

SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
1	3190G	17 ALPHA-HYDROXYPROGESTERONE	1700	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	F	2,4 ,6 Cut off 1500 hrs	Same day
2	8823G	25- HYDROXY VITAMIN D	1650	CHEMILUMINESCENCE	SERUM (Age + Sex to be mentioned)	1.5 ML	R/F	DAILY Cut off 10:30, 16:30	Same Day
3	1465	ACID FAST BACILLI CULTURE - BACTEC (WITHOUT IDENTIFICATION)	1600	FLUORESCENT STAIN / ZIEHL NEELSEN STAIN & BACTEC CULTURE	ANY SPECIMEN IN STERILE CONTAINER/ TISSUE IN STERILE NORMAL SALINE, EXCEPT DRY SWAB & BLOOD	3.0 ML (2.0) ML / 1 TISSUE	A/R	DAILY:10.00	SMEAR – 48HRS FINAL - 6 WEEKS (OR WHEN CULTURE IS POSITIVE)
4	1464	ACID FAST BACILLI CULTURE: MGIT 960	1350	FLUORESCENT STAIN / ZIEHL NEELSEN STAIN & BACTEC CULTURE	ANY SPECIMEN IN STERILE CONTAINER/ TISSUE IN STERILE NORMAL SALINE, EXCEPT DRY SWAB & BLOOD	3.0 ML (2.0) ML / 1 TISSUE	A/R	DAILY:10.00	SMEAR – 48HRS FINAL - 6 WEEKS (OR WHEN CULTURE IS POSITIVE)
5	5320	ACID FAST BACILLI SMEAR (AFB STAIN)	475	MICROSCOPY / ZIEHL NEELSEN STAIN	ANY SPECIMEN EXCEPT BLOOD, BONE MARROW.DRY SWAB NOT ACCEPTABLE	3.0 ML (0.5 ML)	A/R	DAILY:1500 HRS	SAME DAY
6	5320S	ACID FAST BACILLI SMEAR (AFB STAIN)	1000	MICROSCOPY / ZIEHL NEELSEN STAIN	SPUTUM (To be collected on 3 different occasions)	3.0 ML (0.5 ML)	A/R	DAILY:1500 HRS	SAME DAY/1,2 3RD dAY
7	1464S	ACID FAST BACILLI, STAIN & MGIT CULTURE (3 SAMPLES)	2200	FLUORESCENT STAIN / ZIEHL NEELSEN STAIN & BACTEC CULTURE	SPUTUM (To be collected on 3 different occasions)	3-5 ML	A/R	DAILY:10.00	SMEAR – 48HRS FINAL - 6 WEEKS (OR WHEN CULTURE IS POSITIVE)
8	9315	ACTIVE VITAMIN B12 (HOLOTRANSCOBALMIN)	1700	CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY (CMIA)	SERUM	2.0 ML (1.0 ML)	2-8°C (3days), > 3 DAYS (- 20°C_	Daily :15.30HRS	SAME DAY
9	7756	ACUTE HEPATITIS VIRUS EVALUATION I (HCV TOTAL ANTIBODIES, HEV IgM, HBSAg, HAV IgM, HBcore IgM)	4100	CMIA / MEIA + ENZYME IMMUNOASSAY	SERUM	3.0 ML (2.0 ML)	A/R/F	DAILY: 1100 HRS & 1530 HRS, EXCEPT FOR HEV IgM. 2,4,6 1100 HRS	SAME DAY
10	7755	ACUTE HEPATITIS VIRUS EVALUATION II (HCV Total antibodies, HEV IgM / IgG, HBsAg, HAV IgM, HBeAg, HBeAb)	6300	CMIA / MEIA + ENZYME IMMUNOASSAY	SERUM	3.0 ML (2.0 ML)	A/R/F	DAILY: 1100 HRS & 1530 HRS, EXCEPT FOR HEV IgG 3 1100 HRS HEV IgM .2,4,6 1100 HRS	SAME DAY
11	7757	ACUTE HEPATITIS VIRUS EVALUATION III (HSV IgM, CMV IgM, VZV IgM)	5500	ENZYME IMMUNOASSAY /CMIA	SERUM	3.0 ML (2.0 ML)	A/R/F	HSV IgM, CMV IgM DAILY(Except Sunday):03:30HRS& 1530 HRS; VZV IgM 3:1100HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
12	1608	ACUTE LEUKEMIA PANEL (CD10,CD19,CD20,CD22,CD3,CD5,CD7, CD13,CD33,CD34,CD117,HLA DR) +cMPO/cCD3/cCD79a - as per case specific requirement	10000	FLOWCYTOMETRY	EDTA/HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
13	1606	ACUTE LYMPHOBLASTIC LEUKEMIA PANEL (CD3,CD4,CD5,CD7,CD8,CD10,CD19,C D20,CD22,CD34,IgM, HLA-DR)	12000	FLOW CYTOMETRY		3-4 ML (1ML) / 3-4 4 ML (1ML) / 3-4 ML (1ML) / 3-4 ML (1 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
14	1047	ACUTE MYELOID LEUKEMIA (AML) PANEL (CD7, CD19, CD13, CD14, CD15, CD33, CD34, CD117, CD41, CD61, GLYCOPHORIN A, HLA-DR)	11000	FLOW CYTOMETRY	BM / WB- EDTA BM / WB- HEPARIN FLUID-EDTA FLUID-HEPARIN BM / WB / FLUIDS DIRECT SMEARS + CLINICAL HISTORY (MANDATORY)	3-4 ML (1ML) / 3-4 4 ML (1ML) / 3-4 ML (1ML) / 3-4 ML (1 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
15	3131	ADENOSINE DEAMINASE (ADA)	1100	SPECTROPHOTOMETRY	SERUM, PLEURAL FLUID, ASCITIC FLUID/PERITONEAL FLUID, CSF, PERICARDIAL FLUID, SYNOVIAL FLUID & OTHER BODY FLUIDS (EXCEPT URINE, 'SPUTUM, STOOL, SEMENS & MENSTRUAL BLOOD, PUS). + CLINICAL HISTORY	1.0 (0.5) ml, 2.0 (1.0) ml, 2.0 (1.0), 2.0 (1.0) ml, 2.0 (1.0) ml	F	DAILY: 1200 hrs	SAME DAY
16	7589	ADENOVIRUS PCR	4500	Real Time PCR	EDTA Plasma/Whole Blood	5 ML (3 ML)	EDTA Plasma- A/R/F	1,5 :08HRS	NEXT DAY
17	3102	ADRENOCORTICOTROPIC HORMONE (ACTH)	1900	CHEMILUMINESCENCE	PLASMA-EDTA (Freeze the specimen immediately after seperation. Specimen collected between 6-10 am is desirable)	2.0 ML (0.5 ML)	F	2,4:11.00,14.00,16.00 HRS	SAME DAY
18	3103	ADRENOCORTICOTROPIC HORMONE (ACTH) STIMULATION TEST - 1 HOUR	2600	CHEMILUMINESCENCE	3 SERUM SAMPLES COLLECTED 1/2 HOUR APART(Basal, 30min, 60min)	1.0 ML (0.5 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
19	1195AP	AEROBIC CULTURE, BODY FLUID BACTEC	1300	BACTEC FLUORESCENT METHOD	BODY FLUID- STERILE CONTAINER / INOCULATED BACTEC BOTTLE (AEROBIC PLUS)	5.0 ML (2.0 ML)	А	DAILY: 1700 HRS	PRELIM. 24 HRS, FINAL 5TH DAY
20	1282VGN	AEROBIC SUSCEPTIBILITY GRAM NEGATIVE ORGANISM	1300	SENSITIVITY BY MIC BREAKPOINT	PURE FRESHLY SUB-CULTURED ISOLATE	PURE & MODERATE OBSERVABLE GROWTH	R	DAILY: 1700 HRS	3 RD DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
21	1281VGP	AEROBIC SUSCEPTIBILITY GRAM POSITIVE ORGANISM	1275	SENSITIVITY BY MIC BREAKPOINT	PURE FRESHLY SUB-CULTURED ISOLATE	PURE & MODERATE OBSERVABLE GROWTH	R	DAILY: 1700 HRS	3 RD DAY
22	CA5654	AFB SUSCEPTIBILITY : Capreomycin	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
23	ET5654	AFB SUSCEPTIBILITY : Ethambutol	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
24	EH5654	AFB SUSCEPTIBILITY : Ethionamide	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
25	IS5654	AFB SUSCEPTIBILITY: Isoniazid	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
26	KA5654	AFB SUSCEPTIBILITY : Kanamycin	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
27	LV5654	AFB SUSCEPTIBILITY : Levofloxacin	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
28	OF5654	AFB SUSCEPTIBILITY : Ofloxacin	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
29	PA5654	AFB SUSCEPTIBILITY: PAS	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
30	ST5654	AFB SUSCEPTIBILITY : Streptomycin	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
31	1464R2	AFB DRUG SUCEPTIBILITY : 10 DRUG PANELS	11000	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
32	1464R3	AFB DRUG SUCEPTIBILITY : 13 DRUG PANELS	14000	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
33	1464R1	AFB DRUG SUCEPTIBILITY : 5 DRUG PANELS	6250	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
34	1490	AFB DRUG SUSCEPTIBILITY : SIRE PANEL	5000	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
35	5649	AFB DRUG SUSCEPTIBILITY : SIREP PANEL	6200	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
36	AM5654	AFB SUSCEPTIBILITY : Amikacin	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
37	PY5654	AFB SUSCEPTIBILITY : Pyrazinamide	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
38	RI5654	AFB SUSCEPTIBILITY : Rifampicin	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
39	CLO5654	AFB SUSCEPTIBILITY CLOFAZIMINE (1 MCG/ML)	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
40	LZ5654	AFB SUSCEPTIBILITY LINEZOLID	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
41	MX5654	AFB SUSCEPTIBILITY MOXIFLOXACIN (0.5 MCG/ ML)	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
42	MX5655	AFB SUSCEPTIBILITY MOXIFLOXACIN (2.0 MCG/ML)	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
43	RF5654	AFB SUSCEPTIBILITY RIFABUTIN	2600	PROPORTION METHOD (MGIT 960)	MTC ISOLATE	PURE CULTURE	R	DAILY;15.30HRS	15-28 DAYS
44	1848	AIA(Aspergillus Induced Asthma) Fungus Culture, stain & identification, Total IgE advanced, Aspergillus IgE, Sputum Eosinophils	2900	1)CULTURE 2)IDENTIFICATION OF YEASTS BY GERM TUBE TEST/CHROMOGENIC MEDIA/AUTOMATEDIDENTIFICATION SYSTEM &MOLDS BY COLONY MORPHOLOGY & MICROSCOPY, ImmunoCAP, MICROSCOPY	SPUTUM / CSF / FLUID /URINE / ASPIRATE / TISSUE BIOPSY- STERILE CONTAINER,SWABS NOT ACCEPTED, SERUM	SPUTUM- 3.0 ML SERUM- 4.0 ML	2-8°C (48 hrs);F (>48 hrs)	Mon to Sat	PRELIM/YEAST- 7TH DAY, FINAL21ST DAY
45	2720	AIH PLUS(ANCA,SLA,ANA, SMA, AMA, LKM-1,TOTAL IGG, SERUM)	8000	Immunoflouroscence assay/Enzyme Liked Immunosorbent Assay & NEPHELOMETRY	Serum(R) + Serum(F)	2.0 ML	R/F	SLA-4:11:00 AM & ANCA-Daily:11:00 AM hrs,ANA-Daily:11:00 AM,AMA,SMA- 3,6:11:00 AM & LKM- 6:11:00 AM,TOTAL IGG, SERUM)DAILY: 15:30HRS	SAME DAY
46	3101	ALLERGEN - ALMOND inhouse allergen	1500	Fluoroenzyme immunoassay	SERUM	3.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
47	3053	ALLERGEN - ASPERGILLUS FUMIGATUS	1550	Fluoroenzyme immunoassay	SERUM	3ML(2ML)	R/F	DAILY, 11AM	Same Day
48	3051	ALLERGEN - CANDIDA ALBICANS	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
49	3056	ALLERGEN - CASEIN	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
50	3047	ALLERGEN - CAT DANDER/EPITHELIUM	1500	Fluoroenzyme immunoassay	SERUM	2.0 ML	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
51	3063	ALLERGEN - CHICKEN MEAT	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
52	3059	ALLERGEN - COCKROACH	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
53	3060	Allergen - Coconut	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
54	3331	ALLERGEN - CODFISH	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
55	1404	ALLERGEN - COMPREHENSIVE ALLERGY PANEL - ADULT (Phadia Top Adult, LiST Of Allergens Include:Milk, Soybean, Cheese, Almond, Coconut, Wheat, Egg White, Chicken, Cod Fish, Shrimp, Tuna, Salmon, D.Ptteronyssinus, D.Farinae, Cockroach, House DuST, Mugwort, English Plantain, Lambs Quarter, Alder, Birch, Cat Epithelium, Dog Dander, Cladoprorium, Aspergillus, Candida, Sweet Vernal, Cultivated Rye, Velvet)	13500	Fluoroenzyme immunoassay	SERUM	5.0 ML (3.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
56	3093	ALLERGEN - CORN	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
57	3233	ALLERGEN – Cultivated rye Grass Pollen (Latin Name:Secale cereale)	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
58	3042	ALLERGEN - DOG DANDER/EPITHELIUM	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
59	3033	ALLERGEN - DUST PANEL (HouseduST- Greer, Cockroach, D.Farinae, D.Pteronyssinus)	3200	Fluoroenzyme immunoassay	SERUM	5.0 ML (3.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
60	3043	ALLERGEN - EGG WHITE	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
61	3076	ALLERGEN - EGG YOLK	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
62	3065	ALLERGEN - GLUTEN	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
63	3044	ALLERGEN - HOUSE DUST GREER	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
64	3036	ALLERGEN - House dust mite- Dermatophagoides pteronyssinus	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
65	3037	ALLERGEN - MILK	1550	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
66	5006	ALLERGEN - PADIATRIC PANEL (EGG WHITE, MILK, SOYABEAN, WHEAT, HOUSE DUST)	3500	Fluoroenzyme immunoassay	SERUM	2 ML (1 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
67	3077	ALLERGEN - PEANUT	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
68	4430	ALLERGEN - PHADIATOP ADULT (INDIVIDUALS ABOVE 5 YEARS)	1300	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); -20°C (>1 week)	Daily :1100 HRS	SAME DAY
69	4432	ALLERGEN - PHADIATOP INFANT (INDIVIDUALS BELOW 5 YEARS)	1300	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); -20°C (>1 week)	Daily :1100 HRS	SAME DAY
70	3329	ALLERGEN - RABBIT APITH	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
71	3343	ALLERGEN - SALMON	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
72	3067	ALLERGEN - SHRIMP	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
73	3061	ALLERGEN - SOYBEAN	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
74	3346	ALLERGEN - Sweet vernal grass(Latin Name: Anthoxanthum odoratum)	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
75	3342	ALLERGEN - TUNA	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
76	3039	ALLERGEN - WHEAT	1500	Fluoroenzyme immunoassay	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
77	1408	ALLERGEN-COMPREHENSIVE ALLERGY PANEL - INFANCY (Phadia top infant, Individual Allergens: Milk, Soybean, Peanut,(Egg Yolk), Almond, Wheat, Corn, Cat Epithelium, Dog Dander, Rabbit Epithelium, Rye, English Plantain, D. Pteronyssinus, D. Farinae, House DuST, Cockroach, Aspergillus, Candida, Caesin, Potato)	11500	Fluoroenzyme immunoassay	SERUM	5.0 ML (3.0 ML)	2-8°C (1 week); - 20°C (>1 week)	Daily :1100 HRS	SAME DAY
78	8239	Allergy Screen Adult(Total IgE Advanced & Allergen - Phadiatop Adult)	999	ImmunoCAP Specific IgE	SERUM	2.0 MI (1.5 ml)	R/F	Daily :1100 HRS	SAME DAY
79	8238	Allergy Screen Infant(Total IgE Advanced & Allergen - Phadiatop Infant (Individuals Below 5 Years)	999	ImmunoCAP Specific IgE	SERUM	2.0 MI (1.5 ml)	R/F	Daily :1100 HRS	SAME DAY
80	3109	ALPHA-FETOPROTEIN / LIVER CANCER MONITOR	950	CHEMILUMINESCENCE	SERUM(Age+Sex+Clinical history)	2.0 ML (0.5 ML)	R	DAILY:11.00,14.00,16.0 0 HRS	SAME DAY
81	3109F	ALPHA-FETOPROTEIN / LIVER CANCER MONITOR	950	CHEMILUMINESCENCE	BODY FLUID (Age+Sex+Clinical history)	2.0 ML (0.5 ML)	R	DAILY:11.00,14.00,16.0 0 HRS	SAME DAY
