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|  | SRI NATHELLA SAMPATHU CHETTY CLINICAL LABORATORY, SANKARA NETHRALAYA (UNIT OF MEDICAL RESEARCH FOUNDATION) | 2025 |
| DIRECTORY OF SERVICES | | |

DIRECTORY OF SERVICES



**SRI NATHELLA SAMPATHU CHETTY
CLINICAL LABORATORY, SANKARA NETHRALAYA
(UNIT OF MEDICAL RESEARCH FOUNDATION)**

Padma Bhushan Dr.S.S.Badrinath Campus

No.41, College Road,



Nungambakkam,

Chennai – 600 006

Ph: 2823 3556 / 2827 1616 / 2831 1913

Fax: 91-044-2825 4180

Email: snsclab@snmail.org

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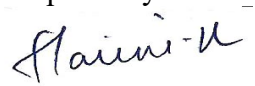




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Hospital Laboratory

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|---|
| <p style="text-align: center;">Sri Nathella Sampathu Chetty Clinical Laboratory, Sankara Nethralaya, (Unit of Medical Research Foundation)</p> |
| <p>The Legal name of the parent organization is “Medical Research Foundation”. The Organization is Registered under Societies Registration Act 1860 (S.No. 25 of 1978)</p> |
| <p><u>Address :</u></p> <p>SNSC Clinical Laboratory, Sankara Nethralaya (Unit of Medical Research Foundation) Padma Bhushan Dr.S.S.Badrinath Campus SANKARA NETHRALAYA, No 41, (OLD No: 18), College Road, Nungambakkam, Chennai – 600 006, Tamil Nadu, India, Ph: 2823 3556 / 2827 1616 / 2831 1913 Email: snsclab@snmail.org</p> <p>Working hours (Main Lab) : 7.30 am to 7.00 pm (Sunday holiday)</p> |
| <p>Laboratory Director : Dr.N.Angayarkanni Ph.D Contact : 28271616 Extn 1304/1341 Email: drak@snmail.org / snsclab@snmail.org</p> |

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Other Sample Collection Centres : Address

1. SNSC Clinical Laboratory Collection Centre, Dr.S.S.Badrinath Road

Working hours : 7.30 am - 5.30 pm

Jagadguru Kanchi Sri Chandrasekarendra Saraswathi Nethra Nilayam,
 (JKCN Centre)
 No.21, Dr.S.S.Badrinath Road
 Chennai – 600 006, Tamil Nadu, India.
 Phone: 28263556 / 28271616
 Email: drak@snmail.org/snsclab@snmail.org

2. SNSC Clinical Laboratory Collection Centre, CUSSN



Working hours: 8.00 am - 4.30 pm


(C.U.Shah Sankara Nethralaya)
 No. 8, GST Road, St.Thomas Mount, Gunidy
 Chennai 600 016, Tamil Nadu, India.
 Ph No: 91-044-22346022, 22344474
 Email: drak@snmail.org/snsclab@snmail.org

3. SNSC Clinical Laboratory Collection Centre, SN RA Puram

Working hours : 9.00 am - 3.00 pm

(Sankara Nethralaya RA Puram)
 New No. 30, Old No.73, Kamarajar Salai, Raja Annamalaipuram,
 Chennai: 600 028, Tamil Nadu, India.
 Ph No: 91-044-49083500, 49083501
 Email: drak@snmail.org/snsclab@snmail.org

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The Departments under SNSC Clinical Laboratory & working hours

Padma Bhushan Dr.S.S.Badrinath Campus, No 41, College Road

A. Main Laboratory: Venugopal block (VG block) Ground Floor

1. Collection : Sample collection time: 7.30am to 6.00pm

Working hours: 7.30 am to 7.00 pm

2. Clinical Biochemistry-

3. Clinical Pathology

4. Clinical Hematology

B. KNBIRVO BLOCK

5. Histopathology and Cytopathology - 3rd floor,

6. Genetics and Molecular Biology - 4th floor,

7. Special Clinical Biochemistry - 5th floor,

8. Microbiology and Serology - 6th floor,

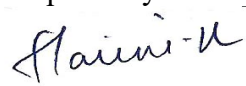

C. Venugopal block (VG block) Ground Floor,

9. Molecular Diagnostic Laboratory.

Note:

For emergency cases in house, Point of care testing (POCT) available 24x7 at all campus.

After working hours only tests that cannot be done in POCT will be collected by ward sister/on call Phlebotomist from SN Main laboratory as requested by Consultants / Anesthetist and sent to Metropolis Health Care Limited, Nungambakkam, Chennai. (Outsourced)

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| S.No. | Director | SNSC Clinical Laboratory |
|-------|-------------------------|--------------------------|
| 1. | Dr.N. Angayarkanni Ph.D | |

| S.No. | Deputy Director | SNSC Clinical Laboratory |
|-------|------------------|--------------------------|
| 1. | Dr.AR.Anand Ph.D | |

| S.No. | HOD | Department |
|-------|------------------------|--|
| 1. | Dr.N.Angayarkanni Ph.D | Cl Biochemistry |
| 2. | Dr.S.Krishnakumar MD | Cl Hematology and cl Pathology |
| 3. | Dr. S.Krishnakumar MD | Histopathology |
| 4. | Dr.AR.Anand Ph.D | Microbiology and Serology Molecular Diagnostics |
| 5 | Dr.Sripriya S Ph.D | Head Incharge, Genetics and Molecular Biology |

Quality Manager



| S.No. | Name | SNSC Cl Laboratory |
|-------|-------------------|---|
| 1. | Dr.R. Harini , MD | Associate Professor, Clinical Biochemistry |

Technical Manager

| S.No. | Name | Department |
|-------|-----------------------|--------------------|
| 1. | Ms.Kamatchi MSc,MSMLT | Sp cl Biochemistry |

Deputy Technical Managers



| S.No. | Name | Department |
|-------|-----------------------|--|
| 1. | Ms.Saumya.T.S. M.Sc | Cl.Hematology & Cl.Pathology |
| 2. | Ms Logeswari M.Sc | Clinical Biochemistry |
| 3. | Ms.Priyanka BSc MLT | Microbiology & Serology |
| 4. | Ms.M.Anitha BSc MLT | Histopathology |
| 5. | Ms.Jayanthi M.Sc | Special Biochemistry |
| 6. | Ms.Emelda Mary M.Sc | SNSC Collection Centre - Dr.S.S.Badrinath Road |
| 7. | Ms.Revathy Menon M.Sc | Molecular Diagnostic Laboratory |


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Signing Authorities/Faculty of the Laboratory Departments


| S.No | Name /Lab Head | Designation, Authorized Signatory, Contact details |
|------|---|---|
| 1. | Dr.N.Angayarkanni Ph.D Head, Clinical Biochemistry & Collection | Director - SNSC Clinical Laboratory, Management Representative (MR) NABL, Director - Biochemistry, Authorized Signatory Contact Details: 28271616, Ext:1304/ 1341 Email: drak@snmail.org |
| 2. | Dr.R.Harini MD In-charge: Collection (main and other centers) & In-charge cl Biochemistry | Quality Manager (NABL), Associate Professor - Clinical Biochemistry, Authorized Signatory, Contact Details: 28271616, Ext:1103 Email: drharini@snmail.org |
| 3. | Dr.Suman H Kalantri MD In-charge: Hematology & Cl Pathology | Assistant Professor-Cl.Hematology & Cl.Pathology, Authorized Signatory, Contact Details: 28271616, Ext:1101 Email: drsuman@snmail.org |
| 4. | Dr.J.Biswas MS Director , Histopathology | Director – Histopathology, Authorized Signatory, Contact Details: 28271616, Ext:1302 Email: drjb@snmail.org |
| 5. | Dr.S.Krishna Kumar MD Head, Hematology & cl pathology & Head, Histopathology | Prof & HOD – Histopathology, Authorized Signatory, Contact Details: 28271616, Ext:1302 Email: drkk@snmail.org |

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| 6. | Dr.A.R.Anand Ph.D Head, Microbiology & serology & Molecular Diagnostic Laboratory | Deputy Director - SNSC Clinical Laboratory, Professor and Head Microbiology & Serology, Authorized Signatory, Signing authority: Molecular diagnostics Contact Details: 28271616, Ext:1301/1305 Email: dranand@snmail.org |
| 8. | Dr.L.Dhanu Rekha Ph.D In charge: Molecular Diagnostic Laboratory, | Senior Scientist- Molecular Diagnostic Laboratory, Authorized Signatory, Signing authority Microbiology, Serology Contact Details: 28271616, Ext:1352 Email: drdhanu@snmail.org |
| 7. | Dr.G.Srividya Ph.D | Molecular Biologist Molecular Diagnostic Laboratory, Contact Details: 28271616, Ext:1352 drsividya@snmail.org |
| 10. | Dr.S.Sripriya Ph.D Head in charge: Genetics | Incharge - Genetics & Molecular Biology Authorized Signatory (Non-NABL), Contact Details: 28271616, Ext:1308 Email: drss@snmail.org |

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Quality Policy ISO 15189:2022

“We at the Clinical Laboratory commit to provide Quality Medical Laboratory service to meet the needs and requirements of its patients and users to provide examinations that fulfill their intended use for generating reliable patient test reports on time, using appropriate technology of International standards and ensure continual improvement committed through good professional practice and competent staff who ensure to abide by the policies and procedures of the laboratory at all times with complete awareness of the required documentation”.

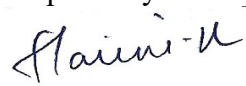

Objectives


1. To comply with ISO15189:2022 standards at all time.
2. To maintain technical excellence by using standard technology.
3. To ensure compliance with the statutory and regulatory requirements.
4. To ensure adequate resources and staff competence for effective service.
5. To ensure testing and reporting results in an effective and timely manner.
6. To ensure continued patient satisfaction.
7. To ensure continual improvement in the processes and services.



Date: 18.11.2023

Dr. N. Angayarkanni Ph.D
Director-Laboratory Services
Management Representative

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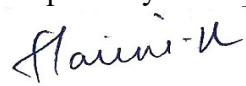

[Handling of Feedback forms / Suggestions / Complaints received at SNSC clinical laboratory](#)


Patients / Customers can give their suggestions / feedback / complaints to the SNSC Clinical Laboratory, Sankara Nethralaya through :

- Feedback form at the Laboratory registration counter,
- Suggestion box in the laboratory registration counter,
- Through e-mail (snsclab@snmail.org) / drak@snmail.org / respective department.
- If verbal it can to the Director/QM / respective departments of the laboratory.

A suitable response will be ensured on complaints and suggestions after discussion at the fortnightly laboratory services meeting. Feed backs are reviewed by the Director, QM and Head of the laboratory and by the Management.

The feedback is one of the “Quality Indicator” of the lab service and all quality indicators shall be analyzed statistically for management information so as to ensure quality system in patient service at laboratory.

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GENERAL INSTRUCTION ON SAMPLE COLLECTION

A. CLINICAL BIOCHEMISTRY:



1. Instructions for routine blood investigation:


1.1. Fasting blood sugar (FBS): For a fasting blood sugar test, do not eat or drink anything other than water for at least 8 to 12 hours over night before the blood sample is taken. Tea, coffee, alcohol intake and Smoking and excessive physical exertion are not permitted during this period. Reasonable amount of water intake is permitted. If you are diabetic consult your physician regarding your drug intake instructions.

1.2. 2-hour Postprandial (post Breakfast / lunch) blood sugar: For a 2-hour postprandial test, you need to have your blood collected exactly 2 hours after a regular Breakfast /lunch. Patient can have water and usual medicines post physician consultation regarding the same. PP blood sugar to be collected exactly after 2 hours of food (From the food intake time). The instructions for the same will be given by the Consultant /Physicians /Physician Secretary /SCC (Surgery Scheduling Center). It will be ensured by the Laboratory Enquiry Secretary and counter checked by Technician/ Lab Assistant during interaction with the patients at the time of collection.

1.3. Random blood sugar (RBS): No special preparation is required before having a random blood sugar test. The patient is required to be in non-fasting state; hence blood samples will be collected within 2 hours of last meal intake irrespective of time of the day.

1.4. Lipid profile: Patient should fast for 8-12 hours overnight before blood collection. Fasting should be no food or drink except for water.

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1.5. Plasma Glucose tolerance test (OGTT) - Instructions to patients coming for Oral

Glucose Tolerance test (OGTT) Code: 103

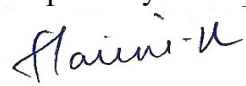

Patient should overnight fast for 12 hours before blood collection. Fasting should be no food or drink except for water 82.5 g monohydrate glucose in 250ml of water glucose load will be given orally post fasting sample collection.


- First blood should be collected in fasting condition.
- 2nd sample -1 hour after glucose load
- 3rd sample- 2hrs after glucose load

1.6. Gestational Diabetes Mellitus (GDM) Instructions to pregnant women coming for OGTT for GDM screening/diagnosis Code:104

Patient should overnight fast for 12 hours before blood collection. Fasting should be no food or drink except for water 82.5g monohydrate glucose in 250ml of water or 100g anhydrous glucose (110g Monohydrate glucose) load will be given orally post fasting sample collection.

- First blood should be collected in fasting condition.
- 2nd sample -1 hour after glucose load
- 3rd sample- 2hrs after glucose load
- 4th samples- 3 hrs after glucose. Load(If 100g load given)

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1.7. Special Biochemical Investigation:

1. Plasma Amino acid Profile (HPLC)
2. Plasma Homocysteine
3. Paper Chromatography for Plasma Ornithine/ any amino acid
4. Paper Chromatography for Plasma Galactose / other sugars.
5. Microalbuminuria/UACR (Early morning sample)

Fasting Specimen: For all the above mentioned test the patients are instructed to have his/her dinner the previous night not later than 9 pm and following that not to eat or drink except water till he/ she reports to the laboratory (fasting period should be between 8 to 12 hours).

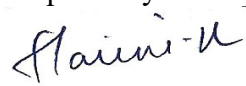

2. Instructions to the patients who have undergone FFA (Fundus Fluorescein Angiography)


In the above mentioned conditions the patients are instructed not to give blood for 24 hours after the FFA for the following test,

1. Angiotensin Converting Enzyme (ACE)
2. Plasma Homocysteine.
3. Microalbumin/UACR
4. Routine urine analysis/ Urine Sugar/Urine LFT

3. Instructions to Patients coming for serum Vitamin A testing:

- Should not take vitamin A tablet,
- Blood should be collected in Fasting Condition (10-12 hours fasting).
- No alcohol intake is allowed.

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4. Instructions to patients coming for Serum Iron, TIBC and Percentage saturation

testing:

Should not take iron medication for 3 days. (Fasting / Random). The test is out sourced.

5. IEM (Inborn Errors of metabolism):

Three containers will be provided for the patient, one of the three containers labeled 'F' (fasting) and the other two containers labeled 'R' (Random). Patient should collect the fasting urine in the 'F' container and the random urine in the 'R' containers. Provide 3 urine containers with pinch of sodium azide.

B. HAEMATOLOGY:



Random blood collection is done for routine hematological test.

C. CYTOGENETICS (INSTRUCTIONS TO CHROMOSOMAL STUDY):

1. Random blood collection is done for above mentioned test.
2. The patient should not be under any chemotherapy, immunosuppressive drugs or affected by immunosuppressive disease and septicemia, which affect mitotic index and sterility of the culture.

D. MICROBIOLOGY:

The patients coming for Microbiological test should not take any antibiotic therapy prior to investigation. Ref: Test master list SNSC/CM/12A, 12B, 12C, 12D, 12E and 12F / Departmental manual for more details.

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E. MOLECULAR DIAGNOSTICS:

GENERAL PROTOCOL FOR SAMPLE COLLECTION (Sterile containers)

Bacteriology and Mycology Investigations (culture and PCR)

- Sterile swabs: Pus, infected wounds, throat, nose, vaginal secretions or other site.
- Sterile wide-mouthed containers for C.S.F, body fluid such as ascitic, pleural, synovial fluids and urine.
- Sterile containers, with screw cap and wide mouth for pus, urine, sputum, feces scrapings from any site & biopsies.
- For blood culture - Automated: BACTEC blood culture system bottles.
- For Anaerobic culture: Specimen inoculated immediately into Robertson Cooked Meat (RCM) media
- Blood samples- EDTA blood for PCR investigations



Viral investigation (PCR)-

- specimen in a sterile viral transport media

F. GENETICS

CYTOGENETICS (INSTRUCTIONS TO CHROMOSOMAL STUDY):

1. Random blood collection is done for above mentioned test.
2. The patient should not be under any chemotherapy, immunosuppressive drugs or affected by immunosuppressive disease and septicemia, which affect mitotic index and sterility of the culture.

