hours before sample collection as it has been associated with elevated PSA levels; the sample should also be collected prior to your doctor performing a digital rectal exam (DRE) and prior to (or several weeks after) a prostate biopsy.
44.	DHEAS	None, although women should talk to their health practitioner about the timing of the test; the healthcare provider may want to have the sample collected a week before or after your menstrual period.
45.	INSULIN	You may be asked to fast for 8 hours before the blood sample is collected, but occasionally a health practitioner may do the test with, for example, a glucose tolerance test. In some cases, a health practitioner may request that you fast longer.
46.	PROGESTERONE	None
47.	ESTRADIOL	None
48.	TESTO	None, recommended collection time of blood at 6-8 a.m.
49.	Ca19.9	None
50.	Ca15.3	None
51.	Ca125	None
52.	FERRITIN	No special preparation is required. Doctor may instruct to fast for 8-12 hours before fast the test; in this case, only water is permitted
53.	VIT B12	Fasting for 6-8 hours before sample collection may be required. Certain medicines may affect the test results; the healthcare provider will advise on which ones to stop taking

SL. No.	Test	Patient Preparation
54.	VIT D	None
55.	FOLATE	Fasting for 6-8 hours before sample collection may be required. Certain medicines may affect the test results; the healthcare provider will advise one on which ones to stop taking.
56.	PTH	8-12 hours fasting. Avoid hemolysis & keep in ice bucket. PTH levels peak during sleep hours and are lowest during mid-morning to late afternoon hours, the period when most samples are drawn. There may be seasonal fluctuations in PTH due to its inverse relationship with vitamin D.
57.	CEA	None
58.	AFP	None
59.	HCG(Tumour Marker)	None
60.	HCG (For pregnancy).	Do not drink large amounts of fluid before collecting a urine sample for a pregnancy test because overly diluted urine may result in a false negative; no preparation is needed for a blood sample
61.	Anti TPO	No special patient preparation is required
62.	Anti CCP	No special patient preparation is required
63.	Cortisol	8-12 hours fasting for morning cortisol. Cortisol may be tested in blood or urine. If blood cortisol levels are requested by their physician, one may be asked to have one's blood drawn once (random cortisol) or multiple times. Cortisol blood tests may be drawn at about 8 am, when cortisol should be at its peak, and again at about 4pm, when the level should have dropped. The patient may be asked to avoid strenuous physical activity the day before a cortisol test. He/she may also be asked to lie down and relax for 30 minutes before the blood test. Many medicines may change the results of this test. Some medicines, such as steroids, can affect cortisol levels for some time even after the stop taking the medicine. Be sure to get all clinical information of the patient about all the nonprescription and prescription medicines He/she is taking.
64.	Urine Cortisol	If the physician requests a urine cortisol, the patient will be asked to collect either a 24-hour urine or a single first morning specimen. The physician will inform the patient of the type of urine collection He/she will need.
65.	Anti TG	No fasting required For 12 hours before specimen collection, do not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.
66.	Thyroglobulin	Don't need any special preparations but need to avoid taking certain vitamins or supplements
67.	Homocysteine	No special preparation is needed
68.	NT Pro BNP	No special preparation is needed
69.	Prolactine	No fasting required. Sample to be drawn 4 hrs. after waking
70.	Folic Acid	Sample to be drawn after 6 to 8 hrs. Empty stomach. Patient may take plain water or medicine before sample collection.
71.	Vitamin B12	Sample to be drawn after 6 to 8 hrs. Empty stomach. Patient may take plain water or medicine before sample collection.
72.	Lupas Anticoagulant	No. fasting required. Patient is asked to stop any kind of blood thinner medicine for 7 days prior to sample collection.
73.	IPTH	Sample to be drawn after 8 to 12 hrs. empty stomach. Patient may take plain water or medicine before sample collection.
74.	Semen Analysis	Sample to be collected in the laboratory.
75.	PAP Smear	Sample to be collected during menstruation. Patient is asked to stop applying any kind of vaginal or cream for 3 days prior to sample collection.

SL. No.	Test	Patient Preparation
76.	Urine RE/Culture & Sensitivity	Cleanse the glans/urethral area before sample collection. After several millimeters has passed, collect a midstream portion without stopping the flow of urine in a sterile wide mouth container. Sample to be submitted within 2 hrs. of collection time.
77.	24 hrs. Urine Sample	Patient has to collect boric acid from reception (if needed) Sample to be given in a clean container. (Wide open container should be used for female patients) Cleanse the jar with water, and then rinse it. Pour boric acid in the container. First morning sample to be voided outside. 24 hrs. Urine to be collected from the second time of urination of first day to exactly sample time of urination of next day.
78.	Stool RE / Culture & Sensitivity	Sample to be taken in small quantity, in sterile wide mouth container. Should be avoided to full up to the brim. Sample to be submitted within 2 hrs. of collection time.
79.	Sputum (Routine & Culture)	Only sputum sample after coughing is acceptable. Sample from spitting is not permitted. Sample to be collected in sterile wide container. The collection should be in an enclosed area and should not be public. Sample to be submitted within 2 hrs. of collection time.

Sl. No.	Test	Specimen	Method	Report	Function
BIOCHEMISTRY (Under NABL scope)					
	ALKALINE PHOSPHATASE	4 mL serum (Red top tube)	PNPP,AMP Buffer	Same Day	Majority of ALP activity is derived from the liver and bone. Concentrations are increased in patients with biliary obstructive disorders, tumors of liver and bone etc.
	Albumin	4 mL serum (Red top tube)	Bromcresol Green (BCG)	Same day	To maintain blood volume and fluid balance by controlling osmotic pressure, and to transport various molecules such as hormones, fatty acids, bilirubin, ions, and drugs throughout the bloodstream.
	AMYLASE	4 mL serum (Red top tube)	IFCC EPS with G7 PNP	Same Day	It is a marker of pancreatic disease being elevated in Acute pancreatitis and acute exacerbation of Chronic pancreatitis. It may also be elevated in cases of drug induced Acute pancreatitis and obstruction of pancreatic duct by stone / carcinoma.
	ASO (ANTI STREPTOLYSIN – O)	4 mL serum (Red top tube)	Immunoturbidometry	Same Day	Antistreptolysin O is useful in confirming exposure to Streptococcus pyogenes in the absence of other laboratory evidence.
	BILIRUBIN DIRECT	4 mL serum (Red top tube)	Diazotization	Same Day	It useful for the evaluation of Hyperbilirubinemia and Jaundice
	BILIRUBIN TOTAL	4 mL serum (Red top tube)	DPD	Same Day	It useful for the evaluation of Hyperbilirubinemia and Jaundice
	BUN (BLOOD UREA NITROGEN)	4 mL serum (Red top tube)	GLDH ,Kinetic Assay	Same Day	Urea nitrogen is a renal function test that is often interpreted with creatinine. It is useful when measured before and after dialysis treatments.
	C3 (COMPLEMENT COMPONENT)	4 mL serum (Red top tube)	Immunoturbidometry	Next Day	C3 is an acute phase reactant. Decreased levels are seen in patients with SLE, Endocarditis and DIC. Congenital deficiency of C3 increases the risk of recurrent bacteremia. This assay is useful for the diagnosis of C3 deficiency and for investigation of a patient with an undetectable Total complement (CH50) level.
	C4(COMPLEMENT COMPONENT)	4 mL serum (Red top tube)	Immunoturbidometry	Next Day	C4 is critical to activation of classical pathway. Decreased levels are seen in patients with SLE, Immune Complex disease and Hereditary angioedema. Congenital deficiency of C4 increases the risk of recurrent bacteremia especially S.pneumoniae. This assay is useful in the diagnosis of C4 deficiency and for investigation of a patient with an undetectable Total complement (CH50) level.
	CALCIUM	4 mL serum (Red top tube)	Arsenazo111	Same Day	By knowing both total and ionized calcium concentrations, subsequent measurement of total calcium can be used as a proxy of the ionized calcium concentrations.
	CHLORIDE	4 mL serum (Red top tube)	Indirect ISE	Same Day	Chloride is a chemical the human body needs for metabolism (the process of turning food into energy). It also helps keep the body's acid-base balance. The amount of chloride in the blood is carefully controlled by the kidneys.
	CHOLESTEROL	4 mL serum (Red top tube)	CHOD-POD	Same Day	It is used for early detection of heart disease and stroke.

	CPK (CREATINE KINASE)	4 mL serum (Red top tube)	Kinetic UV Test	Same Day	CPK is an enzyme found primarily in skeletal and cardiac muscle. Drugs, infections and other diseases may cause injury or inflammation of muscles releasing CPK into the circulation.
	CPKMB	4 mL serum (Red top tube)	Immunological UV assay	Same Day	Elevated levels of CPK-MB occur 4 to 6 hours after the onset of pain in myocardial infarction, peak at 18 to 24 hours and persist up to 72 hours. It may also be elevated in cases of Carbon monoxide poisoning, Pulmonary embolism, Hypothyroidism, Crush injuries and Muscular dystrophy.
	CREATININE	4 mL serum (Red top tube)	Modified Jaffe Kinetic	Same Day	Increased creatinine level in the blood indicates kidney disease.
	CREATININE CLEARENCE TEST	Urine - 24 Hrs, Serum - 2 ml	Modified Jaffe Kinetic	Next Day	Creatinine clearance reflects the glomerular filtration rate, the ability of kidneys to filter waste products. Moderate decrease in renal function is detected by creatinine clearance. It also monitors progression of renal disease.
	CRP (C-REACTIVE PROTEIN)	4 mL serum (Red top tube)	Immunoturbidometry	Same Day	C Reactive Protein (CRP) is the most sensitive acute phase reactant for inflammation. Mild elevation of CRP has emerged as a valuable marker of cardiovascular risk including first & recurrent Coronary stroke, Myocardial infarction, Angina and Congestive heart failure.
	ELECTROLYTES(NA/K/CL)	4 mL serum (Red top tube)	Indirect ISE	Same Day	Electrolyte panel is useful in assessing acid base balance in a wide variety of medical conditions.
	GAMMA GT(GGT)	4 mL serum (Red top tube)	G-Glutamyl-carboxy-Nitroanilide (IFCC)	Same Day	GGTP is a sensitive indicator of biliary tract disease.
	GLUCOSE FASTING	2 mL Fluoride plasma	Hexo-Kinase	Same Day	Glucose determinations are useful in the detection and management of Diabetes mellitus.
	GLUCOSE PP	2 mL Fluoride plasma	Hexo-Kinase	Same Day	Glucose determinations are useful in the detection and management of Diabetes mellitus.
	GLUCOSE RANDOM	2 mL Fluoride plasma	Hexo-Kinase	Same Day	Glucose determinations are useful in the detection and management of Diabetes mellitus.
	GLUCOSE TOLERANCE TEST(GTT)	2 mL Fluoride plasma	Hexo-Kinase	Same Day	Glucose determinations are useful in the detection and management of Diabetes mellitus.
	GLUCOSE(Fluid)	3mL fluid	Hexokinase	Next Day	For pathological Investigation.
	GLYCOSYLATED HB(HBA1C)	2 ml EDTA Plasma	High Performance Liquid Chromatography(HPLC)	Same Day	This assay is useful for diagnosing diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements.

	HDL CHOLESTEROL	4 mL serum (Red top tube)	Enzymatic Immunoinhibition	Same Day	HDL cholesterol is referred to as the "Good Cholesterol". This test is used to assess the risk of coronary artery disease (CAD) and diagnosis of various lipoproteinemias. It is inversely related to the risk of CAD. For every 1 mg/dL decrease in HDL risk of CAD increases by 2–3%.
	HS CRP (C-REACTIVE PROTEIN)	4 mL serum (Red top tube)	Immunoturbidometry	Same Day	C Reactive Protein (CRP) is the most sensitive acute phase reactant for inflammation. Mild elevation of CRP has emerged as a valuable marker of cardiovascular risk including first & recurrent Coronary stroke, Myocardial infarction, Angina and Congestive heart failure. hsCRP is a sensitive predictor of increased cardiovascular risk in both men and women. This assay is used for assessment of risk of developing Myocardial infarction in patients presenting with Acute coronary syndrome. It also assesses risk of developing Cardiovascular disease or ischemic event in individuals who do not manifest disease at present
	INORGANIC PHOSPHORUS	4 mL serum (Red top tube)	Phospho MolybdateComplex	Same Day	Phosphorus is a critical anion found mostly in bone and muscle. Multiple disorders specially affecting renal function can alter the phosphorus levels.
	IRON	4 mL serum (Red top tube)	TPTZ	Same Day	Serum iron, TIBC & Percent saturation are widely used for the diagnosis of Iron deficiency. This assay is useful for screening Chronic iron overload diseases particulary Hemochromatosis. Percent saturation is usually normal or increased in Iron deficiency, Pregnancy & intake of oral contraceptives. Low TIBC is seen in Chronic inflammatory conditions, Hemochromatosis & Malignancies. Serum ferritin is a more sensitive & reliable indicator of Iron deficiency.
	LDH TOTAL (Fluid)	3mL fluid	L to P – IFCC Ref. Proc., Calibrated	Next Day	For pathological Investigation.
	LDH TOTAL (LACTIC DEHYDROGENASE)	4 mL serum (Red top tube)	Kinetic UV Test(L- P)	Same Day	LDH is found in highest concentrations in liver, heart, muscle, kidney, lung & erythrocytes. This assay is useful for investigating a variety of diseases involving these organs. It is also used to monitor changes in tumor burden after chemotherapy.
	LDL CHOLESTEROL	4 mL serum (Red top tube)	Enzymatic Selective Protection	Same Day	LDL cholesterol is referred to as the "Bad Cholesterol". Used to assess the risk of CAD and to decide the treatment. Its increase is directly related with the risk of CAD.