82	3109C	ALPHA-FETOPROTEIN / LIVER CANCER MONITOR, CSF	900	CHEMILUMINESCENCE	BODY FLUID (Age+Sex+Clinical history)	2.0 ML (0.5 ML)	R	DAILY:11.00,14.00,16.0 0 HRS	SAME DAY
83	1102	AMA (ANTI MITOCHONDRIAL ANTIBODIES) WITH TITRE	2500	IMMUNO FLUORESCENT ASSAY	SERUM	2 ML	A/R/F	3,6: 1100 HRS	WED, SAT
84	1705R	AMH (ANTI-MULLERIAN HORMONE)/ MULLERIAN INHIBITING SUBSTANCES (MIS)	2200	Paramagnetic particle chemiluminiscent immunoassay	SERUM	1.0 ML (0.50ML)	F	Daily: 11.00 Hrs & 15.30 Hrs	Same day
85	4501GA	AMH PLUS([AMH / MIS, SERUM,LH, FSH, PROLACTIN, SERUM,ESTRADIOL,TESTOSTERONE,FR EE/TOTAL,TSH)	2850	Paramagnetic particle chemiluminiscent immunoassay	Serum + Clinical history	2 ML	R/F	Daily: 11.00 Hrs & 15.30 Hrs Except (Free Testo) 11 am daily except sunday	Same day
86	4007F	AML FISH PANEL: PML Ra Ra t(15:17) + Inv 16 + AML1/ETO t(8:21)	10000	FISH	WB OR BONE MARROW - SODIUM HEPARIN SPECIMEN TO REACH US WITHIN 48 HRS AFTER COLLECTION. [Please mention the CLINICAL HISTORY, blood picture (CBC Report) and medication of the patient on the TRF]	4.0 ML + 2.0 ML	А	DAILY: 7:00 HRS	5TH DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
87	6008F	AML-1 / ETO; t(8;21)	5600	Fluorescence In Situ Hybridization (FISH)	WB-HEP (if blasts are >70%) / BONE MARROW - HEP. SPECIMEN TO REACH US IN 24 HRS. [Please mention the CLINICAL HISTORY, latest CBC/BM smear reports and medication of the patient on the TRF]	4.0 ML if WB + 2.0 ML if BM aspirate	А	DAILY (EXCEPT Sunday); Cut-off: 1230 hrs; History is mandatory	5TH DAY
88	4134U	AMPHETAMINE	1200	LATERAL CHROMATOGRAPHY	URINE	10.0 ML (5.0 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	SAME DAY
89	1100	ANA (ANTI NUCLEAR ANTIBODIES) OR ANA PATTERN (REFLEX TO END TITRE FOR ALL POSITIVE CASES)	1500	IMMUNO FLUORESCENT ASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	DAILY 11.00HRS	NEGATIVE -SAME DAY, POSITVE WITH TITER ON SAME DAY
90	9206RFX	ANA PROFILE(REFLEX TO POSITIVE ANA) EXTRACTABL NUCLEAR ANTIGENS,RHEUMATOLOGY PROFILE, ANTI HISTONES ,ANTI CENTROMERE,	3500	LINE IMMUNO ASSAY	SERUM	2 ML (1.5 ML)	А	MON,TUE,THU,FRI	SAME DAY
91	5708	ANAEROBIC CULTURE-ISOLATION & IDENTIFICATION	1300	CULTURE & VITEK IDENTIFICATION	ANY SPECIMEN IN STUARTS / AMIES / THIOGLYCOLLATE/ RCM TRANSPORT MEDIUM	5.0ML (3.0ML), 1 SWAB / 0.5 ML (0.2 ML) SPECIMEN	Α	DAILY;17.30HRS	PRELIM- 72 HRS, FINAL- 7TH DAY
92	1360	ANC COMBO - ANTENATAL PROFILE & TPC (CBC, Blood Group, Glucose FaSTing, Urinanalysis, HIV 1 & 2, Abs, Hepatitis B,VDRL,TPC)	1700	AUTOMATED CELL COUNTER ,tube agglutination,SPECTROPHOTOMETRY / DIPSTICK & MICROSCOPY/ CHEMILUMINESCENCE , SLIDE FLOCCUCATION	FASTING PLASMA - FLUORIDE, URINE FASTING, SERUM FASTING, EDTA (W.B) + 2 SMEARS	1.0 ML (0.5 ML), 15 ML (5 ML), 2.0 ML (1.0 ML), 4.0ML (2.0 ML)	A/R/F	DAILY: 1530 HRS	SAME DAY
93	1862	ANCA (ANTI NEUTROPHYLIC CYTOPLASMIC ANTIBODIES) WITH TITRE	2500	IMMUNO FLUORESCENT ASSAY	SERUM	2 ML	Α	DAILY 11.00 HRS	SAME DAY
94	9207RFX	ANCA POSITIVE REFLEX TO MPO & PR3	2500	EIA/IFA	SERUM	1.5 ML	A/R	DAILY:1100, 2,5:1100HRS (MPO, PR3)	SAME DAY
95	3301	ANTI - CCP ANTIBODIES, SERUM	2150	Fluoroenzyme immunoassay	SERUM	1.0 ML (0.5 ML)	A/R/F	11:00 a.m	SAME DAY
96	3301G	ANTI - CCP ANTIBODIES, SERUM	2150	Fluoroenzyme immunoassay	SERUM	1.0 ML (0.5 ML)	A/R/F	11:00 a.m	SAME DAY
97	1202	ANTI CENTROMERE	2850	LINE IMMUNOASSAY	SERUM	2 ML (1.5 ML)	Α	MON,TUE,THU,FRI	SAME DAY
98	1199	ANTI DOUBLE STANDARAD DNA (DsDNA)(Reflex to end titre for all positive cases)	2500	IFA	SERUM	1.0 ML (0.5 ML)	R/F	DAILY;11.00HRS	NEGATIVE SAME DAY, POSITIVE WITH TITRE SAME DAY
99	1181	ANTI ENDOMYSIL IGA ANTIBODIES (EMA)	3100	IMMUNO FLUORESCENT ASSAY	SERUM	2 ML (1.5 ML)	Α	TUESDAY/FRIDAY 1100 HRS	SAME DAY
100	1287	ANTI GLIADIN IgA ANTIBODIES	3600	ELISA	SERUM	1.0ML (0.50ML)	A/R	4: 1100 HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	темр.	FREQUENCY	REPORTED
101	1260	ANTI GLIADIN IgG ANTIBODIES	3600	ELISA	SERUM	1.0ML (0.50ML)	A/R	4: 1100 HRS	SAME DAY
102	7645	ANTI GLOMERUIL OF KIDNEY (GBM)	1950	IMMUNO FLUORESCENT ASSAY	SERUM	2 ML (1.5 ML)	Α	TUESDAY/FRIDAY 1100 HRS	SAME DAY
103	1203	ANTI HISTONES ANTIBODIES	3100	LINE IMMUNOASSAY	SERUM	2 ML (1.5 ML)	Α	MON,TUE,THU,FRI	SAME DAY
104	1166	ANTI ISLET CELL ANTIBODY	2900	IMMUNO FLUORESCENT ASSAY	SERUM	2 ML	R/F	3: 11.00 HRS	WEDNESDAY
105	1166T	ANTI ISLET CELL ANTIBODY WITH TITRE	4100	IMMUNO FLUORESCENT ASSAY	SERUM	2 ML	A/R/F	3: 11.00 HRS	WEDNESDAY
106	1102	ANTI MITOCHONDRIAL ANTIBODIES (AMA) WITH TITRE	2500	IMMUNO FLUORESCENT ASSAY	SERUM	2 ML	A/R/F	3,6:11.00 HRS	WED, SAT
107	12951	ANTI MPO AUTOANTIBODIES	2100	ENZYME IMMUNO ASSAY	SERUM	1.0 ML	Α	2,5: 11.00 HRS	Same Day
108	9207RFX	ANTI NEUTROPHYLIC CYTOPLASMIC ANTIBODIES (ANCA) POSITIVE REFLEX TO MPO & PR3	2500	EIA/IFA	SERUM	1.5 ML	A/R	DAILY:1100, 2,5:1100HRS (MPO, PR3)	SAME DAY
109	1862	ANTI NEUTROPHYLIC CYTOPLASMIC ANTIBODIES (ANCA) WITH TITRE	2500	IMMUNO FLUORESCENT ASSAY	SERUM	2 ML	А	DAILY 11.00 HRS	SAME DAY
110	1100	ANTI NUCLEAR ANTIBODIES(ANA) OR ANA PATTERN (REFLEX TO END TITRE FOR ALL POSITIVE CASES)	1500	IMMUNO FLUORESCENT ASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	DAILY 11.00 HRS	NEGATIVE -SAME DAY, POSITVE WITH TITER ON SAME DAY
111	1101	ANTI PARIETAL CELL ANTIBODY (APCA)	3100	IMMUNO FLUORESCENT ASSAY	SERUM	2 ML	R/F	3: 11.00 HRS	WED
112	1101T	ANTI PARIETAL CELL ANTIBODY (APCA) WITH TITRE	6200	IMMUNO FLUORESCENT ASSAY	SERUM	2 ML	R/F	3: 11.00 HRS	WED
113	1711T	ANTI PHOSPHOLIPID ANTIBODIES	1400	ENZYME IMMUNOASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	1,4:11:00HRS	SAME DAY
114	12961	ANTI PR3 AUTOANTIBODIES	2100	ENZYME IMMUNO ASSAY	SERUM	1.0 ML	Α	2,5:1100HRS	Same Day
115	1106	ANTI SMOOTH MUSCLE ANTIBODIES (ASMA) WITH TITRE	2500	IMMUNO FLUORESCENT ASSAY	SERUM	2 ML	R/F	3,6: 1100 HRS	WED, SAT
116	1720	ANTI ß2 GLYCOPROTEIN 1 IGG	1350	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	R	2,5: 11.00 HRS	Same Day
117	1719	ANTI ß2 GLYCOPROTEIN 1 IGM	1350	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	R	2,5: 11.00 HRS	Same Day
118	2376D	ANTI STREPTOLYSIN-O ANTIBODIES (ASO)	950	NEPHELOMETRY	SERUM	1.0 ML	R/F	DAILY: 1530 HRS	SAME DAY
119	5951	ANTI THROMBIN III ACTIVITY(Functional)	3900	CHROMOGENIC ASSAY	FASTING, CITRATED PLATELET POOR PLASMA* - AT MINUS 20° C + CLINICAL HISTORY*(DOUBLE CENTRIFUGED PLASMA)	TWO ALIQOTS OF 1.5 ML EACH	F (To be frozen immediately at -20°c & transported in dry ice)	3, 6:11:00 HRS	SAME DAY 6.00 PM
120	1236	ANTIBODIES TO EXTRACTABLE NUCLEAR ANTIGNES	8500	LINE IMMUNOASSAY	SERUM	2 ML (1.5 ML)	Α	MON,TUE,THU,FRI	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
121	1705R	ANTI-MULLERIAN HORMONE (AMH)/ MULLERIAN INHIBITING SUBSTANCES (MIS)	2200	Paramagnetic particle chemiluminiscent immunoassay	SERUM	1.0 ML (0.50ML)	F	Daily: 11.00 Hrs & 15.30 Hrs	Same day
122	1901D	APOLIPOPROTEIN A1	800	NEPHELOMETRY	SERUM +CLINICAL HISTORY (AGE & SEX)	1.0 ML (0.5 ML)	R/F	DAILY: 1530 HRS	SAME DAY
123	1903D	APOLIPOPROTEIN B	800	NEPHELOMETRY	SERUM +CLINICAL HISTORY (AGE & SEX)	1.0 ML (0.5 ML)	R/F	DAILY: 1530 HRS	SAME DAY
124	1900	APOLIPOPROTEIN EVALUATION [Apolipo A-1, Apolipo B, Lipoprotein (a)]	1800	NEPHELOMETRY	12 -14 HRS FASTING SERUM + CLINICAL HISTORY + (AGE & GENDER IS MANDATORY)	2.0 ML (1.0 ML)	2-8°C (7 DAYS); F (>7 - 30 DAYS, IF F WITHIN 24 HRS. OF COLLECTION)	DAILY:16.30 HRS	SAME DAY
125	1576	ARTHRITIS PANEL-1 (CBC, ESR, Protein electrophoresis, CRP, Uric Acid, ANA, ASO, RF & Urine routine)	3200	CELL COUNTER / MOD WESTERGREN / Photometric capillary stopped flow kinetic/ SPE /LPA/ NEPHELOMETRY (RF & CRP) / SPECTROPHOTOMETRY / IMMUNO FLUORESCENT ANTIBODY / DIPSTICK / MICROSCOPY	SERUM + WB-EDTA /WB-CITRATE+ URINE + SMEAR + CLINICAL HISTORY	3.0 ML + 3.0 ML + 15.0 ML + 2 SMEARS	R/A/F FOR PROTEIN ELECTROPHOR ESIS,RF & CRP	DAILY:1200 HRS; FOR PROTEIN ELECTROPHORESIS DAILY; 1230 HRS; FOR ANA: 1-6: 1100 HRS,ASO, RF &CRP DAILY -1530HRS	SAME DAY
126	1582	ARTHRITIS PANEL-2 (CBC, ESR, CRP, Uric Acid, ANA, ASO, RF & Urine routine)	2900	AUTOMATED CELL COUNTER /MOD WESTERGREN /Photometric capillary stopped flow kinetic / BIOCHEMISTRY / DIPSTICK & MICROSCOPY/NEPHLOMETRY (CRP/RF)/LPA	SERUM + EDTA + FASTING URINE	2.0 ML + 3.0 ML + 15.0 ML + 3.0 ML	A/F/R FOR RF & CRP	DAILY:1530 HRS; ANA 1- 6: 1100 HRS; ASO ,RF &CRP DAILY -1200 HRS	SAME DAY
127	1106	ASMA (ANTI SMOOTH MUSCLE ANTIBODIES) WITH TITRE	2500	IMMUNO FLUORESCENT ASSAY	SERUM	2 ML	R/F	3,6: 1100HRS	WED, SAT
128	3261	ASPERGILLUS. FUMIGATUS-SPECIFIC IGG	1800	Fluoroenzyme immunoassay	SERUM	1.0 ML (0.5 ML)	A/R/F	11:00 a.m	SAME DAY
129	1019A	AUTOIMMUNE HEPATITIS PANEL-1 (ANA, ASMA, AMA, LKM-1)	5900	IMMUNOFLUOROSCENCE ASSAY/ ENZYME IMMUNOASSAY	SERUM	2.0 ML	R	ANA-DAILY:1530 HRS, AMA, SMA-3,6:1530 HRS & LKM-6:1100 HRS	SAME DAY
130	1019B	AUTOIMMUNE HEPATITIS PANEL-2 (ANCA , SLA)	3600	IMMUNOFLUOROSCENCE ASSAY/ ENZYME IMMUNOASSAY	SERUM (R)+ SERUM (F)	2.0 ML+1.5 ML (1.0 ML)	R/F	SLA-4: 1100 HRS & ANCA-1-6:1100 HRS	SAME DAY
131	1948	AUTOMATED D-DIMER (QUANTITATIVE)	1600	CLOT BASED	PLASMA-SODIUM CITRATE PLATELET POOR PLASMA FROZEN AT -20° C	1.5 ML (1.0 ML)	F	DAILY:16.00HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
132	1212	BACTEC BLOOD CULTURE	1300	BACTEC, VITEK	BLOOD INOCULATED IN AEROBIC/PAEDIATRIC BACTEC BOTTLE	8-10 ML IN ADULTS AND 1-5 ML FOR PEDIATRIC POULATION	А	DAILY;17.30HRS	PRELIM- OVERNIGHT, FINAL-STH DAY
133	1225	BACTEC BLOOD CULTURE	1300	BACTEC, VITEK	BLOOD INOCULATED IN AEROBIC/PAEDIATRIC BACTEC BOTTLE	8-10 ML IN ADULTS AND 1-5 ML FOR PEDIATRIC POULATION	А	DAILY;17.30HRS	PRELIM- OVERNIGHT, 48HRS, FINAL-5TH DAY
134	1212P	BACTEC BLOOD CULTURE – Paediatric	1300	BACTEC, VITEK	BLOOD INOCULATED IN /PAEDIATRIC BACTEC BOTTLE	1-5 ML FOR PEDIATRIC POULATION	А	DAILY;17.30HRS	PRELIM- OVERNIGHT, FINAL-5TH DAY
135	1212AA	BACTEC BLOOD CULTURE (AEROBIC & AEROBIC)	2400	BACTEC, VITEK	AEROBIC BACTEC BOTTLE(TWO)	8-10 ML IN ADULTS AND 1-5 ML FOR PEDIATRIC POULATION	А	DAILY;17.30HRS	PRELIM- OVERNIGHT, FINAL-5TH DAY
136	1212AN	BACTEC BLOOD CULTURE (AEROBIC & ANAEROBIC)	2400	BACTEC, VITEK	AEROBIC AND ANAEROBIC BACTEC BOTTLE	8-10 ML IN ADULTS AND 1-5 ML FOR PEDIATRIC POULATION	А	DAILY;17.30HRS	PRELIM- OVERNIGHT, FINAL-5TH DAY
137	1212AF	BACTEC BLOOD CULTURE (AEROBIC & FUNGAL)	2400	BACTEC, VITEK	AEROBIC AND MYCOSIS BACTEC BOTTLE	8-10 ML IN ADULTS AND 1-5 ML FOR PEDIATRIC POULATION	А	DAILY;17.30HRS	AEROBIC - 5TH DAY, FUNGAL- 14TH DAY
138	1212NP	BACTEC BLOOD CULTURE- PLUS ANAEROBIC	1300	BACTEC FLUORESCENT METHOD	ANAROBIC BACTEC BOTTLE	8-10 ML IN ADULTS AND 1-5 ML FOR PEDIATRIC POULATION	А	DAILY;17.30HRS	PRELIM-24HRS, FINAL-5TH DAY
139	1195NP	BACTEC CULTURE, BODY FLUID - PLUS ANAEROBIC	1300	BACTEC FLUORESCENT METHOD	BODY FLUID- STERILE CONTAINER / INOCULATED BACTEC BOTTLE	5.0 ML (2.0 ML)	Α	DAILY;17.30HRS	PRELIM-24HRS, FINAL-5TH DAY
140	1195M	BACTEC CULTURE, BODY FLUID -YEAST	1300	BACTEC FLUORESCENT METHOD	BODY FLUID- STERILE CONTAINER / INOCULATED BACTEC BOTTLE (MYCOSIS)	5.0 ML (2.0 ML)	А	DAILY: 1700 HRS	PRELIM- 7TH DAY, FINAL 21ST DAY
141	9601	BACTERIAL ANTIGEN DETECTION (5 ANTIGENS)	6000	LATEX PARTICLE AGGLUTINATION	SERUM	2.0 ML (1.0 ML)	A/R/F	DAILY:15.30 HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
142	9601C	BACTERIAL ANTIGEN DETECTION, CSF (5 ANTIGENS)	5600	LATEX PARTICLE AGGLUTINATION	CSF	2.0 ML (1.0 ML)	A/R/F	DAILY:15.30 HRS	SAME DAY
143	4135U	BARBITURATES	1200	LATERAL CHROMATOGRAPHY	URINE	10.0 ML (5.0 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	SAME DAY
144	Z014K	BCL-2	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
145	Z254K	BCL6	2700	Immunohistochemistry (WITH PHOTO)	TISSUE IN 10%FORMALIN FOR 24-48 HRS/PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
146	1589	BENCE JONES PROTEINS, 24 HRS URINE	800	Manual	24hrs urine to be strictly collected in 15ml of toluene	20ml(10ml)	R/F	Daily; cut off 16.00	Same Day
147	4136U	BENZODIAZEPINES	1200	LATERAL CHROMATOGRAPHY	URINE	10.0 ML (5.0 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	SAME DAY
148	3143	Beta 2 Microglobulin	2100	CHEMILUMINESCENCE	Serum	1ml	R	1,3,5 Cut off 1530 hrs	Same day
149	3184	BETA-HUMAN CHORIONIC GONADOTROPIN, (BETA hCG)	800	CHEMILUMINESCENCE	SERUM (Age + Sex + LMP + Clinical history required)	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	SAME DAY
150	3184C	BETA-HUMAN CHORIONIC GONADOTROPIN, CSF (BETA hCG)	850	CHEMILUMINESCENCE	CSF	2.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	SAME DAY
151	1509	BIOPSY (BONE HISTOPATHOLOGY) BONE MARROW HISTOPATHOLOGY	1400	HISTOPATHOLOGY	TISSUE FIXED IN 10%FORMALIN + SITE OF BIOPSY + CLINICAL DETAILS (FOR BONE SPECIMENS ALSO SEND XRAY) FOR BONE MARROW BIOPSY, PERIPHERAL SMEAR ASPIRATION FINDINGS AND DETAIL CLINICAL HISTORY REQUIRED.	1 CM	А	DAILY:1600 HRS	FOR BONE 12TH DAY AND FOR BONE MARROW 6 DAYS.