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DEPARTMENT OF

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SEROLOGY

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DEPARTMENT OF

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DEPARTMENT OF

GENETICS &

MOLECULAR BIOLOGY

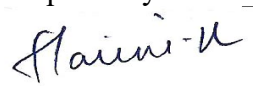

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PACKAGE TESTS


| ROUTINE WORK UP | | | | |
|------------------------|------------|--|---|---|
| S. N o. | Test code | Test Code: 301 - ROUTINE PRE-OPERATIVE WORKUP (Without Urea & Creatinine) <u>Charges: Rs.1050/-</u> | Test Code: 302 - ROUTINE PRE-OPERATIVE WORKUP (With Urea & Creatinine) <u>Charges: Rs.1350/-</u> | Test Code: 303 DIABETIC WORK UP (Code 302 + HbA1c) <u>Charges: Rs.1750/-</u> |
| 1 | 001 | Haemoglobin (Hb) and Haematocrit (PCV) | Haemoglobin (Hb) and Haematocrit (PCV) | Haemoglobin (Hb) and Haematocrit (PCV) |
| 2 | 004 | Total W.B.C. Count and Differential Count | Total W.B.C. Count and Differential Count | Total W.B.C. Count and Differential Count |
| 3 | 005 | E.S.R. | E.S.R. | E.S.R. |
| 4 | 006 | Platelet Count | Platelet Count | Platelet Count |
| 5 | 102 | Plasma Glucose (F/ R/ PP) | Plasma Glucose (F/ R/ PP) | Plasma Glucose (F/ R/ PP) |
| 6 | 018 | Urine Routine Analysis | Urine Routine Analysis | Urine Routine Analysis |
| 7 | 105 | -- | Urea and Creatinine | Urea and Creatinine |
| 8 | 151 | --- | --- | HbA1c |

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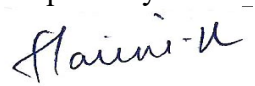

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| UVEITIS WORKUP | | | | |
|-----------------------|-------------|--|---|--|
| S. No. | Test code | Test Code: 304 <u>Charges: Rs.15580</u> | Test Code: 304 with Urea & Creatinine <u>Charges: Rs. Rs.15880</u> | Test Code:306 (DIABETIC) <u>Charges: Rs.16280</u> |
| 1 | L001 | Haemoglobin (Hb) And Haematocrit (PCV) | Haemoglobin (Hb) And Haematocrit (PCV) | Haemoglobin (Hb) And Haematocrit (PCV) |
| 2 | L004 | Total W.B.C. Count And Differential.Count | Total W.B.C. Count And Differential.Count | Total W.B.C. Count And Differential.Count |
| 3 | L005 | Erythrocyte Sedimentation Rate | Erythrocyte Sedimentation Rate | Erythrocyte Sedimentation Rate |
| 4 | L018 | Urine Routine Analysis | Urine Routine Analysis | Urine Routine Analysis |
| 5 | L102 | Plasma Glucose (F/R/PP) | Plasma Glucose (F/R/PP) | Plasma Glucose (F/R/PP) |
| 6 | L105 | -- | Urea And Creatinine - (Plasma) | Urea And Creatinine - (Plasma) |
| 7 | L202 | Antibodies To Treponema Pallidum | Antibodies To Treponema Pallidum | Antibodies To Treponema Pallidum |
| 8 | L203 | Rheumatoid Arthritis (RA) Factor | Rheumatoid Arthritis (RA) Factor | Rheumatoid Arthritis (RA) Factor |
| 9 | L206 | Antinuclear Antibody | Antinuclear Antibody | Antinuclear Antibody |
| 10 | L207 | Antibodies To Toxoplasma Gondii:ELISA | Antibodies To Toxoplasma Gondii:ELISA | Antibodies To Toxoplasma Gondii:ELISA |
| 11 | L601 | Mantoux (Ra/La) | Mantoux (RA/LA) | Mantoux (RA/LA) |
| 12 | L009 | Blood Smear Study | Blood Smear Study | Blood Smear Study |
| 13 | L453 | HLA B 27 Typing | HLA B 27 Typing | HLA B 27 Typing |
| 14 | L274 | Quantiferon-Tb Gold Test | Quantiferon-Tb Gold Test | Quantiferon-Tb Gold Test |
| 15 | L126 | Angiotensin Converting Enzyme ACE)-(Serum) | Angiotensin Converting Enzyme (ACE)-(Serum) | Angiotensin Converting Enzyme (ACE)-(Serum) |
| 16 | L151 | --- | --- | HbA1c |

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| VASCULITIS WORKUP | | | | |
|--------------------------|-------------|--|---|--|
| S. No. | Test code | Test Code: 307 <u><i>Charges: Rs.19600</i></u> | Test Code: 308 with Urea & Creatinine <u><i>Charges: Rs.19900</i></u> | Test Code:309 (DIABETIC) <u><i>Charges: Rs.20300</i></u> |
| 1 | 001 | Haemoglobin (Hb) And Haematocrit (PCV) | Haemoglobin (Hb) And Haematocrit (PCV) | Haemoglobin (Hb) And Haematocrit (PCV) |
| 2 | 004 | Total W.B.C. Count And Differential.Count | Total W.B.C. Count And Differential.Count | Total W.B.C. Count And Differential.Count |
| 3 | 005 | Erythrocyte Sedimentation Rate | Erythrocyte Sedimentation Rate | Erythrocyte Sedimentation Rate |
| 4 | 007 | Reticulocyte Count | Reticulocyte Count | Reticulocyte Count |
| 5 | 009 | Blood Smear Study | Blood Smear Study | Blood Smear Study |
| 6 | 018 | Urine Routine Analysis | Urine Routine Analysis | Urine Routine Analysis |
| 7 | 102 | Plasma Glucose (F/R/PP) | Plasma Glucose (F/R/PP) | Plasma Glucose (F/R/PP) |
| 8 | 105 | -- | Urea And Creatinine -(Plasma) | Urea And Creatinine - (Plasma) |
| 9 | 126 | Angiotensin Converting Enzyme (ACE)-(Serum) | Angiotensin Converting Enzyme (ACE)-(Serum) | Angiotensin Converting Enzyme (ACE)-(Serum) |
| 10 | 202 | Antibodies To Treponema Pallidum | Antibodies To Treponema Pallidum | Antibodies To Treponema Pallidum |
| 11 | 206 | Antinuclear Antibody | Antinuclear Antibody | Antinuclear Antibody |
| 12 | 601 | Mantoux (RA/LA) | Mantoux (RA/LA) | Mantoux (RA/LA) |
| 13 | 234 | Antibodies To C ANCA (Pr3) | Antibodies To C ANCA (Pr3) | Antibodies To C ANCA (Pr3) |
| 14 | 138 | Homocysteine | Homocysteine | Homocysteine |
| 15 | 879 | Anti Ds DNA Antibody | Anti Ds DNA Antibody | Anti Ds DNA Antibody |
| 16 | 165 | CCP Antibody | CCP Antibody | CCP Antibody |
| 17 | 274 | Quantiferon-TB Gold Test | Quantiferon-TB Gold Test | Quantiferon-TB Gold Test |
| 18 | 218 | C- Reactive Protein(CRP) | C- Reactive Protein(CRP) | C- Reactive Protein(CRP) |
| 19 | 312 | Basic Coagulation Tests | Basic Coagulation Tests | Basic Coagulation Tests |
| 20 | 235 | Antibodies To P ANCA (MPO) | Antibodies To P ANCA (MPO) | Antibodies To P ANCA (MPO) |
| 21 | L151 | --- | --- | HbA1c |



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| S. No. | Test code | Test Code: 310 COMPLETE HEMOGRAM <i>Charges: Rs.1630</i> |
|--------|------------|--|
| 1 | 001 | Haemoglobin (Hb) and Haematocrit (PCV) |
| 2 | 004 | Total W.B.C. Count and Differential Count |
| 3 | 005 | E.S.R. |
| 4 | 002 | Total RBC Count |
| 5 | 006 | Platelet count |
| 6 | 003 | Blood Indices |
| 7 | 009 | Blood Smear Study |
| 8 | 007 | Reticulocyte Count |

| S. No. | Test code | Test Code: 311 ANEMIA WORK UP <i>Charges: Rs.2320</i> |
|--------|------------|---|
| 1 | 001 | Haemoglobin (hb) and Haematocrit (pcv) |
| 2 | 004 | Total WBC. count and differential count |
| 3 | 005 | E.S.R |
| 4 | 002 | Total RBCcount |
| 5 | 006 | Patelet count |
| 6 | 003 | Blood indices |
| 7 | 009 | Blood smear study |
| 8 | 007 | Reticulocyte count |
| 9 | 012 | Sickle cell preparation |
| 10 | 155 | Notion routine analysis |
| 11 | 020 | Plasma/ serum urea and creatinine |
| 12 | 105 | Hemoglobin variants a2/f(hplc)) |

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| S. No. | Test code | Test Code: 312 BASIC COAGULATION TESTS <u>Charges: Rs.1330</u> |
|--------|-----------|--|
| 1 | 051 | Bleeding Time |
| 2 | 052 | Clotting Time |
| 3 | 053 | Clot Retraction |
| 4 | 025 | Prothrombin Time (PT) |
| 5 | 026 | Activated Partial Thromboplastin Time (APTT) |
| 6 | 006 | Platelet count |

| S. No. | Test code | Test Code: 313 COAGULATION PROFILE <u>Charges: Rs.3480</u> |
|--------|-----------|--|
| 1 | 051 | Bleeding Time |
| 2 | 052 | Clotting Time |
| 3 | 053 | Clot Retraction |
| 4 | 025 | Prothrombin Time (PT) |
| 5 | 026 | Activated Partial Thromboplastin Time (APTT) |
| 6 | 006 | Platelet count |
| 7 | | <u>Euglobulin Lysis Time</u> |
| 8 | | Fibrinogen Assay |
| 9 | | Factor XIII |
| 10 | 015 | Blood Group and Rh Typing |



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| S.No | Test code | Test Code: 314 SARCOIDOSIS WORKUP <u>Charges: Rs.2950</u> |
|------|------------|---|
| 1 | 005 | ESR |
| 2 | 115 | Total Proteins & A.G Ratio |
| 3 | 126 | Angiotensin Converting Enzyme |
| 4 | 219 | Lysozyme Assay |
| 5 | 601 | Mantoux (RA/LA) |
| 6 | 161 | Serum /Plasma Calcium |
| 7 | 162 | Serum /Plasma Inorganic Phosphorus |

| S. No. | Test code | Test Code: 315 SPECIAL BIOCHEMICAL TESTS <u>Charges: Rs.9970</u> |
|--------|------------|--|
| 1 | 146 | Blood Thiobarbituric Acid Reactive Substances |
| 2 | 141 | Serum Vitamin E (HPLC) |
| 3 | 142 | Plasma Vitamin C |
| 4 | 131 | Serum Vitamin A (HPLC) |
| 5 | 145 | Blood Superoxide dismutase |
| 6 | 144 | Blood Glutathione Peroxidase |
| 7 | 143 | Blood Glutathione |

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| S. No. | Test code | Test Code: 316 TORCHES SCREENING <u>Charges: Rs.8040</u> |
|--------|------------|--|
| 1 | 207 | Abs. to Toxoplasma gondii (IgG & IgM) |
| 2 | 210 | Abs. to Rubella Virus (IgG & IgM) |
| 3 | 211 | Abs. to CMV (IgG & IgM) |
| 4 | 212 | Abs. To HSV (IgG & IgM) |
| 5 | 202 | Non Treponemal (RPR) and Treponemal (TPHA) |

| S. No. | Test code | Test Code: 381 ROUTINE WORK UP (FAST TRACK) <u>Charges: Rs.840</u> |
|--------|------------|--|
| 1 | 001 | Haemoglobin (Hb) and Haematocrit (PCV) |
| 2 | 002 | Total RBC Count |
| 3 | 004 | Total W.B.C. Count and Differential Count |
| 4 | 006 | Platelet Count |
| 5 | 102 | Plasma Glucose (F/R/PP) |

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| DCR WORKUP | | | | |
|-------------------|-------------|--|--|--|
| S. No. | Test code | Test Code: 319 <u><i>Charges: Rs.5590</i></u> | Test Code: 320 with Urea & Creatinine <u><i>Charges: Rs.5890</i></u> | Test Code: 321 (DIABETIC) <u><i>Charges: Rs.6290</i></u> |
| 1 | 001 | Haemoglobin (Hb) and Haematocrit (PCV) | Haemoglobin (Hb) and Haematocrit (PCV) | Haemoglobin (Hb) and Haematocrit (PCV) |
| 2 | 004 | Total W.B.C. Count and Differential Count | Total W.B.C. Count and Differential Count | Total W.B.C. Count and Differential Count |
| 3 | 005 | E.S.R. | E.S.R. | E.S.R. |
| 4 | 102 | Plasma Glucose (F/ R/ PP) | Plasma Glucose (F/ R/ PP) | Plasma Glucose (F/ R/ PP) |
| 5 | 018 | Urine Routine Analysis | Urine Routine Analysis | Urine Routine Analysis |
| 6 | 105 | -- | Urea and Creatinine | Urea and Creatinine |
| 7 | 312 | <u>Basic Coagulation Tests:</u> Bleeding Time Clotting Time Clot Retraction | <u>Basic Coagulation Tests:</u> Bleeding Time Clotting Time Clot Retraction | <u>Basic Coagulation Tests:</u> Bleeding Time Clotting Time Clot Retraction |
| | 025 | Prothrombin Time (PT) | Prothrombin Time (PT) | Prothrombin Time (PT) |
| | 026 | Activated Partial Thromboplastin Time (APTT) | Activated Partial Thromboplastin (APTT) | Activated Partial Thromboplastin Time (APTT) |
| | 006 | Platelet count | Platelet count | Platelet count |
| 8 | 015 | Blood Group and Rh Typing | Blood Group and Rh Typing | Blood Group and Rh Typing |
| 9 | 317 | HbsAg, Abs to HCV, RPR and TPHA | HbsAg, Abs to HCV, RPR and TPHA | HbsAg, Abs to HCV, RPR and TPHA |
| 10 | L151 | --- | --- | HbA1c |



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| S. No | Test code | Test Code: 382 CHEMO PACKAGE <u>Charges: Rs.3390</u> |
|-------|------------|--|
| 1 | 001 | Haemoglobin (Hb) and Haematocrit (PCV) |
| 2 | 004 | Total W.B.C. Count and Differential Count |
| 3 | 005 | E.S.R. |
| 4 | 006 | Platelet count |
| 5 | 018 | Urine Routine Analysis |
| 6 | 102 | Plasma Glucose (F/ R/ PP) |
| 7 | 105 | Urea and Creatinine |
| 8 | 109 | Electrolytes (NA, K,CL,HCO) |
| 9 | 114 | Bilirubin (Total and Direct) |
| 10 | 116 | Alkaline Phosphatase |
| 11 | 117 | ALT (SGPT) |
| 12 | 118 | AST (SGOT) |

| S. No | Test code | Test Code: 383, CBC PACKAGE <u>Charges: Rs.1210</u> |
|-------|------------|---|
| 1 | 001 | Haemoglobin (Hb) and Haematocrit (PCV) |
| 2 | 002 | Total RBC Count |
| 3 | 003 | Blood Indices |
| 4 | 004 | Total W.B.C. Count and Differential Count |
| 5 | 006 | Platelet count |
| 6 | 007 | Reticulocyte Count |

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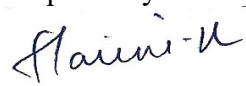

| S. No | Test code | Test Code: 384, CRVO PACKAGE <u>Charges: Rs.5350</u> |
|-------|-----------|--|
| 1 | 001 | Haemoglobin (Hb) and Haematocrit (PCV) |
| 2 | 002 | Total RBC Count |
| 3 | 003 | Blood Indices |
| 4 | 004 | Total W.B.C. Count and Differential Count |
| 5 | 006 | Platelet count |
| 6 | 025 | Prothrombin Time (PT) |
| 7 | 026 | Activated Partial Thromboplastin Time (APTT) |
| 8 | 105 | Urea and Creatinine |
| 9 | 123 | Lipid Profile |
| 10 | 151 | HbA1c |
| 11 | 218 | C-Reactive Protein |
| 12 | 138 | Serum Homocysteine |

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| NON GRANULOMATOUS WORK UP | | | | |
|---------------------------|-----------|---|--|---|
| S. No. | Test code | Test Code: 388 <u>Charges: Rs.8710</u> | Test Code: 389 with Urea & Creatinine <u>Charges: Rs.9010</u> | Test Code:390 <u>Charges: Rs.9410</u> |
| 1 | 001 | HAEMOGLOBIN (HB) AND HAEMATOCRIT (PCV) | HAEMOGLOBIN (HB) AND HAEMATOCRIT (PCV) | HAEMOGLOBIN (HB) AND HAEMATOCRIT (PCV) |
| 2 | 004 | TOTAL W.B.C. COUNT AND DIFFERENTIAL.COUNT | TOTAL W.B.C. COUNT AND DIFFERENTIAL.COUNT | TOTAL W.B.C. COUNT AND DIFFERENTIAL.COUNT |
| 3 | 005 | ERYTHROCYTE SEDIMENTATION RATE | ERYTHROCYTE SEDIMENTATION RATE | ERYTHROCYTE SEDIMENTATION RATE |
| 4 | 018 | URINE ROUTINE ANALYSIS | URINE ROUTINE ANALYSIS | URINE ROUTINE ANALYSIS |
| 5 | 102 | PLASMA GLUCOSE (F/R/PP) | PLASMA GLUCOSE (F/R/PP) | PLASMA GLUCOSE (F/R/PP) |
| 6 | 105 | -- | UREA AND CREATININE -(PLASMA) | UREA AND CREATININE -(PLASMA) |
| 7 | 202 | ANTIBODIES TO TREPONEMA PALLIDUM | ANTIBODIES TO TREPONEMA PALLIDUM | ANTIBODIES TO TREPONEMA PALLIDUM |
| 8 | 203 | RHEUMATOID ARTHRITIS (RA) FACTOR | RHEUMATOID ARTHRITIS (RA) FACTOR | RHEUMATOID ARTHRITIS (RA) FACTOR |
| 9 | 206 | ANTINUCLEAR ANTIBODY | ANTINUCLEAR ANTIBODY | ANTINUCLEAR ANTIBODY |
| 10 | 601 | MANTOUX (RA/LA) | MANTOUX (RA/LA) | MANTOUX (RA/LA) |
| 11 | 453 | HLA B 27 Typing | HLA B 27 Typing | HLA B 27 Typing |
| 12 | 151 | --- | --- | HbA1c |

| GRANULOMATOUS WORK UP | | | | |
|-----------------------|-----------|---|--|---|
| S. No. | Test code | Test Code: 385 <u>Charges: Rs.8940</u> | Test Code: 386 with Urea & Creatinine <u>Charges: Rs.9240</u> | Test Code:387 (DIABETIC) <u>Charges: Rs.9640</u> |
| 1 | 001 | HAEMOGLOBIN (HB) AND HAEMATOCRIT (PCV) | HAEMOGLOBIN (HB) AND HAEMATOCRIT (PCV) | HAEMOGLOBIN (HB) AND HAEMATOCRIT (PCV) |
| 2 | 004 | TOTAL W.B.C. COUNT AND DIFFERENTIAL.COUNT | TOTAL W.B.C. COUNT AND DIFFERENTIAL.COUNT | TOTAL W.B.C. COUNT AND DIFFERENTIAL.COUNT |
| 3 | 005 | ERYTHROCYTE SEDIMENTATION RATE | ERYTHROCYTE SEDIMENTATION RATE | ERYTHROCYTE SEDIMENTATION RATE |
| 4 | 018 | URINE ROUTINE ANALYSIS | URINE ROUTINE ANALYSIS | URINE ROUTINE ANALYSIS |
| 5 | 102 | PLASMA GLUCOSE (F/R/PP) | PLASMA GLUCOSE (F/R/PP) | PLASMA GLUCOSE (F/R/PP) |
| 6 | 105 | -- | UREA AND CREATININE -(PLASMA) | UREA AND CREATININE -(PLASMA) |
| 7 | 202 | ANTIBODIES TO TREPONEMA PALLIDUM | ANTIBODIES TO TREPONEMA PALLIDUM | ANTIBODIES TO TREPONEMA PALLIDUM |
| 8 | 207 | ANTIBODIES TO TOXOPLASMA GONDII:ELISA | ANTIBODIES TO TOXOPLASMA GONDII:ELISA | ANTIBODIES TO TOXOPLASMA GONDII:ELISA |
| 9 | 601 | MANTOUX (RA/LA) | MANTOUX (RA/LA) | MANTOUX (RA/LA) |
| 10 | 009 | BLOOD SMEAR STUDY | BLOOD SMEAR STUDY | BLOOD SMEAR STUDY |
| 11 | 274 | QUANTIFERON-TB GOLD TEST | QUANTIFERON-TB GOLD TEST | QUANTIFERON-TB GOLD TEST |
| 12 | 126 | ANGIOTENSIN CONVERTING ENZYME (ACE)-(SERUM) | ANGIOTENSIN CONVERTING ENZYME (ACE)-(SERUM) | ANGIOTENSIN CONVERTING ENZYME (ACE)-(SERUM) |
| 13 | 151 | --- | --- | HbA1c |