	LIPASE	4 mL serum (Red top tube)	Enzymatic colorimetric assay	Same Day	Lipase is an enzyme produced almost exclusively from pancreatic acinar cells. Pancreatic injury increases serum lipase levels. In Pancreatitis, it rises almost at the same time as amylase (4-8 hrs) but the elevation lasts much longer (7-10 days) as compared to amylase.
	LIPID PROFILE	4 mL serum (Red top tube)	As per 12,26,32,45	Same Day	The **lipid** profile components are useful in the detection, classification and monitoring of patients with hyperlipidemia.
	LIVER FUNCTION TEST	4 mL serum (Red top tube)	AS PER 1,2,4,5,18,40,41,37	Same Day	This test panel assesses the functional activity of the liver.
	MAGNESIUM	4 mL serum (Red top tube)	Xylidyl blue	Same Day	Magnesium is a cofactor of many enzyme systems. Hypermagnesemia is seen in Acute & Chronic renal failure and magnesium overload. Magnesium levels are used to monitor Pre-eclampsia patients being treated with magnesium sulphate. It is also used to evaluate patients with symptoms of magnesium deficiency.
	POTASSIUM (K)	4 mL serum (Red top tube)	Indirect ISE	Same Day	Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake, excretion and other means of elimination, exercise, hydration and medications.
	PROTEIN TOTAL	4 mL serum (Red top tube)	Biuret	Same Day	-------
	PROTEIN TOTAL (Fluid)	3mL fluid	Biuret method	Next Day	For pathological Investigation.
	RHEUMATOID FACTOR QUANTITATIVE	4 mL serum (Red top tube)	Immunoturbidometry	Same Day	Approximately 85% of patients with Rheumatoid arthritis have detectable RA. It may also be seen in other medical conditions like Sjogren's syndrome and SLE.
	SGOT(AST)	4 mL serum (Red top tube)	UV without P5P	Same Day	This enzyme is found in many organs including the liver. Though nonspecific, it is used to detect and monitor liver disease and other medical conditions. This is a more sensitive test in alcoholic liver disease than SGPT.
	SGPT(ALT)	4 mL serum (Red top tube)	UV with P5P – IFCC Ref. Proc., Calibrated	Same Day	This is an enzyme found mainly in liver tissue and to a lesser extent in heart, kidney and skeletal muscle. It's measurement is clinically useful in the diagnosis of liver and biliary disease.
	SODIUM(NA)	4 mL serum (Red top tube)	Indirect ISE	Same Day	Sodium is critical in maintaining water and osmotic equilibrium in extracellular fluids. Disturbances in acid base and water balance are typically reflected in the sodium concentrations.
	TIBC	4 mL serum (Red top tube)	Calculated	Same Day	TIBC is seen in Chronic inflammatory conditions, Hemochromatosis & Malignancies.
	TRIGLYCERIDE	4 mL serum	Enzymatic, end point	Same	Increased triglyceride levels are

		(Red top tube)		Day	indicative of metabolic abnormality and along with elevated cholesterol are considered a risk factor for atherosclerotic disease. High levels may be seen in Biliary obstruction, Diabetes, Nephrotic syndrome, Renal failure, Metabolic endocrinopathies and may be medication induced.
	TROPONIN - I	4 mL serum (Red top tube)	Immuno-chromatography	Same Day	Troponin I is a cardiac marker elevated only in patients suffering from acute Myocardial Infarction. Patients with renal disease or acute muscle injury show normal levels.
	UIBC	4 mL serum (Red top tube)	Nitroso-PSAP	Same Day	Measures the amount of unoccupied binding sites on transferrin, the protein responsible for carrying iron in the blood
	UREA	4 mL serum (Red top tube)	Uricase, colorimetric	Same Day	Urea is the end product of protein metabolism. It reflects on the functioning of the kidney in the body.
	URINARY CALCIUM RANDOM / 24 HRS	10 ml Urine/ 24 hrs urine	Arsenazo III	Next Day	In the presence of elevated calcium, the body attempts to excrete the excess calcium leading to hypercalciuria. Idiopathic hypercalciuria can occur in the absence of hypercalcemia.
	URINARY CREATININE	10 ml Urine	Alkaline picrate method	Next Day	Urinary creatinine is useful as part of the creatinine clearance and to assess completeness of 24 hour urinary collections.
	URINARY MICROALBUMIN RANDOM / 24 HRS	10 ml Urine/ 24 hrs urine	Immunoturbidometry	Next Day	This assay is used to evaluate diabetic patients to assess the potential of early onset of nephropathy before overt proteinuria develops. It is recommended that all Type 1 diabetic patients >12 years and all Type 2 diabetic patients < 70 years should be tested for microalbuminuria annually.
	URINARY PHOSPHOROUS RANDOM / 24HRS	10 ml Urine/ 24 hrs urine	Phosphomolybdate method	Next Day	Urinary phosphorus concentration is useful to assess calcium and phosphorus balance. Thyroid and kidneys are key organs whose function influences urinary excretion. Many medical conditions affect urinary phosphorus levels.
	URINARY PROTEIN	10 ml Urine	Pyrogallol red	Next Day	Urinary total proteins are negligible in healthy individuals. Levels are increased in diseases that impair renal function like Diabetes, Hypertension, Nephrotic syndrome and Drug nephrotoxicity.
	URINARY URIC ACID / 24HRS	10 ml Urine/ 24 hrs urine	Uricase, colorimetric	Next Day	This assay is useful for the assessment and management of patients with kidney stones, particularly uric acid stones. Urinary uric acid excretion is elevated in a significant proportion of patients with uric acid stones, due to uric acid overproduction as in Leukemia and Polycythemia and after intake of food rich in nucleoproteins.

Special Biochemistry (Under NABL scope)					
	ALPHA FETO PROTEIN	4 mL serum (Red top tube)	CIMA	Next Day	Tumour Marker
	ANTI CCP ANTIBODY (ANTI CYCLIC CITRULLINATED PEPTIDE)	4 mL serum (Red top tube)	CIMA	Next Day	Anti CCP is useful in diagnosing Rheumatoid arthritis and entities that may potentially be confused with Rheumatoid arthritis that are rheumatoid factor positive.
	Anti Tg	4 mL serum (Red top tube)	CMIA	Next Day	Anti Tg autoantibody measurements are recommended if Anti TPO autoantibody is negative, but clinical suspicion of Autoimmune thyroid disease is high. Detection of these antibodies in cases of Neonatal hypothyrodism suggests transplacental antibody transfer particularly if there is a maternal history of autoimmune thyroiditis.
	ANTI THYROID PEROXIDASE ANTIBODY TPO	4 mL serum (Red top tube)	CIMA	Next Day	Determination of TPO antibody levels is the most sensitive test for detecting autoimmune thyroid disease like Hashimoto thyroiditis (90%), Idiopathic myxedema and grave disease (60-80%)
	URINARY CALCIUM RANDOM / 24 HRS	10 ml Urine/ 24 hrs urine	Arsenazo III	Next Day	In the presence of elevated calcium, the body attempts to excrete the excess calcium leading to hypercalciuria. Idiopathic hypercalciuria can occur in the absence of hypercalcemia.
	URINARY CREATININE	10 ml Urine	Alkaline picrate method	Next Day	Urinary creatinine is useful as part of the creatinine clearance and to assess completeness of 24 hour urinary collections.
	URINARY MICROALBUMIN RANDOM / 24 HRS	10 ml Urine/ 24 hrs urine	Immunoturbidometry	Next Day	This assay is used to evaluate diabetic patients to assess the potential of early onset of nephropathy before overt proteinuria develops. It is recommended that all Type 1 diabetic patients >12 years and all Type 2 diabetic patients < 70 years should be tested for microalbuminuria annually.
	URINARY PHOSPHOROUS RANDOM / 24HRS	10 ml Urine/ 24 hrs urine	Phosphomolybdate method	Next Day	Urinary phosphorus concentration is useful to assess calcium and phosphorus balance. Thyroid and kidneys are key organs whose function influences urinary excretion. Many medical conditions affect urinary phosphorus levels.
	URINARY PROTEIN	10 ml Urine	Pyrogallol red	Next Day	Urinary total proteins are negligible in healthy individuals. Levels are increased in diseases that impair renal function like Diabetes, Hypertension, Nephrotic syndrome and Drug nephrotoxicity.
	URINARY URIC ACID / 24HRS	10 ml Urine/ 24 hrs urine	Uricase, colorimetric	Next Day	This assay is useful for the assessment and management of patients with kidney stones, particularly uric acid stones. Urinary uric acid excretion is elevated in a significant proportion of

					patients with uric acid stones, due to uric acid overproduction as in Leukemia and Polycythemia and after intake of food rich in nucleoproteins.
	ALPHA FETO PROTEIN	4 mL serum (Red top tube)	CIMA	Next Day	Tumour Marker
	ANTI CCP ANTIBODY (ANTI CYCLIC CITRULLINATED PEPTIDE)	4 mL serum (Red top tube)	CIMA	Next Day	Anti CCP is useful in diagnosing Rheumatoid arthritis and entities that may potentially be confused with Rheumatoid arthritis that are rheumatoid factor positive.
	Anti Tg	4 mL serum (Red top tube)	CMIA	Next Day	Anti Tg autoantibody measurements are recommended if Anti TPO autoantibody is negative, but clinical suspicion of Autoimmune thyroid disease is high. Detection of these antibodies in cases of Neonatal hypothyrodism suggests transplacental antibody transfer particularly if there is a maternal history of autoimmune thyroiditis.
	ANTI THYROID PEROXIDASE ANTIBODY TPO	4 mL serum (Red top tube)	CIMA	Next Day	Determination of TPO antibody levels is the most sensitive test for detecting autoimmune thyroid disease like Hashimoto thyroiditis (90%), Idiopathic myxedema and grave disease (60-80%)
	BETA HCG	4 mL serum (Red top tube)	CIMA	Next Day	Maternal serum free beta HCG assessment between 9-13 weeks, has significant utility in First Trimester Prenatal Screening for Down Syndrome and other chromosomal anomalies. This test also helps in the diagnosis and monitoring of Trophoblastic diseases and certain Testicular tumors where ratio of free beta HCG to Total HCG is high. Some tumors secrete only free beta HCG and virtually no Total HCG is detected.
	CA 125	4 mL serum (Red top tube)	CIMA	Next Day	CA 125 is useful to monitor the response to therapy and if elevated suggests recurrence in women with ovarian cancer. Approximately 50% of women with metastatic ovarian cancer have elevated levels.
	CA 15.3	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	Next Day	CA 15.3 is useful to monitor the response to treatment and if elevated suggests recurrence in women with Stage II or III Breast Cancer.
	CA 19.9	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	Next Day	CA 19.9 is useful to monitor the response to treatment and if elevated suggests recurrence in patients with Pancreatic Cancer. Elevated concentrations are not specific. Use in patients with other medical conditions is not advised.
	CEA Carcinoembryonic antigen	4 mL serum (Red top tube)	Chemiluminescent Microparticle Immuno assay (CMIA)	Next Day	CEA is a tumor marker used to monitor patients with persistent, recurrent or metastatic colonic carcinoma. High levels of CEA are also

					seen in 30% of patients with Breast, Lung, Hepatocellular and Pancreatic carcinoma.
	CORTISOL (EVENING)	4 mL serum (Red top tube)	CMIA	Next Day	Total cortisol concentrations are decreased in Addison's disease and increased in Cushing's disease and in other conditions of glucocorticoid excess.
	CORTISOL (MORNING)	4 mL serum (Red top tube)	CMIA	Next Day	Total cortisol concentrations are decreased in Addison's disease and increased in Cushing's disease and in other conditions of glucocorticoid excess.
	DHEAS DEHYDROEPIANDROSTERONE SULPHATE	4 mL serum (Red top tube)	CMIA	Next Day	This assay is useful in identification of androgen secreting adrenal tumors specially Adrenal carcinomas. It is an adjunct in the diagnosis of Congenital adrenal hyperplasia. It is also useful in the diagnosis of Premature adrenarche.
	FERRITIN	4 mL serum (Red top tube)	Chemiluminescence Microparticle Immuno Assay(CMIA)	Next Day	Ferritin levels reflect iron stores in normal individuals. A low serum ferritin level is an indicator of iron depletion. This assay is clinically useful in distinguishing between Iron deficiency anemia (low level) and anemia of chronic disease (normal or high level). It is also useful to assess iron overload conditions like Hemochromatosis. Ferritin is also an acute phase reactant.
	FOLIC ACID	4 mL serum (Red top tube)	Chemiluminescence Microparticle Immuno Assay(CMIA)	Next Day	Folates function as coenzymes in many metabolic pathways. Testing is useful in detecting folate deficiency and to monitor folate therapy. Folate deficiency is a cause of Megaloblastic and Macrocytic anemias.
	Free PSA	4 mL serum (Red top tube)	Chemiluminescence Microparticle Immuno Assay(CMIA)	Next Day	For early detection of prostate cancer
	FREE T3	4 mL serum (Red top tube)	CMIA	Next Day	Free T3 is a supplemental test to TSH and Free T4 for confirmation of thyroid status. This assay also helps to monitor thyroid hormone replacement therapy. Elevated levels are associated with Thyrotoxicosis or excess thyroid hormone replacement.
	FREE T4	4 mL serum (Red top tube)	CMIA	Next Day	Free T4 is the metabolically active fraction of thyroxine. FT4 alongwith TSH gives an accurate picture of thyroid status in patients with abnormal thyroid binding globulin (TBG) like in pregnancy and individuals on treatment with estrogens, androgens, phenytoin or salicylates. This assay is useful for diagnosing both Hypo / Hyper-thyroidism.
	FSH FOLLICLE STIMULATING HORMONE	4 mL serum (Red top tube)	CMIA	Next Day	This assay is useful as an adjunct in the evaluation of menstrual irregularities. It also evaluates