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
152	1507	BIOPSY (LARGE TISSUE BIOPSY / SPECIMEN)	2200	HISTOPATHOLOGY	TISSUE IN 10%FORMALIN+ SITE OF BIOPSY SPECIMEN + CLINICAL DETAILS (For bone specimens also send X-RAY)	NA	А	DAILY:1600HRS	4 days
153	1511	BIOPSY (MEDIUM TISSUE / SPECIMEN)	1500	HISTOPATHOLOGY	TISSUE IN 10%FORMALIN+ SITE + CLINICAL DETAILS (FOR BONE SPECIMENS ALSO SEND XRAY)	1 TO 3 CM	А	DAILY: 1600 HRS	3 DAYS
154	1502	BIOPSY (SKIN HISTOPATHOLOGY)	1400	HISTOPATHOLOGY	TISSUE FIXED IN 10%FORMALIN - SMALL + CLINICAL HISTORY AND PROVISIONAL CLINICAL DIAGNOSIS.	1 CM	А	DAILY:1600 HRS	6 DAYS
155	1500	BIOPSY (SMALL TISSUE BIOPSY / SPECIMEN)	800	HISTOPATHOLOGY	TISSUE FIXED IN 10%FORMALIN+ SITE OF BIOPSY + CLINICAL DETAILS	1 CM	Α	DAILY: 1600 HRS	2 DAYS
156	Z202K	BIOPSY: SLIDE REVIEW- MORE THAN 2 SLIDES	2000	HISTOPATHOLOGY/ CYTOLOGY	PARAFFIN BLOCK / SLIDE + CLINICAL HISTORY + SITE OF BIOPSY, PREVIOUS HISTOPATHOLOGY REPORT	MORE THAN 2	А	DAILY: 1600 HRS	4TH DAY
157	Z201K	BIOPSY: SLIDE REVIEW- UPTO 2 SLIDES	1800	HISTOPATHOLOGY/ CYTOLOGY	PARAFFIN BLOCK / SLIDE + CLINICAL HISTORY + SITE OF BIOPSY PREVIOUS HISTOPATHOLOGY REPORT	UPTO 2	А	DAILY: 1600 HRS	4TH DAY
158	5814F	BLOOD LYMPHO CULTURE BY FISH	3700	Fluorescence In Situ Hybridization (FISH)	WB-HEPARIN + FAMILY HISTORY + CLINICAL HISTORY + DETAILED PHYSICAL FEATURES	5.0 ML (3.0 ML)	Α	DAILY (EXCEPT Sunday); Cut-off: 1230 hrs; History is mandatory	5 Working Days
159	1515SF	BODY FLUID FOR CYTOLOGY	1200	CYTOLOGY	FLUID (Clinical history required)please mention date and time drawn	3 TO 5 ML, OF FLUID	A – FLUIDS	DAILY: 1000 HRS.	NEXT WORKING DAY
160	1014	BOH PANEL (Antiphospholipid Evaluation, TORCH IgG & IgM 10 Parameter, ANA, TSH, Factor V Leiden (optional)	5400	CLOT BASED/EIA/IFA/CLIA	CLOT BASED/EIA/IFA/CLIA	PLASMA CITRATE DOUBLE CENTRIFUGED(F) ,SERUM,HEPARI N PLASMA	3.0 ML	F/A	1,4, Cut Off 11:00 for Lupus anticoagulant &Antiphospholipid Evaluation, Torch -DAILY (Except Sunday): 0330,1530 HRS
161	1054	BONE MARROW ASPIRATION SMEARS	950	MANUAL MICROSCOPY	BONEMARROW SMEARS /PERIPHERAL SMEAR OR EDTA BLOOD /CLINICAL HISTORY	MINIMUM 4 SMEARS +2 P/SMEARS	А	DAILY;1200 HRS.EXCEPT SUNDAY	2nd 6.00 PM
162	9214RFX	BONE MARROW ASPIRATION WITH MPO	1600	MICROSCOPY + CYTOCHEMISTRY SPECIAL STAINS	BONEMARROW SMEARS /PERIPHERAL SMEAR OR EDTA BLOOD /CLINICAL HISTORY	MINIMUM 4 SMEARS +2 P/SMEARS	А	DAILY;1200 HRS.EXCEPT SUNDAY	2 ND DAY BY 6.00PM



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
163	1692	BREAST EVALUATION PANEL (ER, PR AND HER-2 & KI-67)	4500	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	N.A.	А	Monday to Saturday	3 DAYS
164	1831K	BREAST EVALUATION PANEL (ER, PR AND HER-2)	3600	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	N.A.	А	Monday to Saturday	3 DAYS
165	3022	BREAST MONITOR I (CA 15-3, CEA)	2300	CHEMILUMINESCENCE	SERUM (Age+Sex+Clinical history required)	2.0 ML (1.0 ML)	R	1, 3, 5. 11.00, 14.00 16.00 HRS	SAME DAY
166	8831G	BRUCELLA IgG ANTIBODIES	1550	ENZYME IMMUNOASSAY	SERUM	(1.0 ML)	A/R/F	4: 1100 HRS	SAME DAY
167	8831M	BRUCELLA IgM ANTIBODIES	1500	ENZYME IMMUNOASSAY	SERUM	1.0 ML	A/R/F	04:1100 HRS	Same Day
168	1218T	C DIFFICILE TOXIN A/B	3250	IMMUNOCHROMATOGRAPHY	STOOL	50 gm	frozen if more than 24 hrs	DAILY Cut off 1100hrs	SAME DAY
169	1500CD	C4d KIDNEY TRANSPLANT BIOPSY	1300	DIRECT IMMUNOFLUORESCENCE	1 CORE IN MICHEL MEDIUM.CLINICAL DETAILS REQUIRED.	1 CORE	А	Monday to Saturday	10 DAYS
170	3121	CA 125 / OVARIAN CANCER MONITOR	1450	CHEMILUMINESCENCE	SERUM (Clinical history required)	1.0ML (0.5ML)	R	DAILY:,11.00,14.00,16.0 0 HRS	4:30 HRS FROM FREQUENCY
171	3121F	CA 125 / OVARIAN CANCER MONITOR	1500	CHEMILUMINESCENCE	FLUID (Clinical history required)	1.0 ML (0.5ML)	R	DAILY:,11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
172	Z111K	CA 19.9	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
173	Z057K	CA125	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
174	3134	CA15.3	1500	CHEMILUMINESCENCE	SERUM (Clinical history required)	1.0 ML (0.5 ML)	R	1, 3, 5.:11.00,14.00,16.00 HRS	SAME DAY
175	3120	CA19.9	1500	CHEMILUMINESCENCE	SERUM(Clinical history required)	1.0 ML (0.5 ML)	R	Daily :11.00,14.00,16.00 HRS	SAME DAY
176	Z171K	CALCITONIN	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	Α	Monday to Saturday	3 DAYS
177	Z058K	CALRETENIN	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
178	4116	CARBAMAZEPINE	1050	CHEMILUMINESCENCE	SERUM (Treatment history required): For therapeutic levels sample should be collected just before oral dose. For toxic levels collection should be 4-8 hours post dose.	1.0 ML (0.5 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
179	Z043K	CARCINOEMBRYONIC ANTIGEN	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
180	3258	CARCINOEMBRYONIC ANTIGEN (CEA)	900	CHEMILUMINESCENCE	SERUM (Clinical history required)	1.0 ML (0.5 ML)	R	DAILY:,11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
181	3258F	CARCINOEMBRYONIC ANTIGEN (CEA)	900	CHEMILUMINESCENCE	BODY FLUID (Clinical history required)	1.0 ML (0.5 ML)	R	DAILY:11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
182	3258C	CARCINOMBRYONIC ANTIGEN (CEA), CSF	850	CHEMILUMINESCENCE	CSF(Clinical history required)	1.0 ML (0.5 ML)	R	DAILY:,11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
183	3371	CARDIOLIPIN IgG & IgM Abs	1800	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	1,4:11.00HRS	SAME DAY
184	3371G	CARDIOLIPIN IgG Abs	950	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	1,4:11:00 HRS	SAME DAY
185	3371M	CARDIOLIPIN IgM Abs	950	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	1,4:11:00HRS	SAME DAY
186	1602	cCD3	5300	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
187	1604	cCD79A	5300	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
188	Z261K	CD 23	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	1 CM / 1 BLOCK	А	Monday to Saturday	3RD DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
189	Z219K	CD10	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	Α	Monday to Saturday	3 DAYS
190	1676BC	CD10 CALLA	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
191	1673	CD103 PERCENT	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
192	Z117K	CD117 / C-KIT	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	Α	Monday to Saturday	3 DAYS
193	1675BN	CD11c	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
194	1674BI	CD13	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
195	Z244K	CD138	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
196	1674BJ	CD14- PERCENT	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
197	Z030K	CD15	2700	Immunohistochemistry (WITH PHOTO)	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
198	1674BK	CD15- PERCENT	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
199	1675BA	CD19- PERCENT	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
200	Z022K	CD20	2700	Immunohistochemistry	PARAFFIN BLOCK / TISSUE FIXED IN 10% FORMALIN	NA	Α	Monday to Saturday	3 DAYS
201	1675BB	CD20- PERCENT	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
202	1677BD	CD22- PERCENT	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	Α	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
203	1677BC	CD23	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
204	Z023K	CD3 (PAN T CELL)	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	1CM / 1BLOCK	Α	Monday to Saturday	3RD DAY
205	1674BZ	CD3/HLA-DR	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
206	Z029K	CD30	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	Α	Monday to Saturday	3 DAYS
207	Z212K	CD31	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
208	1674BO	CD33- PERCENT	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
209	Z211K	CD34 IN PARAFFIN BLOCK	2700	Immunohistochemistry	PARAFFIN BLOCK / TISSUE FIXED IN 10% FORMALIN	NA	А	Monday to Saturday	3 DAYS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
210	1674BQ	CD38	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
211	1656B	CD4 (LYMPHOCYTE ENUMERATION, T- HELPER CELLS, (%CD3,%CD4,ABS CD3,ABS CD4))	2200	FLOW CYTOMETRY	WB-EDTA + HEPARIN+CLINICAL HISTORY (SAMPLE TO REACH WITHIN 72 HRS)	3.0 ML (2.0 ML) + 3.0 ML (2.0 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	SAME DAY 6.00 PM
212	1657B	CD4/CD8 (LYMPHOCYTE ENUMERATION STUDY -T CELLS (%CD3,%CD4,%CD8,ABS CD3,ABS CD4,ABS CD8))	2600	FLOW CYTOMETRY	WB-EDTA + HEPARIN+CLINICAL HISTORY (SAMPLE TO REACH WITHIN 72 HRS)	3.0 ML (2.0 ML) + 3.0 ML (2.0 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	SAME DAY 6.00 PM
213	1676BA	CD41- PERCENT	2800	FLOW CYTOMETRY	EDTA +HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
214	Z024K	CD43	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
215	Z021K	CD45 OR LEUCOCYTE COMMON ANTIGEN (LCA)	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	темр.	FREQUENCY	REPORTED
216	Z213K	CD5	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
217	1675BD	CD5- PERCENT	2800	FLOW CYTOMETRY	EDTA+HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
218	1675BP	CD5/CD19	5800	FLOW CYTOMETRY	EDTA + HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
219	Z248K	CD56	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
220	1677BE	CD61 PERCENT	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
221	Z026K	CD68	2700	Immunohistochemistry	PARAFFIN BLOCK / TISSUE FIXED IN 10% FORMALIN	NA	А	Monday to Saturday	3 DAYS
222	Z268K	CD7	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
223	1674BF	CD7- PERCENT	2800	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
224	1351G	CDC CROSSMATCH	3500	Microlymphocytotoxicity (Serology)	Sodium heparin WB of Donor & serum of Patient.(Sample is to be collected at least after 3 days of last dialysis. Cross match sample is to be collected after three weeks of last blood transfusion. Mandatory Documents to be enclosed with the sample are:	20 ml sodium heparin WB of Donor & 3 ml serum of Patient. Additional donor/s, if any, set of mandatory documents for each to be enclosed with the sample.	Cold pack	Mon-Fri 11a.m.	NEXT DAY BY 6.00PM
225	1073	CELIAC PROFILE (Ttg IgA ABS, Gliadin IgG & IgA ABS)	3500	ENZYME IMMUNOASSAY	SERUM	2.0 ML (1.0 ML)	A/R/F	TTG IgA-Daily :1100HRS, Except Sunday; Gliadin IgG & IgA 4;1100HRS	Same day
226	1516D	CERULOPLASMIN	1300	NEPHLOMETRY	SERUM	1.0 ML (0.5 ML)	R/F	1,3,5 :15.30HRS	SAME DAY
227	7630	CHIKUNGUNYA RNA PCR	4000	Real Time PCR	SERUM / PLASMA EDTA	2.5 ML (3ML)	Frozen	DAILY Cut off 08:00 am	Same Day Except Sunday/Holiday
228	Z081K	CHROMOGRANIN A	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
229	1609	Chronic lympho-proliferative disorder panel (WITH INCLUSION OF CD200)	13000	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS),Fluid- EDTA/Heparin +finger prick smears	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
230	Z259K	CK19	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
231	Z059K	CK20	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
232	Z221K	CK5/6	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
233	Z060K	СК7	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
234	8882	CLASS I ANTIBODY DETECTION (PRA %)	12500	LUMINEX BASED	RECIPIENT SERUM IN PLAIN VIAL	3 ML SERUM	Cold	WED & SAT 11 AM	2 DAYS
235	8883	CLASS II ANTIBODY DETECTION (PRA %)	12500	LUMINEX BASED	RECIPIENT SERUM IN PLAIN VIAL	3 ML SERUM	Cold	WED & SAT 11 AM	2 DAYS
236	2412A	CLOSTRIDIUM TOXIN A / B	2200	ENZYME IMMUNO ASSAY	STOOL	1.0GRAM	A/R	3;11.00HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
237	1603	сМРО	5300	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	F	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
238	1614	cMPO/cCD79A/cCD3	9300	FLOW CYTOMETRY	EDTA and HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
239	7576	CMV Viral Load	8800	Real Time PCR	EDTA Plasma/Whole Blood	5 ML (3 ML)	EDTA Plasma- A/R/F	2,4,6:8 HRS	SAME DAY
240	1501D	COMPLEMENT CONCENTRATION C3	900	NEPHLOMETRY	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:15.30HRS	SAME DAY
241	1504D	COMPLEMENT CONCENTRATION C4	900	NEPHLOMETRY	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:15.30HRS	SAME DAY
242	3548	COMPLETE PSA (TOTAL PSA, Free PSA)	1300	CHEMILUMINESCENCE	SERUM (Age+clinical history required)	2.0 ML (1.0 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	SAME DAY
243	1209C	COMPREHENSIVE CORONARY RISK PROFILE (Extended Coronary Risk Profile, Homocysteine)	4000	SPECTROPHOTOMETRY/ CHEMILUMINESCENCE/ NEPHELOMETRY	12-14 HOURS FASTING SERUM + SERUM/ PLASMA- EDTA + (AGE & GENDER IS MANDATORY)	2.0 ML (1.0 ML)	F; 2-8°C (2 DAYS); F (> 2 DAYS)	DAILY :1030 hrs , FOR APOLIPOPROTEINS & LIPOPROTEINS DAILY : 1630 hrs AND BIOCHEM(LIPID) :18:30 hrs, DAILY (MON TO SAT): 1100, 1600 hrs for HOMOCYSTEINE	SAME DAY
244	5040M	COMPREHENSIVE MYELOMA PROTEIN PANEL	8000	ELECTROPHORESIS/ IMMUNOELECTROPHORESIS/NEPHEL OMETRY	SERUM (CLINICAL HISTORY, AGE & GENDER IS MANDATORY)	2.0 ML (1.5 ML)	2-8°C (7 DAYS)	TUE & FRI: 1100 hrs	1, 3, 5 (Cut off 11am-Same day. 2,4(cut off 11am - Next day
245	8724	Comprehensive Vasculitis Panel CRP(Quantitative), Angiotensin Converting Enzyme (ACE), Rheumatoid Factor Antibodies, ANCA Positive Reflex MPO, PR3 Antibodies, Anti-Nuclear Ab-IFA, Hep2, DSDNA (Reflex to end Titre for all positive cases), Anti Glomerular Basement Membrane IgG Antibodies (Anti Gbm)	10000	NEPHELOMETRY,SPECTROPHOTOMET RY, IFA /FLUOROENZYME IMMUNOASSAY, IMMUNOFLOURSCENCE, INDIRECT IMMUNOFLUROSCENT ASSAY.	10 -12 HRS FASTING SERUM (LIPEMIC SAMPLE SHOULD BE AVOIDED) + (CLINICAL HISTORY + AGE & GENDER IS MANDATORY)	2-5 ML	R/ FOR CRP & RF 2-8°C (7 DAYS); F (>7 - 90 DAYS,IF FROZEN WITHIN 24 HRS. OF COLLECTION).	DAILY: 1100HRS FOR ANA/ DAILY (MON TO SAT): 18:00 HRS FOR RF & CRP/ DAILY: 10:30, 16:30 FOR ANTI CCP	Next day
246	1120	COOMBS DIRECT TEST	750	TUBE AGGLUTINATION	WB-EDTA with clinical history	3.0 ML (1.0 ML) + 1.0 ML (0.5 ML)	A/R	DAILY :15:00 HRS EXCEPT SUNDAY	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
247	1121	COOMBS INDIRECT TEST	750	TUBE AGGLUTINATION	SERUM & EDTA MANDATORY;RELEVANT CLINICAL HISTORY	3.0 ML (1.0 ML) + 1.0 ML (0.5 ML)	A/R	DAILY :15:00 HRS EXCEPT SUNDAY	SAME DAY
248	1121T	COOMBS TITRE (Rh ANTIBODY TITRE)	1200	TUBE AGGLUTINATION	SERUM & EDTA MANDATORY;RELEVANT CLINICAL HISTORY	3.0 ML (1.0 ML) + 1.0 ML (0.5 ML)	A/R	DAILY :15:00 HRS EXCEPT SUNDAY	SAME DAY
249	1209E	CORONARY RISK PROFILE EXTENDED (E CROP) (Coronary risk profile + Apolipoprotein Evaluation)	2650	NEPHELOMETRY / SPECTROPHOTOMETRY (For Biochem tests)	SERUM 12-14 HRS FASTING	3.0 ML (1.0 ML)	A (LIPIDS); R/F (APOLIPOPRO TEINS)	DAILY:15.30HRS	SAME DAY
250	3128	CORTISOL	750	CHEMILUMINESCENCE	SERUM (Clinical history required) with timing of sample mentioned	1.0 ML (0.5 ML)	F	DAILY:,11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
251	3128U	CORTISOL- 24 HRS URINE	1050	CHEMILUMINESCENCE	24 HOURS URINE	5.0 ML (2.0 ML)	R/F	DAILY:,11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
252	3140	C-PEPTIDE	1300	CHEMILUMINESCENCE	SERUM (Freeze SERUM specimen immediately after separation. Clinical history required)	1.0 ML (0.5 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
253	9189	CRYPTOCOCCUS ANTIGEN	2800	LATERAL FLOW ASSAY, IMMUNOCHROMATOGRAPHIC	SERUM	1.0 ML (0.5 ML)	A/R/F	DAILY:15.30 HRS	SAME DAY
254	9189C	CRYPTOCOCCUS ANTIGEN, CSF	2900	LATERAL FLOW ASSAY, IMMUNOCHROMATOGRAPHIC	CSF	1.0 ML (0.5 ML)	A/R/F	DAILY:15.30 HRS	SAME DAY
255	4803	CS PANEL	8000	CLOT BASED	PLASMA-CITRATEDPLATELET POOR PLASMA FROZEN AT -20° C+ CLINICAL history	MINIMUM 2 ALIQUOTES OF 1.5 ML (1.0 ML) EACH	F	3,6 11:00 HRS	SAME DAY
256	1200CS	CSF CULTURE & IDENTICATION + SUSCEPTIBILITY	1150	CULTURE + SENSITIVITY MIC BREAKPOINT	CSF	1.0 (0.5) ML	А	DAILY: 1700 HRS	3 RD DAY
257	1217CS	CULTURE , SPUTUM SUSCEPTIBILITY(CULTURE, SPUTUM)	1150	CULTURE + SENSITIVITY BY MIC BREAKPOINT	EXPECTORATED SPUTUM - STERILE CONTAINER	3.0 ML (1.0) ML	R	DAILY: 1700 HRS	3RD DAY
258	1221CS	CULTURE AEROBIC- ISOLATION & IDENTIFICATION (Culture + Sensitivity)	1150	CULTURE + SENSITIVITY MIC BREAKPOINT	SCRAPINGS / PUS/ TISSUE IN SALINE- STERILE CONTAINER	SCRAPINGS / 3.0 ML (0.5 ML)	A/R	DAILY: 1700 HRS	3 RD DAY
259	5700CS	CULTURE STOOL, AEROBIC AND SUSCEPTIBILITY(CULTURE STOOL, AEROBIC)	1150	CULTURE + SENSITIVITY BY MIC BREAKPOINT	STOOL-STERILE CONTAINER	10.0 (1.0) g / 1.0 ML	R	DAILY: 1700 HRS	3RD DAY
260	1193CS	CULTURE, BLOOD, ISOLATION & IDENTIFICATION + SENSITIVITY	1150	CULTURE + SENSITIVITY BY MIC BREAKPOINT	WB-HEPARIN / WB-SPS (SODIUM POLYANETHANOL SULPHONATE) STERILE CONTAINER	8-10 ML IN ADULTS AND 2-5 ML FOR PEDIATRIC POULATION	А	DAILY: 1700 HRS	PRELIM. 72 HRS, FINAL 7TH DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	темр.	FREQUENCY	REPORTED
261	1195AP	CULTURE, BODY FLUID - BACTEC PLUS AEROBIC	1300	BACTEC FLUORESCENT METHOD	BODY FLUID- STERILE CONTAINER / INOCULATED BACTEC BOTTLE (AEROBIC PLUS)	5.0 ML (2.0 ML)	А	DAILY: 1700 HRS	PRELIM. 24 HRS, FINAL 5TH DAY
262	1194CS	CULTURE, BODY FLUID + SUSCEPTIBILIT(CULT FLUID+SUSC)	1150	CULTURE + SENSITIVITY BY MIC BREAKPOINT	FLUID-STERILE CONTAINER	3.0 ML (1.0 ML)	R	DAILY: 1700 HRS	3RD DAY
263	1195NP	CULTURE, BODY FLUID -BACTEC PLUS ANAEROBIC	1300	BACTEC FLUORESCENT METHOD	BODY FLUID- STERILE CONTAINER / INOCULATED BACTEC BOTTLE	5.0 ML (2.0 ML)	А	DAILY;17.30HRS	PRELIM-24HRS, FINAL-5TH DAY
264	1194CS	CULTURE, BODY FLUID, ISOLATION & IDENTIFICATION (CULTURE + SENSITIVITY)	1150	CULTURE + SENSITIVITY BY MIC BREAKPOINT	FLUID-STERILE CONTAINER	3.0 ML (1.0 ML)	R	DAILY: 1700 HRS	3RD DAY
265	1195M	CULTURE, BODY FLUID: YEAST - BACTEC	1300	BACTEC FLUORESCENT METHOD	BODY FLUID- STERILE CONTAINER / INOCULATED BACTEC BOTTLE (MYCOSIS)	5.0 ML (2.0 ML)	А	DAILY: 1700 HRS	PRELIM- 7TH DAY, FINAL 14th DAY
266	1219CS	CULTURE, THROAT SWAB - ISOLATION & IDENTIFICATION + SENSITIVITY	1150	CULTURE + SENSITIVITY BY MIC BREAKPOINT	THROAT SWABS COLLECTED IN STERILE SWAB STICK	2 (1) SWABS	А	DAILY: 1700 HRS	3RD DAY
267	1285CS	CULTURE, URINE - ISOLATION & IDENTIFICATION (WITH COLONY COUNT) + SENSITIVITY	950	CULTURE + SENSITIVITY BY MIC BREAKPOINT	URINE(Early morning mid stream collection) STERILE CONTAINER	3.0 ML (1.0) ML	R (MANDATORY	DAILY: 1700 HRS	3RD DAY
268	1222	CULTURE, YEAST SCREEN, ISOLATION & IDENTIFICATION	1150	CULTURE & VITEK IDENTIFICATION	SPUTUM / CSF / FLUID / URINE / ASPIRATE / TISSUE BIOPSY- STERILE CONTAINER, ANY SAMPLE EXCEPT DRY SWAB	5.0 ML (3.0 ML)	A/R	DAILY: 1700 HRS	PRELIM. 7TH DAY, FINAL 21ST DAY
269	SP1144	CUSTOM CD MARKER PANEL	6500	FLOW CYTOMETRY	EDTA/HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS),Fluid- EDTA/Heparin +finger prick smears	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
270	SP1909	CUSTOM CD MARKER PANEL	7500	FLOW CYTOMETRY	EDTA/HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS),Fluid- EDTA/Heparin +finger prick smears	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
271	Z009K	Custom IHC panel	6500	Immunohistochemistry (WITH PHOTO)	Paraffin block /tissue with site history and primary histopathology report.	Paraffin block/tissue	А	Monday to Saturday	5 days