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| S. No | Test code | Test Code: 391 STEROID + IMT CLEARANCE <u>Charges: Rs.4250</u> |
|-------|-----------|--|
| 1 | 001 | HAEMOGLOBIN (HB) AND HAEMATOCRIT (PCV) |
| 2 | 004 | TOTAL W.B.C. COUNT AND DIFFERENTIAL.COUNT |
| 3 | 005 | ERYTHROCYTE SEDIMENTATION RATE |
| 4 | 018 | URINE ROUTINE ANALYSIS |
| 5 | 102 | PLASMA GLUCOSE (F/R/PP) |
| 6 | 105 | UREA AND CREATININE -(PLASMA) |
| 7 | 006 | PLATELET COUNT |
| 8 | 113 | LIVER FUNCTION TESTS-(SERUM/PLASMA) |
| 9 | 123 | Lipid Profile |
| 10 | 151 | HbA1c |

| S. No | Test code | Test Code: 392 SCLERITIS WORK UP <u>Charges: Rs.9140</u> |
|-------|-----------|--|
| 1 | 001 | HAEMOGLOBIN (HB) AND HAEMATOCRIT (PCV) |
| 2 | 004 | TOTAL W.B.C. COUNT AND DIFFERENTIAL.COUNT |
| 3 | 005 | ERYTHROCYTE SEDIMENTATION RATE |
| 4 | 018 | URINE ROUTINE ANALYSIS |
| 5 | 102 | PLASMA GLUCOSE (F/R/PP) |
| 6 | 105 | UREA AND CREATININE -(PLASMA) |
| 7 | 203 | RHEUMATOID ARTHRITIS (RA) FACTOR |
| 8 | 206 | ANTINUCLEAR ANTIBODY |
| 9 | 234 | ANTIBODIES TO CANCA (PR3) |
| 10 | 235 | ANTIBODIES TO PANCA (MPO) |
| 11 | 601 | MANTOUX (RA/LA) |
| 12 | 202 | ANTIBODIES TO TREPONEMA PALLIDUM |
| 13 | 218 | C- REACTIVE PROTEIN(CRP) |

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| S. No | Test code | Test Code: 393 CKD PACKAGE <u>Charges: Rs.4020</u> |
|-------|------------|---|
| 1 | 102 | PLASMA GLUCOSE (F/R/PP) |
| 2 | 105 | UREA AND CREATININE -(PLASMA) |
| 3 | 108 | ELECTROLYTES |
| 4 | 001 | HAEMOGLOBIN (HB) AND HAEMATOCRIT (PCV) |
| 5 | 002 | TOTAL RBC COUNT |
| 6 | 003 | BLOOD INDICES |
| 7 | 004 | TOTAL W.B.C. COUNT AND DIFFERENTIAL COUNT |
| 8 | 006 | PLATELET COUNT |
| 9 | 007 | RETICULOCYTE COUNT |
| 10 | 158 | BICARBONATE |
| 11 | 025 | PROTHROMBIN TIME (PT) |
| 12 | 026 | ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT) |
| 13 | 151 | HBA1C |
| 14 | 018 | URINE ROUTINE ANALYSIS |

| S. No | Test code | Test Code: 394 THROMBOPHILIA PACKAGE <u>Charges: Rs.27350</u> |
|-------|------------|--|
| 1 | 001 | HAEMOGLOBIN (HB) AND HAEMATOCRIT (PCV) |
| 2 | 002 | TOTAL RBC COUNT |
| 3 | 003 | BLOOD INDICES |
| 4 | 004 | TOTAL W.B.C. COUNT AND DIFFERENTIAL COUNT |
| 5 | 006 | PLATELET COUNT |
| 6 | 007 | RETICULOCYTE COUNT |
| 7 | 958 | THROMBOPHILIA PANEL |
| 8 | 959 | FACTOR VIII ACTIVITY |
| 9 | 962 | FACTOR V LEIDEN MUTATION |
| 10 | 874 | D-DIMER |
| 11 | 878 | HB VARIANT STUDY |

| | | | |
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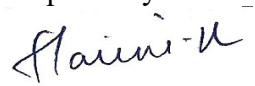

DIRECTORY OF SERVICES

| S. No. | Test code | Test Code: 396 NEEDLE STICK INJURY PACKAGE-2 <u>Charges: Rs.4080</u> |
|--------|------------|--|
| 1 | 220 | Abs. To HIV 1 and HIV 2 |
| 2 | 222 | HBs Ag |
| 3 | 223 | Abs. to HCV |
| 4 | 260 | Abs to HBs Ag |
| S. No. | Test code | Test Code: 395 NEEDLE STICK INJURY PACKAGE-1 <u>Charges: Rs.3200</u> |
| 1 | 220 | Abs. To HIV 1 and HIV 2 |
| 2 | 222 | HBs Ag |
| 3 | 223 | Abs. to HCV |

| S. No. | Test code | Test Code: 326 EUA + CHEMO PACKAGE-1 <u>Charges: Rs.1450</u> |
|--------|------------|--|
| 1 | 001 | Haemoglobin (Hb) and Haematocrit (PCV) |
| 2 | 004 | Total W.B.C. Count and Differential Count |
| 3 | 006 | Platelet Count |
| 4 | 102 | Plasma Glucose (F/ R/ PP) |
| 5 | 117 | ALT (SGPT) |
| 6 | 105 | Urea and Creatinine |
| 7 | 154 | GAMMA GT (GGTP) |

| S. No. | Test code | Test Code: 325 EUA PACKAGE <u>Charges: Rs.720</u> |
|--------|------------|---|
| 1 | 001 | Haemoglobin (Hb) and Haematocrit (PCV) |
| 2 | 004 | Total W.B.C. Count and Differential Count |
| 3 | 006 | Platelet Count |
| 4 | 102 | Plasma Glucose (F/ R/ PP) |

| S. No. | Test code | Test Code: 327 EUA + CHEMO PACKAGE-2 <u>Charges: Rs.2590</u> |
|--------|------------|--|
| 1 | 001 | Haemoglobin (Hb) and Haematocrit (PCV) |
| 2 | 004 | Total W.B.C. Count and Differential Count |
| 3 | 312 | Basic Coagulation Tests |
| 4 | 102 | Plasma Glucose (F/ R/ PP) |
| 5 | 117 | ALT (SGPT) |
| 6 | 105 | Urea and Creatinine |
| 7 | 154 | GAMMA GT (GGTP) |

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| S. No. | Test code | Test Code: 159 CHEM 8 PANEL (POCT) Charges: Rs.1300 |
|--------|-----------|---|
| 1 | 159 | Haemoglobin (Hb) and Haematocrit (PCV) Glucose (F/ R/ PP) Urea and Creatinine Sodium Potassium Chloride Total Carbon Dioxide Ionised Calcium Anion Gap |

| S. No. | Test code | Test Code:328 Pre operative package- STAT Charges: Rs.2010 |
|--------|-----------|--|
| 1 | 159 | CHEM 8 PANEL (POCT) |
| 2 | 004 | Total W.B.C. Count and Differential Count |
| 3 | 005 | E.S.R. |
| 4 | 006 | Platelet count |
| 5 | 018 | Urine Routine Analysis |



| S. No. | Test code | Test Code:329 Pre operative diabetic package- STAT Charges: Rs.2410 |
|--------|-----------|--|
| 1 | 159 | CHEM 8 PANEL (POCT) |
| 2 | 004 | Total W.B.C. Count and Differential Count |
| 3 | 005 | E.S.R. |
| 4 | 006 | Platelet count |
| 5 | 018 | Urine Routine Analysis |
| 6 | 151 | HbA1c |

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TEST MASTER LIST
OUT SOURCE TESTS

| S NO | Code NO | Name of the test | Lister Price (Rs.) | <p style="text-align: center;">Contact Main Lab</p> <p style="text-align: center;">Board no 04428271616</p> <p style="text-align: center;">Ext: 1101 for</p> <p style="text-align: center;">Sample Collection</p> <p style="text-align: center;">and</p> <p style="text-align: center;">Turn Around Time</p> <p style="text-align: center;">for</p> <p style="text-align: center;">Test Results</p> |
|------|---------|--|--------------------|---|
| 1 | 808 | ANTI PHOSPHOLIPID ANTIBODY | 1050 | |
| 2 | 809 | CD4 COUNTS | 1315 | |
| 3 | 811 | PROTEIN C (ACTIVITY) | 4725 | |
| 4 | 812 | PROTEIN S (ACTIVITY) | 4725 | |
| 5 | 813 | VITAMIN B12 | 1200 | |
| 6 | 816 | FOLATE RBC | 2365 | |
| 7 | 820 | URIC ACID | 220 | |
| 8 | 832 | ANTI THROMBIN III ACTIVITY | 4675 | |
| 9 | 834 | CORTISOL | 710 | |
| 10 | 836 | DENGUE NSI ANTIGEN | 1000 | |
| 11 | 837 | FERRITIN (SERUM/CMIA) | 860 | |
| 12 | 845 | SERUM IRON, TIBC AND PERCENTAGE SATURATION | 1250 | |
| 13 | | | | |
| 14 | 858 | PROTEIN, ELECTROPHORESIS | 980 | |
| 15 | 860 | IGE TOTAL ANTIBODY | 1030 | |
| 16 | 862 | PROCALCITONIN (PCT) | 2990 | |
| 17 | 865 | LDH | 485 | |
| 18 | 866 | WEIL FELIX (weil felix test for rickettsia serum) | 1110 | |
| 19 | 867 | MAGNESIUM | 590 | |
| | 869 | CEA | 840 | |
| 20 | 870 | IGG4 SUB CLASS | 7200 | |

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2025

| | | | |
|----|-----|---|------|
| 21 | 872 | FSH-LH-PROLACTIN PROFILE | 1450 |
| 22 | 873 | TPO ANTIBODY | 1290 |
| 23 | 874 | D DIMER | 1390 |
| 24 | 875 | AMYLASE | 630 |
| 25 | 878 | HB VARIANT ASSAY | 1060 |
| 26 | 880 | SERUM ACID PHOSPHOTASE | 325 |
| 27 | 881 | SERUM ESTRADIOL | 700 |
| 28 | 882 | TESTOSTERONE FREE | 1930 |
| 29 | 883 | TESTOSTERONE TOTAL | 750 |
| 30 | 884 | PROLACTIN | 590 |
| 31 | 885 | AMH-ANTI MULLERIAN HORMONE | 2150 |
| 32 | 886 | PSA-FREE | 1105 |
| 33 | 887 | PSA-TOTAL | 810 |
| 34 | 889 | SARS COV2 NUCLEOCAPSID ANTIBODY QUALITATIVE (NOT FOR VACCINATED) | 735 |
| 35 | 928 | ACHR ANTIBODIES ACETYL CHOLINE RECEPTOR ANTIBODIES SERUM | 3650 |
| 36 | 929 | MUSK ANTIBODY MYASTHENIA GRAVIS SERUM | 6825 |
| 37 | 933 | DHEAS- DEHYDROEPIANDROSTENEDIONE SULPHATE SERUM | 1150 |
| 38 | 934 | RETINAL BINDING PROTIEN | 2800 |
| 39 | 935 | PARA THYROID HORMONE | 2995 |
| 40 | 938 | SCRUB THYPHUS IGM-SERUM | 1155 |
| 41 | 939 | AFP-ALPHA FETO PROTEIN- CLIA- SERUM | 970 |
| 42 | 940 | CA-125 SERUM | 1310 |
| 43 | 941 | INHIBIN A SERUM | 1260 |
| 44 | 942 | INHIBIN B SERUM | 2415 |
| 45 | 944 | PLASMA VORICONAZOLE | 6155 |

Contact Main Lab

Board no 04428271616

Ext: 1101 for



Sample Collection

and

Turn Around Time



for

Test Results

| | | | |
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|----|----------------------|--|-------------|--|
| 46 | 945 | TSH RECEPTOR ANTIBODY LATS, TSI-SERUM | 4600 | Contact Main Lab Board no 04428271616 Ext: 1101 for Sample Collection and Turn Around Time for Test Results |
| 47 | 949 | LUPUS ANTICOAGULANTS (LAC) PROFILE | 2350 | |
| 48 | 950 | CD19 | 2890 | |
| 49 | 951 | CD20 | 2520 | |
| 50 | 952 | LYMEBORRELIA BURGDORFERI IGG ANTIBODIES BY EIA - SERUM | 1945 | |
| 51 | 953 | LYMEBORRELIA BURGDORFERI IGM ANTIBODIES BY EIA - SERUM | 1785 | |
| 52 | 954 | CPK TOTAL SERUM | 430 | |
| 53 | 955 | LIPASE SERUM | 640 | |
| 54 | 956 | FIBRINOGEN ASSAY | 1105 | |
| 55 | 959 | FACTOR VIII ACTIVITY | 2515 | |
| 56 | 960 | FACTOR V LEIDEN MUTATION | 6150 | |
| 57 | 961 | BILE ACIDS-TOTAL BIOCHEMICAL | 1785 | |
| 58 | 962 | CARDIOLIPIN ANTIBODY ACL-IGG ANTIBODY | 1040 | |
| 59 | 963 | CARDIOLIPIN ANTIBODY ACL-IGM ANTIBODY | 1040 | |
| 60 | 967 | OCCULT BLOOD - STOOL | 160 | |
| 61 | Others | MICROALBUMINURIA (UACR) | 620 | |
| 62 | OTHER TESTS : | Refer Directory of Services Metropolis Health Care (Soft copy available as excel sheet/link for the same available at the system desktop of Collection area / Secretary /Lab enquiry) -Ref: Record for Outsource tests list (R/ SNSC/ ML/ OSTL) | | |

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SANKARA NETHRALAYA
(UNIT OF MEDICAL RESEARCH FOUNDATION)**

2025

DIRECTORY OF SERVICES

DEPARTMENT OF HAEMATOLOGY & CLINICAL PATHOLOGY



Dr.S.Krihnakumar MD
Professor, Histopathology & Cytopathology,
Cl.Hematology & Cl.Pathology




Dr.Suman.H.Kalantri MD
Cl.Hematology & Cl. Pathology



LOCATION OF DEPARTMENT OF HAEMATOLOGY & CLINICAL PATHOLOGY

SN Main Campus, Venugopal Block (VG Block) 1st Floor

| | | | |
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| Prepared by: Dr.Suman.H.Kalantri MD Assistant Professor, Cl.Hematology & Cl.Pathology | | Approved & Issued by: Dr.S.Krihnakumar, MD HOD, Cl.Hematology & Cl.Pathology | |

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| 2. | Test Master List / Turn Around Time | 3 - 7 |
| 3. | Acceptance and Rejection Criteria for Collection Area, Hematology & Clinical Pathology | 8 - 9 |

GENERAL INSTRUCTION ON SAMPLE COLLECTION

HAEMATOLOGY:

Random blood collection is done for routine hematological test.