					patients with suspected hypogonadism, predicts ovulation, evaluates infertility and helps in diagnosing pituitary disorders.
	HOMOCYSTEINE	4 mL serum (Red top tube)	CMIA	Next Day	A homocysteine test is a blood test. It measures the amount of homocysteine, an amino acid in the body. The test is often used to diagnose vitamin B6, B9 or B12 deficiency. People with elevated homocysteine may have a higher risk for cardiovascular disease. In newborns, homocysteine testing can help diagnose a rare condition called homocystinuria.
	IMMUNOGLOBULIN IGE	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	Next Day	Testing for IgE antibodies is useful to establish the diagnosis of an allergic disease and to define the allergens responsible for eliciting signs and symptoms.
	INSULIN(FASTING)	4 mL serum (Red top tube)	CMIA	Next Day	Insulin is produced by beta cells of the pancreas. It leads to Type 1 (IDDM) diabetes caused by Insulin deficiency & Type 2 (NIDDM) diabetes caused by insulin resistance. This assay is useful in the management of Diabetes. It is also used for diagnosing Insulinoma when used in conjunction with Proinsulin and C-peptide measurement.
	INSULIN(PP) POST PRANDIAL	4 mL serum (Red top tube)	CMIA	Next Day	Insulin is produced by beta cells of the pancreas. It leads to Type 1 (IDDM) diabetes caused by Insulin deficiency & Type 2 (NIDDM) diabetes caused by insulin resistance. This assay is useful in the management of Diabetes. It is also used for diagnosing Insulinoma when used in conjunction with Proinsulin and C-peptide measurement.
	IPTH(PARA THYROID HORMONE)	4 mL serum (Red top tube)	CMIA	Next Day	This assay is useful for diagnosis and differential diagnosis of hypercalcemia. It also helps in the diagnosis of Primary / Secondary / Tertiary Hyperparathyroidism and Hypoparathyroidism. The assay may be useful in monitoring End stage renal failure patients for possible Renal osteodystrophy.
	LH LUTEINISING HORMONE	4 mL serum (Red top tube)	CMIA	Next Day	This assay is used for evaluating patients with suspected Hypogonadism, predicting ovulation, evaluating Infertility and diagnosing Pituitary disorders. This assay is also an adjunct in the evaluation of menstrual irregularities. In both males & females Primary hypogonadism results in elevated levels of basal LH & FSH. LH is decreased in Primary ovarian hyperfunction in females & Primary hypergonadism in males.

	PROCALCITONIN	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	Next Day	This assay is useful for diagnosis of bacteremia & septicemia in adults and children including neonates. It diagnoses renal involvement in UTI in children, bacterial infection in neutropenic patients & secondary infection post-surgery. It helps in the differential diagnosis of bacterial versus viral meningitis and community acquired bacterial versus viral pneumonia. It is also used for monitoring therapeutic response to antibacterial therapy.
	PROLACTIN	4 mL serum (Red top tube)	CMIA	Next Day	This assay is a useful aid in the evaluation of Pituitary tumors, Amenorrhea, Galactorrhea, Infertility & Hypogonadism. It also helps in monitoring therapy in prolactin producing tumors.
	PSA (Prostate specific antigen)	4 mL serum (Red top tube)	CMIA	Next Day	It is used for the detection of prostate cancer in men, and to aid in the management of cancer patients.
	T3	4 mL serum (Red top tube)	CMIA	Next Day	Total T4 levels offer a good index of thyroid function when TBG is normal and non-thyroidal illness is not present. This assay is useful for monitoring treatment with synthetic hormones (synthetic T3 will cause low total T4). It also helps to monitor treatment of Hyperthyroidism with Thiouracil or other anti-thyroid drugs.
	T4	4 mL serum (Red top tube)	CMIA	Next Day	This assay is useful for evaluation of men with signs and symptoms of possible Hypogonadism like loss of libido, erectile dysfunction, gynecomastia & infertility. It is also useful in evaluation of boys with delayed or precocious puberty. The assay can be used to monitor anti-androgen therapy as in prostate cancer, precocious puberty & male to female transgender disorders. It helps to evaluate infants with ambiguous genitalia or virilization. The assay can serve as an adjunct in the diagnosis of androgen secreting tumors.
	TESTOSTERONE	4 mL serum (Red top tube)	CMIA	Next Day	This assay is useful for evaluation of men with signs and symptoms of possible Hypogonadism like loss of libido, erectile dysfunction, gynecomastia & infertility. It is also useful in evaluation of boys with delayed or precocious puberty. The assay can be used to monitor anti-androgen therapy as in prostate cancer, precocious puberty & male to female transgender disorders. It helps to evaluate infants with ambiguous genitalia or virilization. The assay can serve as an adjunct in the diagnosis of androgen secreting tumors.
	THYROID	4 mL serum	CMIA	Next Day	Function of thyroid Gland

	PROFILE(T3,T4,TSH)	(Red top tube)			
	TSH THYROID STIMULATING HORMONE	4 mL serum (Red top tube)	CMIA	Next Day	This assay is used in the differential diagnosis of Hypothyroidism, as an aid in the diagnosis of Primary Hyperthyroidism, prediction of TRH stimulated TSH response and monitoring patients on thyroid replacement therapy.
	VITAMIN B12 (CYANOCOBALAMIN)	4 mL serum (Red top tube)	CMIA	Next Day	Vitamin B12 is necessary for hematopoiesis and normal neuronal function. B12 deficiency may be due to lack of intrinsic factor secretion by gastric mucosa (gastrectomy, gastric atrophy) or intestinal malabsorption (ileal resection, small intestinal diseases) leading to Macrocytic anemia. This assay is useful for investigating Macrocytic anemia and as a workup of deficiencies seen in Megaloblastic anemia.
	VITAMIN D TOTAL(25 O H)	4 mL serum (Red top tube)	CMIA	Next Day	25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% especially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.
Not Under NABL Scope					
	ADA(SERUM/FLUID)	4 mL serum (Red top tube)	Immunoturbidometry	Next Day	The ADA test is used as an adjunct test to help rule in or rule out tuberculosis in pleural fluid. Rarely, it may be ordered to detect tuberculosis in other body fluids, such as peritoneal fluid or cerebrospinal fluid (CSF).
	AMH(anti Mullerian Hormone)	4 mL serum (Red top tube)	ELFA	Next Day	AMH tests are mainly used with other tests to make decisions about treating female infertility (not being able to get pregnant). If you're having infertility treatment, AMH testing can: Check how many eggs you have left in your ovaries. This is called your "ovarian reserve."
	ANTI CARDIOLIPIN ANTIBODY IGG	4 mL serum (Red top tube)	Enzyme Linked Immunosorbent Assay (ELISA)	7 Days	Cardiolipin antibodies are useful in identifying patients with an increased risk of thrombosis, recurrent spontaneous abortions and phospholipid antibody syndrome. Cardiolipin antibody IgG is the most sensitive but the least specific antibody.

	ANTI CARDIOLIPIN ANTIBODY IGM	4 mL serum (Red top tube)	Enzyme Linked Immunosorbent Assay (ELISA)	7 Days	Cardiolipin antibodies are useful in identifying patients with an increased risk of thrombosis, recurrent spontaneous abortions and phospholipid antibody syndrome. Cardiolipin antibody IgM is less sensitive but more specific than Cardiolipin Antibody IgG.
	BICARBONATE	4 mL serum (Red top tube)	Kinetic UV	Same Day	Bicarbonate levels suggests that the body is having trouble maintaining its acid-base balance or has upset the electrolyte balance, perhaps by losing or retaining fluid.
	CMV IGG CYTOMEGALO VIRUS	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	7 Days	Avidity test helps in discriminating primary infection & reinfection. Avidity indices less than 30% is an indication of current infection.
	CMV IGG/IGM CYTOMEGALO VIRUS	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	7 Days	----------
	CMV IGM CYTOMEGALO VIRUS	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	7 Days	CMV is a significant cause of morbidity and mortality specially in organ transplant recipients and immunocompromised individuals. It is also responsible for congenital disease of the newborn. Positive IgM levels indicate a recent infection whether primary, recativation or reinfection.
	ESTRADIOL	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	Next Day	Estradiol is a female sex hormone produced by the ovaries, adrenal gland and also the placenta during pregnancy. Estradiol is the most important hormone during a female's reproductive years, and is required for reproductive and sexual function as well as having an impact on the health of other organs and tissues.
	Free TESTO STERONE	4 mL serum (Red top tube)	ELISA	Next Day	A free testosterone test measures only the "active" form of testosterone. This test is less common, but it may be useful for diagnosing certain medical conditions. A bioavailable testosterone test measures free testosterone and testosterone that's loosely attached to a blood protein called albumin.
	HERPES IGG	4 mL serum (Red top tube)	Enzyme Immunoassay	7 Days	Herpes Simplex Virus Type 1 (HSV-1) infections are acquired through direct person to person contact, most typically by a nongenital route. Recurrent infections are clinically apparent as fever blisters or cold sores. HSV 2 infections are usually acquired through sexual contact. 85% of genital herpes is caused by Type 2 virus and 15% caused by Type 1 virus. This assay helps in determining previous exposure to HSV Types 1 & 2.

	HERPES IGM	4 mL serum (Red top tube)	Enzyme-linked immunosorbent assay	7 Days	Herpes Simplex Virus Type 1 (HSV-1) infections are acquired through direct person to person contact, most typically by a nongenital route. Recurrent infections are clinically apparent as fever blisters or cold sores. HSV 2 infections are usually acquired through sexual contact. 85% of genital herpes is caused by Type 2 virus and 15% caused by Type 1 virus. This assay helps in determining recent exposure to HSV Types 1 & 2.
	NT-proBNP	4 mL serum (Red top tube)	CMIA	Same Day	As an aid in the diagnosis of suspected cases of CHF.
	PROGESTERONE	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	Next day	Progesterone is one of the hormones in our bodies that stimulates and regulates various functions. Progesterone plays a role in maintaining pregnancy. The hormone is produced in the ovaries, the placenta (when a woman gets pregnant) and the adrenal glands. It helps prepare your body for conception and pregnancy and regulates the monthly menstrual cycle. It also plays a role in sexual desire.
	RUBELLA IGG	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	7 Days	This assay determines Rubella immune status in individuals. A positive result indicates prior exposure to the virus or response to vaccination. Presence of IgG antibody does not exclude the possibility of ongoing infection. In these cases IgM antibody measurement is indicated.
	RUBELLA IGG/IGM	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	7 Days	This assay determines Rubella immune status in individuals. A positive result indicates prior exposure to the virus or response to vaccination. Presence of IgG antibody does not exclude the possibility of ongoing infection. In these cases IgM antibody measurement is indicated.
	RUBELLA IGM	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	7 Days	IgM antibody to Rubella is detectable 11-25 days after the onset of exanthem, 15-20 days after vaccination and in 90-97% infants with Congenital rubella between 2 weeks and 3 months after birth.
	Thyroglobulin	4 mL serum (Red top tube)	CMIA	Next day	--
	TORCH IGG	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	7 Days	This panel tests for the common agents causing uterine infection leading to recurrent abortions and transmission from a pregnant woman to the fetus. This assay is useful as an indication of past or recent infection with Toxoplasma, Rubella, CMV & Herpes viruses in individuals > 6

					months of age.
	TORCH IGM	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	7 Days	This panel tests for the common agents causing uterine infection leading to recurrent abortions and transmission from a pregnant woman to the fetus. This assay is useful as an indication of recent acquired / Congenital infection with Toxoplasma, Rubella, CMV & Herpes viruses.
	TORCH PROFILE Toxoplasma, Rubella, Cytomegalovirus, Herpes Simplex 1 & 2	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)/ELISA	7 Days	This panel tests for the common agents causing uterine infection leading to recurrent abortions and transmission from a pregnant woman to the fetus. High IgG & IgM antibody levels together, support infection within the previous 3 months.
	TOXO PLASMA IGG	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	7 Days	Toxoplasmosis is caused by the parasite Toxoplasma gondii. About 23% of the population are healthy carriers. Transmission from a pregnant woman to the fetus can cause serious disease. This assay is useful for indicating past or recent infection with Toxoplasma gondii.
	TOXO PLASMA IGG/IGM	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	7 Days	Toxo Plasma
	TOXO PLASMA IGM	4 mL serum (Red top tube)	Enzyme Linked Fluorescent Assay (ELFA)	7 Days	Toxoplasmosis is caused by the parasite Toxoplasma gondii. About 23% of the population are healthy carriers. Transmission from a pregnant woman to the fetus can cause serious disease. This assay aids in the diagnosis of Congenital / Acute acquired Toxoplasmosis.
	URINARY POTASSIUM	10 ml Urine	Indirect ISE	Same day	Urinary potassium is useful to evaluate serum electrolyte imbalances. Renal causes of imbalance can be differentiated from non-renal causes.
	URINARY SODIUM	10 ml Urine	Indirect ISE	Same day	Sodium is critical in maintaining water and osmotic equilibrium in extracellular fluids. Body sodium generally reflects input and renal excretion.
Cytopathology					
	BAL Fluid Cytology	BAL Fluid	Staining & Microscopy	After 2 days	Cytomorphological Pathology
	Brush Cytology	Bronchial Brush Smear	Staining & Microscopy	After 2 days	Cytomorphological Pathology
	Urine For Cytology	Urine	Staining & Microscopy	After 2 days	Cytomorphological Pathology
	Cytology And Crystal Study	Joint Fluid	Staining & Polarized Microscopy	After 2 days	To detect Crystals and other pathological conditions.
	Fluid Cell Type / Cell Count / Malignant Cells	Body Fluid	Cell type & cell count; Staining and Microscopy	Next day	Number of cells and type of cells; Detection of atypical / malignant cells or other pathological conditions.
	FNAC non-guided	Fine Needle Aspiration	Staining & Microscopy	After 2 days	Cytomorphological Pathology
	FNAC US Guided	Fine Needle Aspiration	Staining & Microscopy	After 2 days	Cytomorphological Pathology