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
272	Z118K	CYCLINE D1	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
273	43141	CYCLOSPORINE A	3100	CHEMILUMINESCENCE	EDTA-WB, For CO levels sample to be drawn immediately before dose. For C2 level sample to be collected 2 hrs after giving dose. Timing of sample to be mentioned	3 ML	R	1,3,5: 1200 HRS	SAME DAY
274	9816S	CYSTICERCUS IgG (T.SOLIUM IgG)	2550	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	2-8º C (1 week), >1 week- 20 °C	1;1100HRS	Same Day
275	6008F	CYTOGENETICS: AML-1 / ETO; t(8;21) by FISH	5600	Fluorescence In Situ Hybridization (FISH)	WB-HEP (if blasts are >70%) / BONE MARROW - HEP. SPECIMEN TO REACH US IN 24 HRS. [Please mention the CLINICAL HISTORY, latest CBC/BM smear reports and medication of the patient on the TRF]	4.0 ML if WB + 2.0 ML if BM aspirate	А	DAILY (EXCEPT Sunday); Cut-off: 1230 hrs; History is mandatory	5TH DAY
276	DT5102	CYTOGENETICS: AUTOGEN Cytogenetics Peripheral blood karyotyping of husband and wife + other tests	8800	CYTOGENETICS/ COAGULATION/EIA	WB-HEPARIN (husband & wife)+PLASMA CITRATE DOUBLE CENTRIFUGED(F)+ FAMILY HISTORY + CLINICAL HISTORY + name & age of husband	5.0 ML (3.0 ML)	A(WB- heparin); A/F	DAILY (EXCEPT Thursday & Sunday); Cut-off: 1430 hrs; History is mandatory	10th DAY REPORTING
277	5814B	CYTOGENETICS: BLOOD LYMPHO CULTURE (Peripheral Blood Lymphocyte Culture; Karyotyping)	3600	Cytogenetics (Karyotyping)	WB-HEPARIN + FAMILY HISTORY + CLINICAL HISTORY + DETAILED PHYSICAL FEATURES	5.0 ML (3.0 ML)	А	DAILY (EXCEPT Thursday & Sunday); Cut-off: 1430 hrs; History is mandatory	10th Working DAY REPORTING
278	5814F	CYTOGENETICS: BLOOD LYMPHO CULTURE BY FISH	3700	Fluorescence In Situ Hybridization (FISH)	WB-HEPARIN + FAMILY HISTORY + CLINICAL HISTORY + DETAILED PHYSICAL FEATURES	5.0 ML (3.0 ML)	А	DAILY (EXCEPT Sunday); Cut-off: 1230 hrs; History is mandatory	5 Working Days



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
279	5800	CYTOGENETICS: CHROMOSOME ANALYSIS: HEMATOLOGICAL DISORDERS	4200	Cytogenetics (Karyotyping in Bone marrow/Peripheral Blood)	BM aspirate-heparin [Peripheral blood in case of blasts >70%]+ clinical history+LAST BM/PB SMEAR REPORT	3.0ML(MINIMU M 1.0 ML) if BM aspirate and 5.0ML(MINIMU M 3.0 ML) if WB	А	Mon- Thurs; Cut-off: 1230 hrs; History is mandatory	10th DAY REPORTING
280	5815	CYTOGENETICS: NEOGEN- NEONATAL KARYOTYPING (NEWBORN TO ONE MONTH OLD CHILD)	3500	Cytogenetics (Karyotyping)	WB-HEPARIN/ CORD BLOOD- HEPARIN (If baby is alive)+CLINICAL HISTORY	4.0 ML (2.0 ML)	А	DAILY(EXCEPT THURSDAY and Sunday); Cut-off 14:30 hrs; History mandatory	10th Working DAY REPORTING
281	6001F	CYTOGENETICS: PHILADELPHIA CHROMOSOME (bcr/abl gene rearrangement; t(9:22))	5500	Fluorescence In Situ Hybridization (FISH)	WB-HEP (if blasts are >70%) / BONE MARROW - HEP. SPECIMEN TO REACH US IN 24 HRS. [Please mention the CLINICAL HISTORY, latest CBC/BM smear reports and medication of the patient on the TRF]	4.0 ML if WB + 2.0 ML if BM aspirate	А	DAILY (EXCEPT Sunday); Cut-off: 1230 hrs; History is mandatory	5 Working Days
282	5834	CYTOGENETICS: PHILADELPHIA CHROMOSOME- Chronic Myeloid Leukemia	4900	Cytogenetics (Karyotyping in Bone marrow/Peripheral Blood)	BM aspirate-heparin [Peripheral blood in case of blasts >70%]+ clinical history+LAST BM/PB SMEAR REPORT	3.0ML(MINIMU M 1.0 ML)	А	Mon- Thurs; Cut-off: 1230 hrs; History is mandatory	10th DAY REPORTING
283	6003F	CYTOGENETICS: PML RA RA t(15;17)	6000	Fluorescence In Situ Hybridization (FISH)	WB-HEP (if blasts are >70%) / BONE MARROW - HEP. SPECIMEN TO REACH US IN 24 HRS. [Please mention the CLINICAL HISTORY, latest CBC/BM smear reports and medication of the patient on the TRF]	4.0 ML if WB + 2.0 ML if BM aspirate	А	DAILY (EXCEPT Sunday); Cut-off: 1230 hrs; History is mandatory	5 Working Days
284	5840	CYTOGENETICS:ACUTE PROMYELOCYTIC LEUKEMIA	4800	Cytogenetics (Karyotyping in Bone marrow/Peripheral Blood)	BM aspirate-heparin [Peripheral blood in case of blasts >70%]+ clinical history+LAST BM/PB SMEAR REPORT	3.0ML(MINIMU M 1.0 ML)	А	Mon- Thurs; Cut-off: 1230 hrs; History is mandatory	10th DAY REPORTING



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
285	Z045K	CYTOKERATIN HMW 34BE12(SQUAMOUS)	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
286	9436	CYTOMEGALOVIRUS IgG & IgM ANTIBODIES	1600	СМІА	SERUM	1.0 ML (0.5 ML)	А	DAILY:0330,15.30HRS	* Same day Reporting for the cut off 0330 hrs. * Reporting of Cytomegalo Virus IgG and IgM for the cut off 1530 hrs will be on same day by 7:30 pm. The samples filtered for Avidity will be performed (Avidity Assay) next day morning and reports will be same day evening
287	9431	CYTOMEGALOVIRUS IgG ANTIBODIES	950	СМІА	SERUM	1.0 ML (0.5 ML)	А	DAILY (Except Sunday): 0330,1530 HRS	SAME DAY
288	2486M	CYTOMEGALOVIRUS IgM ANTIBODIES	950	СМІА	SERUM	1.0 ML (0.5 ML)	А	DAILY (Except Sunday): 0330,1530 HRS	SAME DAY (Except Sunday)
289	4200	D-DIMER(Semi Quantitative)	1600	LATEX PARTICLE AGGLUTINATION	PLASMA-CITRATED,PLATELET POOR PLASMA FROZEN	2.0 ML (1.0 ML)	F	DAILY 16:00 HRS	SAME DAY
290	3150	DEHYDROEPIANDROSTERONE- SULFATE (DHEAS)	1200	CHEMILUMINESCENCE	SERUM (Clinical history required)	1.0 ML (0.5 ML)	R/F	DAILY:11.00, 14.00 16.00 HRS	SAME DAY
291	6017F	DEL13Q [DELETION IN CHROMOSOME 13] BY FISH	6000	Fluorescence In Situ Hybridization (FISH)	WB-HEP (if blasts are >70%) / BONE MARROW - HEP. SPECIMEN TO REACH US IN 24 HRS. [Please mention the CLINICAL HISTORY, latest CBC/BM smear reports and medication of the patient on the TRF]	4.0 ML if WB + 2.0 ML if BM aspirate	А	DAILY (EXCEPT Sunday); Cut-off: 1230 hrs; History is mandatory	5TH DAY

