



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

**2025**

**DIRECTORY OF SERVICES**

## **DEPARTMENT OF GENETICS**




**Dr.S.Sripriya Ph.D**

**Head Incharge - Genetics & Molecular Biology**



Issue No : 7	Issue Date : 17.04.2025	Amend No : 6	Page 1 of 6
Prepared by: Dr.S.Srilekha, Ph.D Senior Scientist, Genetics and Molecular Biology		Approved & Issued by: Dr.Sripriya S Ph.D Head Incharge, Genetics and Molecular Biology	

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	<b>DIRECTORY OF SERVICES</b>	


S.No	TABLE OF CONTENTS	Page No.
1.	<b>General Instruction on Sample Collection</b>	<b>2 - 2</b>
2.	<b>Test Master List / Turn Around Time</b>	<b>3 - 4</b>
3.	<b>Acceptance and Rejection Criteria</b>	<b>5 - 6</b>

## **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.

Issue No : 7	Issue Date : 17.04.2025	Amend No : 6	Page 2 of 6
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	<b>DIRECTORY OF SERVICES</b>	

### 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	<b>701</b>	Chromosomal Study (PBLC Method)	4ml blood	Sodium Heparin	<b>4-5 Weeks</b>	6 days / 2-8°C	<b>3160</b>
2	<b>712</b>	Genomic DNA Extraction (Mini kit)	4ml blood	Sodium Heparin/ACD	<b>5 Days</b>	6 days / 2-8°C	<b>1560</b>
3	<b>713</b>	Genomic DNA Extraction (Maxi kit)	8ml blood	ACD	<b>5 Days</b>	6 days / 2-8°C	<b>3500</b>
4	<b>723</b>	Screening the three Primary mitochondrial mutations for Leber's Hereditary Optic Neuropathy (LHON)	8ml blood	ACD	<b>4-6 Weeks</b>	6 days / 2-8°C	<b>7100</b>
5	<b>736</b>	MST (Mutation Specific Test)	8ml blood	ACD	<b>10-12 Weeks</b>	6 days / 2-8°C	<b>8000</b>
6	<b>751</b>	MST additional variants (without DNA) inhouse	-	-	<b>10-12 Weeks</b>	-	<b>3000</b>

Issue No : 7	Issue Date : 17.04.2025	Amend No : 6	Page 3 of 6
Prepared by: Dr.S.Srilekha, Ph.D Senior Scientist, Genetics and Molecular Biology		Approved & Issued by: Dr.Sripriya S Ph.D Head Incharge, Genetics and Molecular Biology	

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	<b>DIRECTORY OF SERVICES</b>	


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

**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. .

Issue No : 7	Issue Date : 17.04.2025	Amend No : 6	Page 4 of 6
Prepared by: Dr.S.Srilekha, Ph.D Senior Scientist, Genetics and Molecular Biology		Approved & Issued by: Dr.Sripriya S Ph.D Head Incharge, Genetics and Molecular Biology	

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	<b>DIRECTORY OF SERVICES</b>	

## **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.

Issue No : 7	Issue Date : 17.04.2025	Amend No : 6	Page 5 of 6
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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.

Issue No : 7	Issue Date : 17.04.2025	Amend No : 6	Page 6 of 6
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