	FNAC CT Guided	Fine Needle Aspiration	Staining & Microscopy	After 2 days	Cytomorphological Pathology
	Malignant Cells (Sputum)	Sputum	Staining & Microscopy	Next day	Cytomorphological Pathology
	PAP Smear (LBC & NLBC)	Cervical Smear Or Vaginal Smear	Staining & Microscopy	Next day	Cytomorphological Pathology
	Tzank Smear Cytology	Tzank Smear	Staining & Microscopy	Next day	Cytomorphological Pathology
	Cystic Fluid Cytology	Cyst Fluid	Staining & Microscopy	Next day	Detection of Hydatid cyst
	CSF	Cerebrospinal Fluid	Cell type & cell count; Staining and Microscopy	Same day	Number of cells and type of cells; Detection of pathological conditions / atypical cells.
Histopathology					
	Periodic Acid Schiff 's (PAS) & PAS - Diastase (PASD)	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Glycogen & Mucin detection
	Southgate's Mucicarmine Stain	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Epithelial acidic mucin detection
	Perls' Prussian Blue Stain	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Iron & Haemosiderin pigment detection
	Gordon and Sweet's reticulin stain	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Reticular fibres detection
	Periodic Acid Methenamine Silver (Gomori) Stain	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Glomerular basement membrane in renal tissue
	Grocott's Methenamine Silver Technique	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Fungus detection
	Giemsa Stain	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Parasites / Protozoa / H. pylori detection
	Alcian Blue (pH2.5); Alcian Blue (pH2.5) - PAS Technique	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Acidic mucin detection
	Ziehl Neelsen Stain	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Mycobacterium tuberculosis bacilli detection
	Fite Faraco Stain	Tissue	Special stain, Microscopy	2 Days	Mycobacterium leprae bacilli detection

	Schmorl's Stain	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Melanin / Melanocyte detection
	Congo Red Stain	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Amyloid detection
	Masson Trichrome Stain	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Muscle / Fibrin / Collagen detection
	Wolman's Toluidine Blue Stain	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Mast cells / metachromasia detection
	Verhoff's Stain	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Elastic fibres detection
	Gram Stain	Tissue	Special stain, Microscopy	2 Days (with histology 4 - 5 days)	Gram positive or negative microorganism detection
	Von Kossa Stain	Tissue	Special stain, Microscopy	2 - 8 Days (with histology 4 - 8 days)	Demonstration of calcium / bone
	DIF IgA	Kidney / Skin Biopsy Specimen In Normal Saline.	Cryoprocessing, Fluorescence Microscopy	7 days reporting	Immunoflouroscence Findings
	DIF IgG	Kidney / Skin Biopsy Specimen In Normal Saline.	Cryoprocessing, Fluorescence Microscopy	7 days reporting	Immunoflouroscence Findings
	DIF IgM	Kidney / Skin Biopsy Specimen In Normal Saline.	Cryoprocessing, Fluorescence Microscopy	7 days reporting	Immunoflouroscence Findings
	DIF (IgG, IgA, IgM, C3)	Skin Biopsy Specimen In Normal Saline.	Cryoprocessing, Fluorescence Microscopy	7 days reporting	Immunoflouroscence Findings
	DIF (IgG, IgA, IgM, C3, C1q, Kappa, Lambda)	Kidney Biopsy Specimen In Normal Saline.	Cryoprocessing, Fluorescence Microscopy	7 days reporting	Immunoflouroscence Findings

	DIF C3	Kidney / Skin Biopsy Specimen In Normal Saline.	Cryoprocessing, Fluorescence Microscopy	7 days reporting	Immunoflouroscence Findings
	Frozen Biopsy Histology	Fresh Tissue Without Preservatives	Cryoprocessing, Staining & Microscopy	30 min	Histopathological Findings
	Routine Biopsy Specimen Small	Tissue With Preservative (10% Formalin Solution)	Grossing, Processing (Automated Tissue Processor), Embedding (Automated), Sectioning, Staining, Mounting and Microscopy	4 days	Histopathological Findings
	Routine Biopsy Specimen Others	Tissue With Preservative (10% Formalin, Solution)	Grossing, Processing (Automated Tissue Processor), Embedding (Automated), Sectioning, Staining Mounting and Microscopy	5 working days	Histopathological Findings
Immuno Histo Chemistry (IHC)					
	IHC BCL 2	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days)	This antibody has found numerous applications in studies of apoptosis, e.g. in hematological malignancies and other malignant diseases as it function as suppressor of apoptosis. The antibody may be useful in differentiating follicular lymphoma from follicular hyperplasia, from differential diagnosis between follicular lymphoma and other low grade lymphoproliferative diseases, and for differential identification of diffuse large B-cell lymphoma versus Burkitt lymphoma/leukemia.
	IHC CYTOKERATIN	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days)	Cytokeratins are excellent markers of epithelial cell differentiation and have been widely used as tools in determination of epithelial origin of a tumour.
	IHC CALRETININ	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days)	Expressed by various types of mesothelial epithelial and stromal cells. It is abundantly expressed in central and peripheral neural tissues, particularly in the retina and in the neurons of the sensory pathways, and calretinin may play an important role in the survival of nerve cells during disturbances in calcium homeostasis. Calretinin is also expressed by both normal and neoplastic mesothelial cells, and it has been suggested as a useful marker for the identification of malignant mesotheliomas of the epithelial type except for desmoplastic variant and for the differentiation of these malignancies of lung adenocarcinoma.

	IHC CYTOKERATIN – 20	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	Cytokeratin 20 is restricted to gastric and intestinal epithelium, urothelium, and Merkel cells.
	IHC CYTOKERATIN - 7	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	Cytokeratin 7 recognizes the simple epithelium found in most glandular and transitional epithelia; but not that which is found in stratified squamous epithelia. Cytokeratin 7 is a basic cytokeratin, and is expressed in epithelial cells of ovary, lung, and breast, but not of colon or gastrointestinal tract.
	IHC DESMIN	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	It is primarily used for identification of smooth muscle and skeletal muscle tumour.
	IHC DOG1	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	DOG1 is a cell surface protein of unknown function selectively expressed in gastrointestinal stromal tumors (GIST). DOG1 expression has been reported to be a very sensitive and specific marker for GIST in paraffin-embedded tissue. In KIT/CD117 negative and PDGFRA-mutant GIST cases, DOG1 increased the accuracy of GIST diagnosis).
	IHC EPITHELIAL MEMBRANE ANTIGEN (EMA)	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	It is an excellent marker for most normal and neoplastic epithelia.
	IHC ER	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	The absence of ER predicts early recurrence and poor survival of breast cancer patients. Also, the presence of ER in tumors predicts the potential for benefit from tamoxifen and other endocrine-related therapies.
	IHC HER-2/NEU	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	It is particularly useful for predicting response to Herceptin (transtuzumab) in breast carcinoma.
	IHC HMB 45	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	It is observed in intracytoplasmic antigen in the majority of melanomas and other tumors demonstrating melanoma / melanocytic differentiation.
	IHC HEP PAR1	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	Hepatocyte Specific Antigen (HSA) specific for normal and neoplastic hepatocytes.
	IHC ACTIN (SMOOTH MUSCLE ACTIN)	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6	It represents an excellent marker for myogenic soft tissue tumors and smooth muscle differentiation. This antibody reacts with many types of smooth

				days	muscle cells, such as those present in vascular walls, intestinal muscularis mucosae and propria, myometrium, stroma of various tissues, and is also positive for myoepithelial cells of various glands, notably salivary and mammary gland. Myogenic soft tissues detected include leiomyosarcomas, leiomyomas, and certain stromal cells surrounding infiltrating ductal carcinoma of the breast.
	IHC S 100 PROTEIN	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	The wide expression of this antigen has substantially demonstrated its diagnostic utility. Its main use is in the evaluation of peripheral nerve sheath and melanocytic tumour.
	IHC TTF 1	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	This is a nuclear transcription factor for the development of thyroid & pulmonary time.It is expressed in thyroid carcinomas (except anaplastic type), in most cases of lung carcinoma and has become one of the most useful marker in the differential diagnosis between lung carcinoma and carcinoma of other sites in one side and mesotheliomas on the other.
	IHC CHROMOGRANIN A	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	Immunohistochemical studies have demonstrated chromogranin A in most granule-containing endocrine cells, central and peripheral nerves, as well as in most neuroendoctrine tumors.
	IHC CYCLIN D1	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	Cyclin D1 is one of the key cell cycle regulators, and functions in association with cdk4 and / or cdk6 by phosphorylating the Rb protein. It is a putative proto-oncogene overexpressed in a wide variety of human neoplasms including mantle cell lymphomas (MCL).
	IHC CD 3	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	The CD3 complex is involved in signal transduction to the T cell interior following antigen recognition. This antibody recognizes T cells in thymus, bone marrow, peripheral lymphoid tissue and blood and detect both normal and neoplastic T cells.
	IHC CD 5	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	It is a useful marker for small lymphaytic Lymphoma and mantle cell lymphoma.
	IHC CD 10	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	It is particularly useful for identification of endometrial stromal neoplasms. It is also positive in renal cell carcinomas, solid and pseudopapillary tumour of pancreas and myoepithelial cell tumours.
	IHC CD 15	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	CD15 recognizes a human myelomonocytic antigen. The CD15 antigen is present on greater than 95% of mature peripheral blood eosinophils and neutrophils and is

					present at low density on circulating monocytes. In lymphoid tissue, CD15 reacts with Reed-Sternberg cells of Hodgkin's disease and with granulocytes.
	IHC CD 20	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	This antibody can be used to identify B-cells in normal and neoplastic tissues. The CD20 antigen is expressed in most B-cells present in peripheral blood and lymphoid tissue. The antigen is also found in most non-Hodgkin's lymphomas of B-cell lineage.
	IHC CD 23	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	CD23 is particularly useful for differentiation between CD23-positive B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma and CD23-negative mantle cell lymphoma.
	IHC CD 30	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	CD30 expression is found on Hodgkin's and Reed-Sternberg cells, and on activted B and T lymphocytes. CD30 is also expressed by embryonal carcinoma cells and cells of anaplastic large cell lymphoma.
	IHC CD 34	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	The antibody is useful for the identification of vascular and lymphatic tumors and for the subclassification of leukemias. This marker also stains a varity of soft tissue neoplasms, including DFSP, solitary fibrous tumour, gist and spingle cell component of a nuclear of adipose tissue neoplasms.
	IHC CD 68	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	The antibody recognizes myelomonocytic and histiocytic tumours and may help distinguish MFH from other pleomorphic sarcomas.It is found in cytoplasmic granules of a number of different blood cells and myocytes and is considered to be a marker for cells of macrophage lineage, including monocytes, histiocytes, giant cells, Kupffer cells, osteoclasts and their precursors.
	IHC CD 99	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	Also expressed in other tumours like lymphoblastic lymphoma, ependymoma, solitary fibrous tumour, synovial sarcoma and ovarian gramlosa cell tumours.
	IHC CD 45 (LCA)	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	This antibody can be used to identify lymphocytes in normal tissues. The CD45 (LCA) antigen is expressed in most lymphocytes present in peripheral blood and lymphoid tissue. This test is identified lymphoma.
	IHC CD 117	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6	This antibody can be used to identifiy Gastro instestinal stromal tumour.

				days	
	IHC CD 138	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	CD138 excellent marker for identifying plasma cells. CD138 is also expressed in fibroblasts, keratinocytes and normal hepatocytes.
	IHC CDX2	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	CDX2, also known as Caudal-related homeodomain protein 2, is a transcription factor expressed in intestine, but not in stomach or esophagus. Antibody CDX2 may be useful in detection of colorectal carcinomas. On the other hand, CDX2 is expressed in gastric intestinal metaplasia, dysplasia and carcinoma, as well as in acute myeloid leukemia.
	IHC C4d	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	C4d, is an inactive split product of complement 4, covalently binds to endothelium and basement membrane. Capillary deposition of complement C4d has been suggested to be a valuable marker for humoral rejection and endothelial C4d deposition in kidney allograft has been associated with inferior graft outcome.
	IHC P63	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	p63, has been identified in basal cells in the epithelial layers of a variety of tissues, including epidermis, cervix, urothelium, breast and prostate. p63 has also been shown to be a sensitive marker for lung squamous cell carcinomas (SqCC).
	IHC KI – 67	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	This antibody can be used to identifiy tumour cell proliferation.
	IHC PSA	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	PSA is produced by the prostate epithelium. PSA is used to confirm prostatic acinar cell origin in primary and metastatic carcinomas and to rule out non-prostatic carcinoma mimics.
	IHC PAX-8	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	PAX8 antibody is expressed in a high percentage of renal cell carcinomas and ovarian cancers. The expression of the mouse monoclonal PAX8 target antigens was found in normal kidney, thyroid and cervix, but was not identified in normal ovary.
	IHC P40	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	p40 is selectively expressed in lung SCC, offering an opportunity for improved specificity resulting in diminished reactivity in lung ADC and increased specificity. Changes in expression of p40 have been implicated in other neoplastic tissues, including bladder, prostate, and head and neck cancers).