ESRLDiagnostics

SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
292	7600	DENGUE ANTIBODIES ELISA	1850	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	2,4,6:1530HRS	SAME DAY
293	7647	DENGUE DUO ANTIGEN & ANTIBODY TESTS (DENGUE NS1 ANTIGEN ELISA+ DENGUE ANTIBODIES ELISA)	3100	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	2,4,6:1530HRS	SAME DAY
294	7648	DENGUE NS1 ANTIGEN ELISA	2000	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	2,4,6:1530HRS	SAME DAY
295	7601	DENGUE VIRUS IgG ANTIBODIES	1700	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	A/ R/F	2,4,6:1530HRS	SAME DAY
296	7646	DENGUE VIRUS IGM ANTIBODIES	1100	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	A/ R/F	2,4,6:1530HRS	SAME DAY
297	Z093K	DESMIN	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
298	DT9201	DIABETES MELLITUS PANEL II (Glucose F & PP, Glyco Hb, Creatinine, Microalbuminuria, Cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides, Uric acid, Urinalysis)	1800	SPECTROPHOTOMETRY, HPLC, IMMUNOTURBIDOMETRY, DIPSTICK & MICROSCOPY	WB-EDTA, SERUM, FASTING PLASMA - FLUORIDE, PP PLASMA - FLUORIDE, FASTING URINE, PP URINE,URINE 24 HR OR 12 HOUR COLLECTION(Without Preservative) OR RANDOM URINE	WB-EDTA 3.0 (1.0) ML, SERUM 2.0 (1.0) ML, FASTING PLASMA - FLUORIDE 1.0 (0.5) ML, PP PLASMA - FLUORIDE 1.0 (0.5) ML, FASTING URINE 15.0ML (10.0) ML, PP URINE 15.0 ML (10.0 ML)	Α	DAILY: 1530 HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
299	DT9200	DIABETES MONITORING PANEL (Glucose F & PP, Glyco HB, Urinalysis, Insulin, Microalbuminuria, Cholesterol, HDL Cholesterol, LDL Cholesterol, Creatinine, Triglycerides, Uric acid)	2400	SPECTROPHOTOMETRY, DIPSTICK & MICROSCOPY, CHEMILUMINESCENCE, HPLC,IMMUNOTURBIDIMETRY	14 HRS FASTING SERUM, WB-EDTA, FASTING FLUORIDE PLASMA, PP FLUORIDE PLASMA, URINE FASTING, URINE PP, URINE 24 HR OR 12 HOUR COLLECTION OR RANDOM URINE	14 HRS FASTING SERUM - 3.0 (2.0) ML, WB- EDTA - 3.0 (0.5) ML, FASTING FLUORIDATED PLASMA - 1.0 (0.5) ML PP FLUORIDATED PLASMA - 1.0 (0.5) ML, FASTING URINE - 15.0 (10.0) ML, PP URINE - 3.0 (1.0) ML, URINE - 5.0 ML OF 24-HR OR 12 HR COLLECTION (7PM-7AM) IF	A + F 1ML SERUM	DAILY: 1530 HRS	SAME DAY
300	3896	DIC PROFILE (PT, APTT, TT, Fibrinogen, FDP, D- DIMER, Platelet count)	6000	CLOT BASED / LATEX AGGLUTINATION / AUTOMATED CELL COUNTER	CITRATE PLASMA - FROZEN AT -20°C(2 ALLIQOUTES), WB- EDTA - (A), SMEAR - (A)	2.0 (1.0) ML+ 3.0 (2.0) ML+ 2.0 (1.0)	F/A/A	DAILY 16:00 HRS	SAME DAY
301	6022F	DiGeorge Syndrome by FISH	6300	Fluorescence In Situ Hybridization (FISH)	WB-HEPARIN + FAMILY HISTORY + CLINICAL HISTORY + DETAILED PHYSICAL FEATURES	5.0 ML (3.0 ML)	Α	DAILY (EXCEPT Sunday); Cut-off: 1230 hrs; History is mandatory	5TH DAY
302	1533D	DIRECT LDL	500	SPECTROPHOTOMETRY	SERUM	2.0 (1.0 ML)	Α	DAILY:1600HRS	SAME DAY
303	1268	DOUBLE MARKER TEST (FREE BETA HCG+PAPP-A)	2450	CHEMILIMINECENCE	SERUM+CLINICAL HISTORY IN GGN FORMAT + RECENT USG REPORT WITH NT SCAN	2.0 ML (1.0 ML)+CLINICAL HISTORY	R/F	DAILY, Cut-off: 1430 hrs	SAME DAY
304	4131	DRUG OF ABUSE (9 drugs panel for urine drugs of abuse)	4600	LATERAL CHROMATOGRAPHY	URINE	5.0 ML (2.0 ML)	F	DAILY 1600 HRS	SAME DAY
305	4139	DRUG OF ABUSE (Phencyclidine, Urine drug of abuse)	1200	LATERAL CHROMATOGRAPHY	URINE	5.0 ML (2.0 ML)	F	DAILY 1600 HRS	SAME DAY
306	4810	DSA (DONOR SPECIFIC ANTIBODIES)	11000	LUMINEX BASED	RECIPIENT SERUM & DONOR WB IN ACD VIAL	3 ML SERUM & 15 ML WB FROM DONOR	Cold	MONDAY & THURSDAY 11 AM	2 DAYS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
307	1199	DsDNA (Reflex to end titre for all positive cases)	2500	IFA	SERUM	1.0 ML (0.5 ML)	R/F	DAILY;1100 HRS	NEGATIVE SAME DAY, POSITIVE WITH TITRE SAME DAY
308	1409	ECHINOCOCCUS DETECTION	1600	MICROSCOPY	HYDATID CYST FLUID	3.0 ML (0.5 ML)	A/R	DAILY:17.30HRS	SAME DAY
309	1279	ECHINOCOCCUS IgG ANTIBODIES	2100	ENZYME IMMUNOASSAY	SERUM	1.0 ML (0.5 ML)	2-8º C (3 days), >3 days- 20 °C	1,:1100 HRS	SAME DAY
310	Z049K	EMA	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
311	8441	ENTAMOEBA HYSTOLYTICA ANTIBODIES	1900	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	1,11.00HRS	SAME DAY
312	3525	ENTEROQUICK (Bactec Blood Culture + Rapid Typhi IgM)	1500	IMMUNOCHROMATOGRAPHY/BACTE C	SERUM/ WB HEPARIN	SERUM 1.0 ML (0.5 ML)/BLOOD 8-10 ML IN ADULTS AND 3-5 ML FOR PEDIATRIC POULATION	А	DAILY:1730HRS(Rapid Typhi IgM)	24 HRS & 5TH DAY
313	3155	ESTRADIOL	750	CHEMILUMINESENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:11.00, 14.00 16.00 HRS	AFTER 4.0 HRS
314	3156	ESTRIOL	1300	CHEMILUMINESCENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:11.00, 14.00 16.00 HRS	SAME DAY
315	3156E	ESTRIOL UNCONJUGATED	1300	CHEMILUMINESCENCE	SERUM	1.0ML	R/F	DAILY:11.00, 14.00 16.00 HRS	SAME DAY
316	1830К	ESTROGEN RECEPTOR & PROGESTERONE RECEPTOR	2800	IHC	TISSUE IN 10%FORMALIN FOR 6-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	1 CM / 1 BLOCK	А	Monday to Saturday	3RD DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
317	Z001K	ESTROGEN RECEPTOR (ER)	1750	IHC	TISSUE IN 10%FORMALIN FOR 6-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	1 CM / 1 BLOCK	А	Monday to Saturday	3RD DAY
318	4992	EXPERT HISTOPATHOLOGY WITH SPECIAL STAINS	2000	HISTOPATHOLOGY	BLOCK+TISSUE IN 10%FORMALIN+ SITE OF BIOPSY SPECIMEN + CLINICAL DETAILS (For bone specimens also send X-RAY)	N/A	А	DAILY:1600 HRS	7 DAYS
319	7632	EXPERT OPINION IN HISTOPATHOLOGY WITH IHC	6500	HISTOPATHOLOGY	BLOCK+TISSUE IN 10%FORMALIN+ SITE OF BIOPSY SPECIMEN + CLINICAL DETAILS (For bone specimens also send X-RAY)	N/A	А	DAILY:1600 HRS	10 DAYS
320	1664	Explant liver with special stain and reflex IHC	4900	Histopathology & IHC	Tissue in Formalin	One	А	Daily 5:00 PM	5 Working Days
321	1209E	EXTENDED CORONARY RISK PROFILE (E CROP) (Coronary risk profile + Apolipoprotein Evaluation)	2650	NEPHELOMETRY / SPECTROPHOTOMETRY (For Biochem tests)	SERUM 12-14 HRS FASTING	3.0 ML (1.0 ML)	A (LIPIDS); R/F (APOLIPOPRO TEINS)	DAILY:15.30HRS	SAME DAY
322	1234	EXTRACTABLE NUCLEAR ANTIGENS	7500	LINE IMMUNOASSAY	SERUM	2 ML (1.5 ML)	Α	MON,TUE,THU,FRI	SAME DAY
323	1949	Factor IX	2600	CLOT BASED	FASTING PLASMA-SODIUM CITRATE PLATELET POOR PLASMA FROZEN AT -20° C +clinical details	MINIMUM 2 ALIQUOTES OF 1.5 ML (1.0 ML) EACH	F	2nd & 4th TUES: 1100 HRS	SAME DAY 7.00 PM
324	1947	Factor VIII	3400	CLOT BASED	FASTING PLASMA-SODIUM CITRATE PLATELET POOR PLASMA FROZEN AT -20° C +clinical details	MINIMUM 2 ALIQUOTES OF 1.5 ML (1.0 ML) EACH	F	2nd & 4th TUES: 1100 HRS	SAME DAY 7.00 PM
325	1957	FACTOR XIII(QUALITATIVE)	1500	5 M UREA CLOT SOLUBILITY TEST	CITRATE PLATELET POOR PLASMA	2 ALIQUOTES of 1.5 ml each	Frozen	Daily 11:00 hrs	Next Day 6.00 PM
326	4208	FDP, PLASMA (FIBRINOGEN DEGRADATION PRODUCTS)(SEMI QUANTITATIVE)	1700	LATEX PARTICLE AGGLUTINATION	PLASMA-SODIUM CITRATE PLATELET POOR PLASMA FROZEN AT -20° C	1.5 ML (1.0 ML)	F	DAILY:16.00HRS	SAME DAY
327	3170	FERRITIN	950	CHEMILUMINESCENCE	SERUM(Clinical history required)	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
328	1578	FERTILITY PANEL, FEMALE, ENDOCRINE (TSH 3RD Generation, Prolactin, Progesterone, Estradiol, LH, FSH)	2900	CHEMILUMINESCENCE	SERUM (Age+ Sex+ LMP +Clinical history required)	3.0 ML (2.0 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 3.0 HRS
329	1577	FERTILITY PANEL, MALE, ENDOCRINE (Testosterone Free & Total, LH, FSH, Prolactin)	2700	CHEMILUMINESCENCE / RADIOIMMUNOASSAY	Serum (Age+ Gender+ LMP +Clinical History Required) **Draw sample between 8 AM to 10AM ,After 3-4 hrs patient has awakened.**	5.0 mL (3.0 mL)	2-8°C (24 hrs); F (>24 hrs)	DAILY (MON TO SAT): 0500, 1900 hrs FOR LH/FSH/PROLACTIN & DAILY (MON TO SAT): 11 hrs FOR TESTOSTERONE FREE & TOTAL	AFTER 3.0 hrs (LH, FSH & PROLACTIN) & SAME DAY (TESTOSTERONE FREE/TOTAL)
330	5012	FEVER SCREENING PANEL (CBC,ESR,CRP,BLOOD CULTURE/SENSITIVITY,RAPID TYPHI IgM,MALARIA AG DETECTION & URINANALYSIS)	2100	CELL COUNTER/Photometric capillary stopped flow kinetic/BACTECCULTURE/RAPIDIMM UNOASSAY/NEPHELOMETRY /DIPSTICK/ MICROSCOPY	EDTA WB/CITRATE WB/SMEARS/SERUM/HEPARIN WB/FASTING URINE	2ML / 15ML(10ML) 8- 10 ML IN ADULTS AND 3-5 ML FOR PEDIATRIC POULATION	A/R/F	DAILY:1630HRS-CRP; DAILY: 1530HRS- URINANALYSIS	SAME DAY EXCEPT BLOOD CULTURE & SENSITIVITY, PRELIM- OVERNIGHT & FINAL -5TH DAY
331	1426	FIBRINOGEN LEVEL	1350	CLOT BASED ASSAY	PLASMA-SODIUM CITRATE PLATELET POOR PLASMA FROZEN AT -20° C	1.5 ML (1.0 ML)	F	DAILY:16.00HRS	SAME DAY
332	1515	FINE NEEDLE ASPIRATION BIOPSY (FNAC), NON-GYNAEC, PROCEDURE (FOR SRL GURGAON WALK-IN PATIENTS ONLY)	1200	PROCEDURE-FINE NEEDLE ASP.	ONLY ON WALK-INS	1 FNAB	A-SMEARS OR R - FLUIDS /ASPIRATES, IF FLUID SENT WITHIN 24 HRS. FOR MORE THAN 24 HRS, MIX EQUAL PROPORTION OF FLUID WITH 50% ALCOHOL	BY PRIOR APPOINTMENT	NEXT DAY
333	1515A	FINE NEEDLE ASPIRATION, CYTOLOGY (FNAC), NON-GYNAEC CYTOLOGY	1200	CYTOLOGY	FIXED UNSTAINED SMEARS.(Clinical history required)	3 TO 5 SMEARS	A – SMEAR	DAILY: 1000 HRS.	NEXT WORKING DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
334	7644	FISH for 17p (TP53) abnormalities	3000	FISH	BONE MARROW - SODIUM HEPARIN + CLINICAL HISTORY SPECIMEN TO REACH US WITHIN 48 HRS AFTER COLLECTION. [Please mention the CLINICAL HISTORY, blood picture (CBC Report) and medication of the patient on the TRF]	4 TO 5 ml	А	Daily 07:00 hrs	5 working Days
335	7641	FISH for 20q deletion	3000	FISH	WB OR BONE MARROW - SODIUM HEPARIN SPECIMEN TO REACH US WITHIN 48 HRS AFTER COLLECTION. [Please mention the CLINICAL HISTORY, blood picture (CBC Report) and medication of the patient on the TRF]	5.0 ML (3.0 ML)	А	DAILY: 7:00 HRS	5 working Days
336	7643	FISH for 5q deletion and monosomy/numerical abnormalities of chromosome 5	3000	FISH	WB OR BONE MARROW - SODIUM HEPARIN SPECIMEN TO REACH US WITHIN 48 HRS AFTER COLLECTION. [Please mention the CLINICAL HISTORY, blood picture (CBC Report) and medication of the patient on the TRF]	5.0 ML (3.0 ML)	А	DAILY: 7:00 HRS	5 working Days
337	7642	FISH for 7q deletion and monosomy/numerical abnormalities of chromosome 7	3000	FISH	WB OR BONE MARROW - SODIUM HEPARIN SPECIMEN TO REACH US WITHIN 48 HRS AFTER COLLECTION. [Please mention the CLINICAL HISTORY, blood picture (CBC Report) and medication of the patient on the TRF]	5.0 ML (3.0 ML)	А	DAILY: 7:00 HRS	5 working Days
338	5813FF	FISH in sex-mismatched BMT	4500	FISH	Whole blood or bone marrow in Heparin tube	4ml	A/R	Daily	3 days
339	7540	FLOW CROSSMATCH	8000	FLOW CYTOMETRY	Sodium heparin WB of Donor & serum of Patient & EDTA W BLOOD DONOR(Sample is to be collected at least after 3 days of last dialysis. Cross match sample is to be collected after three weeks of last blood transfusion. Mandatory Documents to be enclosed with the sample are:	3 ML SERUM RECIPIENT,3 VIALS SODIUM HEPARIN & 3 VAILS OF EDTA - WB EACH FOR DONOR	Cold pack	Mon-Fri 11a.m.	NEXT DAY BY 6.00PM