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TEST MASTER LIST

DEPARTMENT OF HAEMATOLOGY

| S No | Code No | Name of the test | **Turn around time (TAT) | Specimen required | Anticoagulant (vacutainer tubes) | Storage time/ Temperature | Tariff |
|------|------------|-------------------------|---------------------------------|--|---|-----------------------------------|---------------|
| 1 | 001 | Hb and PCV | 2 Hours | 2mL blood 1 mL (<10 yrs) | 3.6mg K2 EDTA (Lavender) | Upto 24 hours/ 2-8 ⁰ C | 190 |
| 2 | 002 | Total RBC count | 2 Hours | 2 mL blood 1 mL (<10 yrs) | 3.6mg K2 EDTA (Lavender) | Upto 24 hours/ 2-8 ⁰ C | 120 |
| 3 | 003 | Blood Indices | 2 Hours | 2ml blood 1ml (<10 yrs) | 3.6mg K2 EDTA (Lavender) | Upto 24 hours/ 2-8 ⁰ C | 200 |
| 4 | 004 | TC and DC | 2 Hours | 2mL blood 1 mL (<10 yrs) | 3.6mg K2 EDTA (Lavender) | Upto 24 hours/ 2-8 ⁰ C | 190 |
| 5 | 005 | ESR | 2 Hours | 3mL blood | 5.4mg K2 EDTA (Lavender) | Upto 24 hours/ 2-8 ⁰ C | 120 |
| 6 | 006 | Platelet count | 2 Hours | 2mL blood 1 mL (<10 yrs) (Direct smear should be taken as and when the request raised from the Heamatology department for the clinical correlation). | 3.6mg K2 EDTA (Lavender) | Upto 24 hours/ 2-8 ⁰ C | 190 |
| 7 | 007 | Reticulocyte count | 2 Hours | 2mL blood 1 mL (<10 yrs) | 3.6mg K2 EDTA (Lavender) | Upto 24 hours/ 2-8 ⁰ C | 320 |
| 8 | 009 | Blood smear study | 2 Hours | 2mL blood 1 mL (<10 years)-1 Smear | 3.6mg K2 EDTA (Lavender) | Upto 24 hours/ 2-8 ⁰ C | 300 |
| 9 | 010 | Blood smear parasite | 2 Hours | 2ml blood in EDTA and 2.7ml blood of 3.2% citrated blood, 1 wet mount, 2 thin and thick smears (Ref SNSC/CM/3.1) | 3.2% citrated blood (Blue), 3.6mg K2 EDTA (Lavender) | Upto 24 hours/ 2-8 ⁰ C | 300 |
| 10 | 012 | Sickle cell preparation | 2 Hours | 2mL blood 1 mL (<10 years) | 3.6mg K2 EDTA (Lavender) | Upto 24 hours/ 2-8 ⁰ C | 170 |

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| | | | | | | | |
|----|---------------|--|-------------------|---------------------------------|--|---|-------------|
| 11 | 015 | Blood group and Rh typing | 2 Hours | 2mL blood 1 mL (<10 years) | 3.6mg K2 EDTA (Lavender) | Upto 24 hours/ 2-8°C | 200 |
| 12 | 025 | Prothrombin time (PT) | 2 Hours | 2.7mL blood 1 mL (<10 years) | 3.2% citrated blood (Light Blue) | Upto 24 hours/ 2-8°C | 400 |
| 13 | 026 | Partial thromboplastin time (PTT) | 2 Hours | 2.7mL blood 1 mL (<10 years) | 3.2% citrated blood (Light Blue) | Upto 4 hours/ 2-8°C | 400 |
| 14 | 051 | *Bleeding time | 2 Hours | - | - | - | 100 |
| 15 | 052 | *Clotting time | 2 Hours | 3 mL blood | Plain glass tube | Discarded on the same day /37°C water bath | 100 |
| 16 | 053 | *Clot retraction | 2 Hours | 4 mL blood | Plain (Red) | Upto 24 hours/ 2-8°C *Note: If the Clot retraction is poor, it is kept in the water bath for 24 hours. | 140 |
| 17 | 56/313 | *Factor XIII | 24 hours | 2.7mL blood | 3.2% citrated blood (Light Blue) | Upto 24 hours/ 2-8°C | 230 |
| 18 | 57/313 | *Euglobulin lysis test | 24 hours | 2.7mL blood | 3.2% citrated blood (Light Blue) | Upto 24 hours/ 2-8°C | 380 |
| 19 | 027 | Blood Collection for Cross Matching (Ref: SNSC/CM/9) | 24 hours | 2 mL Blood & 4 mL Blood | 3.6mg K2 EDTA (Lavender) & Plain (Red) | Upto 24 hours/ 2-8°C | 1340 |
| 20 | 063 | * CSF- Total WBC Count and RBC Count | 2 Hours | 0.5-1.0 mL CSF | --- | Sample should be given to the clinical biochemistry department after the testing | 200 |
| 21 | 064 | * PT/INR-POCT | 15 Minutes | 1 mL Whole Blood | --- | Upto 24 hours/ 2-8°C | 1000 |


In case of Baby Collection/ Patient for whom blood collection is difficult, blood is collected in 1 ml K2 EDTA Microtainers using Syringe and needle. **Collect 3mL 5.4mg K2 EDTA sample for Package tests which include ESR testing.**

Information to the Patients:

- All samples for routine hematological tests, random blood collection is being done.
- Turnaround time for Package Tests: 2 hours

*** Test which are not under Scope of NABL.**

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**** TURN AROUND TIME (TAT) APPLICABLE ONLY IF MARKED AS URGENT IN LABORATORY INVESTIGATION REQUEST ONLINE**

TEST WHICH IS MARKED REGULAR WILL BE REPORTED WITHIN 3 HOURS

SNSC Collection centres :Pycrofts Road - 3 hours

SN RA Puram - 6 hours

CUSSN - 6 hours


TEST MASTER LIST

DEPARTMENT OF CLINICAL PATHOLOGY

*** Test which are not under Scope of NABL.**

| S No | Code No | Name of the test | **Turn around time (TAT) | Specimen required | Anticoagulant (vacutainer tubes) | Storage/ Temperature | Tariff |
|------|------------|---|--------------------------|------------------------|----------------------------------|---|------------|
| 1 | 018 | Urine routine analysis Color ,Clarity,pH,SG ,Glucose,Protein Ketone,Leucocyte, Nitrite,Bilirubin Urobilinogen,Blood, Ascorbic acid | 2 hours | 5-10mL | - | Discarded on the same day/ Room temp | 210 |
| 2. | 020 | Motion routine analysis | 2hours | at least 4ml (4 cm3) | - | Discarded on the same day/ Room temp | 220 |
| 3. | 028 | Urine – Sugar, Protein, Ketones | 1 hour | 5-10mL Urine sample | - | Discarded on the same day/ Room temp | 70 |
| 4. | 029 | Urine – LFT | 2 hours | 5-10mL ml Urine sample | - | Discarded on the same day/ Room temp | 100 |
| 5. | 031 | Stool Ocult Blood | 2hours | at least 4ml (4 cm3) | - | Discarded on the same day/ Room temp | 160 |

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**** TURN AROUND TIME (TAT) APPLICABLE ONLY IF MARKED AS URGENT IN LABORATORY INVESTIGATION REQUEST ONLINE**

TEST WHICH IS MARKED REGULAR WILL BE REPORTED WITHIN 3 HOURS

SNSC Collection centres :Pycrofts Road - 3 hours

SN RA Puram - 6 hours

CUSSN - 6 hours


Mantoux test done in SN Main, JKCN, CUSSN & SN RA Puram Centers

*** Test which are not under Scope of NABL.**

| S N O | Code NO | Name of the test | **Turn around time (TAT) | Specimen required | Anticoagulant (vacutainer tubes) | Storage/ Temperature | Tariff |
|-------------|------------|-------------------------|--|----------------------|--|---|------------|
| 1. | 601 | * Mantoux test | 48 hours reporting time (TAT) | - | Inject PPD (5 TU / 0.1 ml) intradermally | Read the result after 48 hrs within 72 hrs Mantoux test reading form to be given for the patient with explanation of the same | 210 |
| 2. | 019 | *Bence Jones Protein | 2 hours | 10-15mL | - | Discarded on the same day/ Room temp | 200 |

Patient to be sent to SNSC Clinical Laboratory (SN MAIN LAB) for the following tests

| | | | |
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Requests for the tests received in collection centers should be referred to SN MAIN LAB for Collection

| S.No | Code No. | Name of Test |
|---|------------|--|
| 1. | 010 | Blood Smear Parasite |
| 2. | 025 | Prothrombin Time (PT) |
| 3. | 026 | Partial Thromboplastin Time(PTT) |
| 4. | 125 | Blood Pyruvate and Lactate |
| 5. | 307 | Vasculitis Workup |
| 6. | 308 | Vasculitis Workup with Urea & Creatinine |
| 7. | 309 | Vasculitis Workup Diabetic |
| 8. | 312 | Basic Coagulation Tests |
| 9. | 313 | Coagulation Profile |
| 10. | 319 | DCR Work-Up |
| 11. | 320 | DCR Work-Up with Urea & Creatinine |
| 12. | 321 | DCR Work-Up (Diabetic) |
| 13. | 384 | CRVO Package |
| 14. | 385 | Granulomatous Work Up |
| 15. | 386 | Granulomatous Work Up with Urea & Creatinine |
| 16. | 387 | Granulomatous Work Up Diabetic |
| 17. | 388 | Non Granulomatous Work Up |
| 18. | 389 | Non Granulomatous Work Up with Urea & Creatinine |
| 19. | 390 | Non Granulomatous Work Up Diabetic |
| 20. | 393 | CKD Package |
| 21. | 394 | Thrombophilia Package |
| NO SPECIAL TESTS TO BE COLLECTED | | |


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ACCEPTANCE AND REJECTION CRITERIA FOR COLLECTION AREA,
HEMATOLOGY & CLINICAL PATHOLOGY

| S.NO | ACCEPTANCE CRITERIA | REJECTION CRITERIA |
|------|---|---|
| 1. | Collection Area - Properly labeled specimens. 1. Full patient name and Date of birth 2. Patient identification number. 3. Date and time of collection 4. Phlebotomist signature. | Collection Area – improperly labeled 1. Specimens not labeled 2. Specimens labeled with the incorrect patient identification 3. Specimens, that do not match the patient information on the laboratory requisition. |
| 2. | Collection Area – Correct Specimen Collection 1. Specimens collection with proper Preservative or anticoagulant. 2. Correct volume 3. Specimen collection without any hemolysis, lipemic or particulate matter 4. Specimen without any contamination | Collection Area – Improper Collection. 1. Specimens collected with the improper preservative or anticoagulant 2. Quantity of specimens insufficient to perform testing 3. Specimens which are hemolyzed, lipemic or contain particulate matter. Individual protocol must be reviewed. 4. Specimens which are obviously or subsequently prove to be contaminated. |
| 3. | Transportation of Specimens in 3 tier packing system. | Delay in Transit to the laboratory: 1. Serum Specimens not separated from the clot and left at room temperature or refrigerated for a time, which exceeds the protocol for, the test requested. 2. Urine specimens left at room temperature for more than two hours. 3. Coagulation specimens more than four hours except for PT which is up to 24 hours. 4. Urine specimens for culture left at room temperature for more than two hours or refrigerated for more than 24 h . |
| 4. | Specimens collected by proper veni puncture site. | Inappropriate specimens: 1. Specimens collected from intravenous tubing. 2. Specimens collected from heparin locks. |

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| Prepared by: Dr.Suman.H.Kalantri MD Assistant Professor, Cl.Hematology & Cl.Pathology | | Approved & Issued by: Dr.S.Krihnakumar, MD HOD, Cl.Hematology & Cl.Pathology | |

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| 5. | Specimen transportation with appropriate packing. | Specimens inappropriately transported to the laboratory: <ol style="list-style-type: none"> 1. Specimens not in compliance with universal precaution, (e.g. Not Bagged) 2. Specimens leaking or grossly contaminated on the exterior portion of container. Note: Irretrievable specimens, such as Cerebral spinal fluid (CSF), operating room specimens, cord blood, biopsy or specimens taken prior to antibiotic therapy will not be discarded. |
| 6. | Hematology : EDTA samples - Properly mixed without any clot. | A. Inadequate Specimens: <ol style="list-style-type: none"> 1. Lavender vacutainers for hematology analysis with less than 2ml/1ml 2. Blue vacutainer for Coagulation studies which are less than 2.7ml/1ml. B. Clotted Specimens: The presence of clots in the vacutainers upon visual inspection. C. Hemolysed samples: <ol style="list-style-type: none"> 1. Grossly haemolysed samples(EDTA) giving inaccurate results or unreadable blood films should be rejected 2. Hemolysed Citrate plasma should be rejected D. Aged specimens: <ol style="list-style-type: none"> 1. EDTA samples more than 24 hours old are rejected 2. Coagulation specimens more than 4 hours except for PT which is up to 24 hours. E. Test is not offered in Hematology laboratory. |
| 7. | Clinical Pathology: <ol style="list-style-type: none"> 1. Urine - Sufficient quantity in clean non-sterile Container brought within 1 hour of Collection. 2. Stool -Sufficient quantity in clean non-sterile Container 3. Stool Samples brought within 1 hour of Collection. | <ol style="list-style-type: none"> 1. Any Sample (Urine /Motion) brought after 1 h of Collection. 2. Insufficient Quantity. 3. Specimen collected within 24 hrs after performing fundus fluorescence angiogram. 4. Gross contamination with vaginal/anal secretions If the samples are processed in known case of menstrual or other unsatisfactory conditions or contaminations then the final report shall mention the nature of problem. |

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DEPARTMENT OF CLINICAL & SPECIAL BIOCHEMISTRY



Dr.N.Angavarkanni Ph.D



**Director : Laboratory services
Director : Biochemistry**




Dr.R.Harini MD

**Quality Manager &
Associate Prof. Biochemistry**



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| Prepared by:  Associate Professor, Clinical Biochemistry | | Approved & Issued by:  Director - Biochemistry | |

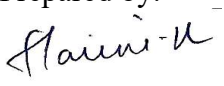
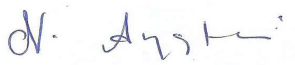
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LOCATION OF DEPARTMENT OF CLINICAL & SPECIAL BIOCHEMISTRY

- **Clinical Biochemistry:** SN Main Campus, Venugopal Block (VG Block) 1st Floor
- **Special Clinical Biochemistry:** SN Main Campus, KNBIRVO Building 5th Floor

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GENERAL INSTRUCTION ON SAMPLE COLLECTION

CLINICAL BIOCHEMISTRY:

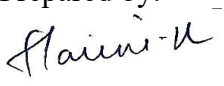
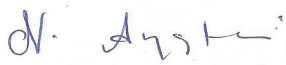
1. Instructions for routine blood investigation: Clinical Biochemistry:


1.1. Fasting blood sugar (FBS): For a fasting blood sugar test, do not eat or drink anything other than water for at least 8 to 12 hours over night before the blood sample is taken. Tea, coffee, alcohol intake and Smoking and excessive physical exertion are not permitted during this period. Reasonable amount of water intake is permitted. If you are diabetic consult your physician regarding your drug intake instructions.

1.2. 2-hour Postprandial (post Breakfast / lunch) blood sugar: For a 2-hour postprandial test, you need to have your blood collected exactly 2 hours after a regular Breakfast /lunch. Patient can have water and usual medicines post physician consultation regarding the same. PP blood sugar to be collected exactly after 2 hours of food (From the food intake time). The instructions for the same will be given by the Consultant / Physicians /Physician Secretary /SCC (Surgery Scheduling Center). It will be ensured by the Laboratory Enquiry Secretary and counter checked by Technician/ Lab Assistant during interaction with the patients at the time of collection.

1.3. Random blood sugar (RBS): No special preparation is required before having a random blood sugar test. The patient is required to be in non-fasting state; hence blood samples will be collected within 2 hours of last meal intake irrespective of time of the day.

1.4. Lipid profile: Patient should fast for 8-12 hours overnight before blood collection. Fasting should be no food or drink except for water.

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1.5. Plasma Glucose tolerance test (OGTT)- Instructions to patients coming for Oral Glucose Tolerance test (OGTT) Code:103

Patient should overnight fast for 12 hours before blood collection. Fasting should be no food or drink except for water 82.5g monohydrate glucose in 250ml of water glucose load will be given orally post fasting sample collection.

- First blood should be collected in fasting condition.
- 2nd sample -1 hour after glucose load
- 3rd sample- 2hrs after glucose load

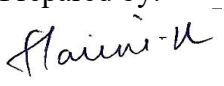
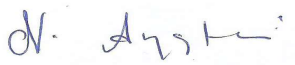
1.6. Gestational Diabetes Mellitus (GDM) Instructions to pregnant women coming for OGTT for GDM screening/diagnosis Code:104


Patient should overnight fast for 12 hours before blood collection. Fasting should be no food or drink except for water 82.5g monohydrate glucose in 250ml of water or 100g anhydrous glucose (110 g Monohydrate glucose) load will be given orally post fasting sample collection.

- First blood should be collected in fasting condition.
- 2nd sample -1 hour after glucose load
- 3rd sample- 2hrs after glucose load
- 4th samples- 3 hrs after glucose.load(If 100g load given) Ref: SNSC/CC/3D

1.7. Special Biochemical Investigation:

1. Plasma Amino acid Profile (HPLC)
2. Plasma Homocysteine
3. Paper Chromatography for Plasma Ornithine/ any amino acid
4. Paper Chromatography for Plasma Galactose / other sugars.
5. Microalbuminuria/UACR (Early morning sample)

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Fasting Specimen: For all the above mentioned test the patients are instructed to have his/her dinner the previous night not later than 9 pm and following that not to eat or drink except water till he/ she reports to the laboratory (fasting period should be between 8 to 12 hours).

2. Instructions to the patients who have undergone FFA (Fundus Fluorescein

Angiography)

In the above mentioned conditions the patients are instructed not to give blood for 24 hours after the FFA for the following test,

1. Angiotensin Converting Enzyme (ACE)
2. Plasma Homocysteine.
3. Microalbumin/UACR
4. Routine urine analysis/ Urine Sugar/Urine LFT

3. Instructions to Patients coming for serum Vitamin A testing:

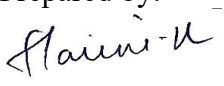
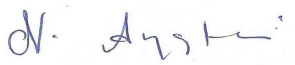
Should not take vitamin A tablet, Blood should be collected in Fasting Condition (10-12 hours fasting) or Random. No alcohol intake is allowed.


4. Instructions to patients coming for Serum Iron, TIBC and Percentage saturation testing:

Should not take iron medication for 3 days. (Fasting / Random). The test is out sourced.

5. IEM (Inborn Errors of metabolism):

Three containers will be provided for the patient, one of the three containers labeled 'F' (fasting) and the other two containers labeled 'R' (Random). Patient should collect the fasting urine in the 'F' container and the random urine in the 'R' containers. Provide 3 urine containers with pinch of sodium azide.