	IHC PR	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	The absence of PR predicts early recurrence and poor survival of breast cancer patients. Also, the presence of PR in tumors predicts the potential for benefit from tamoxifen and other endocrine-related therapies.
	IHC CEA	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	Carcinoembryonic antigen (CEA), is synthesized during development in the fetal gut, and is re-expressed in increased amounts in intestinal carcinomas and several other tumours. Antibody to CEA is reportedly useful in identifying the origin of various metastatic adenocarcinomas and in distinguishing pulmonary adenocarcinomas (60-70% are CEA+) from pleural mesotheliomas (rarely or weakly CEA+). The antibody reacts with CEA and CEA-like proteins such as non-specific cross-reacting antigen (NCA), NCA2, and biliary glycoprotein (BGP1).
	IHC SYNAPTOPHYSIN	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	The antibody is useful for the identification of normal neuroendocrine cells and neoplasms of neuroendocrine and neuroectodermal origin.
	IHC VIMENTIN	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	Expresion of Vimentin is so ubiquitious, that it is often used as a mesospecific marker of tumours of mesenchymal origin.
	IHC WT1	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	WT1 has been observed in kidney, spleen and gonadal ridge mesoderm. WT1 expression has also been observed in sertoli cells of testes and in granulosa cells of the ovary. In tumors, WT1 has been demonstrated in Wilms' tumors and in the majority of mesotheliomas (nuclear and paranuclear staining).
	IHC 34BE12 (HMWCK)	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	HMW cytokeratin that detects squamous and ductal epithelium as well as carcinomas and myoepithelial cells. It is useful in distinguishing prostatic adenocarcinoma from hyperplasia and benign from malignant IDC.
	IHC NAPSIN A	TISSUE SPECIMEN	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	Napsin A is a markar resulting in granular cytoplasmic screening It is an aspartic proteinase : expressed in type II pneumocytes , in alveolar macrophages, & in the epithelium of PCT & DCT of the Kidney . This marker is particularly useful for diagnosis of pulmonary adenocarcinoma & distinguishing from other type of lung cancer NAPSIN A is slightly higher sensitivity for adenocarcinoma when compared to TTF -1.

	IHC β - Catenin	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	Beta-catenin is a key regulatory protein involved in cell adhesion and signal transduction through the Wnt pathway, and plays important roles in development, cellular proliferation and differentiation. Mutations in the Beta-Catenin gene CTNNB1 leading to stabilization of Beta-Catenin in the cytoplasm and translocation to the nucleus have been implicated in various forms of tumour including familial adenomatous polyposis, fibromatosis, solitary fibrous tumors and endometrial carcinoma. A nuclear accumulation of Beta-Catenin in fibromatosis (desmoid tumor) in various locations including breast and mesentery is useful in the differentiation of this tumor from other fibroblast like lesions.
	IHC SALL 4	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	There are four human SALL proteins (SALL 1, 2, 3, and 4) with structural homology and playing diverse roles in embryonic development, kidney function, and cancer. SALL4 is a transcription factory. Its expression is low to undetectable in most adult tissues with the exception of germ cells and human blood progenitor cells. However, it is reactivated and misregulated in various cancers, such as acute myeloid leukemia, B-cell acute lymphocytic leukemia, germ cell tumors, gastric cancer, breast cancer, hepatocellular carcinoma, lung cancer, and glioma. The stated primary antibody is suitable for immunohistochemical staining FFPE tissue sections based on specific Ag-Ab reaction.
	IHC Tdt			4 days (with histology 5 - 6 days	Terminal deoxynucleotidyltransferase / Tdt is a rabbit polyclonal anti-human antibody for immunohistochemical use. Tdt is a specialized DNA polymerase then adds N-nucleotides to the V, D, and J exons during antibody gene recombination enabling junctional diversity. It is expressed in immature, pre-B, pre-T lymphoid cells, and acute lymphoblastic leukemia / lymphoma cells, it is not expressed in pre-B-Cell ALL and normal mature T- or B-lymphocytes.
	IHC CD-56	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	CD56, also known as neural cells adhesion molecule (NCAM), is a part of the immunoglobulin superfamily of adhesion molecules and mediates hemophilic interactions through its extracellular region. It is used as a marker for detection of T-LGL (T-Large Granular Lymphocyte) lymphoproliferative disorders and NK

					cells. CD56 is also known as a marker of neural lineage due to its discovery site. For example astrocytoma, neuroblstoma or small cell carcinoma of lung are CD56-positive.
	IHC BCL 6	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	Bcl6 is a regulatory gene encoding a zinc finger protein. It plays a key role in the formation of the germinal center (GC) and acts as a regulator of B lymphocyte growth and development by protecting GC-B cells from DNA damage-inducted apoptosis. Bcl6 is mainly expressed in GC-B cells. Surrounding mantle-zone and marginal-zone B cells, plasma cells, and progenitor B cells are negative for Bcl6. The antibody Bcl6 detects GC cells in lymphoid follicles and a variety of lymphomas including follicular lymphomas, diffuse large B-cell lymphomas (DLBCL) and Burkitt's lymphomas.
	IHC GATA3	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	GATA 3 binding protein 3 or GATA3 is a zinc finger binding transcription factor and plays an important role in promoting and directing cell proliferation, development and differentiation in many tissue and cell types. GATA3 expression is primarily seen in breast carcinoma and urothelial carcinoma. Anti-GATA3 is therefore helpful in the identification of unknown primary carcinomas, when carcinomas of breast or bladder are the possibilities.
	IHC MUM1	Tissue Specimen	Immunohisto Chemistry (IHC)	4 days (with histology 5 - 6 days	MUM1 / IRF4 protein is a member of IRF family of transcriptional factors and is a key regulator of several steps in lymphoid, myeloid, and dendritic cell differentiation and maturation. MUM1 is a valuable marker for understanding and characterizing histogenesis of B-cell lymphomas. It is an excellent marker for RS cells of classic HD, and expression is also observed in many lymphoid and myeloid malignancies and holds promise for targeted therapy for some tumours
Clinical Pathology (Under NABL Scope)					
	Stool Routine	5g stool in a leak-proof screw capped container.	Physical Chemical Light microscopy Haemospot (Guaiac)	Same day	A stool test involves the collection and analysis of fecal matter to diagnose the presence or absence of a medical condition.
	Stool For Reducing Substance	5g stool in a leak-proof screw capped container.	Benedict's Test	Same day	A positive reducing substance in stool indicates that certain sugars or carbohydrates are not digested by the intestine.
	Stool For Fat Droplets	5 gm Stool, in a sterile Leak proof container	Microscopy	Same day	For differential diagnosis of fat digestion
	Stool RE OBT	5g stool in a leak-proof	Physical Chemical	Same day	A Stool test involves the collection and analysis of fecal matter to

		screw capped container.	light microscopy Haemospot (Guaiac)		diagnose the presence or absence of a medical condition OBT is used to detect subtle blood loss in the gastrointestinal tract, Positive tests ("positive stool") may result from either upper gastrointestinal bleeding or lower gastrointestinal bleeding and warrant further investigation for peptic ulcers or a malignancy (such as colorectal cancer or gastric cancer). The test does not directly detect colon cancer but is often used in clinical screening for that disease, but it can also be used to look for active occult blood loss in anemia or when there are gastrointestinal symptoms.
	Urine For Bile Salt / Bile Pigment	20 ml Urine in a sterile screw capped urine container.	Chemical	Same day	Used to determine Bilirubin in Urine.
	Urine For Specific Gravity	Collect 20ml urine in a sterile screw capped container.	Automated Strip Test	Same day	Increases in specific gravity may be associated with dehydration, diarrhea, emesis, excessive sweating, glucosuria, renal artery stenosis, hepatorenal syndrome, decreased blood flow to the kidney etc. Decreased specific gravity may be associated with renal failure, pyelonephritis, diabetes insipidus, acute tubular necrosis, interstitial nephritis, and excessive fluid intake.
	Urine For Chyle	20 mL of urine in a sterile screw capped container.	Physical & Chemical	Same day	This test is used in the diagnosis of injury or obstruction of lymphochylous system e.g. filariasis. It also produces milky urine due to the presence of chylomicrons which are recognised as fat globules by microscopy.
	Urinary Sugar	20 mL. Aliquot of first morning urine in a sterile screw capped container.	Automated strip test & Chemical	Same day	Urine glucose is used as a follow up test in diabetic patients. It is also used for screening diabetes in general population.
	Urine Ketone Body	20 mL of urine in a sterile screw capped container.	Physical & Chemical	Same day	For differential diagnosis of ketoacidosis
	Urine For Haemosiderin	20 ml Of Urine in a sterile Urine container (First	Physical & Chemical & Microscopy	Same day	Hemosiderin is a pigment formed when hemoglobin breaks down. This test is used to evaluate and manage disorders

		morning urine)			involving the destruction of red blood cells. This test may also be used to evaluate for suspected chronic venous insufficiency.
	Urine For Microfilaria	20 ml Of Urine in a sterile Urine container (First morning urine)	Microscopy	Same day	For the detection of Filariasis.
	Urine For Porphobilinogen	20 ml Of Urine in a sterile Urine container (First morning urine)	Physical & Chemical	Same day	This test may be performed when porphyria or another disorder associated with an abnormal porphobilinogen (PBG) level is suspected.
	Urine For Eosinophil Count	20ml Aliquot of first morniing urine in a sterile screw capped container.	Light microscopy (Physical)	Same day	For differential diagnosis of Eosinophil count
	Urine Acetone Qualitative	20 mL of urine in a sterile screw capped container.	Chemical	Same day	For differential diagnosis of ketoacidosis
	Urine For Protein	20 mL of urine in a sterile screw capped container.	Chemical	Same day	Proteinuria is a sign of kidney disease.Protein in urine can have causes that aren't due to underlying disease. Examples include individual variation, transient proteinuria (a common benign condition) or medication side effects.
	Urine For Bence Jones Protein	20 mL of urine in a sterile screw capped container.	Heat	Same day	The Bence-Jones protein urine test is used most often to diagnose and check on multiple myeloma. Or an abnormal Bence-Jones test result may mean there is a type of malignant lymphoma.
	Urine For Hemoglobin	20 mL of urine in a sterile screw capped container.	Physical and Chemical	Same day	This can occur due to various health conditions that cause premature destruction of red blood cells (a process known as hemolysis),cancer, urinary tract infections, severe burns, strenuous exercise, or exposure to certain toxins and chemicals.
	Urine For Myoglobin	20 mL of urine in a sterile screw capped container.	Physical and Chemical	Same day	Urine myoglobin reflects the muscle injury — the more myoglobin in your urine, the more severe the injury. Since myoglobin is toxic to the kidneys, a urine test can also assess the risk of kidney damage.
	Urine RE	20 mL of urine in a sterile screw capped container.	Physical,Chemical & microscopy	Same day	Urine R/E is a test that examines the visual, chemical and microscopic aspects of urine
	Urine R/E OBT	20 mL of urine in a sterile screw capped container.	Physical,Chemical & microscopy	Same day	Urine R/E OBT is a test that examines the visual, chemical including OBT and microscopic aspects of urine
	Urine For Urobilinogen	20 mL of urine in a sterile screw capped container.	Chemical	Same day	Urinary urobilinogen may be increased in the presence of a hemolytic process such as hemolytic anemia. It may also be increased with infectious hepatitis, or with cirrhosis.