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	темр.	FREQUENCY	REPORTED
340	1606	FLOW CYTOMETRY: ACUTE LYMPHOBLASTIC LEUKEMIA PANEL	12000	FLOW CYTOMETRY	BM / WB- EDTA BM / WB- HEPARIN FLUID-EDTA I FLUID-HEPARIN I BM / WB / FLUIDS DIRECT SMEARS + CLINICAL HISTORY(MANDATORY)	3-4 ML (1ML) / 3- 4 ML (1ML) / 3-4 ML (1ML) / 3-4 ML (1 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
341	1047	FLOW CYTOMETRY: ACUTE MYELOID LEUKEMIA (AML) PANEL	11000	FLOW CYTOMETRY	BM / WB- EDTA BM / WB- HEPARIN FLUID-EDTA FLUID-HEPARIN BM / WB / FLUIDS DIRECT SMEARS + CLINICAL HISTORY (MANDATORY)	3-4 ML (1ML) / 3- 4 ML (1ML) / 3-4 ML (1ML) / 3-4 ML (1 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
342	1608	FLOWCYTOMETRY: ACUTE LEUKEMIA PANEL +cMPO/cCD3/cCD79a - as per case specific requirement	10000	FLOWCYTOMETRY	EDTA/HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
343	1677BF	FMC-7	2600	FLOW CYTOMETRY	EDTA AND HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
344	3522	FOLIC ACID	1300	CHEMILUMINESCENCE	FASTING SERUM	1.0 ML (0.5 ML)	F	DAILY:,11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
345	3174	FOLLICLE -STIMULATING HORMONE (FSH)	600	CHEMILUMINESENCE	SERUM (Age+ Sex+ LMP +Clinical history required)	1.0 ML (0.5 ML)	R/F	DAILY:,11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
346	2021	FOLLICLE STIMULATING HORMONE, LUTEINIZING HORMONE EVALUATION & PROLACTIN (LH, FSH & PL)	1600	CHEMILUMINESCENCE	SERUM	3.0 (1.5) ML	A/R/F	DAILY:,11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
347	3248FTE	FREE TESTOSTERONE	2000	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	F	DAILY(Except Sunday) Cut off 1100hrs	Same day
348	2020	FSH & LH EVALUATION	1100	CHEMILUMINESCENCE	SERUM (Age+ Sex+ LMP +Clinical history required)	2.0 ML (1.0 ML)	R/F	DAILY:,11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
349	7569	FT - Plus (FT3, FT4, TSH 3G, LIPID PROFILE, Fasting Blood Sugar)	1199	CHEMILUMINESCENCE/ SPECTROPHOTOMETRY	SERUM	5.0 ML (2.0 ML)	2-8°C (48 HRS); F (>48 HRS)	Daily 3 :30 PM	Same Day
350	3234	FT3, TRIIODOTHYRONINE, FREE	450	CHEMILUMINESCENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:,11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
351	3228	FT4, THYROXINE FREE	450	CHEMILUMINESCENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:,11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
352	1212M	FUNGAL BLOOD CULTURE, BACTEC	1300	BACTEC FLUORESCENT METHOD	MYCOSIS BACTEC BOTTLE	8-10 ML IN ADULTS AND 3-5 ML FOR PEDIATRIC POULATION	А	DAILY: 1700 HRS	PRELIM 7TH DAY, FINAL 14 DAYS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
353	5324	FUNGAL IDENTIFICATION(FUNGAL ID)	1000	MICROSCOPY / CULTURE/ VITEK IDENTIFICATION	PURE CULTURE OF FUNGUS ON AGAR SLANT	PURE & MODERATE OBSERVABLE GROWTH	R	DAILY: 1700 HRS	21ST DAY
354	5323	FUNGAL STAIN	500	MICROSCOPY	SPUTUM / CSF / FLUID / URINE / ASPIRATE / TISSUE BIOPSY- STERILE CONTAINER	3.0 ML (0.5 ML)	А	DAILY:16.00HRS	SAME DAY
355	5660	FUNGAL SUCEPTIBILITY	4600	MIC SUSCEPTIBILITY, VITEK	Yeast only	PURE CULTURE	R	DAILY;15.30HRS	5TH day reporting
356	5322B	FUNGUS CULTURE & STAIN (BLOOD)(FUNGUS ID)	1250	CULTURE / STAIN / MICROSCOPY	WB- HEPARIN / INOCULATED BACTEC BOTTLE (MYCOSIS)	5.0 ML (3.0 ML)	Α	DAILY: 1700 HRS	PRELIM 7TH DAY, FINAL 14 DAYS
357	5322	FUNGUS CULTURE, STAIN & IDENTIFICATION	1200	CULTURE / STAIN / MICROSCOPY	SPUTUM / CSF / FLUID / URINE / ASPIRATE / TISSUE BIOPSY- STERILE CONTAINER, ANY SAMPLE EXCEPT DRY SWAB	3.0 ML (0.5 ML)	A/R	DAILY: 1700 HRS	PRELIM. 7TH DAY, FINAL 21ST DAY
358	5324	FUNGUS IDENTIFICATION	1000	MICROSCOPY / CULTURE/ VITEK IDENTIFICATION	PURE CULTURE OF FUNGUS ON AGAR SLANT	PURE & MODERATE OBSERVABLE GROWTH	R	DAILY: 1700 HRS	21ST DAY
359	1126	G6-PD (GLUCOSE-6-PHOSPATE DEHYDROGENASE), (QUALITATIVE)	950	DYE DECOLORIZATION	WB-EDTA	3.0 ML (2.0 ML)	Α	DAILY: 14:30 HRS	SAME DAY
360	1728	GALACTOMANNAN	5500	ENZYME IMMUNO ASSAY	SERUM	2.0 ML	А	DAILY(Except sunday) Cut off 1100hrs	SAME DAY
361	2405	GAMMA INTERFERON (T B FERRON)	2850	ENZYME IMMUNO ASSAY	BLOOD TO BE COLLECTED IN TBFERON TUBES (TB-NIL, TB ANTIGEN & MITOGEN TUBE) AND TRANSPORTED TO LAB WITHIN 16 HRS OF COLLECTION	1 ML IN EACH TUBE	А	1,3,5:1100 HRS (RUN DAY 2,4,6)	SAME DAY
362	5013	GASTROENTERITIS SCREENING PANEL (STOOL ROUTINE AND STOOL CULTURE/SENSITIVITY)	1500	MICROSCOPY/ CULTURE	STOOL-STERILE CONTAINER	25.0 (2.5) g / 2.0 ML	R	DAILY:15:30 HRS FOR ROUTINE AND 17:00 HRS FOR CULTURE	SAME DAY FOR STOOL ROUTINE & 3RD DAY FOR C/S.
363	Z256K	GCDFP15	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	Α	Monday to Saturday	3 DAYS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
364	Z084K	GLIAL FIBRILLARY ACIDIC PROTEIN	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
365	1674BR	GLYCOPHORIN A	2600	FLOW CYTOMETRY	EDTA AND HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY 15:30HRS EXCEPT SUNDAY	NEXT DAY BY 6.00PM
366	3182	GROWTH HORMONE	900	CHEMILUMINESCENCE	FASTING SERUM, The patient must be fasting and at complete rest 30 minutes before blood collection	1.0 ML (0.5 ML)	F	DAILY.:11.00, 14.00 16.00 HRS	SAME DAY
367	3183	GROWTH HORMONE STIMULATION TEST	3500	CHEMILUMINESCENCE	SERUM - Recommended Dose Insulin - 0.1 - 0.15 U/Kg , Argenine 0.5 gm/Kg, Glucagon 0.03 mg/Kg IM (5 samples collected 30 minutes apart, first sample collected before stimulating agent)	1.0 ML (0.5 ML)	F	DAILY.:11.00, 14.00 16.00 HRS	SAME DAY
368	8008	H1N1 Real-time PCR	5700	Real Time PCR	Throat and nasal swab in VTM vial (double packaging mandatory)+ clinical history in format+ TRF in duplicate in outermost and second layer; Box to have Urgent sample sticker/label	Throat and nasal swab in VTM vial (15 ml)	A/C	Daily (except Sunday); cut off 11:30 hours; completely filled Clinical format Mandatory	Same Day
369	3834	HB VARIANT ANALYSIS	1100	HPLC	WB-EDTA (Age, clinical history and CBC(if performed) findings mandatory)	3.0 ML (1.0 ML)	А	DAILY: 10:30 HRS;EXCEPT SUNDAY	SAME DAY
370	9210RFX	HB VARIANT REFLEX TO CBC AND SICKLING	1400	HPLC,AUTO ANALYSER,MANUAL	EDTA	5 ML (2 ML)	Α	DAILY: 10:30 HRS;EXCEPT SUNDAY	NEXT DAY
371	9973	HBV VIRAL LOAD BY REAL TIME PCR	4500	Real Time PCR	SERUM / PLASMA EDTA	2.5 ML (3ML)	Frozen	2,4,6 08:00 am	SAME DAY
372	9981	HELICOBACTER PYLORI ANTIGEN DETECTION	1400	IMMUNOCHROMATOGRAPHY	STOOL	50 mg	Cold	DAILY	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
373	3897	HEMOPHILIA PANEL (APTT, FACTOR VIII, FACTOR IX)	4100	CLOT BASED	FASTING PLASMA-SODIUM CITRATE PLATELET POOR PLASMA FROZENAT -20° C,mandatory to SEND 2-3 ALIQOUTES OF CITRATE PLAMA +clinical details	MINIMUM 2-3 ALIQUOTES OF 1.5 ML (1.0 ML)	F	2nd & 4th TUES: 1100 HRS	SAME DAY 07.00PM
374	1818	Hep Screen (HEPATITIS B VIRUS CORE IgM ANTIBODIES,HEPATITIS B SURFACE ANTIGEN,HEPATITIS A VIRUS IgM ANTIBODIES ,HEPATITIS C ANTIBODIES,HEPATITIS E VIRUS IgM ANTIBODIES,LIVER FUNCTION PROFILE)	2500	CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY (CMIA), Enzyme Linked Immnunosorbent assay,Spectrophotometry	SERUM	4.0 ML (3.0 ML)	2-8°C (7 DAYS) ,>7 DAYS - 20°C	DAILY: 11.00 HRS & 15.30 HRS,2,4,6: 11.00 HRS,DAILY :1130 HRS,1430 HRS AND 1630 HRS	SAME DAY
375	Z257K	HEPAR1	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
376	2463	HEPATITIS A & B VIRUS EVALUATION (HEP A TOTAL & IgM, HBCORE TOTAL & IgM, HBSABS, HBSAB, HBEABS, HBEAB)	7200	CMIA/MEIA	WB-EDTA + SERUM+ PERIPHERAL SMEARS (AGE, CLINICAL history AND CBC(Findings mandotary)	3.0 ML (2.0 ML)	A/R/F	DAILY:9.00, 11.00, 15.00, 17.00 HRS	4 HRS FROM FREQUENCY
377	2460	HEPATITIS A VIRUS IgG & IgM ANTIBODIES	2150	CMIA / MEIA	SERUM	1.0 ML (0.5 ML)	A/R/F	Daily: 11.00 Hrs & 15.30 Hrs	4 HRS FROM FREQUENCY
378	2451	HEPATITIS A VIRUS IGM ANTIBODIES	1400	CMIA / MEIA	SERUM	1.0 ML (0.5 ML)	A/R/F	Daily: 11.00 Hrs & 15.30 Hrs	4 HRS FROM FREQUENCY
379	2452	HEPATITIS B CORE TOTAL ANTIBODIES	1250	CMIA / MEIA	SERUM	1.0 ML (0.5 ML)	A/R/F	Daily: 11.00 Hrs & 15.30 Hrs	4 HRS FROM FREQUENCY
380	2453QN	HEPATITIS B SURFACE ANTIBODIES (HBsAb), TOTAL WITH TITRE	1100	CMIA / MEIA	SERUM	1.0 ML (0.5 ML)	A/R/F	Daily: 11.00 Hrs & 15.30 Hrs	4 HRS FROM FREQUENCY
381	2449	HEPATITIS B SURFACE ANTIGEN NEUTRALIZATION (WITH CONFIRMATION)	1300	CMIA	SERUM	2.0 ML (1.5 ML)	A/R/F	Daily: 11.00 Hrs & 15.30 Hrs	4 HRS FROM FREQUENCY
382	2457	HEPATITIS B VIRUS CORE IgM ANTIBODIES	1250	CMIA / MEIA	SERUM	1.0 ML (0.5 ML)	A/R/F	Daily: 11.00 Hrs & 15.30 Hrs	4 HRS FROM FREQUENCY
383	2461	HEPATITIS B VIRUS EVALUATION (HBCORE TOTAL & IgM, HBSABS, HBSAg)	4250	CMIA / MEIA	SERUM	3.0 ML (2.0 ML)	A/R/F	Daily: 11.00 Hrs & 15.30 Hrs	4 HRS FROM FREQUENCY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
384	2456	HEPATITIS Be VIRUS ANTIGEN	1050	CMIA / MEIA	SERUM	2.0 ML (1.0 ML)	A/R/F	Daily: 11.00 Hrs & 15.30 Hrs	4 HRS FROM FREQUENCY
385	2462	HEPATITIS BE VIRUS ANTIGEN / ANTIBODY EVALUATION	1700	CMIA / MEIA	SERUM	2.0 ML (1.0 ML)	A/R/F	Daily: 11.00 Hrs & 15.30 Hrs	4 HRS FROM FREQUENCY
386	2455	HEPATITIS BE VIRUS TOTAL ANTIBODIES	1150	CMIA / MEIA	SERUM	2.0 ML (1.0 ML)	A/R/F	Daily: 11.00 Hrs & 15.30 Hrs	4 HRS FROM FREQUENCY
387	2446	HEPATITIS C VIRUS TOTAL ANTIBODIES	1500	CMIA / MEIA	SERUM	1.0 ML (0.5 ML)	A/R/F	Daily: 11.00 Hrs & 15.30 Hrs	4 HRS FROM FREQUENCY
388	2466G	HEPATITIS E VIRUS IGG	1800	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	Α	3:11.00HRS	SAME DAY
389	2466M	HEPATITIS E VIRUS IGM	1800	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	Α	2,4,6:11.00HRS	SAME DAY
390	1019A	HEPATITIS PANEL (AUTOIMMUNE) -1 (ANA, ASMA, AMA, LKM-1)	5900	IMMUNOFLUOROSCENCE ASSAY/ ENZYME IMMUNOASSAY	SERUM	2.0 ML	R	ANA-DAILY:1100 HRS, AMA, SMA-3,6:1100 HRS & LKM-6:1100 HRS	SAME DAY
391	1019B	HEPATITIS PANEL (AUTOIMMUNE) -2 (ANCA , SLA)	3600	IMMUNOFLUOROSCENCE ASSAY/ ENZYME IMMUNOASSAY	SERUM (R)+ SERUM (F)	2.0 ML+1.5 ML (1.0 ML)	R/F	SLA-4: 1100 HRS & ANCA-1-6:1100 HRS	SAME DAY
392	7756	HEPATITIS PANEL- ACUTE HEPATITIS VIRUS EVALUATION I (HCV TOTAL ANTIBODIES, HEV IgM, HBSAg, HAV IgM, HBcore IgM)	4100	CMIA / MEIA + ENZYME IMMUNOASSAY	SERUM	3.0 ML (2.0 ML)	A/R/F	DAILY: 1100 HRS & 1530 HRS, EXCEPT FOR HEV IgM. 2,4,6 1100 HRS	SAME DAY
393	7755	HEPATITIS PANEL- ACUTE HEPATITIS VIRUS EVALUATION II (HCV TOTAL ANTIBODIES HEV IgM / IgG, HBsAg, HAV IgM, HBeAg, HBeAb)	6300	CMIA / MEIA + ENZYME IMMUNOASSAY	SERUM	3.0 ML (2.0 ML)	A/R/F	DAILY: 1100 HRS & 1530 HRS, EXCEPT FOR HEV IgG 3 1100 HRS HEV IgM .2,4,6 1100 HRS	SAME DAY
394	7757	HEPATITIS PANEL- ACUTE HEPATITIS VIRUS EVALUATION III (HSV IgM, CMV IgM, VZV IgM)	5500	ENZYME IMMUNOASSAY /CMIA	SERUM	3.0 ML (2.0 ML)	A/R/F	HSV IgM, CMV IgM DAILY:03:30 & 15:30 HRS, VZV IgM 3:1100HRS	SAME DAY
395	5011	HEPATITIS SCREENING PANEL (CBC,SGPT, SGOT, TOTAL BILIRUBIN,DIRECT BILIRUBIN,INDIRECT BILIRUBIN,HBSAB,HAV IBM,HEP E IGM.)	3000	CELL COUNTERSPECTROPHOTOMETRY/ELI SA	EDTA WB + DIRECT SMEARS + SERUM	2ML (1 ML) + 2- 3 + 2.0ML	A/R/F	DAILY 16:30HRS DAILY FOR CBC 7.30 HRS(HBsAg &HAV IgM:0730 am/15.30 pm and HEP E IGM: 2,4,6 :1100 am)	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
396	Z004K	HER-2 / neu ONCOPROTEIN (C-ERB B2)	2400	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	Α	Monday to Saturday	3 DAYS
397	9451	HERPES SIMPLEX VIRUS IgG TYPE 1 ANTIBODIES	950	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	А	DAILY (Except Sunday): 0330,1530 HRS	SAME DAY
398	9461	HERPES SIMPLEX VIRUS IgG TYPE 2 ANTIBODIES	950	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	А	DAILY (Except Sunday): 0330,1530 HRS	SAME DAY
399	9456	HERPES SIMPLEX VIRUS IgM TYPE 1 ANTIBODIES	950	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	А	DAILY (Except Sunday): 0330,1530 HRS	SAME DAY
400	9466	HERPES SIMPLEX VIRUS IgM TYPE 2 ANTIBODIES	950	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	А	DAILY (Except Sunday): 0330,1530 HRS	SAME DAY
401	8051	HERPES SIMPLEX VIRUS TYPES 1& 2 IgG & IgM ANTIBODIES	1950	ENZYME IMMUNO ASSAY	SERUM	3.0 ML (1.5 ML)	А	DAILY (Except Sunday): 0330,1530 HRS	SAME DAY
402	9471P	HERPES SIMPLEX VIRUS TYPES 1& 2 IgM ANTIBODIES (COMBINED)	1200	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	Α	DAILY (Except Sunday): 0330,1530 HRS	SAME DAY
403	9917B	HLA - A FOR HSCT	6000	HistoSpot SSO-PCR	EDTA-Whole Blood (Recipient or Donor)	10.0 ML (5.0 ML)	R	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
404	4851B	HLA - A B C DR FOR HSCT	22000	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	10.0 ML (5.0 ML)	А	Mon- Sat; Cut-off: 10:00 hrs	3RD DAY
405	4852B	HLA - A B C DR DQ FOR HSCT	27000	HistoSpot SSO-PCR	EDTA-Whole Blood (Recipient or Donor)	10.0 ML (5.0 ML)	R	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
406	6150B	HLA – A B DR DUO (PATIENT + DONOR) FOR HSCT	36000	HistoSpot SSO-PCR	Recipient EDTA-Whole Blood, Donor EDTA-Whole Blood	10.0 ML (5.0 ML)	R	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
407	9911B	HLA - B FOR HSCT	6000	HistoSpot SSO-PCR	EDTA-Whole Blood (Recipient or Donor)	5X2 ML	R	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
408	9913B	HLA - C FOR HSCT	6000	HistoSpot SSO-PCR	EDTA-Whole Blood (Recipient or Donor)	5X2 ML	R	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
409	9914B	HLA - DQ FOR HSCT	6000	HistoSpot SSO-PCR	EDTA-Whole Blood (Recipient or Donor)	5X2 ML	R	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
410	4858B	HLA - DR DQ FOR HSCT	10500	HistoSpot SSO-PCR	EDTA-Whole Blood (Recipient or Donor)	5X2 ML	R	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
411	9915B	HLA - DR FOR HSCT	6000	HistoSpot SSO-PCR	EDTA-Whole Blood (Recipient or Donor)	5X2 ML	R	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
412	1349G	HLA (A,B,C)	8500	Microlymphocytotoxicity (Serology)	Sodium heparin WB (Sample is to be collected at least after 3 days of last dialysis. Cross match sample is to be collected after three weeks of last blood transfusion. Mandatory Documents to be enclosed with the sample are: Completely filled in HLA Re	20 ml Additional donor/s, if any, set of mandatory documents for each to be enclosed with the sample.	Cold pack	Mon-Fri 11a.m.	Next day BY 6 :00 PM



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
413	1706G	HLA (DR/DQ)	7500	Microlymphocytotoxicity (Serology)	Sodium heparin WB (Sample is to be collected at least after 3 days of last dialysis. Cross match sample is to be collected after three weeks of last blood transfusion. Mandatory Documents to be enclosed with the sample are: Completely filled in HLA Re	20 ml Additional donor/s, if any, set of mandatory documents for each to be enclosed with the sample.	Cold pack	Mon-Fri 11a.m.	3RD DAY
414	4848	HLA A B C DR DQ DP LOCI	32000	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	10.0 ML (5.0 ML)	А	DAILY: 1230 HRS	3RD DAY
415	4848B	HLA A B C DR DQ DP LOCI	32000	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	10.0 ML (5.0 ML)	А	DAILY: 1230 HRS	3RD DAY
416	4852	HLA A B C DR DQ LOCI	26000	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	10.0 ML (5.0 ML)	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
417	4851	HLA A B C DR LOCI	22440	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	10.0 ML (5.0 ML)	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
418	9971B	HLA –A B DR FOR HSCT	19500	HistoSpot SSO-PCR	EDTA-Whole Blood (Recipient or Donor)	10.0 ML (5.0 ML)	R	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
419	9971GLB	HLA –A B DR FOR HSCT	19000	LUMINEX	Recipient EDTA-Whole Blood, Donor EDTA-Whole Blood	10.0 ML (5.0 ML)	R	Tuesday, Friday, 10AM	3RD DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
420	6150	HLA A B DR LOCI DUO (Patient + Donor)	35000	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	10.0 ML (5.0 ML)	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
421	9917	HLA A LOCUS	6000	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	5ml EDTA whole blood	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
422	1350	HLA B 27 (FLOW CYTOMETRY)	3000	FLOW CYTOMETRY	WB-EDTA + HEPARIN (WB to reach within 48 hrs)	3.0 ML (2.0 ML) + 3.0 ML (2.0 ML)	А	DAILY: 14:30 HRS;EXCEPT SUNDAY	SAME DAY-6.00 PM
423	9911	HLA B LOCUS	6000	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	5ml EDTA whole blood	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
424	1348	HLA B27 (PCR)	3850	PCR-SSP (Sequence Specific primers)	EDTA WHOLE BLOOD	3ML(2ML)	А	2,4,6:1000 HRS	Same day
425	9913	HLA C LOCUS	8000	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	5ml EDTA whole blood	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
426	4849B	HLA -DP & DQ for HSCT	10500	HistoSpot SSO-PCR	EDTA-Whole Blood (Recipient or Donor)	5X2 ML	R	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
427	4849	HLA DP & DQ LOCUS	10500	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	10.0 ML (5.0 ML)	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	темр.	FREQUENCY	REPORTED
428	4857DP	HLA –DP LOCUS TYPING	8000	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	10.0 ML (5.0 ML)	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
429	4858	HLA -DQ & DR LOCI TYPING	10500	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	10.0 ML (5.0 ML)	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
430	9914	HLA DQ LOCUS	6000	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	5ml EDTA whole blood	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
431	9915	HLA DR LOCUS	6000	PCR -SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	5ml EDTA whole blood	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
432	1309	HLA typing Combo	25000	Serology & PCR	20ml Whole blood (heparin) and 10ml Whole Blood (EDTA) + SRL TRF of patient + HLA request form for HLA Typing Photo ID Proof of patient/donor (all mandatory)	20ml Whole blood (heparin) and 10ml Whole Blood (EDTA)	Sample to be sent in Cool packs	Mon - Fri (11 AM)	3rd Day
433	9971	HLA-A B DR LOCI	19000	PCR-SSO	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	10.0 ML (5.0 ML)	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	3RD DAY
434	9971GL	HLA-A B DR LOCI	19000	LUMINEX	EDTA WHOLE BLOOD . Mandatory Documents to be enclosed with the sample are:- Completely filled in HLA TRF, Additional TRF, Photo I.D.Proofs of patient & donor ,doctor's prescription.)	10.0 ML (5.0 ML)	А	Tuesday, Friday, 10AM	3 days