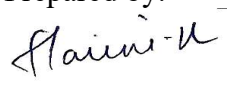
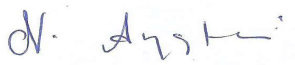
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TEST MASTER LIST

DEPARTMENT OF CLINICAL BIOCHEMISTRY

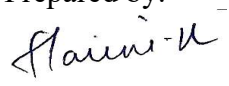
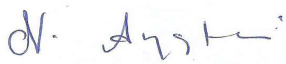
| S. No | Lab/ Ref/ Code | Name of the test | Specimen required Blood - volume | Anti coagulants (vacutainer/U rine) | **Reportable interval (TAT) | Storage of examined specimen / temp. | Information to the patients | Tariff |
|-------|----------------|-----------------------------------|-------------------------------------|--|---|--------------------------------------|---|---------------|
| 1. | 101 | Blood Glucose (Glucometer) F/R/PP | Capillary blood | NA | 1 hour 2 hours (in package) | NA | F- Fasting- - no caloric intake for at least 10-12 hrs. R- Random- any time PP- 2 hours Postprandial Blood should be collected 2 hrs after intake of food. | 150 |
| 2. | 102 | Plasma Glucose F/R/PP | 2 ml + Urine to be collected | Sodium Fluoride + Na ₂ EDTA | 1 hour 2 hours (in package) | 24 hours /2-8°C | F- Fasting- - no caloric intake for at least 10-12 hrs. R- Random- any time PP- 2 hours Postprandial Blood should be collected 2 hrs after intake of food. | 150 |

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|----|------------|--|------------------------------|--|----------------|------------------|--|------------|
| 3. | 103 | Oral Glucose Tolerance test (OGTT) Plasma glucose-3 samples | 2 ml + Urine to be collected | Sodium Fluoride + Na ₂ EDTA Urine container (No preservative) | 4 hours | 24 hours / 2-8°C | First sample should be collected in fasting condition. 10 to 12 hrs 2 nd sample -1 hour after 82.5g glucose load. 3 rd sample- 2hrs after 82.5g glucose intake. | 570 |
| 4. | 104 | Gestational Diabetes Mellitus (GDM) Plasma glucose-3/4 Samples(depending on glucose load) | 2ml + Urine to be collected. | Sodium Fluoride + Na ₂ EDTA Urine container (No preservative) | 5 hours | 24 hours / 2-8°C | First sample should be collected in fasting condition. 10-12 hours 2 nd sample -1 hour after 82.5g glucose load. 3 rd sample- 2hrs after 82.5 g glucose intake. 4 th samples- 3 hrs after glucose. Intake. (if 100g load of anhydrous glucose) | 570 |

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|-----|------------|---|------|--|--|----------------------|--------------------|-------------|
| 5. | 105 | Plasma/Serum Urea Creatinine | 4 ml | Heparin Plasma/ EDTA plasma (Cobas)/plain | 1 hour 2 hours (in a package) | 24 hours /- 2-8°C | Random | 300 |
| 6. | 106 | Serum/plasma Cholesterol | 4 ml | Plain/Heparin | 2 hours | 24 hours / 2-8°C | Fasting/Rand om | 210 |
| 7. | 108 | Plasma/serum Sodium and Potassium | 4 ml | Heparin/Plain | 1 hour | 24 hours / 2-8°C | Random | 550 |
| 8. | 113 | Serum/plasma LFT Bilirubin Total/Direct Total Protein & albumin, ALT, AST, ALP, GGT. | 4 ml | Plain/Heparin | 2 hours | 24 hours / 2-8°C | Random | 1440 |
| 9. | 114 | Serum/plasma Bilirubin (Total/Direct) | 4 ml | Plain/Heparin | 2 hours | 24 hours /- 2-8°C | Random | 320 |
| 10. | 115 | Serum / plasma Total Protein and albumin | 4 ml | Plain/Heparin | 2 hours | 24 hours / 2-8°C | Random | 250 |
| 11. | 116 | Serum / plasma Alkaline Phosphatase | 4 ml | Plain/ Heparin | 2 hours | 24 hours / 2-8°C | Random | 250 |
| 12. | 117 | Serum/ plasma Alanine amino transferase | 4 ml | Plain/ Heparin | 2 hours | 24 hours / 2-8°C | Random | 250 |
| 13. | 118 | Serum / plasma Aspartate amino transferase | 4 ml | Plain/Heparin | 2 hours | 24 hours / 2-8°C | Random | 270 |

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Prepared by:

Flavin K

Associate Professor, Clinical Biochemistry

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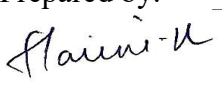
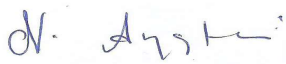
N. Arun

Director - Biochemistry



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|-----|-------------|--|------------|-----------------------------------|-----------------|---------------------------|--|-------------|
| 14. | 123 | <u>Serum/Plasma Lipid profile</u> Total Cholesterol HDL cholesterol Triacylglycerol LDL cholesterol | 4 ml | Plain/Heparin | 2 hours | 24 hours / 2-8°C | Blood should be collected in fasting condition.(10-12 hours overnight) | 1060 |
| 15. | 124 | Serum/ plasma Triacyl Glycerol (TGL) | 4 ml | Plain/Heparin | 2 hours | 24 hours / 2-8°C | Blood should be collected in fasting condition | 270 |
| 16. | 126 | Angiotensin converting enzyme (ACE) | 4 ml | Plain | 24 hours | 24 hours / -20 °C | For the FFA undergone patients' blood should be collected after 24 hours. | 1310 |
| 17. | 127* | Urine Inborn errors of metabolism 3 samples | 20ml urine | Urine container with preservative | 8 hours | Discarded on the same day | Provide 3 urine containers with pinch of sodium azide. 1 for fasting and 2 for Random sample | 600 |
| 18. | 128* | CSF– sugar, protein and chloride | CSF- 1.0ml | --- | 8 hours | 24 hours/ 2-8 °C | Should be received as early as possible. (Same day) | 780 |

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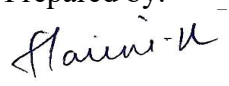




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| 19. | 132* | Urine-Homocystinuria screening | 50ml urine | Urine container | 8 hours | Discarded on the same day. | Urine containers should be provided with pinch of sodium azide. Sample should be collected in fasting condition. | 350 |
| 20. | 151* | HbA1c | 2 ml | EDTA whole blood | 2.5 hours | 24 hours 2-8°C | Blood to be collected in fasting / Random condition | 400 |
| 21. | 154 | Serum/Plasma GGT (Gamma Glutamyl Transferase) | 4ml | Plain/Heparin | 2 hours | 24 hours 2-8°C | Random | 180 |
| 22. | 158* | Serum/Plasma Bicarbonate | 4 ml | Plain/Heparin | 1 hour | 24 hours 2-8°C | Random | 400 |
| 23. | 159* | Chem 8 Panel- POCT | 4 ml | Heparinized Blood | 30 minutes | 24 hours 2-8°C | Random | 1300 |
| 24 | 160* | Trop I – POCT | 4 ml | Heparinized Blood | 30 minutes | 24 hours 2-8°C | Random | 2000 |
| 25 | 161 | Serum /Plasma Calcium | 4 ml | Heparin /Plain | 2 hours. | 24 hours / 2-8°C | Random | 300 |
| 26 | 162 | Serum /Plasma Inorganic Phosphorus | 4 ml | Heparin /Plain | 2 hours. | 24 hours / 2-8°C | Random | 300 |
| 27 | 164* | Vitamin D(25 Hydroxy) | 4 ml | Plain | 4 Hours | 24 hours / 2-8°C | Random | 1600 |

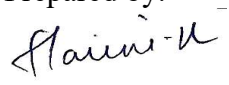

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|----|----------------------|--|------|------------|-------------------|---------------------|--------------------|-------------|
| 28 | 165* | Anti CCP (Cyclic Citrullinated peptide antibodies) | 4 ml | Plain | 4 Hours | 24 hours / 2-8°C | Random | 1350 |
| 29 | 166* | Thyroid Profile | 4 ml | Plain | 4 Hours | 24 hours / 2-8°C | Fasting/Rand om | 1000 |
| 30 | Other s * | BNP – POCT | 2 ml | EDTA Blood | 30 minutes | 24 hours 2-8°C | Random | 2500 |

*** NOT IN NABL SCOPE**

F- Fasting- -no caloric intake for at least 10-12 hrs. R- Random-any time PP- 2 hours Postprandial
FFA: Fundus Fluorescein Angiogram

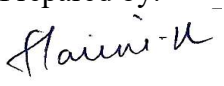
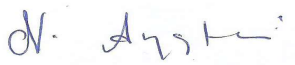
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TEST MASTER LIST

DEPARTMENT OF SPECIAL BIOCHEMISTRY

| S. No | Code No | Name of the Test | Specimen Required | Anti Coagulant | Reportable intervals (TAT) | Temp./ Storage time of examined specimen | Information to the patients | |
|-------|-------------|---|--------------------------------------|-------------------------------|----------------------------|--|---|-------------|
| 1 | 131* | Serum Vitamin A | 4 ml serum | Plain | 3 days | -20° C/ 3 days | Should not have taken vitamin A tablet 24 h prior, Blood should be collected in fasting Condition (10-12 hours fasting) No alcohol intake. | 3000 |
| 2 | 121* | Electrophoresis for protein serum/urine/CSF | 4ml serum /5 ml urine /1ml CSF | Plain | 2 days | -20° C/ 3 days | Random | 750 |
| 3 | 122* | Electrophoresis for Lipoprotein | 4 ml serum | Plain | 2 days | -20° C/ 3 days | Fasting condition (10- 12 hours fasting) | 850 |
| 4 | 125* | Blood Pyruvate and Lactate | 2 ml whole blood | 4ml of 0.6M per chloric acid. | 2 days | -20° C/ 3 days | 4 hours Fasting is preferred / Random | 1800 |
| 5 | 133* | Paper chromatography for Galactose/any sugars 2 samples plasma/urine | 2 ml plasma /5 ml urine | Fluoride NaF& Na2 EDTA | 2 days | -20° C/ 3 days | 1. Fasting 2. 2hrs PP Blood and urine to be collected. | 800 |

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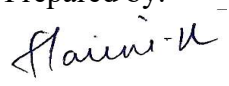




**SRI NATHELLA SAMPATHU CHETTY CLINICAL LABORATORY,
SANKARA NETHRALAYA
(UNIT OF MEDICAL RESEARCH FOUNDATION)**

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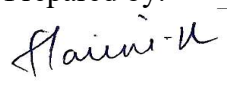

| | | | | | | | | |
|----|-------------|--|---------------------------|---------------------------------------|--------|----------------------------|--|-------------|
| 6 | 134* | Paper chromatography for Ornithine / amino acids | 2ml Plasma/ 5 ml urine | ACD 300 µL | 3 days | -20° C/ 3 days | Blood should be collected in fasting condition. (10- 12 hours fasting) | 1300 |
| 7 | 141* | Serum Vitamin E | 4 ml serum | Plain | 3 days | -20° C/ 3 days | Fasting/random | 3000 |
| 8 | 142* | Plasma vitamin C | 4 ml plasma | Heparin | 2 days | 4° C/ 24 hours | Fasting(10- 12 hours fasting) or Random | 1300 |
| 9 | 143* | Blood Glutathione | 2 ml whole blood | EDTA | 3 days | -20° C/ 3 days | Fasting (10- 12 hours) or Random | 650 |
| 10 | 144* | Blood Glutathione Peroxidase | 2 ml whole blood | EDTA | 3 days | -20° C/ 3 days | Fasting(10- 12 hours fasting) or Random | 1070 |
| 11 | 145* | Blood Superoxide dismutase | 4 ml whole blood | Heparin | 3 days | -20° C/ 3 days | Fasting (10- 12 hours fasting) or Random | 650 |
| 12 | 146* | Blood Thio Barbituric Acid Reactive Substances | 2 ml whole blood | EDTA | 3 days | -20° C/ 3 days | Fasting(10- 12 hours fasting) or Random | 300 |
| 13 | 112* | Serum Ceruloplasm in | 4 ml serum | Plain | 3 days | 3 days /2-8° C | -- | 1100 |
| 14 | 135* | Amino acid profile – plasma | 2 ml plasma | ACD (Acid citrate dextrose) 300 µL | 7 days | -20° C/15 days (Plasma) | Blood should be collected in fasting condition | 2600 |

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|----|-------------|-------------------------------|------------------------------|-------|---------------|---|---|-------------|
| 15 | 136* | Amino acid profile- Urine | 5 ml Urine With preservative | ---- | 7 days | -20°C/ 15 days after centrifugation 2500 rpm / 10 minutes. | Urine container Provided with pinch of sodium azide. Sample should be collected in fasting condition. (10- 12 hours fasting) | 2600 |
| 16 | 138* | Serum Homocysteine | 2 ml Serum | Plain | 2 days. | -20° C/3 days | Blood should be collected in fasting condition. (10-12 hours fasting) | 1500 |
| 17 | 180* | Zinc | 4 ml serum | Plain | 2 days | 4°C / 24 hours | Random | 700 |
| 18 | 181* | Serum Neuron Specific Enolase | 4 ml serum | Plain | Every Tuesday | -20° C/30 days | Random | 2900 |

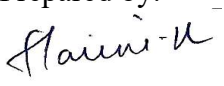
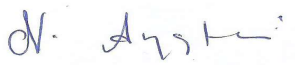
*** NOT IN NABL SCOPE**

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ACCEPTANCE / REJECTION CRITERIA FOR BIOCHEMISTRY

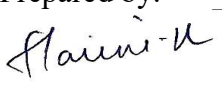
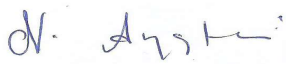
| S. No | Specimen acceptance criteria | Specimen rejection criteria | Action taken |
|-------|--|--|---|
| 1 | Labelled Samples with the patient ID and test details with correct barcode | Unlabeled /wrongly labeled samples | If specimen obtained by non-invasive procedure (Urine, Sputum or throat swab) – Recollect the sample. If specimen is obtained by invasive procedure like needle aspiration, or if it is body fluids, then process after consulting with the referring physician. |
| 2. | Sample matches with the Test Request form | If sample does not match with the Test Request form | Do not Process. Inform the referring physician and ask for a sample rework |
| 3 | Proper and non leaking Specimen container | Improper/broken/ Leaking Specimen container | Do not Process. Inform the referring physician and ask for a sample rework |
| 4 | Sample received at appropriate time after collection | Prolonged transport time beyond acceptable limits and in improper transport conditions for all samples | Do not Process. Inform the referring physician and ask for a sample rework |
| 5 | Specimen suitable for test requested | Specimen unsuitable for the test requested | Do not Process. Inform the referring physician and ask for a sample rework. |

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|---|--|--|---|
| 6 | Specimen collected fulfills the sufficient volume criteria for all tests requested | Insufficient sample volume | Process as much as possible. Inform the referring physician and ask for a sample rework. |
| 7 | Specimen collected in appropriate vacutainer under appropriate conditions as required by the tests requested | Specimen collected in inappropriate or wrong vacutainer under inappropriate conditions as required by the tests requested | Do not Process. Inform the referring physician and ask for a sample rework If precious sample process with approval from authorized signatory with comments in report. |
| 8 | Specimen collected after appropriate patient preparation fulfillment for the tests requested | Sample collected from a patient who had not fulfilled the preparation criteria for test requested | Do not process. Inform the referring physician and ask for a sample rework. |
| 9 | Specimen with no contamination | Contamination of specimen collected. Eg: IV line sample collection- blood Urine- contamination with vaginal secretion or fecal matter | Do not process. Inform the referring physician and ask for a sample rework. |

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|----|--|--|---|
| 10 | Sample non hemolysed, non lipemic, non-icteric | <ul style="list-style-type: none"> • Hemolysed • Lipemia • Highly icteric sample • samples will be rejected based on the degree of HIL and the test requested. | <p>Do no process. Inform the referring physician and ask for a sample rework.</p> <p>Also follow the below enumerated criteria on need as per case by case basis and tests requested.</p> <p>If precious sample or in special cases with partial hemolysis after approval by authorized signatory sample can be processed with comment in the report.</p> |
|----|--|--|---|

Effects of Hemolysis/ Lipemic / Icteric interference on Biochemical parameters

| Hemolysed samples: | Lipemic samples: | Highly icteric samples: |
|---|---|---|
| <p>Hemolysis interference is approximately linearly dependent on the final concentration of free Hb in the specimen.</p> <p>• <u>It generates a consistent trend towards overestimation of:</u></p> <ul style="list-style-type: none"> – ALT & AST – Creatinine – Creatine kinase (CK) | <p>slight lipemia to marked lipemia:</p> <p><u>Falsely increased:</u> Direct bilirubin and TIBC</p> <p><u>Falsely decreased:</u> sodium, chloride and comparatively less effect potassium Unknown sometimes increased or decreased:</p> | <p><u>Falsely decreased:</u></p> <p>>= 6 total protein and Triglyceride and in very rare instances of highly icteric samples cholesterol, creatinine, GGT, Uric acid are also affected.</p> <p><u>Unknown or increased:</u> Fructosamine is affected in slight to high icteric index</p> |

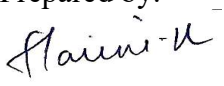
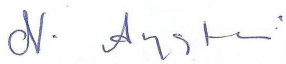
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| | | |
|--|---|---|
| <ul style="list-style-type: none"> – Iron – LDH – Lipase – Magnesium – Phosphorus – Potassium – Urea -Neuron Specific Enolase • <u>It generates a consistent trend towards underestimation of:</u> – Albumin – ALP – Chloride & Sodium – GGT – Glucose • Clinically meaningful variations of AST, chloride, LDH, potassium and sodium were observed in specimens with mild hemolysis (free Hb ~60 mg/dL). | ALT, AST, Albumin, Calcium, CK, Cholinesterase, BUN, Phosphate, Total Bilirubin | only in very high icteric Direct bilirubin and phosphate is affected. |
|--|---|---|

* Record the problem in the sample rejection register if sample is rejected and document the corrective action taken

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2025

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DEPARTMENT OF HISTOPATHOLOGY & CYTOPATHOLOGY



Dr.Jyotirmay Biswas MD
Director, Ocular Histopathology




Dr.S.Krihnakumar MD
**Professor, Histopathology & Cytopathology
CI.Hematology & CI.Pathology**



LOCATION OF DEPARTMENT OF HISTOPATHOLOGY & CYTOPATHOLOGY

SN Main Campus, KNBIRVO Building 3rd Floor

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TEST MASTER LIST

DEPARTMENT OF HISTOPATHOLOGY

Histopathology Tests (Specimens) under Scope of NABL

| S.No | TABLE OF CONTENTS | Page No. |
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| 1. | Test Master List / Turn Around Time | 3 - 8 |
| 2. | Instructions for sending specimens to Histopathology | 7 - 9 |
| 3. | Acceptance and Rejection Criteria | 10 - 10 |