Clinical Pathology (Not Under NABL Scope)					
	Semen Analysis	Submit Semen in a sterile screw capped container	Physical Examination, Microscopy Chemical Light scatter.	Same day	This assay helps in determining male fertility status. Male infertility can be due to decrease in the number of viable sperms, abnormal sperm morphology and abnormalities of the seminal fluid.
Electrophoresis					
	HB Electrophoresis (HPLC)	4 mL whole blood in Lavender Top (EDTA) tube.	High Performance Liquid Chromatography	5 days	This assay is useful in the diagnosis of Beta Thalassemia. It quantitates the percent of fetal hemoglobin and assists in the diagnosis of disorders with elevated levels of HbF.
Haematology (Under NABL Scope)					
	Absolute Eosinophil Count	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Flow cytometry	Same Day	To determine the absolute eosinophil count.
	Absolute Neutrophil Count	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Flowcytometry	Same Day	To determine the absolute neutrophil count.
	Activated Partial Thromboplastin Time (APTT)	3 mL whole blood in 1 Blue Top (Sodium Citrate) tube.	Photo Optical clot Detection	Same Day	APTT measures intrinsic and common pathways of the coagulation cascade. Prolonged APTT may be caused by heparin and other anticoagulants, factor deficiencies or inhibitors such as lupus anticoagulants.
	Bone Marrow Aspiration & Biopsy	Bone marrow specimen	Grossing, Processing (Automated Tissue Processor), Embedding (Automated), Sectioning, Staining and Microscopy	9 days	Aspiration and biopsy of the bone marrow is used to diagnose, confirm, and/or stage hematologic disease, and is a diagnostic tool in non-hematologic disorders and malignancies
	Blood Group Rh Type	3 mL whole blood in 1 Lavender Top (EDTA) tube. + 3ml clotted blood in 1 Red top tube.	Forward & Reverse Typing by Gel System	Same Day	To determine the blood Group.
	Complete Haemogram	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Electrical Impedance, Flowcytometry Photometry	Same Day	This test provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.
	Coombs Test (Indirect)	3 mL serum, in a Serum separating tubes.	Gel System	Same Day	Indirect Coombs Test is used to identify red blood cell IgG antibodies that can cross the placenta and cause Hemolytic disease of the newborn.
	Coombs Test(Direct)	3 mL whole blood. In Lavender Top (EDTA) tube.	Gel System	Same Day	Direct Coombs test detects IgG and Complement bound to erythrocytes. The test is useful in diagnosing patients with Hemolytic disease of the newborn and Autoimmune Hemolytic Anemia. Drug induced antibodies may give false positive reactions.
	ESR	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Optic Electronic , Sedimentation	Same Day	ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely

					high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.
	Falciparum With P Vivax	3 mL whole blood from 1 Lavender Top (EDTA) tube.	Immunochromatography	Same Day	Malaria is a protozoan parasitic infection, prevalent in subtropical and tropical parts of the world. This test is not to be used in lieu of conventional smear diagnosis. Occasionally, test may show negativity even in presence of smear positivity.
	Haemoglobin	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Photometry & Microscopy	Same Day	For pathological Investigations.
	HB PCV	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Photometry, Electrical Impedance & Microscopy	Same Day	For pathological Investigations.
	HB Platelets	3mL whole blood in 1 Lavender Top (EDTA) tube.	Photometry, Electrical Impedance, & Microscopy	Same Day	For pathological Investigations.
	HB TC DC	3mL whole blood in 1 Lavender Top (EDTA) tube.	Photometry, Flow cytometry & Microscopy	Same Day	For pathological Investigations.
	HB TC DC PCV	3mL whole blood in 1 Lavender Top (EDTA) tube.	Photometry, Electrical Impedance & Microscopy	Same Day	For pathological Investigations.
	HB TC DC Platelets	3mL whole blood in 1 Lavender Top (EDTA) tube.	Photometry, Flow cytometry, Electrical Impedance & Microscopy	Same Day	For pathological Investigations.
	Malaria Parasite (MP)	Submit one thin and one thick peripheral blood smears.	Microscopic Examination	Same Day	Malaria is a protozoan parasitic infection, prevalent in subtropical and tropical parts of the world. This test helps in species identification. It also detects other hemoparasites if present.
	Osmotic Fragility	Two 3ml whole blood in 2 lavender Top (EDTA) tubes	Colorimetric detection of lysis in hypotonic solution	Second day after sample collection	Diagnosis of conditions: 1. Hereditary spherocytosis 2. Hereditary elliiptocytosis 3. Hereditary stomatocytosis 4. Autoimmune hemolytic anaemia 5. Thalassaemias 6. Iron deficecny anaemia Enzyme abnormalities
	PCV	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Electrical Impedance	Same Day	For pathological Investigations.
	Platelet Count	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Flowcytometry, Electrical Impedance ,Microscopic Examination	Same Day	For pathological Investigations.
	Prothrombin Time (PT)	3 mL whole blood in 1 Blue Top (Sodium Citrate) tube.	Photo Optical Clot Detection	Same Day	Prothrombin Time assesses the extrinsic and common coagulation pathway from Factor VII through fibrin formation. Results are interpreted based on INR. A prolonged INR suggests a potential bleeding disorder or if on warfarin

					therapy, a potential for bleeding complications.
	RBC Count	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Electrical Impedance ,Microscopic Examination	Same Day	For pathological Investigations.
	Reticulocyte Count	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Flow cytometry	Same Day	For pathological Investigations.
	TC	3mL whole blood in 1 Lavender Top (EDTA) tube.	Flowcytometry, ,Microscopic Examination	Same Day	For pathological Investigations.
	TC DC	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Flowcytometry, Electrical Impedance ,Microscopic Examination	Same Day	For pathological Investigations.
	TC DC PCV	3mL whole blood in 1 Lavender Top (EDTA) tube.	Flowcytometry, Electrical Impedance ,Microscopic Examination	Same Day	For pathological Investigations.
	Fibrinogen	3mL whole blood in 1Blue Top (Sodium Citrate) tubes	Photooptical clot detection	Same day	A fibrinogen test measures levels of fibrinogen
	Fluid For Hematocrit	3 mL fluid in 1 Lavender Top (EDTA) tube.	Manual	Same day	A pleural fluid hematocrit greater than 1% is usually associated with malignancy, pulmonary embolus or chest trauma. A result of greater than 50% of the peripheral blood hematocrit level is associated with a true hemothorax.
	Peripheral Smear	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Microscopy	Same day	For pathological Investigations.
	Heinz Body		Microscopy	Same day	For diagnosis of a type of hemolytic anemia
	Immature Reticulocyte Fraction	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Flowcytometry	Same day	Immature reticulocyte fraction gives a basic idea about the marrow erythropoietic activity and its response to drugs and therapy.
	Reticulocyte Haem. Equivalent	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Flowcytometry	Same day	RET-He can be potentially used to exclude iron deficiency anemia
	High Florescence Ratio	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Flow cytometry	Same day	The evaluation of reticulocyte maturity with total reticulocyte count seems to be clinically useful for estimating the qualitative impairment of erythropoiesis, and so could help differentiate haematological disorders.
	Medium Fluorescence Ratio	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Flow cytometry	Same day	The evaluation of reticulocyte maturity with total reticulocyte count seems to be clinically useful for estimating the qualitative impairment of erythropoiesis, and so could help differentiate haematological disorders.
	Low Fluorescence Ratio	3 mL whole blood in 1	Flow cytometry	Same day	The evaluation of reticulocyte maturity with total reticulocyte count seems to be

		Lavender Top (EDTA) tube.			clinically useful for estimating the qualitative impairment of erythropoiesis, and so could help differentiate haematological disorders.
	Immature Platelet Fraction	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Flow cytometry	Same day	Immature Platelet Fraction is an excellent indicator of the etiology of thrombocytopenia and predictive marker for platelet recovery.
	Myeloperoxidase (MPO)Stain	3 mL whole blood in 1 Lavender Top (EDTA) tube.	Microscopy	Same day	Myeloperoxidase is present in the primary granules of myeloid cells. Early myeloblasts are negative, with granular positivity appearing progressively as they mature.Cells of monocytic series display a less intense positive reaxtion that is characterized by fine granular deposits scattered throughout the cell. Lymphoblasts and lymphoid cells are MPO negative.
	Lupus Anticoagulant	3mL whole blood in 2 Blue Top (Sodium Citrate) tubes	Turbo densitometry	17 days	Studies have shown lupus anticoagulant, compared to other antibodies, more strongly correlates with pregnancy morbidity and thrombosis.
	Absolute Lymphocyte Count	3ml white blood 1 Lavender Top (EDTA) tube	Flow cytometry	Same day	To determine the absolute count
	Absolute Monocyte Count	3ml white blood 1 Lavender Top (EDTA) tube	Flow cytometry	Same day	To determine the absolute count
	Absolute Basophil Count	3ml white blood 1 Lavender Top (EDTA) tube	Flow cytometry	Same day	To determine the absolute count
	Absolute Reticulocyte Count	3ml white blood 1 Lavender Top (EDTA) tube	Flow cytometry	Same day	To determine the absolute count
	Blood For Microfilaria	5-10 ml whole Blood in 1 Lavender Top (EDTA) tube	Low & High power Microscopy	same day	To determine the Microfilaria disease.
	Sickling Test	5-10 ml whole Blood in 1 Lavender Top (EDTA) tube	Microscopy	same day	To determine the Sickle Cell disesse
	Neutophil Lymphocyte Ratio	3 ml whole Blood in 1 Lavender Top (EDTA) tube	Flow cytometry	Same day	To determine the Neutrophil Lymphocyte Ratio
Haematology (Not Under NABL Scope)					
	BT/CT	Direct Patient	BT:Finger pric CT-Capillary	Same Day	Bleeding Time Clotting Time
	Protein Electrophoresis	3.5mL serum, in a Serum separating tubes. SST (Gel Tube)	Cellulose Acetate	7 days	Recommended as an initial baseline investigation for most cases of serum protein abnormalities.
	LE Cell Test	10 mL whole blood in a glass container.	Romanowsky Staining	Same Day	Evaluate autoimmune diseases, Systemic Lupus erythrematous and in the diagnosis of "lupoid" hepatitis (Chronic active hepatitis).
	D Dimer Plasma	3mL whole blood in 1 Blue Top (Sodium Citrate) tubes.	Enzyme Linked Fluorescent Assay (ELFA)	Same Day	In DIC both thrombin and plasmin are generated. The breakdown products of fibrin clots and fibrinogen include D-Dimer and FDP. These analytes are also

					elevated when the coagulation and fibrinolytic systems are activated.
	G6PD (Deficiency Test)	3 ml of whole blood in 1 Lavender top EDTA tube	UV-Kinetic	Next day	G-6-PD deficiency is a sex linked disorder affecting males whereas females are the carriers. More than 300 variants of G6PD are known; hence deficiency can range from asymptomatic to acute hemolytic episodes. These episodes can be triggered by drugs, ingestion of fava beans, viral and bacterial infections.
	AFB Stain/Smear(Z N Stain)	Site Specific specimen & Tissues	ZN Staining & conventional microscopic examination	Next Day	For detection of Acid Fast Bacilli
	Gram Stain	Miscellaneous specimens	Gram Stain & Microscopy	Next Day	Detection of gram positive/gram negative microorganisms
	Gram Stain Urethral Smear	Urethral Specimen	Gram Stain & Microscopy	Next Day	Pathological Findings (Gram negative diplococcic)
	Fungal Stain (Nail Clipping/Skin Scraping)	Miscellaneous specimens	KOH preparation and microscopy	Next Day	Detection of fungal hyphae and yeast
	India Ink Preparation	CSF In Sterile Vial/Culture container	India ink & Microscopy	Next Day	Pathological Findings for (Cryptococcous)
	Culture Eye Swab	Eye Swab	Culture on respective media / Automated Colorimetric Technology (ID & AST)	3 days	Detection of growth of aerobic microorganisms
	Culture Urine	Urine (Urine Container) In Sterile Vial/Culture container	Culture on respective media / Automated Colorimetric Technology (ID & AST)	3 days	Detection of growth of aerobic microorganisms
	Culture Stool	Stool In Sterile Vial/Culture container	Culture on respective media / Automated Colorimetric Technology (ID & AST)	3 days	Detection of growth of Salmonella,Shigella and Vibrio species
	Culture Pus	Pus In Sterile Vial/Culture container	Culture on respective media / Automated Colorimetric Technology (ID & AST)	3 days	Detection of growth of aerobic microorganism
	Culture Sputum	Sputum In Sterile Vial/Culture container	Culture on respective media / Automated Colorimetric Technology (ID & AST)	3 days	Detection of growth of aerobic microorganism
	Culture CSF	In Sterile Vial/Culture container	Culture on respective media / Automated Colorimetric Technology (ID & AST)	3 days	Detection of growth of aerobic microorganisms
	Culture Fluid	In Sterile Vial/Culture container	Culture on respective media / Automated Colorimetric Technology (ID & AST)	3 days	Detection of growth of aerobic microorganisms
	Culture Throat Swab	Throat Swab	Culture on respective media / Automated Colorimetric Technology (ID & AST)	3 days	Detection of growth of aerobic microorganism
	Bactec Culture Aerobic(Blood)	Blood 4 – 5 ml Adult 1 ml Infant (Bactec Culture Vial)	Automated Fluorescent	3rd day & 7th days	Detection of growth of aerobic microorganism