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
435	8215	HLA-A,B,C,DRB1,DQ1 HR-Loci Typing	16000	NGS	EDTA WHOLE BLOOD /BUCCAL SWAB	5ml EDTA whole blood/4 BUCCAL SWAB	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	7 WORKING DAY
436	8217	HLA-A,B,C,DRB1,DQ1,DPB1 HR-Loci Typing	19000	NGS	EDTA WHOLE BLOOD /BUCCAL SWAB	5ml EDTA whole blood/4 BUCCAL SWAB	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	7 WORKING DAY
437	8216	HLA-A,B,DRB1 HR-Loci Typing	13000	NGS	EDTA WHOLE BLOOD /BUCCAL SWAB	5ml EDTA whole blood/4 BUCCAL SWAB	А	Mon- Sat; Cut-off: 10:00 hrs; Documents are mandatory	7 WORKING DAY
438	1675BO	HLA-DR- PERCENT	4700	FLOW CYTOMETRY	EDTA AND HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 14:30 HRS;EXCEPT SUNDAY	NEXT DAY-6.00 PM
439	Z062K	HMB-45(MELANOMA MARKER)	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
440	3344	HOMOCYSTEINE	1350	CMIA	SERUM / PLASMA-EDTA	1.0 ML (0.5 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
441	9203RFX	HOMOCYSTEINE REFLEX TO VITAMIN B12 & FOLIC ACID	2000	CMIA/CHEMILUMINESCENCE	FASTING SERUM	2.0 ML (1.0 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
442	1823	HPV: HYBRID CAPTURE 2 HIGH RISK HPV DNA TEST	3100	Diagen DNA Hybrid Capture	LBC/ThinPrep, SurePath, Digene Cervical Sampler	5ML	Α	Only Wednesday at 8:00 am	Same day
443	1537D	HS CRP	900	NEPHELOMETRY	SERUM	1.0 ML (0.5 ML)	R/F	DAILY: 1530 HRS	SAME DAY
444	9979	HTTG/DGP SCREEN,	2000	ENZYME IMMUNO ASSAY	SERUM	1 ML	2-8°C(up to 8 hrs), > 8 hrs FROZEN Required	1,3,5 : 11 HRS	SAME DAY
445	4113G	HUMAN EPIDIDYMIS PROTEIN-4 (HE4)	3000	CMIA	SERUM (Age + Sex +PREMENOPAUSAL/POSTMENOPAUSAL STATUS TO BE MENTIONED	3ML(2ML)	R/F	MON,THURS	Same Day
446	1823	HYBRID CAPTURE 2 HIGH RISK HPV DNA TEST	3100	Diagen DNA Hybrid Capture	LBC/ThinPrep, SurePath, Digene Cervical Sampler	5ML	А	Only Wednesday at 8:00 am	Same day



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
447	1506D	IgA	950	NEPHELOMETRY	SERUM	1.0 ML (0.5 ML)	R/F	1,3,5: 1530 HRS	SAME DAY
448	1675BI	IGD HEAVY CHAIN	3000	FLOW CYTOMETRY	EDTA/HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY 15:30HRS	NEXT DAY
449	1505D	IgG	950	NEPHELOMETRY	SERUM	1.0 ML (0.5 ML)	R/F	1,3,5: 1530 HRS	SAME DAY
450	1675BE	IGG HEAVY CHAIN	2750	FLOW CYTOMETRY	EDTA/HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY 15:30HRS	NEXT DAY
451	1508D	IgM	950	NEPHELOMETRY	SERUM	1.0 ML (0.5 ML)	R/F	1,3,5: 1530 HRS	SAME DAY
452	1675BG	IGM HEAVY CHAIN	2750	FLOW CYTOMETRY	EDTA/HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY 15:30HRS	NEXT DAY
453	3125	IMMUNOFIXATION ELECTROPHORESIS	7000	IMMUNOELECTROPHORESIS	SERUM+CLINICAL HISTORY	1.0ML	R	2,3,5:12.00HOURS	SAME DAY
454	1523P	IMMUNOFLUORESCENCE ASSAY, IGA (TISSUE)	1300	DIRECT IMMUNOFLUORESCENCE	1 CORE IN MICHEL MEDIUM.CLINICAL DETAILS REQUIRED.	1 CORE	А	Monday to Saturday	9 DAYS
455	1523	IMMUNOFLUORESCENCE ASSAY, IGA (TISSUE)	2200	DIRECT IMMUNOFLUORESCENCE	1 CORE IN MICHEL MEDIUM.CLINICAL DETAILS REQUIRED.	1 CORE	А	Monday to Saturday	8 DAYS
456	1522	IMMUNOFLUORESCENCE ASSAY, IGG (TISSUE)	2200	DIRECT IMMUNOFLUORESCENCE	1 CORE IN MICHEL MEDIUM.CLINICAL DETAILS REQUIRED.	1 CORE	А	Monday to Saturday	4 DAYS
457	1522P	IMMUNOFLUORESCENCE ASSAY, IGG (TISSUE)	1500	DIRECT IMMUNOFLUORESCENCE	1 CORE IN MICHEL MEDIUM.CLINICAL DETAILS REQUIRED.	1 CORE	А	Monday to Saturday	5 DAYS
458	1524P	IMMUNOFLUORESCENCE ASSAY, IGM (TISSUE)	1500	DIRECT IMMUNOFLUORESCENCE	1 CORE IN MICHEL MEDIUM.CLINICAL DETAILS REQUIRED.	1 CORE	А	Monday to Saturday	7 DAYS
459	1524	IMMUNOFLUORESCENCE ASSAY, IGM (TISSUE)	2200	DIRECT IMMUNOFLUORESCENCE	1 CORE IN MICHEL MEDIUM.CLINICAL DETAILS REQUIRED.	1 CORE	А	Monday to Saturday	6 DAYS
460	9949	INERLUKINE -6	3300	CHEMILUMINENCE	SERUM	1 ML	Ambient	DAILY:11.00,14.00,16.0 0 HRS	Same day
461	Z0149K	INHIBIN	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
462	1013	INHIBIN B,LH, FSH & Prolactin	3100	ENZYME IMMUNOASSAY/CHEMILIMINECENCE	SERUM + CLINICAL HISTORY	3.0 ML (1.0 ML)	R/F (frozen for Inhibin B)	INHIBIN B 4:11 HRS; LH/FSH/PROLACTIN DAILY: 11:00, 14:00, 16:00 HRS	4 HRS FROM FREQUENCY & INHIBIN B SAME DAY
463	3339	INHIBIN-B	2300	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	A/R	4:1100HRS	SAME DAY
464	3192	INSULIN, FASTING SERUM	1000	CHEMILUMINESCENCE	SERUM FASTING	1.0 ML (0.5 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
465	3192A	INSULIN, SERUM (POST-PRANDIAL)	1000	CHEMILUMINESCENCE	SERUM PP	1.0 ML (0.5 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
466	6015F	INVERSION 16 BY FISH	6000	Fluorescence In Situ Hybridization (FISH)	WB-HEP (if blasts are >70%) / BONE MARROW - HEP. SPECIMEN TO REACH US IN 24 HRS. [Please mention the CLINICAL HISTORY, latest CBC/BM smear reports and medication of the patient on the TRF]	4.0 ML if WB + 2.0 ML if BM aspirate	А	DAILY (EXCEPT Sunday); Cut-off: 1230 hrs; History is mandatory	5 Working Days
467	1208	JO-1 IgG ANTIBODIES	2600	LINE IMMUNOASSAY	SERUM	2 ML (1.5 ML)	Α	MON,TUE,THU,FRI	SAME DAY
468	1675BS	КАРРА	2800	FLOW CYTOMETRY	EDTA AND HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY 15:30HRS EXCEPT SUNDAY	NEXT DAY BY 6.00PM
469	1661	KAPPA LIGHT CHAIN	3000	NEPHLOMETRY	SERUM	1.5 ML	R/F	1,3,5: 1530 HRS	Same Day
470	9245RFX	Karyotyping Reflex to BCR-ABL (FISH). CML and BCR/ABL suspected ALL cases	5400	CELL CULTURE/FISH	BONE MARROW/WB WB (≥70% blast cell) SODIUM HEPARIN SPECIMEN TO REACH US WITHIN 48 HRS + CLINICAL HISTORY IN SPECIFIED FORMAT, BLOOD PICTURE(CBC REPORT) AND MEDICATION OF THE PATIENT ON THE TRF IN SPECIMEN COLUMN	2-3 ML	А	Mon-Fri 7:00 HRS	12 working days
471	Z006K	Ki67	3000	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
472	1527	KIDNEY BIOPSY - IMMUNOFLUORESCENCE ASSAY (HISTOPATH + IGG, IGA, IGM, C3,c1q and flbrinogen on tissue)	4500	DIRECT IMMUNOFLUORESCENCE	1 CORE IN MICHEL MEDIUM.CLINICAL DETAILS REQUIRED.	1 CORE	А	Monday to Saturday	3 DAYS
473	1527P	KIDNEY BIOPSY - IMMUNOFLUORESCENCE ASSAY (HISTOPATH + IGG, IGA, IGM, C3,c1q and flbrinogen on tissue)	4200	DIRECT IMMUNOFLUORESCENCE	1 CORE IN MICHEL MEDIUM.CLINICAL DETAILS REQUIRED.	1 CORE	А	Monday to Saturday	3 DAYS
474	1761G	Kidney Biopsy Native	4500	LM+IF	LM- Tissue in Formalin IF- Michel's media	Minimum One Core for each	LM- Ambient IF- 4ºC	Daily 1:00 PM	Preliminary verbal report next day/ Final report 4th day
475	1762G	Kidney Biopsy Tx	4500	LM+IF	LM- Tissue in Formalin IF- Michel's media	Minimum One Core for each	LM- Ambient IF- 4ºC	Daily 1:00 PM	Preliminary verbal report next day/ Final report 4th day
476	1528	KIDNEY BIOPSY: HISTOPATHOLOGY, SPECIAL STAINS AND IFA	4200	DIRECT IMMUNOFLUORESCENCE	2 CORES ONE IN 10% FORMALIN,ANOTHER IN MICHEL MEDIUM.CLINICAL DETAILS REQUIRED.	2 CORES	А	Monday to Saturday	5 DAYS
477	1675BT	LAMBDA	2800	FLOW CYTOMETRY	EDTA/HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY 15:30HRS EXCEPT SUNDAY	NEXT DAY
478	1662	LAMBDA LIGHT CHAIN	3200	NEPHLOMETRY	SERUM	1.5 ML	R/F	1,3,5: 1530 HRS	Same Day
479	2438E	LEPRA SMEAR	300	MICROSCOPY	SKIN SMEAR	2-3 SLIDES	R	DAILY:1500 HRS	SAME DAY
480	7551	LEPTOSPIRA IGG	1500	ENZYME IMMUNO ASSAY	SERUM	1 ML	R/F	1,3,5 : 11 HRS	SAME DAY
481	7621	LEPTOSPIRA IgM ANTIBODIES	1500	ENZYME IMMUNOASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	1/3/5: 1100 HRS	SAME DAY
482	2021	LH, FSH & PL (FOLLICLE STIMULATING HORMONE, LUTEINIZING HORMONE EVALUATION & PROLACTIN)	1600	CHEMILUMINESCENCE	SERUM	3.0 (1.5) ML	A/R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 3.0 HRS
483	1013	LH, FSH, PROLACTIN, INHIBIN B (Inhibin B, LH, FSH, & Prolactin)	3100	ENZYME IMMUNOASSAY/CHEMILIMINECENCE	SERUM + CLINICAL HISTORY	3.0 ML (1.0 ML)	R/F (frozen for Inhibin B)	INHIBIN B 4:11 HRS; LH/FSH/PROLACTIN DAILY: 11:00 , 14:00, 16:00 HRS	4 HRS FROM FREQUENCY & INHIBIN B SAME DAY
484	3369D	LIPASE	750	SPECTROPHOTOMETRY	SERUM	1.0 ML (0.5 ML)	A/R	DAILY:15.30HRS	SAME DAY
485	3446D	LIPOPROTIEN (a)	1300	NEPHLOMETERY	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:15:30 HRS	SAME DAY
486	1274	LIQUID BASED CYTOLOGY- PAP SMEAR	1100	CYTOLOGY	IN LBC CONTAINER (Clinical history required)	1 LBC SAMPLE VIAL	А	DAILY:1000 HRS	NEXT WORKING DAY
487	1663	Liver biopsy with special stain and reflex IHC	4500	Histopathology & IHC	Tissue in Formalin	One	Α	Daily 5:00 PM	3 Working Days



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
488	1115	LKM-1	2500	ENZYME IMMUNO ASSAY	SERUM	0.5 ML	2-8°C (48 hrs); -20°C (>48 hrs)	6, 15.30 HRS	SAME DAY
489	5964	LUPUS ANTICOAGULANT SCREENING PROFILE	2300	CLOT BASED	FASTING PLASMA-SODIUM CITRATE PLATELET POOR PLASMA FROZEN AT -20° C.DOUBLE CENTRIFUGED	1.5 ML (1.0 ML)	F	1,4:11.00HRS	SAME DAY 7.00 PM
490	3198	LUTEINIZING HORMONE (LH)	600	CHEMILUMINESCENCE	SERUM (AGE, SEX + CLINICAL history MANDATORY)	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
491	1657B	LYMPHOCYTE ENUMERATION STUDY - T CELLS (%CD3,%CD4,%CD8,ABS CD3,ABS CD4,ABS CD8))	2600	FLOW CYTOMETRY	WB-EDTA + HEPARIN+CLINICAL HISTORY (SAMPLE TO REACH WITHIN 72 HRS)	3.0 ML (2.0 ML) + 3.0 ML (2.0 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	SAME DAY 6.00 PM
492	1656B	LYMPHOCYTE ENUMERATION, T- HELPER CELLS, (%CD3,%CD4,ABS CD3,ABS CD4))	2200	FLOW CYTOMETRY	WB-EDTA + HEPARIN+CLINICAL HISTORY (SAMPLE TO REACH WITHIN 72 HRS)	3.0 ML (2.0 ML) + 3.0 ML (2.0 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	SAME DAY 6.00 PM
493	1659	LYMPHOCYTE SUBSET CD4 COUNT	1400	FLOW CYTOMETRY	WB-EDTA + HEPARIN+CLINICAL HISTORY (SAMPLE TO REACH WITHIN 72 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	SAME DAY 6.00 PM
494	5401SF	MALE INFERTILITY PANEL (WITH SEMEN ANALYSIS & SEMEN FRUCTOSE) (Testosterone Total, LH, FSH, Prolactin, TSH, Blood Lympho Culture, Anti sperm Antibodies, Urine culture, isolation & Identification + Sensitivity, Semen Analysis, Semen Fructose)	4250	CHEMILUMINESCENCE / RADIOIMMUNOASSAY/ ENZYME IMMUNOASSAY/ CELL CULTURE/ CULTURE + SENSITIVITY BY MIC BREAKPOINT/ PHYSICAL, CHEMICAL & MICROSCOPY/ SELIWANOFF	Serum (Age+ Clinical History Required) **Draw sample between 8 AM to 10AM ,After 3-4 hrs patient has awakened.** WB-HEPARIN SPECIMEN TO REACH US within 48 hrs + FAMILY HISTORY + CLINICAL HISTORY in specified format + DETAILED PHYSICAL FEATURES URINE(E	SERUM 8.0 MI (3.0 mL); WB- HEPARIN 5.0 ML (3.0 ML); URINE 3.0 ML (1.0) ML; SEMEN (3.0) ML	LIBINE (R)		AFTER 3.0 hrs (LH, FSH & PROLACTIN, TSH) & SAME DAY (TESTOSTERONE TOTAL/ Semen ANALYSIS/ SEMEN FRUCTOSE); 10 - 12 working days (BLOOD LYMPHO CULTURE); 3RD DAY (FOR URINE C&S); Same day for Anti Sperm Ab



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
495	5401	MALE INFERTILITY PANEL, (Testosterone Total, LH, FSH, Prolactin, TSH, Blood Lympho Culture, Anti sperm Antibodies, Urine culture, isolation & Identification + Sensitivity)	4250	CHEMILUMINESCENCE / RADIOIMMUNOASSAY/ ENZYME IMMUNOASSAY/ CELL CULTURE/ CULTURE + SENSITIVITY BY MIC BREAKPOINT	Serum (Age+Clinical History Required) **Draw sample between 8 AM to 10AM ,After 3-4 hrs patient has awakened.** WB-HEPARIN SPECIMEN TO REACH US within 48 hrs + FAMILY HISTORY + CLINICAL HISTORY in specified format + DETAILED PHYSICAL FEATURES URINE(Ea	SERUM 8.0 MI (3.0 mL); WB- HEPARIN 5.0 ML (3.0 ML); URINE 3.0 ML (1.0) ML	20°C); HEPARIN (A); URINE (R)	DAILY (MON TO SAT): 1100 hrs to 1700 FOR LH/FSH/PROLACTIN/ TSH & DAILY (MON TO SAT): 1230 hrs FOR TESTOSTERONE TOTAL & DAILY:0700 HRS FOR BLOOD LYMPHO CULTURE; DAILY: 1700 HRS (FOR URINE C&S),Anti sperm Antibodies 6: 11 AM	AFTER 3.0 hrs (LH, FSH & PROLACTIN, TSH) & SAME DAY (TESTOSTERONE TOTAL) & 10 -12 working days (BLOOD LYMPHO CULTURE); 3RD DAY FOR URINE C&S
496	4137U	MARIJUANA	1200	LATERAL CHROMATOGRAPHY	URINE	10.0 ML (5.0 ML)	R/F	DAILY:11.00, 14.00 16.00 HRS	SAME DAY
497	1275G	MATERNAL SCREEN (QUADRUPLE MARKER TEST / 2nd Trimester Risk assessment, 14-22 Weeks. (AFP, HCG,E3UN & DIA)	3600	CHEMILUMINESCENCE	SERUM IN 2 VIALS (Clinical Details in specified format, Date of Birth, Maternal Weight, Maternal Race + USG Report +Date of collection+LMP date)MANDATORY	2.0 ML (1.0 ML)	2-8°C (<48 hrs); F (> 48 hrs)	DAILY: 1430 HRS	SAME DAY
498	1267	MATERNAL SCREEN: TRIPLE MARKER TEST / 2nd Trimester Risk assessment, 14-22 Weeks. (AFP, HCG & E3UN)	2950	CHEMILUMINESCENCE	SERUM+CLINICAL HISTORY IN GGN FORMAT + RECENT USG REPORT	2.0 ML (1.0 ML)	R/F	Daily (14:30 hrs)	Same day
499	1277	MATERNAL SCREEN; STANDARD INTEGRATED TEST, Phase I (1st Trimester): 10 – SERUM IN 2 VIALS (CLINICAL DETAILS IN Phase I (1st Trimester): 2- 1220 1277 13.6 Weeks. (PAPA-P & FREE B-HCG). Phase II (2nd Trimester): 15- 22 Weeks. (AFP, HCG, E3UN & DIA). Final risk assessment incorporates first and second trimester results.	5400	CHEMILUMINESCENCE	SERUM IN 2 VIALS (CLINICAL DETAILS IN SPECIFIED FORMAT, DATE OF BIRTH, MATERNAL WEIGHT, MATERNAL RACE + USG REPORT BETWEEN 10 TO 13 WEEKS OF GESTATION +DATE OF COLLECTION+LMP DATE) MANDATORY	3.0 ML (1.0 ML)	Phase I (1st Trimester): 8°C (24 hrs); F (>24 hrs) Phase II (2nd Trimester): 2-8°C (48 hrs); F (>48 hrs)	DAILY (MON TO SAT): 1100 hrs	PHASE -I: SAME DAY PHASE -II: ON NEXT DAY ON RECIEPT OF THE SAMPLE