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TEST MASTER LIST

DEPARTMENT OF HISTOPATHOLOGY

Histopathology Tests (Specimens) under Scope of NABL

| Code No | Specimen | Turn around time | Fixative Used/Acceptance Criteria | Tariff |
|----------------|--------------------------------|-------------------------|--|---------------|
| 501 | Eyeball | 4 working Days | 10%Neutral buffered formalin | 3000 |
| 502 | Exenterated specimen | 4 working Days | 10%Neutral buffered formalin | 10000 |
| 503 | Eviscerated specimen | 4 working Days | 10%Neutral buffered formalin | 1000 |
| 504 | Corneal button | 4 working Days | 10%Neutral buffered formalin | 1000 |
| 505 | Epiretinal membrane | 4 working Days | 10% Neutral buffered formalin | 720 |
| 506 | Sub retinal membrane | 4 working Days | 10%Neutral buffered formalin | 720 |
| 507 | Biopsy-lid | 4 working Days | 10% Neutral buffered formalin | 720 |
| 508 | Biopsy -Conjunctiva | 4 working Days | 10% Neutral buffered formalin | 720 |
| 509 | Biopsy -Cornea | 4 working Days | 10%Neutral buffered formalin | 1000 |
| 510 | Biopsy- Orbit | 4 working Days | 10%Neutral buffered formalin | 3000 |
| 511 | Iris tissue | 4 working Days | 10%Neutral buffered formalin | 720 |
| 524 | Amyloid stain | 24 Hours | Paraffin block/Paraffin sections | 620 |
| 525 | Mucin stain | 24 Hours | Paraffin block/ Paraffin sections | 620 |
| 526 | Collagen stain | 24 Hours | Paraffin block/ Paraffin sections | 620 |
| 528 | GMS stain | 24 Hours | Paraffin block/ Paraffin sections | 620 |
| 529 | Gram stain | 24 Hours | Paraffin block /Paraffin sections | 620 |
| 530 | Calcium stain | 24 Hours | Paraffin block/ Paraffin sections | 620 |
| 531 | AFB stain | 24 Hours | Paraffin block/ Paraffin sections | 620 |
| 533 | Perl's stain | 24 Hours | Paraffin block/ Paraffin sections | 620 |
| 537 | Small sized specimen (3mm-5mm) | 4 working Days | 10%Neutral buffered formalin | 720 |

| | | | |
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|-----|---|---|-----------------------------------|-------|
| 538 | Medium Sized specimens (10mm) | 4 working Days | 10%Neutral buffered formalin | 1000 |
| 539 | Large sized specimens (>20mm) | 4 working Days | 10%Neutral buffered formalin | 2000 |
| 576 | Slide for second opinion | 24 – 48 Hours | - | 1000 |
| 578 | Package Test – Irrespective of Size Frozen and Permanent sections for diagnosis - Lid, Conjunctiva, Orbit + Oil O Red stain | 30 minutes for frozen section 4working Days for Permanent sections | Fresh unfixed tissue | 3000 |
| 579 | Package Test – Irrespective of Size Frozen and Permanent sections for Margin Clearance - Lid, Conjunctiva, Orbit + Oil O Red stain | 1 hour for frozen section 4 working Days for Permanent sections | Fresh unfixed tissue | 10000 |
| 580 | PAS stain | 24 Hours | Paraffin block/ Paraffin sections | 620 |

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TEST MASTER LIST

DEPARTMENT OF CYTOPATHOLOGY

Cytopathology Tests (Specimens) Under Scope of NABL

| Code No | Specimen | Turn around time | Fixative Used/Acceptance Criteria | Tariff |
|---------|----------------------------|------------------|--|--------|
| 512 | Aqueous aspirate | 3 working Days | Unfixed sample sent in cool pack /smears | 380 |
| 513 | Vitreous aspirate | 3 working Days | Unfixed sample sent in cool pack /smears | 380 |
| 514 | Sub retinal fluid | 3 working Days | Unfixed sample sent in cool pack /smears | 380 |
| 515 | Smear cytology-lid | 3 working Days | Unfixed sample sent in cool pack /smears | 380 |
| 516 | Smear cytology-Conjunctiva | 3 working Days | Unfixed sample sent in cool pack /smears | 380 |
| 517 | Smear cytology-cornea | 3 working Days | Unfixed sample sent in cool pack /smears | 380 |
| 521 | IOL Cytology | 3 working Days | 70% or 95% Alcohol | 380 |
| 519 | FNAC | 3 working Days | Unfixed sample sent in cool pack /smears | 380 |
| 524 | Amyloid stain | 24 Hours | Unfixed sample sent in cool pack /smears | 620 |
| 525 | Mucin stain | 24 Hours | Unfixed sample sent in cool pack /smears | 620 |
| 526 | Collagen stain | 24 Hours | Unfixed sample sent in cool pack /smears | 620 |
| 528 | GMS stain | 24 Hours | Unfixed sample sent in cool pack /smears | 620 |
| 529 | Gram stain | 24 Hours | Unfixed sample sent in cool pack /smears | 620 |
| 530 | Calcium stain | 24 Hours | Unfixed sample sent in cool pack /smears | 620 |
| 531 | AFB stain | 24 Hours | Unfixed sample sent in cool pack /smears | 620 |
| 533 | Perl's stain | 24 Hours | Unfixed sample sent in cool pack /smears | 620 |

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TEST MASTER LIST

DEPARTMENT OF HISTOPATHOLOGY & CYTOPATHOLOGY

Tests (Specimens from External patients) not under scope of NABL

| Code No | Specimen | Turn around time | Fixative Used/Acceptance Criteria | Tariff |
|----------------|--|--|--|---------------|
| 520 | Immunohistochemistry (Markers-Ki67/ Adipophilin/Synaptophysin/BAP1) | 4 working Days | 10%Neutral buffered formalin | 2000 |
| 537 | Small sized-Skin biopsies, Any other tissue measuring 3mm- 5mm | 4 working Days | 10%Neutral buffered formalin | 720 |
| 538 | Medium sized Skin biopsies, Any other tissue measuring 10mm | 4 working Days | 10%Neutral buffered formalin | 1000 |
| 539 | Large sized Skin biopsies, Any other tissue measuring >20mm | 4 working Days | 10%Neutral buffered formalin | 2000 |
| 522 | Aspirates - vitreous, aqueous, CSF, Pleural fluid, Bronchial alveolar lavage and any other body fluids | 3 working Days | Unfixed sample sent in cool pack /smears | 380 |
| 524-533 | All special stains (Amyloid stain, Mucin stain, Collagen stain, GMS stain, Gram stain, Calcium stain, AFB stain and Perl's stain) | 24 Hours | Paraffin block, Unfixed sample sent in cool pack /smears | 620 |
| 576 | Slide for second opinion | 24 – 48 Hours | | 1000 |
| 577 | Package of Bone marrow Aspirate cytology + Perl's iron stain+ cell block + Immuno histochemistry for synaptophysin | 4 working Days | Smears + EDTA samples | 3000 |
| 578 | Package Test – Irrespective of Size Frozen and Permanent sections for diagnosis - Lid, Conjunctiva, Orbit + Oil O Red stain | 30 minutes for frozen section 4 working Days for Permanent sections | Fresh unfixed tissue | 3000 |
| 579 | Package Test – Irrespective of Size Frozen and Permanent sections for Margin Clearance - Lid, Conjunctiva, Orbit + Oil O Red stain | 1 hour for frozen section 4 Days for Permanent sections | Fresh unfixed tissue | 10000 |
| 581 | Immunohistochemistry for per marker | 4 working Days | 10%Neutral buffered formalin | 3000 |

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Specimens for histopathology and cytopathology including the impression cytology smears are collected by the surgeons at operation theater/out patient department are directly received in person or by mail at SNSC lab-Histopathology 3rd floor New Building (KNBIRVO block)

THINGS TO BE DONE WHILE SENDING OCULAR PATHOLOGY SPECIMENS


- Proper labelling of the specimen with following information in the requisition form.
 - Name of the patient
 - Age and gender of the patient
 - The type of material
 - The eye
 - Date and time of collection
 - Doctor's name
- Adequate clinical summary and clinical diagnosis
- Proper fixation in proper preservative

PRESERVATION OF THE SPECIMEN

- Tissue should be preserved immediately in the proper fixative in a suitable sized container as drying of the tissue causes artifacts.
- For routine surgical specimens 10% neutral buffered formalin is used, 70 or 95% alcohol for IOL's
- Approximate volume of the fixative required for different kinds of specimens are:

| | | |
|--------------------------|---|---------------------------------------|
| A. Cornea | - | 5 to 10 ml |
| B. Eyeball | - | 150 to 200 ml |
| C. Exenterated specimen | - | 500 ml |
| D. Other biopsy material | - | according to the size of the specimen |

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MAILING OF SPECIMENS:

The specimen collected should be placed in suitable sized containers (preferably plastic container), with adequate fixative. The lid of the container should be sealed with help of adhesive tape (preferable plaster) to prevent leaking of the fixative. To avoid leakage, fixed tissue can be wrapped in gauze soaked in 10 % Neutral buffered formalin. The container should bear the label with details like Name, Age/sex of the patient, specimen, written legibly in a permanent marker.

The specimen should be mailed to Sri Nathella Sampathu Chetty Clinical Laboratory – Histopathology Laboratory, 3rd Floor, New Building, and No: 41, College Road, Nungambakkam, Chennai-600 006 with proper requisition from the surgeon providing the required details mentioned above along with the address for communication. (E-mail/ telephone no. /Fax). The charges intimated to be sent as Demand Draft/Cheque/NEFT payable to Medical Research Foundation.

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Instructions to Surgeons/Asst. Surgeons/OT staff for sending specimens to Histopathology

| Size of container | Volume of Formalin to be added | | Frozen section | Cytology (aspirates / fluids) | Labels on Bottle | Mandatory Information In Requisition form |
|-------------------------|--|------------|-----------------------|--|------------------|--|
| 1.Small sized specimen | BHIB bottles | 5-10 ml | Formalin Not Required | 1. No Fixative | Required | 1 .Name of the patient |
| 2.Medium sized specimen | Wide mouthed Container (50-100 ml capacity) | 20-50-ml | | 2. To be sent immediately (if delayed, sample must be sent with cool pack) | | 2. Age/gender 3. MRD No. |
| 3.Large sized specimens | Wide mouthed Container (100-200 ml capacity) | 150-200 ml | | | | 4. The type of specimen sent OD/OS and site of the specimen 5. Date and Time of collection of sample 6. Surgeon's name 7. Adequate clinical summary with clinical diagnosis |

NOTE: *If the same sample required for Microbiology and Histopathology Investigations send the sample in sterile container without formalin first to Microbiology along with histopathology requisition form and Information about sending specimen to histopathology.*

Storage:

Histopathology:


Specimens (If available)-30 days

Paraffin blocks-Permanent

Cytopathology:

Fluids/Aspirates-24 hrs. at 2-8°C

| | | | |
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Acceptance & Rejection Criteria

| S. No. | Acceptance Criteria | Rejection Criteria |
|--------|--|--|
| 1. | Unstained sections /Smears will be accepted | - |
| 2. | Paraffin block, stained sections/smears will be accepted | Samples too tiny for processing/not visible samples. |

Note:

However Histopathology specimens are not rejected on grounds of poor specimen integrity. They are accessioned and remarks are incorporated in final report.

If the specimens are sent for both microbiological as well as histopathological Investigation, the specimen would be received in unfixed condition.

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DIRECTORY OF SERVICES

DEPARTMENT OF MICROBIOLOGY & SEROLOGY



Dr.AR.Anand Ph.D

Professor and Head
Microbiology & Serology



Dr.Dhanurekha Ph.D


Senior Scientist
Molecular Diagnostics Lab



LOCATION OF OF DEPARTMENT OF MICROBIOLOGY & SEROLOGY

SN Main Campus, KNBIRVO Building 6th Floor

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GENERAL INSTRUCTION ON SAMPLE COLLECTION

MICROBIOLOGY: The patients coming for Microbiological test should not take any antibiotic therapy prior to investigation. Ref: Test master list SNSC/CM/12A, 12B, 12C, 12D, 12E and 12F / Departmental manual for more details.

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TEST MASTER LIST

DEPARTMENT OF MICROBIOLOGY

Collection procedure for tests under scope of NABL for SNSC Clinical Microbiology and Serology laboratory


| S. No | Test code | Name of Test | Name of clinical specimen | Volume Criteria | Criteria for Acceptance of clinical specimen | Criteria for Rejection of Clinical specimen | Turn around time* | Temperature of Storage | Tariff |
|-------|-----------|------------------------|---|---------------------------------------|--|---|-------------------|------------------------|--------|
| 1 | 401 | Grams Stain | Conjunctival Swab | One Swab Stick meant for direct smear | ** (NA) | ** (NA) | 6-8 hours | 2-8°C | 250 |
| | | | Sputum | 3-5mL | Freshly collected sputum | Contaminated with saliva | 6-8 hours | 2-8°C | |
| | | | Throat Swab | One Swab Stick meant for direct smear | ** (NA) | ** (NA) | 6-8 hours | 2-8°C | |
| | | | Ocular specimens, non ocular specimens and biopsy | ** (NA) | ** (NA) | ** (NA) | 6-8 hours | 2-8°C | |
| 2 | 402 | KOH / Calcofluor Stain | Conjunctival Swab | One Swab Stick meant for direct smear | ** (NA) | ** (NA) | 6-8 hours | 2-8°C | 350 |
| | | | Sputum | 3-5mL | Freshly collected sputum | Contaminated with saliva | 6-8 hours | 2-8°C | |
| | | | Throat Swab | One Swab Stick meant for direct smear | ** (NA) | ** (NA) | 6-8 hours | 2-8°C | |
| | | | Ocular specimens, non ocular specimens and biopsy | ** (NA) | ** (NA) | ** (NA) | 6-8 hours | 2-8°C | |

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|---|-----|---------------------------|---|---------------------------------------|---|--|---------------|-------|------|
| 3 | 403 | Giemsa Stain | Conjunctival Swab | One Swab Stick meant for direct smear | ** (NA) | ** (NA) | 6-8 hours | 2-8°C | 250 |
| | | | Throat Swab | One Swab Stick meant for direct smear | ** (NA) | ** (NA) | 6-8 hours | 2-8°C | |
| | | | Ocular specimens, non ocular specimens and biopsy | ** (NA) | ** (NA) | ** (NA) | 6-8 hours | 2-8°C | |
| 4 | 404 | AFB Stain | Sputum | 3-5mL | Freshly collected sputum | Contaminated with saliva | 6-8 hours | 2-8°C | 250 |
| | | | Throat Swab | One Swab Stick meant for direct smear | ** (NA) | ** (NA) | 6-8 hours | 2-8°C | |
| | | | Ocular specimens, non ocular specimens and biopsy | ** (NA) | ** (NA) | ** (NA) | 6-8 hours | 2-8°C | |
| 5 | 411 | Aerobic Bacterial culture | Conjunctival Swab | One Swab Stick meant for culture | To be collected and transported in HBSS | If collected in a unsterile container | 48 - 56 hours | 2-8°C | 1700 |
| | | | Sputum | 3-5mL | Freshly collected sputum in a sterile container | Contaminated with saliva | 48 - 56 hours | 2-8°C | |
| | | | Throat Swab | One Swab Stick meant for culture | To be collected in a sterile container | If collected in a unsterile container | 48 - 56 hours | 2-8°C | |
| 6 | 436 | Aerobic culture | Urine | 5-10mL | Mid stream urine to be collected in a sterile container | If collected in a unsterile container, if the patient is on antibiotic therapy | 2 days | 2-8°C | 800 |

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| 7 | 437 | Anaerobic Culture | Urine | 5-10mL | Mid stream urine to be collected in a sterile container | If collected in a unsterile container, if the patient is on antibiotic therapy | 48 - 56 hours | 2-8°C | 900 |
| | | | Ocular specimens, non ocular specimens and biopsy | ** (NA) | ** (NA) | ** (NA) | 48 - 56 hours | 2-8°C | |
| 8 | 412 | Fungal culture | Conjunctival Swab | One Swab Stick meant for culture | To be collected in a sterile container | If collected in a unsterile container | 12 days | 2-8°C | 900 |
| | | | Sputum | 3-5mL for inoculation to all plates | Freshly collected sputum in a sterile container | Contaminated with saliva | 12 days | 2-8°C | |
| | | | Throat Swab | One Swab Stick meant for culture | To be collected in a sterile container | If collected in a unsterile container | 12 days | 2-8°C | |
| | | | Ocular specimens, non ocular specimens and biopsy | ** (NA) | ** (NA) | ** (NA) | 12 days | 2-8°C | |
| 9 | 414 | Acanthamoeba culture | Corneal scraping, Corneal biopsy, Contact lens solution, Contact lens | ** (NA) | ** (NA) | ** (NA) | 10 days | 2-8°C | 340 |

* Time taken from the receipt of specimen(s) in the Microbiology and Serology department to the time, soft copy of the reports will be available in the HMS format of the department

** The intraocular specimens are directly received in the Microbiology laboratory from the OPD or from OT

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Ocular specimens: Conjunctival swab, Conjunctival scraping, Corneal scraping, Corneal button, Aqueous aspirate, Vitreous aspirate, Lens aspirate, Infected Suture, Infected buckle, Donor corneal rim (DCR), Iris tissue, Intra ocular lens (IOL), Contact lens, Capsular bag, Eviscerated material, Canalicular pus and orbital pus and any other ocular biopsy tissue, Sub retinal mass, and Scleral nodule, Lasik flap and Orbital biopsy.

Non-ocular and other clinical specimens: Throat swab, Sputum, Pus, Urine, Cerebro spinal fluid (CSF), Biopsy*, Nail clippings, Hair, Scrapings from genital lesions, Amniotic fluid, Bronchial wash, Ascitic fluid, Pleural fluid, Bronchoalveolar Lavage, Tracheal aspirate, Nasopharyngeal aspirate, Vesicle fluid, Synovial fluid, CAPD, Skin scraping, Gastric washing.

***Biopsy** – Bone marrow, Bone, Lymph node, Fine needle aspiration biopsy (FNAB), Sub retinal mass, Abscess fluid, Gastric biopsy, Lung biopsy, Liver biopsy, Brain biopsy, Ileo caecal biopsy, Granuloma, Endometrial biopsy, Skin nodule or any other biopsy specimens.