	Bactec Culture Aerobic(Fluids)	Sterile Body Fluids 4 – 5 ml Adult 1 ml Infant (Bactec Culture Vial)	Automated Fluorescent	3rd day & 7th days	Detection of growth of aerobic microorganism
	Culture Others	Miscellaneous specimens	Culture on respective media / Automated Colorimetric Technology (ID & AST)	3 days	Detection of growth of aerobic microorganisms
	Culture Prostatic Massage	Post massage secretion	Culture on respective media / Automated Colorimetric Technology (ID & AST)	3 days	Detection of growth of aerobic microorganism
Microbiology (Not Under NABL Scope)					
	Afb Culture(Bactec)	Site Specific specimen & Tissues	Automated Fluorescent	1week -6 weeks	For detection of Acid Fast Bacilli
	Bactec Culture Anaerobic (Blood And Body Fluids)	Blood and sterile body fluids (4-5ml in adults, 1ml in children)	Automated Fluorescent	3rd day & 7th days	Detection of growth of anaerobic microorganism
	Mantoux Test (MT)	Direct Patient	According to dose	48-72 hrs	Screening test for TB(looking for induration)
	Culture Fungal	Miscellaneous specimens	Culture on respective media	15 days	Detection of growth of fungal elements
	Culture OT Swab	OT Swab	Culture on respective media / Automated Colorimetric Technology (ID & AST)	3 days	Detection of growth of aerobic microorganisms
	Modifies ZN Staining For (AF Oocyst)	Stool In Sterile Vial/Culture container	Modified ZN Staining & Microscopy	Next Day	Detection of oocysts of Cryptosporidium/Isospora/Cyclospora
	Modifies ZN Staining For Lepra Bacilli (M. Lepra)	Slit Skin smear	Modified ZN Staining & Microscopy	Next Day	Detection of Acid Fast bacilli (M. leprae)
	Smear For Fungus	Miscellaneous specimens	PAS	Next Day	Detection of growth of fungal elements
	Scolex Of Hydatid	Cyst Fluid	Direct Microscopy	Next Day	Detection of scolices of Echinococcus
	KLB (Albert Stain)	Throat swab	Direct Microscopy	Same Day	Detection of Corynebacterium diptheriae
Serology (Under NABL Scope)					
	Anti HCV Igg	4 mL serum, in a Serum separating *tubes*	Elisa	Next Day	HCV is the most common cause of Post transfusion hepatitis. HCV antibodies usually appear in the late convalescent stage >6 months after onset of infection. This assay is the screening test for resolved or chronic HCV.
	HIV 1&2	4 mL serum, in a Serum separating *tubes*	ELISA	Next Day	Detection of HIV antibodies and P24 Antigen.
	HIV (Rapid)	4 mL serum, in a Serum separating *tubes*	Immuno chromatography	Same Day	Detection of HIV antibodies
	Chikungunya IgM	4 mL serum, in a Serum separating *tubes*	Immuno chromatography	Same Day	Detection of Chikungunya antibodies
	DENGUE ELISA AG+AB (NS1 & IgM, IgG)	4 mL serum, in a Serum separating *tubes*	ELISA	Next Day	Detection of Dengue virus antigen and antibodies.
	Lepto Spira Antibody IgM	4 mL serum, in a	Immuno	Same	Detection of Leptospira antibodies

		Serum separating *tubes*	chromatography	Day	
	Salm Typhi IgM	4 mL serum, in a Serum separating *tubes*	Immuno chromatography	Same Day	Detection of Salmonella Typhi antibodies
	Urine Pregnancy Test	5 ml	Immuno chromatography	Same Day	Pregnancy
	VDRL (Rpr)	4 mL serum / Plasma, in a Serum separating *tubes*	Slide Flocculation	Same Day	RPR is used as a screening test for Syphilis. It is also used for following the progression of disease and response to therapy.
	Widal Test(Tube)	Serum Clot vial	Agglutination	Next Day	Detection of antibodies (TH/TO/AH/BH) against Salmonella.
	Brucella Serology	4 mL serum, in a Serum separating *tubes*	Agglutination	Next Day	Detection of antibodies(Brucella A/Brucella M) against Brucalla.
Serology (Not Under NABL Scope)					
	SCRUB Typhus	4 mL serum, in a Serum separating *tubes*	Immuno chromatography	Same Day	Detection of antibodies(IgM and IgG) against Ricketssia tsutsugamushi
	TB Platinum(Igra)	4 mL Whole Blood in a Lithium Heparin tubes	ELISA	5 days	Detection of Interferon Gamma
	HCV (Rapid)	4 mL serum / Plasma, in a Serum separating *tubes*	Immuno chromatography	Same Day	Detection of HCV antibodies
	RPR Titre	4 mL serum / Plasma, in a Serum separating *tubes*	Slide Flocculation	Same Day	RPR titre is used for detection test for Syphilis. It is also used for following the progression of disease and response to therapy.
Molecular Biology (Under NABL Scope)					
	HCV Quantitative	4 ml EDTA Blood	Gene xpert (PCR / CBNAAT)	Next day	For Quantitation of HCV Virus present in the sample.
	Covid-RT Pcr	Nasopharyngeal/ Oropharyngeal Swab In Viral Transport Media	REAL TIME PCR (ABI)	48 HRS.	For the detection of COVID RNA in the sample
Molecular Biology (Not Under NABL Scope)					
	Dengue Pcr	3ml serum (EDTA blood)	Molbio (TRUNAT SYSTEM)	Same day if within 12 noon.	For detection of Dengue RNA in its initial phase.
	Dengue/Chikunguniya PCR	Serum / plasma	Molbio (TRUNAT SYSTEM)	Next day	For detection of Dengue and Chikungunya RNA
	HPV	Cervical brushing fluid	Molbio (TRUNAT SYSTEM)	Next day	For detection of 16/18/31/45 genes of Human Papilloma Virus.
	HBV Rt Qualitative	Serum / plasma	Real time PCR	7 days	For the qualitative detection of Hepatitis B Virus.
	HBV Rt Quantitative (Viral Load)	Serum / plasma	Real time PCR	7 days	For the quantitative estimation of Hepatitis B Virus.
	MTB Rt Pcr	Site Specific Samples & Tissues	Real time PCR	4 days	For the detection of M tuberculosis complex.
	Gene Xpert Mtb	Various samples	Gene XPERT PCR	Next day	For detection of TB bacilli and its resistance to Rifampicin
	H1N1	Nasopharyngeal/ Oropharyngeal Swab In Viral Transport Media	Molbio (TRUNAT SYSTEM)	Same day	Detection of H1N1 RNA virus

	Influenza A/B	Nasopharyngeal/ Oropharyngeal Swab In Viral Transport Media	Molbio (TRUNAT SYSTEM)	Same day	Detection of Influenza Virus A/B RNA
	HLAB27	3 mL EDTA blood	REAL TIME PCR (ABI)	10 days	Detection of presence of HLAB 27 gene.

REFERRAL LAB: AM PATH

Sl. No.	Test Code	Test name	Sample Type	Sl. No.	Test Code	Test name	Sample Type
1.	BC0001	17 HYDROXY PROGESTERON	CLOT	2.	BC0045	BETA 2 MICROGLOBULIN	CLOT
3.	SI0107	ACETYLCHOLINE RECEP.BINDING ANTIBODY	CLOT	4.	MD0257	*BRAF MUTATION ANALYSIS	BLOCK
5.	BC0023	ALDOLASE	CLOT	6.	BC0066	CALCITONIN	CLOT
7.	BC0025	ALDOSTERONE	CLOT	8.	BC0072	CARBAMAZAPINE	CLOT
9.	BC0035	ANDROSTENEDIONE	CLOT	10.	HM0013	*CD 4/CD8 (IMMUNE PROFILE)	EDTA
11.	PR0334	ANTI CARDIOLIPIN ANTIBODY (IgA/IgG/IgM)	CLOT	12.	MD0026	CHLAMYDIA TRACHOMATIS (CT) PCR	CONTACT DEPT.
13.	SI0521	ANTI DNASE (SERUM)	CLOT	14.	BC0087	CHOLINESTERASE	CLOT
15.	SI0032	ANTI HBC IgM	CLOT	16.	BC0297	CHROMOGRANIN A (BLOOD)	EDTA(PLASMA)
17.	SI0033	ANTI HBC TOTAL	CLOT	18.	MD0128	CLOSTRIDIUM DIFFICILE DETECTION (PCR)	STOOL
19.	SI0036	ANTI HBSAG/HBSAB	CLOT	20.	PR0121	CRYOGLOBULIN QUALITATIVE	EDTA & CLOT
21.	SI0360	ANTI SPERM ANTIBODY (SERUM)	CLOT	22.	SI0089	CYSTICERCOSIS IgG	CLOT
23.	SI0056	ANTI TPHA	CLOT	24.	BC0093	C-PEPTIDE	CLOT
25.	SI0349	ANTI TTG IGA(ELISA)	CLOT	26.	BC0972	C-PEPTIDE(PP)	CLOT
27.	PR0419	APOLIPOPROTEINS A1 AND B (RATIO)	CLOT	28.	MD0237	CAL-R MUTATION DETECTION	EDTA
29.	SI0102	ASPERGILLOUS AB IgG	CLOT	30.	BC0105	DHT (DIHYDROTESTOSTERONE 5)	CLOT
31.	SI0103	ASPERGILLOUS AB IgM	CLOT	32.	BC0104	DIGOXIN	CLOT
33.	PR0204	ASPERGILLOUS AB IGG AND IgM	CLOT	34.	SI0028	ECHINOCOCCUS IgG (HYDATID SEEOLOGY)	CLOT
35.	SI0006	ANTI DSDNA ELISA	CLOT	36.	MD0203	* EGFR MUTATION STUDY	BLOCK
37.	MD0001	*BCR ABL QUALITATIVE RT PCR	EDTA(W/B &B/M)	38.	BC0108	ERYTHROPOIETIN	CLOT
39.	MD0232	* BCR ABL QUANTITATIVE RT PCR	EDTA(W/B)	40.	SI0085	FILARIA ANTIGEN	EDTA
41.	SI0454	BETA 2 GLYCOPROTEIN-1 IgA	CLOT	42.	CG0008	* FISH FOR HER-2/NEU(BREAST)	BLOCK
43.	SI0020	BETA 2 GLYCOPROTEIN-1 IgG	CLOT	44.	CG0082	* FISH ROS1(6Q22) REARRANGEMEBNT	BLOCK
45.	SI0455	BETA 2 GLYCOPROTEIN-1 IgM	CLOT	46.	CG0163	* FISH MET(7Q31) AMPLIFICATION	BLOCK
47.	SI0456	BETA 2 GLYCOPROTEIN-1 PANEL	CLOT	48.	BC0365	GAD 65,IgG	CLOT
49.	BC0363	* GALL STONE ANALYSIS WITH PIC	STONE	50.	MD0015	* JAK-2 MUTATION DETECTION QUAL PCR	EDTA(W/B &B/M)

Sl. No.	Test Code	Test name	Sample Type	Sl. No.	Test Code	Test name	Sample Type
51.	BC0128	GROWTH HORMONE	CLOT	52.	PR0040	* KAPPA/LAMDA LIGHT CHAINS ASSAY	CLOT
53.	BC0117	GASTRIN	CLOT	54.	MD0082	KRAS GENE ANALYSIS	BLOCK
55.	SI0065	HEV IgG	CLOT	56.	BC0379	*KIDNEY STONE ANALYSIS WITH PIC	STONE
57.	SI0040	HEV IgM	CLOT	58.	SI0412	LEISHMANIA ANTIBODY IgG	CLOT
59.	MD0329	HIV VIRAL LOAD	EDTA(PLASMA)	60.	SI0045	MEASLES IgG AB	CLOT
61.	BC0129	HAPTOGLOBIN	CLOT	62.	SI0046	MEASLES IgM AB	CLOT
63.	SI0660	HAV IgG	CLOT	64.	SI0045+SI0046	MEASLES IgG AND IgM	CLOT
65.	SI0030	HAV IGG AND IGM	CLOT	66.	SI0047+SI0048	MUMPS VIRUS AB IgG+IgM	CLOT
67.	SI0034	HBEAB	CLOT	68.	MD0084	*MPL,GENE MUTATION	EDTA(W/B &B/M)
69.	SI0035	HBEAG	CLOT	70.	MD0269	*NEISSERIA GONORRHOEAE (NG) PCR	CONTACT DEPT.
71.	MD0007	* HCV GENOTYPING (PCR METHOD)	EDTA(PLASMA)	72.	BC0184	PROTEIN ELECTROPHORESIS	CLOT
73.	SI0401	HELICOBACTER PYLORI IgA	CLOT	74.	BC0171	PHENYTOIN LEVEL	CLOT
75.	SI0402	HELICOBACTER PYLORI IgG	CLOT	76.	BC0036	SACE	CLOT
77.	SI0655	HEPATITIS PANEL	CLOT	78.	BC0204	SHBG	CLOT
79.	PR0046	HEPATITIS B PANEL	CLOT	80.	BC0220	THYROGLOBULIN	CLOT
81.	HP0087	* IHC PD-L1	BLOCK	82.	BC0240	VALPROIC ACID	CLOT
83.	CG0128	* FISH ALK-1	BLOCK	84.	SI0058	VARICELLA ZOSTER AB IgG	CLOT
85.	IH0119	*IHC MSI PANEL	BLOCK	86.	SI0059	VARICELLA ZOSTER AB IgM	CLOT
87.	BC0135	*IMMUNO-FIXATION ELECTROPHORESIS	CLOT	88.	MD0209	NRAS MUTATION ANALYSIS	BLOCK
89.	BC0136	IMMUNOGLOBULIN IgA	CLOT	90.	BC0075	CERULOPLASMIN	CLOT
91.	BC0137	IMMUNOGLOBULIN IgG	CLOT	92.	BC0154	LIPO PROTEIN A	CLOT
93.	BC0138	IMMUNOGLOBULIN IgM	CLOT	94.	SI0801	COVID IGG SPIKE AB	CLOT
95.	PR0052	IMMUNOGLOBULIN (IgA/IgG/IgM)	CLOT	96.	SI0817	ANA PROFILE(25 Ag) QUANTITATIVE	CLOT
97.	BC0371	IMMUNOGLOBULIN IGG SUBCLASS 4	CLOT	98.	BC0284	IGF 1	CLOT
99.	BC0283	INHIBIN B	CLOT	100.	HM0293	MPN REFLEX PANEL(4 PANEL)	EDTA(W/B)
101.	BC0681	IL 6	EDTA PLASMA	102.	IH0132	IHC MDM2	BLOCK
103.	MB0265	AFB 2ND LINE DST (10 DRUG PANEL)	AFB POSITIVE	104.	MD0505	# GASTROINTESTINAL(GI) PANEL	STOOL