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TEST MASTER LIST

DEPARTMENT OF SEROLOGY

Collection procedure for Serological tests under scope of NABL for SNSC Clinical Microbiology and Serology laboratory

| S. No | Test code | Name of Test | Sample to be collected (Vacutainer) | Volume Criteria ^a | Criteria for Acceptance of serum/plasma | Criteria for Rejection of serum/plasma | Turn around time* | Temperature of Storage | Tariff |
|-------|------------|--|--|------------------------------|---|--|-------------------------|------------------------|-------------|
| 1. | 202 | Non Treponemal (RPR) and treponemal (TPHA) antibodies | Plain blood/ EDTA, Heparinized/ citrated Blood | 2-4 mL | Free from RBCs, and of required volume | Grossly Haemolysed / contaminate d/lipemic | 2-3 days [#] | 2-8°C | 1000 |
| 2. | 203 | Rheumatoid arthritis (RA) Factor (Nephelometry) | Plain blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed / contaminate d/lipemic | 2-3 days [#] | 2-8°C | 400 |
| 3. | 218 | C - Reactive protein (CRP) (Nephelometry) | Plain blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed / contaminate d/lipemic | 2-3 days [#] | 2-8°C | 400 |
| 4 | 317 | HBs Ag, Antibodies to HCV, Non Treponemal (RPR) and Treponemal (TPHA) antibodies | Plain blood/ EDTA, Heparinized/ Citrated Blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed / contaminate d/lipemic | 24-36hours ^s | 2-8°C | 3200 |

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|----|--------------|---|---|----------------|---|--|---|-------|-------------|
| 5 | 220 | Antibodies to HIV 1 and HIV 2 and HIV-1 p24 antigen (Screening and ELISA) | Plain blood/ EDTA, Heparinized/ citrated Blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminate d/lipemic | 24-36 hours ^s | 2-8°C | 1000 |
| 6 | 222 | Hepatitis B surface antigen (HBsAg) (Screening and ELISA) | Plain blood/ EDTA, Heparinized/ citrated Blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminate d/lipemic | 24-36 hours ^s | 2-8°C | 1000 |
| 7 | 260 | Antibodies to HBsAg | Plain blood/ EDTA, Heparinized/ Citrated Blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminate d/lipemic | 3 days or two samples whichever is earlier | 2-8°C | 880 |
| 8 | 223 | Antibodies to Hepatitis C virus (HCV) (Screening and ELISA) | Plain blood/ EDTA, Heparinized/ citrated Blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminate d/lipemic | 24-36 hours ^s | 2-8°C | 1200 |
| 9 | 206 | Anti nuclear antibody (Fluorescent and ELISA) | Plain blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminate d/lipemic | 2-3 days [#] | 2-8°C | 2240 |
| 10 | 234 | IgG antibodies to cANCA (Proteinase3) | Plain blood/ EDTA, Heparinized/ Citrated plasma | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminate d/lipemic | 2-3 days [#] | 2-8°C | 1900 |
| 11 | 235 | IgG antibodies to pANCA (Myeloperoxidase) | Plain blood/ EDTA/ Heparin/ Citrated plasma | 2-4mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminate d/lipemic | 2-3 days [#] | 2-8°C | 1830 |
| 12 | 233 A | Antibodies to Aquaporin 4 (NMO – IgG) Antibodies to Myelin oligodendrocyte glycoprotein (MOG) | Plain blood/ EDTA, Heparinized/ Citrated Blood | 2-4 mL | Free from RBCs and of required volume Transportation at 2-4°C | Grossly Haemolysed/ Contaminate d /lipemic | 3 – 4 days or five samples whichever is earlier | -20°C | 8500 |
| | | | CSF | Not applicable | Transportation at 2 – 4°C | Not applicable | | 2-8°C | |

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TEST MASTER LIST

DEPARTMENT OF MICROBIOLOGY AND SEROLOGY

Collection procedure for tests NOT UNDER SCOPE of NABL for SNSC Clinical Microbiology and Serology laboratory

| S.No | Test code | Name of Test | Sample to be collected (Vacutainer) | Volume Criteria ^a | Criteria for Acceptance of serum/plasma | Criteria for Rejection of serum/plasma | Turn around time* | Temperature of Storage | Tariff |
|------|------------|---|-------------------------------------|---|--|---|------------------------------|------------------------|-------------|
| 1 | 205 | Widal Test | Plain blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/contaminated/lipemic | 24-30 hours | 2-8°C | 350 |
| 2 | 217 | Anti streptolysin O (ASO) (Latex) | Plain blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/contaminated/lipemic | 2-3 days[#] | 2-8°C | 500 |
| 3 | 219 | Serum Lysozyme assay | Plain blood | 2-4mL | Free from RBCs and of required volume | Grossly Haemolysed/contaminated/lipemic | 2-3 days[#] | 2-8°C | 460 |
| 4 | 276 | Antibodies to dsDNA (Fluorescent) | Plain blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/contaminated/li pemic | 2-3 days [#] | 2-8°C | 1500 |
| 5 | 277 | Antibodies to SSA and SSB (LIA) | Plain blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/contaminated/lipemic | 2-3 days [#] | 2-8°C | 3000 |
| 6 | 458 | Bacterial culture- Blood culture by BACTEC (Fungi, Aerobic and Anaerobic bacteria) | Blood | 10 mL for adults 5 mL for children below 5 yrs | Collected and inoculated immediately aseptically | Collected in a vacutainer with or without anticoagulant | 14 days | Not applicable | 1600 |
| 7. | 455 | AFB culture (LJ medium) | Ocular specimens (Refer to page 5) | Not applicable | Collected in a sterile container | Not collected in a sterile container, leaky container | 42 days | 2-8°C | 530 |

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| 8. | 490 | INVITRO ANTIFUNGAL SENSITIVITY TEST | Fungal isolate from Ocular specimens, non ocular specimens and biopsy (Refer to page 5) | ** (NA) | Pure fungal isolate of a single organism | Contaminated fungal isolate | 12 days | 25°C | 1160 |
| 9 | 207 | Antibodies to <i>Toxoplasma gondii</i> (IgG and IgM) | Plain blood/ EDTA/ Heparin/ Citrated plasma | 2-4mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminated/ lipemic | 2-3 days [#] | 2-8°C | 1760 |
| 10 | 210 | Antibodies to Rubella virus (IgG and IgM) | Plain blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminated/ lipemic | 2-3 days [#] | 2-8°C | 1760 |
| 11 | 211 | Antibodies to CMV (IgG and IgM) | Plain blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminated/ lipemic | 2-3 days [#] | 2-8°C | 1760 |
| 12 | 212 | Antibodies to HSV (IgG and IgM) | Plain blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminated/ lipemic | 2-3 days [#] | 2-8°C | 1760 |
| 13 | 274 | QuantiFERON – TB test Platinum IGRA test | Blood – Use only BD vacutainer heparin tubes provided with the kit. | 2-4 mL | Collected in only BD vacutainer heparin tubes provided with the kit | Collected in ordinary anticoagulated vacutainer | 2-3 days [#] | 22-26°C | 3500 |
| 14 | 316 | TORCHES SCREENING | Plain blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminated/ lipemic | 2-3 days @ | 2-8°C | 8040 |
| 15 | 282 | Autologous serum preparation (for topical use) | Plain blood | 2-4 mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminated/ lipemic | 2 hours | 2-8°C | 750 |
| 16 | 283 | PRP preparation (for topical use) | ACD tube | 7-8 mL | Free from RBCs and of required volume | Grossly Haemolysed/ contaminated/ lipemic | 4-6 hours | 2-8°C | 1000 |

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*: Time taken from the receipt of specimen(s) in the Microbiology and Serology department to the time, soft copy of the reports will be available in the HMS format of the department

: Serology days: Tuesday/Thursday/Saturday: Samples received in the Microbiology department till 10.00am on the day of testing will be included and the report will be generated by 5.30 pm on the day of testing.

\$: Serum Samples received in the Microbiology department till 10.00am will be included in that day for testing by ELISA for Antibodies to HIV 1 and HIV2, HBsAg and antibodies to HCV and the report generated by 5.30 pm on the day of testing. Samples received after 10.00 am will be included in the next working day.

a: volume of blood for patients \leq 1 yr is 1.0-1.5ml

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**ACCEPTANCE / REJECTION CRITERIA FOR RECEIVING SPECIMEN
AT SNSC LAB – MICROBIOLOGY AND SEROLOGY**

| | Acceptance Criteria | Rejection Criteria |
|----|---|--|
| 1. | Microbiology Collections: Proper Collection and Transportation | 1. Swabs submitted for culture not identified its source 2. Improper transport: a. Urine specimens for culture left at room temperature for more than two hours or refrigerated for more than 24 hours. b. Anaerobic cultures not transported in an anaerobic environment. |
| 2. | All clinical specimen collected in sterile container for microbiology tests | Culture specimen received in unsterile containers/non-laboratory containers as evidenced by contamination of containers, leaking containers and containers with foreign material. |
| 3. | Clinical specimen transported in appropriate transport medium for tests requested. | Samples which are not sufficient / Single swab submitted for multiple requests (for eg. direct smear study and culture for aerobic and anaerobic bacteria, fungus and <i>Mycobacterium tuberculosis</i> ./isolation of viruses etc.) |
| 4. | Samples collected before initiation of antibiotic therapy. | Samples collected after initiation of antibiotic therapy. |
| 5. | Mid stream urine samples for pyogenic bacterial culture collected with aseptic precautions and transported within half an hour to laboratory | Urine samples (for pyogenic bacterial culture) collected immediately after performing fundus fluorescence angiogram. Twenty four-hour specimen collections for pyogenic urine culture |
| 6. | Sputum sample should be examined by Grams stain and score of leucocytes and squamous epithelial cells to be determined as in procedure N of manual. The sample grouped under 4,5,6 grade is accepted for testing. | Sputum sample should be examined by Grams stain and score of leucocytes and squamous epithelial cells to be determined as in procedure N of manual. The sample grouped under 1,2,3 grade is not accepted for testing. |


Note: If the specimens are sent for both Microbiological as well as Histopathological investigation, the specimen would be received in unfixed condition and half of the specimen should be sent to Histopathology lab from Microbiology laboratory.

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| | Acceptance Criteria | Rejection Criteria |
|--|---|---|
| | Serum samples that are clear without lysis or lipemic | Serum samples that are lysed, serum that look lipemic and turbid with bacterial growth. |
| | Serum sample sufficient for test requested | Serum sample insufficient for test requested |
| | Primary /Secondary sample as given in table 1 for respective tests. | Primary /Secondary sample not as given in table 1 for respective tests. |

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DEPARTMENT OF MOLECULAR DIAGNOSTICS LABORATORY



Dr.A.R.Anand, Ph.D
 Professor and Head
 Microbiology & Serology



Dr.L.Dhanurekha, Ph.D
 Senior Scientist
 Molecular Diagnostics Lab




Dr.G.Srividya, Ph.D
 Molecular Biologist
 Molecular Diagnostics Lab



LOCATION OF MOLECULAR DIAGNOSTICS LABORATORY


SN Main Campus, Venugopal Block (VG Block) 1st Floor

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PATIENT REGISTRATION:

- The patient reports to the “Reception” counter with requisition form. For SN OPD/OT patients, the amount to be paid, the bill number and the receipt numbers are handled at the billing counter situated in the respective OPD sections.
- For external patients the secretary at MDL checks the prescription form referred by the concerned consultant, receives the required testing amount from the patients/patient’s attendee.
- The secretary fills up the required details in the Chronology data record book for specimen entry (R/SNSC/MDL/CDRSE): The following details are entered into the record:

Unique identification of the patient.

- Name or other unique identifier of physician or other person legally authorized to request examinations or use medical information together with the destination for the report. The requesting clinician’s address is provided as part of the request form information when it is different from that of the receiving laboratory.
- Type of primary sample and the anatomic site of origin, where appropriate;
- Examinations requested;
- Clinical information relevant to the patient, which should include gender and date of birth etc for interpretation purposes;
- Date and time of primary sample collection;
- Date and time of receipt of samples to the laboratory.
- The laboratory will not receive specimen based on verbal request.
- Instructions on sample collection are provided to the patients / attendant and when required suitable containers are provided for the sample collection upon request.
- Finally the bill amount of the tests requested is collected and the receipt is handed over to the personnel stating the details of reports collection along with the lab contact number and lab id of the patient.


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General Instruction on Sample Collection

1. Properly label the specimen (a minimum two patient identifiers are required) and complete the test request form. The requisition will include the patient name, hospital number, hospital/ doctor contact number, date and time of collection, specimen type and tests requested. A requisition needs to accompany each different specimen type. The specific source of specimen is required. Example: wound, left leg.
2. Maintain an appropriate environment between collection of specimens and delivery to the laboratory (E.g. Specimens for PCR must be transported to the laboratory immediately on wet/dry ice. Blood should be collected in EDTA (purple cap tubes), body fluids and transported in wet ice. Tissue must be snap frozen and transported on dry ice). The specimen should be collected in sterile containers
3. Specimens may be hand delivered to the laboratory or through courier adhering to proper guidelines.
4. If appropriate, decontaminate the skin surface. Use 70-95% alcohol and 2% chlorhexidine or 1-2% tincture of iodine (TIO) to prepare the site. Allow a contact time of two minutes to maximize the antiseptic effect.
5. For the requests with more than one test, ensure that the proper transport is utilized and volume is appropriate.

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INSTRUCTION ON TRANSPORTATION OF CLINICAL SPECIMENS:

Package of clinical specimens after collection procedure from various hospitals / institutions to Molecular Diagnostics Laboratory:

Primary Package: The clinical samples should be placed in a sealed container, for example a sealed Vacutainer™ or a sterile specimen container.

Secondary Package: If the sample is liquid, then the sealed primary container should be placed inside a sealed leak proof secondary package such as a sealed plastic bag or another watertight container which would be sufficient to contain all of the liquid content if the primary container breaks. One bag per patient is advisable. Request form must be separately kept in a compartment/pouch/pocket such that, it was not put together with the sample in same pouch


Tertiary Package: A rigid sealed/secured outer container (polystyrene box to house the secondary package. The pack should contain a biohazard label.

Special Requirement for Frozen Samples: For temperature sensitive samples the outer container may also be a polystyrene box containing wet/dry ice. The box should be sealed with tape with proper labeling. In the final package box to be dispatched, laboratory address should be clearly labeled and transported.

Procedure for mailing of samples

- Name of the patient
- Age of the patient
- The type of material (specimen with site specification)
- Proper container- sterile, leak proof
- Date and time of collection

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- Doctor's name/ contact details (phone/mail id)
- Adequate clinical summary and clinical diagnosis with antibiotic history if relevant.
- **Note:** If the specimens are sent for both microbiological as well as for histopathological in addition to molecular diagnostic investigation, the specimen would be received in unfixed condition without formalin.
- The outer container should have a bio-hazard label stuck on it.
- The specimen should be mailed to,

MOLECULAR DIAGNOSTICS LABORATORY

Venugopal Block, First Floor,

NO.41, College Road, Nungambakkam,

Chennai – 600006


Phone: 044- 42201987/ 42271500 Extn No: 1153/1154

E-mail: moleculardiagnosics@snmail.org

Stipulated time frame for receiving the clinical specimens from other hospitals/Institutions:

It is advisable to transport the clinical specimens immediately after collection procedure. The stipulated time for transportation of samples from other hospitals/Institutions to our Laboratory should be within 24- 72 hours in cold chain, in order to maintain the integrity of the clinical specimens to provide quality reports to the patients.

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Detailed instructions for collection and transportation of clinical specimens from other laboratories and hospitals

- Use of appropriate packaging material, of suitable and well insulated container of coolants (4-8°C) and dry ice (for ultra-cold temperature) must be maintained for the stability of the samples.
- Any body fluid / fresh tissue shall be chilled immediately and transported on wet ice to the laboratory for DNA studies.
- Any body fluid for RNA studies shall be chilled immediately on wet ice and the RNA to be extracted within 1 to 4 hours of collection.
- If RNA is to be extracted from a tissue sample, it shall be either snap frozen prior to storage at -70°C or lower, placed in a stabilizing solution, or processed for RNA extraction within 1 hour of collection.


Transport of clinical Samples from SNSC to the Laboratory:

Please follow instruction as for Primary Package and should be transported within 1hr 15 minutes from time of collection. If in case the specimen collected after working hours, the sample should be stored at 4-8°C at the respective OT and transported next day morning to the Laboratory.

Transport of clinical Samples from JKCN OPD/OT to the Laboratory:

Please follow instruction as for Primary and secondary package. Samples should be transported within 2hr 30 minutes. Transport sheet is to be duly filled by the technician before sending the sample. Samples are sent during the scheduled trips to our laboratory, if unable to send it, they are stored at 4-8°C at collection centre and transport the clinical specimens to the Laboratory next day morning before 9AM.