Sl. No.	Test Code	Test name	Sample Type	Sl. No.	Test Code	Test name	Sample Type
105.	MB0264	AFB CULTURE DRUG SENSITIVITY- 12 DRUGS	AFB POSITIVE	106.	MD0304	# RESPIRATORY RP2 PLUS PANEL	NASOPHARANGEAL SWAB IN V.T.MEDIA
107.	MB0261	AFB CULTURE DRUG SENSITIVITY- 15 DRUGS	AFB POSITIVE	108.	MD0492	# PNEUMONIA PLUS PANEL	SPUTUM/BAL/ENDOTRACHEAL SECRETIONS
109.	MD0085	MTHFR MUTATION DETECTION	EDTA (W/B)	110.	BC0115	FRUCTOSAMINE	CLOT
111.	SI0664	ANTI OVARIAN AB (WITH TITRE)	CLOT	112.	BC0663	IMMUNOFIXATION - QUANTITATIVE	CLOT
113.	MD0011	HIV I Viral load RNA PCR	EDTA(W/B)	114.	MD0249	HIV II Viral load RNA PCR	EDTA(W/B)
115.	SI0115	HCV IGM	CLOT	116.	MB0094	AFB/TB-MOTT SPECIES DIFFERNTIATION	AFB POSITIVE
117.	CG0132	FISH C - MYC	BLOCK	118.	SI0094	FECAL CALPROTECTIN	STOOL
119.	MB0193	AFB-MOTT DRUG RAPID GROWING	AFB POSITIVE	120.	BC0919	FECAL ELASTASE	STOOL
121.	MB0194	AFB-MOTT DRUG SLOW GROWING	AFB POSITIVE	122.	BC0430	TSH RECEP ANTIBODIES	SERUM
123.	SI0791	GALACTOMANNAN	BAL FLUID	124.	MD0279	BRCA1&2 FULL GENE	EDTA(W/B)
125.	MD0556	LUNG CANCER 12 GENE PANEL WITH PDL-1	BLOCK	126.	CG0177	FISH FOR RARA GENE	HEPA –B/M-W/B
127.	MB0017	CLOSTRIDIUM DIFFICILE TOXIN	STOOL	128.	SI0724	HP-PANEL	CLOT
129.	SI0554	ENA PROFILE(QUALI)	CLOT	130.	BC0446	C1 ESTERASE INHIBITOR QNTY	CLOT
131.	MB0263	MYCOBAC.SPECIATION MALDITOF	AFB POSITIVE	132.	MD0525	NGS PANEL FOR MDS	EDTA (W/B OR B/M)
133.	SI0521	ANTI DNAASE-B	CLOT	134.	SI0428	RUBELLA IGG AVIDITY	CLOT
135.	SI0685	APLA – IGA	CLOT	136.	SI0015	APLA IGG	CLOT
137.	BC0367	HUMAN EQUIDIDYMIS PROTEIN – 4 (HE4)	CLOT	138.	BC0467	ALK PHOS – BONE SUB FRACTION	CLOT
139.	SI0297	ASPERGILLUS FUMIGATUS SPECIFIC IGE	CLOT	140.	SI0105	ANTI MUSK ANTIBODY	CLOT
141.	SI0016	APLA – IGM	CLOT	142.	MD0506	BLD C/S IDENTIFICATION-BIOFIRE	POSITIVE BACTEC VIAL
143.	BC0370	IGF – BP - 3	CLOT	144.	SI0109	AI ENCEPHALITIS PANEL	CLOT
145.	PR0894	ABPA - PANEL	CLOT	146.	SI0604	RTIP-IGM	CLOT
147.	SI0097	CRYPTOCOCCUS ANTIGEN DETECTION	CLOT	148.	SI0106	NMO ANTIBODIES	CLOT
149.	SI0706	MOG ANTIBODY	CLOT	150.	SI0707	NMO WITH MOG AB PROFILE	CLOT
151.	BC0183	OLIGOCLONAL BANDS (CSF)	SERUM & CSF	152.	BC0167	OSMOLALITY	SPOT URINE
153.	BC0166	OSMOLALITY	SERUM	154.	BC0165	OSMOLALITY	24 HOURS UINE
155.	MD0122	MENINHITIS PANEL	CSF (BIOFIRE)	156.	BC0091	COPPER	SERUM

Sl. No.	Test Code	Test name	Sample Type	Sl. No.	Test Code	Test name	Sample Type
157.	HM0273	CD4&CD8(FLUID)	BAL	158.	BC0395	MYOGLOBIN	SERUM
159.	SI0080	ASCA IGA ANTIBODY	SERUM	160.	SI0081	ASCA IGG ANTIBODY	SERUM
161.	BC0989	METHYL MALONIC ACID (MMA)	SERUM	162.	BC0179	NT PRO BNP	SERUM
163.	HM0056	PROTEIN C	SODIUM CITATE	164.	HM0057	PROTEIN S	SODIUM CITATE
165.	MB0260	MTB X-PERT XDR	CONTACT DEPT	166.	BC0260	MTX LEVEL	SERUM
167.	HM0139	PIVKA-II	SERUM	168.	MD0187	TPMT GENOTYPE	EDTA(W/B)
169.	BC0215	TACROLIMUS	EDTA(W/B)	170.	SI0041	HSV 1&2 IGG/IGM COMBINED	SERUM
171.	MD0301	PDGFRAMUTA	BLOCK	172.	BC0987	1-3-BETA-D-GLUCAN	SERUM
173.	MD0202	C-KIT MUTA	BLOCK	174.	BC0821	SERUM TRYPTASE	SERUM
175.	BC0316	KETONE BODY	SERUM	176.	MD0124	ASPERGILLUS FUMIGATUS DNA DETECTOR	FLUID
177.	MD0589	RET GENE MUTATION	EDTA W/B	178.	BC0014	ACTH	EDTA PLASMA
179.	MD0661	GIST PANEL	BLOCK	180.	BC0869	MYELOMA PANEL-6	SERUM
181.	MD0211	PIK3CA	BLOCK	182.	HM0144	ALPHA THALASSEMIA MUTATION DETECTION	EDTA(W/B)
183.	BC0644	ROMA INDEX (HE4 & CA125)	SERUM	184.	SI0395	EBV-IGG	SERUM
185.	SI0396	EBV-IGM	SERUM	186.	BC0101	CYSTATIN-C	SERUM
Hemato-oncology							
187.	HM0024	* ACUTE LEUKEMIA- T,B OR MYLOID	HEPARIN (W/B OR B/M)	188.	HM0024	*LEUKEMIA DIAG. PANEL (CLL/HCL/SLL-BASIC)	HEPARIN (W/B OR B/M)
189.	HM0024	* COMPREHENSIVE LEUKEMIA PANEL	HEPARIN (W/B OR B/M)	190.		*CHROMOSOME ANALYSIS,PHILADELPHIA	HEPARIN (W/B OR B/M)
191.	CG0007	*FISH FOR BCR/ABL OR PHILADELPHIA TRANSLOCATION	HEPARIN (W/B OR B/M)	192.	MD0031	*FLT3 GENE MUTATION	EDTA (W/B OR B/M)
193.	CG0104	*FISH FOR MDS PANEL	HEPARIN (W/B OR B/M)	194.	CG0022	*CHROMOSOME ANALYSIS FOR HAEMATOLOGICAL MALIGNANCY	HEPARIN (W/B OR B/M)
195.	PR0318	*FISH FOR MULTIPLE MYELOMA	HEPARIN (ONLY B/M)	196.	CG0184	*FISH LYMPHOMA PANEL	HEPARIN(B/M) OR BLOCK
197.	HM0031	*CLPD PANEL	HEPARIN (W/B OR B/M)	198.	CG0102	*CLL PROGNOSIS BY FISH	HEPARIN (W/B OR B/M)
199.	HM0032	MULTIPLE MYELOMA PANEL (FLOW)	HEPARIN/EDTA (B/M-W/B				
REFERRAL LAB: REVETTY							
200.		EFT'S SCRN (PERKINELMER)	S.S.T GEL	202.		TRIPLE TEST (PERKINELMER)	S.S.T GEL
201.		QUADRUPLE TEST (PERKINELMER)	S.S.T GEL	203.		NON INVASIVE PRENATAL TEST (NIPT)	Special vial

These results are to be immediately (within half an hour) of confirmation of the result notified to the concerned Clinician or patient/clinical personnel responsible for patient care.

Clinical Biochemistry		
SL. NO.	**PARAMETER**	**RESULT**
1.	Glucose	<50 >500 mg/dl
2.	Urea	>200 mg/dl
3.	Creatinine	>15 mg/dl
4.	Na^+	<110 >160 mEq/L
5.	K^+	<2.5 >6.5 mEq/L
6.	Cl^-	<85 mEq/L
7.	Mg^{+2}	<1.0 >4.0 mg/dl
8.	HCO_3^-	>40 meq/L
9.	Albumin	>2.0 gm/dl
10.	CPK	>225 U/L
11.	MB	>25 U/L
12.	T-Bil	>15.0 mg/dl
13.	Calcium	<6.0 >13.0 mg/dl
14.	Ammonia	>200 µg/dl
15.	Carbamazapine	>15 µg/ml
16.	Phenytoin	>20 µg/ml
17.	Valproic Acid	>100 µg/ml
Hematology		
18.	Hemoglobin	< 5.0 or > 20.0 (Except for neonates) g/dl
19.	WBC Count	< 2,000 / cmm
20.	Absolute Neutrophil Count	< 1,000 / cmm
21.	Platelet Count	< 30,000 / cmm
22.	Peripheral Smear	Suspected leukaemia
23.	Malaria Parasite	P. falciparum / P. vivax present
24.	Prothrombim Time	I.N.R. > 3.5
25.	Bone Marrow Aspiration	L.D. body / P. falciparum present Leukaemia present
Histopathology		
26.	Crescents in kidney biopsies	Present
27.	Transplant rejection	Present
28.	Necrotizing / leukocytoclastic vasculitis	Present
29.	Disagreement between frozen section report and permanent section results	Present
30.	Mucormycosis in tissue sections	Present
31.	Organisms in cardiac biopsy sample	Present
32.	Unexpected malignancy	Present
33.	Malignancy in superior venacava syndrome	Present
Cytopathology		
34.	Completely unexpected malignancy	Present
35.	Malignancy at critical site (SVC syndrome, risk of spinal injury)	Present
36.	CSF findings	Present

SL. NO.	PARAMETER	RESULT
1.	Pnemocystis, fungi or viral cytopathic changes in BAL, wash or brush samples in an immunocompromised patient	Present
2.	Polyoma virus in urine specimen	Present
3.	Mucor in FNA material	Present
Microbiology and Serology		
4.	Blood Culture	Growth of pathogenic bacteria
5.	CSF (smear/ India Ink preparation/ culture)	Positive or Negative finding
6.	Dengue Antigen and Antibody	Positive
7.	Screening of Salmonella typhi	Reactive
8.	Brucella (abortus / melitensis)	Positive
9.	Chikungunya	Reactive
10.	Leptospira	Reactive
11.	AFB (Culture)	(If MDR present)
12.	Stool (watery)	Presence of darting bacilli (suggestive of Vibrio)
13.	Throat swab	Presence of diphtheria like bacilli (suspicious of C.diphtheriae)
14.	Scrub typhus	Reactive
15.	Dengue/Chikungunya PCR	Reactive
16.	Influenza / H1N1	Reactive
17.	Gene Xpert MTB	(If MDR present)

THE DIAGNOSTIC CENTER COMPLAINT & FEEDBACK PROCEDURE

Quadra medical Services has both electronically and manually complain handling for manual process complain & feedback form is available with reception for all the units. Patient may seek attention from reception regarding this for electronically

Complaint patient.

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