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MOLECULAR DIAGNOSTICS LABORATORY TEST MASTER LIST

| S. No | Test Code | Name of Test | Sample to be collected | Volume Criteria | Turn around time* | Temperature of Storage | Schedule of reporting/ testing | Tariff |
|-------|-----------|--|---|--|---------------------|--|--------------------------------|--------|
| 1. | 461 # | Real-time PCR for Cytomegalovirus (CMV)*# | EDTA blood, Urine, body fluids, tissue, biopsy, corneal scrapings, swabs | EDTA blood, CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | Same day of testing | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Friday | 8000 |
| 2. | 422 # | Real-time PCR for Herpes Simplex Virus (HSV) (Qualitative)*# | Body fluids, tissue, biopsy, corneal scrapings, swabs | EDTA blood, CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | Same day of testing | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Tuesday & Friday | 4500 |
| 3. | 420 | PCR for <i>Mycobacterium tuberculosis</i> (M.tb) – MPB64 & IS6110 Gene | Ocular specimens, CSF, BAL, Amniotic fluid, Sputum, other body fluids and biopsy. | CSF, BAL, Amniotic Fluid, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 24- 48 hrs | Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 4500 |

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| 4. | 421 | PCR for Cytomegalovirus (CMV) | EDTA blood, Urine, AC Tap, CSF, BAL, Amniotic fluid, , other body fluids, Vitreous aspirate & other ocular specimens. | EDTA blood, CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate - 0.1 – 0.3 ml | 24- 48 hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 4500 |
| 5. | 423 | PCR for Varicella Zoster Virus(VZV) | EDTA blood, Urine, AC Tap, CSF, BAL, Amniotic fluid, , other body fluids, Vitreous aspirate & other ocular specimens. | EDTA blood, CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate– 0. –0.3 ml | 24- 48 hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 4500 |
| 6. | 424 | PCR for Adenovirus | EDTA blood, conjunctival swab, Throat swab, Nasopharyngeal aspirate,urine, Sputum, BAL | 2-3 ml | 24- 48 hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 4000 |
| 7. | 425 | PCR for <i>Chlamydia trachomatis</i> | EDTA blood, Conjunctival swab/ scraping, Pharyngeal aspirate, Endocervical swab, Urethral swab | EDTA blood: 2-3 ml | 24- 48 hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 3500 |
| 8.. | 426 | PCR for Eubacterial genome | Any ocular & extra ocular specimens Blood & Body fluids Biopsy / Tissue | EDTA blood, CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate–0.1–0.3 ml | 24- 48 hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 3500 |

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| 9. | 427 | PCR for Pan fungal genome | Any ocular & extra ocular specimens Blood & Body fluids Biopsy / Tissue | EDTA blood, CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 24- 48 hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 3500 |
| 10. | 428 | PCR for <i>Propionibacterium acnes</i> (current name- <i>Cutibacterium acnes</i>) | Any ocular & extra ocular specimens Blood & Body fluids Biopsy / Tissue | EDTA blood, CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 24 -48 hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 3500 |
| 11 | 429 | PCR for <i>Toxoplasma gondii</i> | Any ocular specimens, Blood & Body fluids, Subretinal abscess | EDTA blood, CSF, Amniotic Fluid, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 24- 48 hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 3500 |
| 12. | 491 | PCR for Non-Tuberculous Mycobacteria targeting hsp65 gene | Any clinical Specimen | CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate–0.1 – 0.3 ml | 24- 48 hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 3500 |
| 13. | 275 | PCR for <i>Acanthamoeba</i> Sps | Corneal scraping, Vitreous aspirate, AC Tap & other ocular specimens. | AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 24- 48 hrs | Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 3500 |

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| 14. | 492 | DNA sequencing for Amplified products* | PCR amplified products | --- | 72-96 hrs | 2-8°C | 4 working days | 4000 |
| 15. | 498 | PCR for sequencing for MYD88 L265 Mutation* | AC Tap, Vitreous aspirate Sub retinal biopsy | AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 72-96 hrs | Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | 4 working days from the day of PCR completion | 7500 |
| 16. | 497 | Product for DNA sequencing loading* | PCR product | ----- | 72-96 hrs | 2-8°C | 4 working days | 500 |
| 17. | 462 | Quantitative real time PCR for HSV | EDTA blood, Urine, AC Tap, CSF, BAL, Amniotic fluid, Vitreous aspirate, Nasopharyngeal aspirate and other body fluids | EDTA blood, CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 24-48hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 7000 |
| 18. | 452 | RT - PCR for Rubella Virus | Ocular specimens, EDTA Blood, Urine, CSF, Amniotic fluid | EDTA blood, CSF, Amniotic Fluid - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 24-48hrs | Transported in Dry ice and stored at -70°C or lower | Daily | 6000 |

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| 19. | 273 | Real Time PCR for <i>Toxoplasma gondii</i> | Any ocular specimens, EDTA Blood & Body fluids, Subretinal abscess | EDTA blood, CSF, Amniotic Fluid, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 24-48hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 6000 |
| 20. | 453 # | PCR for HLA B27 [^] # | EDTA blood | 2- 3 ml | Same day of testing | Blood – transported & stored in 2-8°C | Tuesday, Thursday & Saturday | 4000 |
| 21. | 459 | Real-time PCR for HIV-1 | EDTA blood , Amniotic membrane | 2-3ml | 24-48hrs | Transported in Dry ice and stored at -70°C or lower. | Daily | 9000 |
| 22. | 460 | Real time PCR for Chikungunya virus | EDTA Blood , CSF | 2-3 ml | 24-48hrs | Transported in Dry ice and stored at -70°C or lower. | Daily | 5000 |
| 23. | 463 | Real-time PCR for <i>M.tuberculosis</i> * | EDTA blood/ Ac tap/ Vitreous aspirate Any clinical specimen | EDTA blood, CSF, Amniotic Fluid, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | Same day of testing | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue– transported in wet ice and stored at 2-8°C | Wednesday | 8500 |
| 24. | 464 | Real-time PCR for Hepatitis B Virus | EDTA blood, Amniotic membrane | 2-3 ml | 24-48hrs | Blood – transported & stored in 2-8°C | Daily | 9000 |

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| 25. | 465 | Real time PCR for Hepatitis C virus | EDTA blood, Amniotic membrane | 2-3 ml | 24-48hrs | Transported in Dry ice and stored at -70°C or lower. | Daily | 9000 |
| 26. | 467 | PCR based DNA Sequencing* | Any unidentifiable bacteria/ fungi for the identification of species level from clinical specimens/ isolates | ---- | Same day of testing | 2-8°C | 4 working days from the completion of PCR | 7000 |
| 27. | 474 | PCR for <i>Salmonella typhi</i> | EDTA blood , Ocular specimens | EDTA blood, - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 24-48hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 3500 |
| 28. | 486 | PCR for <i>Pneumocystis jirovecii</i> | Broncho alveolar lavage / Respiratory secretions Ocular & extra ocular specimens | 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 24-48hrs | Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 4000 |
| 29. | 489 | Real-time PCR for Dengue Virus | Blood , CSF, ocular specimens | 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 24-48hrs | Transported in Dry ice and stored at -70°C or lower. | Daily | 5000 |

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| 30. | 496 # | Real-time PCR for Varicella Zoster Virus (VZV)*# | EDTA blood, body fluids, tissue, biopsy, corneal scrapings, swabs | EDTA blood, CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | Same day of testing | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Wednesday & Saturday | 6000 |
| 31. | 499 | PCR for <i>Pythium insidiosum</i> | Corneal scraping, Vitreous aspirate, AC Tap & other ocular specimens. | AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | 24-48hrs | Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 3500 |
| 32 | 278 | Urgent Real Time Quantitative PCR for CMV | EDTA blood, Urine, AC Tap, CSF, BAL, Amniotic fluid, Vitreous aspirate, Nasopharyngeal aspirate and other body fluids | EDTA blood, CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | Same of testing | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 13000 |
| 33 | 279 | Urgent Real Time Quantitative PCR for HSV | EDTA blood, Urine, AC Tap, CSF, BAL, Amniotic fluid, Vitreous aspirate, Nasopharyngeal aspirate and other body fluids | EDTA blood, CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate–0.1– 0.3 ml | 24-48hrs | Blood (Plasma) – transported in 2-8°C and stored at -20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 12000 |

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| 34 | 280 | Urgent Real Time Quantitative PCR for VZV | EDTA blood, Urine, AC Tap, CSF, Amniotic fluid, , other body fluids, Vitreous aspirate & other ocular specimens. | EDTA blood, CSF, BAL, Amniotic Fluid, Aspirate, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | Same day of testing | Blood (Plasma) – transported in 2-8°C and stored at - 20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 11000 |
| 35 | 281 | Urgent Real Time Quantitative PCR for MTB | EDTA blood/ Ac tap/ Vitreous aspirate Any clinical specimen | EDTA blood, CSF, Amniotic Fluid, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | Same day of testing | Blood (Plasma) – transported in 2-8°C and stored at - 20°C Body fluid/ Tissue – transported in wet ice and stored at 2-8°C | Daily | 13500 |
| 36 | 284 | Real time Qualitative PCR for <i>Treponema Pallidum</i> | EDTA blood/ Ac tap/ Vitreous aspirate Any clinical specimen | EDTA blood, CSF, Amniotic Fluid, Body fluids - 2-3 ml AC Tap, Vitreous Aspirate – 0.1 – 0.3 ml | Same day of testing | Blood (Plasma) – transported in 2-8°C and stored at - 20°C Body fluid – transported in wet ice and stored at 2-8°C | Daily | 5000 |
| 37 | 286 | HLAB51 Real time PCR | EDTA blood | 2- 3 ml | Same day of testing | Blood – transported & stored in 2-8°C | Daily | 5500 |

* - BATCH TEST PERFORMED IN MDL


Tests under NABL scope

NOTE: Time limit for the additional tests for a given sample, if requested by the clinician, will be accepted, is as follows:

Samples received in molecular diagnostic section :10 days

After this time period, the request to perform additional tests for a given sample will not be accepted


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ACCEPTANCE / REJECTION CRITERIA FOR RECEIVING SPECIMEN


| S.No | Acceptance Criteria | Rejection Criteria |
|------|--|--|
| 1. | Properly labeled specimens. 1. Full patient name, age, sex 2. Patient identification number. 3. Date and time of collection | Improperly labeled specimens: 1. Specimens not labeled 2. Specimens labeled with the incorrect patient identification 3. Specimens, that do not match the patient information on the laboratory requisition. |
| 2. | Correct Specimen Collection 1. All clinical specimen collected in sterile container 2. Specimens collected with proper preservative or anticoagulant. 3. Correct volume 4. Collected specimen without any hemolysis or particulate matter 5. Specimen without any contamination 6. Specimen sent in normal saline, without formalin 7. Specimens collected from proper venipuncture site | Improper Collection: 1. Specimen for culture received in unsterile containers/ non-laboratory containers as evidenced by contamination of containers. 2. Specimens collected with the improper preservative or anticoagulant 3. Quantity of specimens insufficient to perform testing 4. Specimens which are hemolyzed, or contain particulate matter. 5. Specimens which are obviously or subsequently prove to be contaminated. 6. Samples sent in formalin 7. Specimens collected from intravenous tubing and specimens collected in heparin tubes for PCR. 8. Formalin fixed paraffin embedded block/sections for PCR |

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| 3. Appropriate transportation of the clinical specimens to the Laboratory 1. Specimen sent within the time limit prescribed by the laboratory. Specimen transportation with appropriate packing. 2. Transportation of Specimens in 3 tier packing system. 3. Clinical specimen transported in appropriate transport medium for tests requested | Delay in Transportation to the laboratory: 1. Specimens not in compliance with universal precaution, (e.g. Not Bagged) 2. Specimens leaking or grossly contaminated on the exterior portion of container. Note: Irretrievable specimens, such as Cerebrospinal fluid (CSF), operating room specimen, biopsy specimens will not be discarded. 3. Samples which are not sufficient/ single swab submitted for multiple requests (for e.g. direct smear study and culture for aerobic and anaerobic bacteria, fungus and <i>Mycobacterium tuberculosis</i> / isolation of viruses etc) |
| 4. Mid-stream urine samples for PCR collected with aseptic precautions and transported within one hour to laboratory. | Urine specimens left at room temperature for more than one hour. |
| 5. Sputum sample should be collected with mucus. | Sputum sample with saliva |


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Reasons for rejection of these samples and action to be taken:

| Rejection Criteria | Action to be taken |
|--|---|
| No specimen received / No request form provided with specimen | User (sender hospital or lab) to be informed of the event by telephone. Requested to send specimen/request form |
| Inadequate or incorrect patient identifiers in specimen label or in requisition form | User (sender hospital or lab) to be informed of the event by telephone. Requested to send a second specimen. |
| Time of specimen collection is not indicated in requisition form or specimen label. | The user/sender to be asked to provide specimen collection time. |
| Leaking container | Inform the sender/user about the event, and reject the sample. |
| Specimen not transported under appropriate conditions | Inform the sender/user about the event, and reject the sample |
| Wrong specimen container used | Inform the sender/user about the event. Verify the possibility of processing the sample (depending on the test). Reject the sample if inevitable. |

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Handling of Feedback forms / Suggestions received at SNSC Molecular Diagnostics Laboratory (MDL)

Patients / Customers can give their suggestions / feedback / complaints to the SNSC Molecular Diagnostics Laboratory, Sankara Nethralaya through:

- (a) Feedback form at the Laboratory registration counter,
- (b) Complaint box in the laboratory registration counter,
- (c) Through e-mail (moleculardiagnosics@snmail.org).
- (d) If verbal it shall be documented in the respective departments of the laboratory.

A suitable response will be ensured on complaints and suggestions after discussion at the fortnightly laboratory services meeting. Feed backs are reviewed by the management through periodic meetings and yearly Management Review meeting. Actions are ensured relevantly until settled. The feedback is one of the “Quality Indicator” of the lab service and shall be analyzed statistically for management information so as to ensure quality system in patient service at laboratory

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Laboratory policy on patient's confidentiality:

- Patient confidentiality is in respecting the privacy of the patient
- Maintaining the entire patient related details and the patient health condition as closely guarded information.
- SNSC Clinical Laboratory, SN ensures that the test results of patients under insurance claims are sent directly to the employer concerned.
- SNSC Clinical Laboratory, SN do not disclose patient's personal and medical information to others unless the patient concerned has given specific permission for such release.

Laboratory complaint procedure:

Any complaints/suggestions regarding our Laboratory activity can be communicated through following modes:

Mail ids: moleculardiagnosics@snmail.org , drdhanu@snmail.org

Contact numbers: 044-28271616 Extn no: 1153/1154

Direct Land line number: 044-42271987

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SANKARA NETHRALAYA
(UNIT OF MEDICAL RESEARCH FOUNDATION)**

2025

DIRECTORY OF SERVICES

DEPARTMENT OF GENETICS



Dr.S.Sripriya Ph.D

Head Incharge - Genetics & Molecular Biology



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GENERAL INSTRUCTION ON SAMPLE COLLECTION

CYTOGENETICS (INSTRUCTIONS TO CHROMOSOMAL STUDY):

1. Random blood collection is done for above mentioned test.
2. The patient should not be under any chemotherapy, immunosuppressive drugs or affected by immunosuppressive disease and septicemia, which affect mitotic index and sterility of the culture.

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TEST MASTER LIST

DEPARTMENT OF GENETICS & MOLECULAR BIOLOGY (NOT UNDER NABL SCOPE)

| S No. | Code No. | Name of the test | Specimen required | Anticoagulant (Vaccutainer tubes) | Turn Around Time | Storage / Temperature | Tariff |
|-------|------------|--|-------------------|-----------------------------------|--------------------|-----------------------|-------------|
| 1 | 701 | Chromosomal Study (PBLC Method) | 4ml blood | Sodium Heparin | 4-5 Weeks | 6 days / 2-8°C | 3160 |
| 2 | 712 | Genomic DNA Extraction (Mini kit) | 4ml blood | Sodium Heparin/ACD | 5 Days | 6 days / 2-8°C | 1560 |
| 3 | 713 | Genomic DNA Extraction (Maxi kit) | 8ml blood | ACD | 5 Days | 6 days / 2-8°C | 3500 |
| 4 | 723 | Screening the three Primary mitochondrial mutations for Leber's Hereditary Optic Neuropathy (LHON) | 8ml blood | ACD | 4-6 Weeks | 6 days / 2-8°C | 7100 |
| 5 | 736 | MST (Mutation Specific Test) | 8ml blood | ACD | 10-12 Weeks | 6 days / 2-8°C | 8000 |
| 6 | 751 | MST additional variants (without DNA) inhouse | - | - | 10-12 Weeks | - | 3000 |

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OUTSOURCE TESTS

| S No. | Code No. | Name of the test | Specimen required | Anticoagulant (Vacutainer tubes) | Turn Around Time | Storage / Temperature | Tariff |
|-------|----------|---|-------------------|----------------------------------|------------------|-----------------------|--------|
| 7 | 737 | MLPA (Multiplex Ligation Dependent Probe Amplification) | 8 ml blood | ACD | 10-12 Weeks | 6 days / 2-8°C | 9500 |
| 8 | 741 | Clinical Exome Sequencing by NGS | 8 ml blood | ACD | 10-12 Weeks | 6 days / 2-8°C | 17500 |
| 9 | 742 | NGS panel Eye Diseases | 8 ml blood | ACD | 10-12 Weeks | 6 days / 2-8°C | 16500 |
| 10 | 743 | Mitochondrial Genome Screening | 8 ml blood | ACD | 10-12 Weeks | 6 days / 2-8°C | 11500 |
| 11 | 744 | <i>RBI</i> Gene Screening | 8 ml blood | ACD | 10-12 Weeks | 6 days / 2-8°C | 14000 |
| 12 | 745 | WES- Whole Exome Sequencing | 8 ml blood | ACD | 10-12 Weeks | 6 days / 2-8°C | 19500 |
| 13 | 746 | CES+Mito | 8 ml blood | ACD | 10-12 Weeks | 6 days / 2-8°C | 18500 |
| 14 | 747 | WES+Mito | 8 ml blood | ACD | 10-12 Weeks | 6 days / 2-8°C | 27500 |
| 15 | 748 | MLPA without DNA | - | - | 10-12 Weeks | - | 6000 |
| 16 | 749 | Cancer Panel | 8 ml blood | ACD | 10-12 Weeks | 6 days / 2-8°C | 14500 |
| 17 | 750 | MST additional variant (without DNA) outsource | - | - | 10-12 Weeks | - | 4500 |

Blood will be collected at the main lab. Further processing, outsourcing for the relevant tests (codes 741,742,743,745,737), report generation and communication to the patients will be the responsibility of the Genetics department. .

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SPECIMEN ACCEPTANCE & REJECTION CRITERIA FOR – CYTOGENETICS


ACCEPTANCE CRITERIA:

1. It is preferable not to collect the blood sample from patient under chemotherapy, immune-suppressive drugs or affected by immune-suppressive disease and septicemia. Appreciable cytogenetic analysis could not be guaranteed during such time as these conditions lower the mitotic index and culture may get contaminated during the incubation thus hindering the results. Blood samples are accepted from such patients after discontinuation of those medications.
2. It is a random blood collection, 4 ml of blood sample to be collected in sterile sodium heparin vacutainer.
3. Blood sample should be collected without any hemolysis and clot.
4. The details on the patient's name, age, sex, diagnosis, referral doctor and date of collection should be provided along with the sample. Preferably a label that contains all these details should be stuck on the sample tube.
5. The sample should be sent immediately after the collection at room temperature along with the requisition form, also the history of the patient diagnosis should be mentioned.
6. Address to send the sample is as follows,

SN ONGC DEPARTMENT OF GENETICS & MOLECULAR BIOLOGY
 SRI NATHELLA SAMPATHU CHETTY CLINICAL LABORATORY, SANKARA NETHRALAYA
 (UNIT OF MEDICAL RESEARCH FOUNDATION)
 41, College Road, Nungambakkam
 Chennai - 600006
 Ph.: 044-28271616, 28279435

7. Cost for the cytogenetic test payment can be made either by cash at the Register counter (or) by a DD addressed to Medical Research Foundation, payable at Chennai.

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8. Analysis request for specific chromosomal region, if any, should be mentioned with the request letter.
9. In case of pediatric blood sample, 0.5ml is accepted but if there is any contamination in the blood sample, culture cannot be performed and hence money would be reimbursed accordingly.

REJECTION CRITERIA:

Samples are rejected if:

1. Received with hemolysis and clot.
2. Received more than 2 days from the day of blood collection.
3. Less than 1 ml (except for pediatric blood samples).
4. Not received in room temperature.

Note: Blood is received from other centers if the test is requested from the customer, however, the sample should be received in proper condition as instructed.

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