				I					
SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
500	1268	MATERNAL SCREENING: DOUBLE MARKER TEST (FREE BETA HCG+PAPP- A)	2450	CHEMILUMINESCENCE	SERUM+CLINICAL HISTORY IN GGN FORMAT + RECENT USG REPORT WITH NT SCAN	2.0 ML (1.0 ML)+CLINICAL HISTORY	R/F	DAILY, Cut-off: 1430 hrs	SAME DAY
501	8776	MEASLES IgG ANTIBODIES	1800	EIA	SERUM	1.0 ML	A/R/F	5;1100 HRS	SAME DAY
502	8771	MEASLES IgM & IgG ANTIBODIES (PANEL)	3300	ENZYME IMMUNO ASSAY	SERUM	1.0 ML	A/R/F	5; 1100 HRS	Same Day
503	8781	MEASLES IgM ANTIBODIES	1800	ENZYME IMMUNOASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	5: 1100 HRS	SAME DAY
504	1006	MENUPAUSAL DIAGNOSTIC PANEL (FSH, TSH, FT4, ESTradiol)	2200	CHEMILIMINECENCE	SERUM	3.0 ML (2.0 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
505	1008	MENUPOSAL MONITORING PANEL (Estradiol, FSH, Lipid Profile, Calcium, Phosphorus)	2200	SPECTOPHOTOMETRY/CHEMILIMINE CENCE	SERUM	3.0 ML (2.0 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	SAME DAY & AFTER 3:30 HRS
506	Z218K	MIC2 GENE PRODUCTS, EWING SARCOMA MARKER(Also known as CD99)	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	Α	Monday to Saturday	3 DAYS
507	4138U	MORPHINE	1200	LATERAL CHROMATOGRAPHY	URINE	10.0 ML (5.0 ML)	F	DAILY:11.00, 14.00 16.00 HRS	SAME DAY
508	6031F	Multiple Myeloma Panel	14000	FISH	BONE MARROW - SODIUM HEPARIN + CLINICAL HISTORY SPECIMEN TO REACH US WITHIN 48 HRS AFTER COLLECTION. [Please mention the CLINICAL HISTORY, blood picture (CBC Report) and medication of the patient on the TRF]	4 TO 5 ml	Ambient	DAILY: 1000 HRS (EXCEPT SUNDAY AND HOLIDAYS)	7 WORKING DAY
509	9711	MUMPS IgG & IgM ANTIBODIES	3600	ENZYME IMMUNOASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	5: 1100 HRS	SAME DAY
510	9716	MUMPS IgG ANTIBODIES	2200	ENZYME IMMUNOASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	5: 1100 HRS	SAME DAY
511	9721	MUMPS IgM ANTIBODIES	2200	ENZYME IMMUNOASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	5: 1100 HRS	SAME DAY
512	6018F	MYELODYSPLASTIC SYNDROME EVALUATION BY FISH	10200	Fluorescence In Situ Hybridization (FISH)	WB-HEP (if blasts are >70%) / BONE MARROW - HEP. SPECIMEN TO REACH US IN 24 HRS. [Please mention the CLINICAL HISTORY, latest CBC/BM smear reports and medication of the patient on the TRF]	4.0 ML if WB + 2.0 ML if BM aspirate	А	DAILY (EXCEPT Sunday); Cut-off: 1230 hrs; History is mandatory	5 Working Days



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
513	Z206	MYELOPEROXIDASE (MPO), BLOOD/SMEAR	1000	MICROSCOPY + CYTOCHEMISTRY SPECIAL STAINS	EDTA WB/SMEAR	2.0 ML	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	DAY BY 6.00PM
514	Z246K	MYOD1	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
515	8924	MYOSISTIS PROFILE SERUM(Mi-2 *Ku* PM-SCL 100 * PM-SCL 75* Jo-1 * SRP* PL-7 * PL-12* EJ* OJ* Ro-52)	7000	Immunoblot	2 mL (1 mL min.) serum from 1 SST. Ship refrigerated or frozen. (Shipment from client to Gurugram Ref. Lab should be in cold packs)	2 mL	Room(8HRS) Refrigerated(2 weeks) Frozen(4 weeks)	Mon through Sat by 9 am	Same day
516	5422	NATURAL KILLER CELL EVALUTION	4300	FLOW CYTOMETRY	WB-EDTA + HEPARIN+CLINICAL HISTORY (SAMPLE TO REACH WITHIN 72 HRS)	4 ML (2 ML)+3 ML(2 ML)	Α	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
517	1611	NATURAL KILLER CELL PANEL (CD3,CD16,CD56,CD45)	4400	FLOW CYTOMETRY	EDTA/HEPARIN WB/BONE MARROW+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	5 ML (2 ML)+3 ML(2 ML)	А	DAILY: 15:30 HRS;EXCEPT SUNDAY	NEXT DAY BY 6.00PM
518	DT8101	OBESITY PANEL I (Glucose, T3, T4 & TSH, Triglycerides, Cholesterol, HDL Cholesterol, VLDL Cholesterol, Cholesterol, Cholesterol to HDL Ratio, LDL to HDL Cholesterol Ratio, SERUM Creatinine, Electrolytes, Calcium, Phosphorus & Urine Analysis, Uric aci	3500	SPECTROPHOTOMETRY, DIPSTICK & MICROSCOPY/ RADIO IMMUNOASSAY/ CELL COUNTER/CHEMILUMINESCENCE	SERUM, FLUORIDE PLASMA - FASTING & PP, URINE (MORNING) & PP, EDTA, MICRO SLIDE	5.0 ML (3.0 ML) + 1.0 ML (0.5 ML) EACH F & PP+ 10.0 ML (5.0 ML) + 3.0 ML (2.0 ML) + 2	A/R/F	DAILY: 1530 HRS	SAME DAY
519	DT8102	OBESITY PANEL II (Glucose, T3, T4 & TSH, Cortisol, Triglycerides, Cholesterol, HDL Cholesterol, LDL Cholesterol, VLDL Cholesterol, Cholesterol to HDL Ratio, LDL to HDL Cholesterol Ratio, SERUM Creatinine, Electrolytes, Calcium, Phosphorus & Urine Analysis	4100	SPECTROPHOTOMETRY, DIPSTICK & MICROSCOPY/ UA / CELL COUNTER/CHEMILUMINESCENCE	SERUM (2), FLUORIDE - FASTING & PP, URINE (MORNING) & PP, EDTA, MICRO SLIDE + SERUM (FROZEN FOR CORTISOL)	5.0 ML (3.0 ML) + 1.0 ML (0.5 ML) EACH F & PP + 10.0 ML (5.0 ML) + 3.0 ML (2.0 ML) + 2 + 1.0 ML	A/R/F	DAILY: 1530 HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
520	LC002A	OPERATION THEATRE MICROBIOLOGICAL SURVEILLANCE-5 (AEROBIC CULTURE ONLY- 5 SWABS+ 2 AIR SAMPLES)	2750	AEROBIC CULTURE & MICROSCOPY	AIR SAMPLES + SWABS. DEPENDS ON AREA OF OT	2 AIR SAMPLE + 5 SWABS	R	BY PRIOR APPOINTMENT APPOINTMEN T ON LOCATION & EXPOSURE TIME OF CULTURE ON LOCATION & EXPOSURE TIME OF CULTURE PLATES REQUIRED PLATES REQUIRED	3RD DAY
521	LC001A	OPERATION THEATRE MICROBIOLOGICAL SURVEILLANCE- 10 (AEROBIC CULTURE ONLY- 10 SWABS+ 2 AIR SAMPLES)	4850	AEROBIC CULTURE & MICROSCOPY	AIR SAMPLES + SWABS. DEPENDS ON AREA OF OT	2 AIR SAMPLE + 10 SWABS	R	BY PRIOR APPOINTMENT APPOINTMEN T ON LOCATION & EXPOSURE TIME OF CULTURE ON LOCATION & EXPOSURE TIME OF CULTURE PLATES REQUIRED PLATES REQUIRED	3RD DAY
522	2362S	OVA & PARASITE: COMPREHENSIVE EXAMINATION WITH COCCIDIA EVALUATION	700	CONCENTRATION; MICROSCOPY; STAINING	STOOL	10.0 (2.5) g / 2.5 ML	R	DAILY: 1530 HRS	NEXT DAY
523	2363	OVA & PARASITE:COCCIDIA EVALUATION	765	STAINING: MICROSCOPY	STOOL	10.0 (2.5) g / 2.5 ML	R	DAILY: 1530 HRS	NEXT DAY
524	7194G	OVARIAN MALIGNANCY RISK ALGORITHM (ROMA)-HE4+CA125	3350	CMIA	SERUM (Age + Sex +PREMENOPAUSAL/POSTMENOPAUSAL STATUS TO BE MENTIONED	3ML(2ML)	R/F	MON,THUS	Same Day
525	Z255K	P63	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	Α	Monday to Saturday	3 DAYS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
526	Z055K	PAN CYTOKERATIN	2800		TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
527	3024	PANCREATIC CANCER MONITOR (CA 19-9, CEA)	3100	CHEMILUMINESCENCE	SERUM	2.0 ML (1.0 ML)	R/F	DAILY :11.00,14.00,16.00 HRS	SAME DAY
528	1479	PAP DUO + HYBRID	3550	Diagen DNA Hybrid Capture and CYTOLOGY	LBC	10ml	А	Hybrid capture Only Wednesday at 8:00 am and LBC daily 10:00am	Hybrid capture same day and LBC next day
529	1274	PAP SMEAR CYTOLOGY LBC	1100	CYTOLOGY	IN LBC CONTAINER (Clinical history required)	1 LBC SAMPLE VIAL	Α	DAILY:1000 HRS	NEXT WORKING DAY
530	Z267K	PAX5	2700		TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
531	8067	PCOS ADVANCE PANEL (LH, FSH, PROLACTIN, FAI (Free Androgen Index) - Testosterone (Total) and SHBG, HOMA-IR, Fasting Glucose and Fasting Insulin, TSH)	2800	CHEMILUMINESCENCE/ HEXOKINASE	SERUM+FASTING PLASMA,FLUORIDE + CLINICAL HISTORY,(AGE/GENDER),: For HOMA-IR: insulin serum and Fasting plasma fluoride are required and both samples should be of same day only	5ml	2-8 °C (For 48 Hours)	2,4:0500,1430,1600 hrs	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
532	4639	PCOS TOTAL (LH, FSH, Prolactin, Testosterone (Free), HOMA IR, DHEAS, TSH, Direct LDL Cholesterol, Cholesterol Total, Triglycerides	4250	CHEMILUMINESCENCE/ RADIO IMMUNOASSAY/ SPECTROPHOTOMETRY	SERUM (AGE+GENDER+LMP+CLINICAL HISTORY REQUIRED) **DRAW SAMPLE BETWEEN 8 AM TO 10AM, 3-4 HRS AFTER THE PATIENT HAS AWAKENED.**+FASTING FLUORIDE PLASMA WITH FASTING SERUM (AGE & GENDER OF THE PATIENT IS MANDATORY FOR REPORTING)	5.0 (2.5) ML + 2ML (1.0ML)	2-8°C (48 HRS); F (>48 HRS) +FLUORIDE PLASMA 2-8°C (3 DAYS) AND SERUM FROZEN ONLY	Daily 11 Am	Free Testo 11 am Except Sunday
533	4103	PHENYTOIN TOTAL	1100	CHEMILUMINESENCE	SERUM / PLASMA - EDTA OR HEPARINIZED (Treatment history required)Specimen to be collected 4 - 5 hrs after dose.	1.0 ML (0.5 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
534	Z222K	PIN 4	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
535	3300	PREGNANCY ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	1600	CHEMILIMINECENCE	SERUM	1.0ML (0.50ML)	R/F	DAILY, Cut-off: 1430 hrs	SAME DAY
536	3226	PROCALTONIN	5500	CHEMILUMINENCE	SERUM	1 ML	Ambient	DAILY:11.00,14.00,16.0 0 HRS	Same day
537	3163	PROGESTERONE	750	CHEMILUMINESENCE	SERUM (AGE+LMP+ Clinical history required)	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
538	Z002K	PROGESTERONE RECEPTOR(PgR)	1750	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
539	3206	PROLACTIN	600	CHEMILUMINESENCE	SERUM (Clinical history Required) Pooled sample in morning hours is preferred	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
540	1539	PROSTATE SEXTANT BIOPSY	4200	HISTOPATHOLOGY	TISSUE IN 10%FORMALIN Clinical details and PSA Levels required	PROSTATE CORES	А	Monday to Saturday	3 DAYS
541	3547	PROSTATE SPECIFIC ANTIGEN (PSA) FREE & TOTAL	1850	CHEMILUMINESENCE	SERUM (Age+Sex+ Clinical history required)	2.0 ML (1.0 ML)	R/F	DAILY:11.00, 14.00 16.00 HRS	SAME DAY
542	3546	PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL	1000	CHEMILUMINESENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:11.00, 14.00 16.00 HRS	SAME DAY
543	3836	PROTEIN C ACTIVIY	4400	CLOT BASED	PLASMA-CITRATED PLATELET POOR PLASMA FROZEN AT -20° C+ CLINICAL history	MINIMUM 2 ALIQUOTES OF 1.5 ML (1.0 ML) EACH	F	3,6 11:00 HRS	SAME DAY 6.00 PM
544	9201RFXM	PROTEIN ELECTROPHORESIS REFLEX TO IMMUNOFIXATION	3200	ELECTROPHORESIS +IMMUNOELECTROPHORESIS	SERUM (CLINICAL HISTORY, AGE & GENDER IS MANDATORY)	2.0 ML (1.0ML)	2-8°C (7 DAYS); F (>7 DAYS)	2,3,5: 1200 hrs	NEXT DAY
545	3837	PROTEIN S ACTIVIY	4400	CLOT BASED	PLASMA-CITRATEDPLATELET POOR PLASMA FROZEN AT -20° C+ CLINICAL history	MINIMUM 2 ALIQUOTES OF 1.5 ML (1.0 ML) EACH	F	3,6 11:00 HRS	SAME DAY 6.00 PM
546	1580M	PROTIEN ELECTROPHORESIS	900	ELECTROPHORESIS	SERUM	1.0 ML (0.5 ML)	R/F	DAILY: 1230 HRS	SAME DAY
547	3546	PSA (Prostate Specific Antigen Total)	1000	CHEMILUMINESENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:11.00, 14.00 16.00 HRS	SAME DAY
548	3547	PSA FREE & TOTAL (Prostate Specific Antigen Free & Total)	1850	CHEMILUMINESENCE	SERUM (Age+Sex+ Clinical history required)	2.0 ML (1.0 ML)	R/F	DAILY:11.00, 14.00 16.00 HRS	SAME DAY
549	Z041K	PSA(Prostate Specific Antigen Total)	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
550	3944	PTH, INTACT INCLUDING TOTAL CALCIUM	2100	CHEMILUMINESCENCE / SPECTROPHOTOMETRY	SERUM FOR CALCIUM, EDTA PLASMA FOR PTH (Freeze The Plasma Immediately After Separation)	2.0 ML (1.0 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	4:30 HRS FROM FREQUENCY
551	4199	QUANTITATIVE D-DIMER	1600	CLOT BASED	PLASMA-SODIUM CITRATE PLATELET POOR PLASMA FROZEN AT -20° C	1.5 ML (1.0 ML)	F	DAILY:16.00HRS	SAME DAY
552	4635G	RA TOTAL-(Anti- CCP,ANA,CRP(Quantitative),Rheumat oid factor quantitative)	3200	NEPHELOMETRY/CMIA/EIA	SERUM + CLINICAL HISTORY	2-5 ML	R/F	Daily 11 Am	Same Day
553	7664R	RAPID FILARIAL	1200	IMMUNOCHROMATOGRAPHY	SERUM	1.0 ML	Α	Daily	Same Day



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
554	9074	RAPID KALAZAR	1800	IMMUNOCHROMATOGRAPHY	SERUM	1.0 ML	Α	Daily	Same Day
555	1499RTP	RATIONAL THYROID PANEL (TSH, IF ABNORMAL THEN FT3 & FT4)	550	CHEMILUMINESENCE	SERUM	3.0 ML (1.0 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
556	3523	RBC FOLATE	2400	CHEMILUMINESENCE	WB-EDTA	1.0 ML + 1.0 ML	R	DAILY:11.00,14.00,16.0 0 HRS	SAME DAY
557	8881	RECIPIENT ANTIBODY STATUS (POS/NEG)(PRA SCREEN)	6000	LUMINEX BASED	RECIPIENT SERUM IN PLAIN VIAL	3 ML SERUM	Cold	WED & SAT 11 AM	2 DAYS
558	1214CS	RESPIRATORY CULTURE AND SUSCEPTIBILITY(CULT+SUSC RESP)	1150	CULTURE + SENSITIVITY BY MIC BREAKPOINT	BAL / BRONCHOSCOPIC BIOPSY / TRACHEAL SECRETION IN STERILE CONTAINER	3.0 ML (1.0) ML	R	DAILY: 1700 HRS	3RD DAY
559	5008	RHEUMATOID ARTHRITIS PANEL (ANA, RHEUMATOID FACTOR, ANTI CCP)	3600	NEPHLOMETRY/IFA/ CMIA /EIA	SERUM + CLINICAL HISTORY	1ML (0.5ML)	R/F	DAILY: 1100HRS FORANA/ DAILY 16:30HRS FOR RF/DAILY:10:30, 16:30 FOR ANTI CCP	SAME DAY
560	1540D	RHEUMATOID FACTOR	900	NEPHLOMETRY	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:15.30HRS	SAME DAY
561	1075	RHEUMATOLOGY PROFILE - 2	6200	LINE IMMUNOASSAY	SERUM	2 ML (1.5 ML)	Α	MON,TUE,THU,FRI	SAME DAY
562	7662	ROTAVIRUS ANTIGEN DETECTION	1550	IMMUNOCHROMATOGRAPHY	STOOL	50 gm	Ambient/Cold	DAILY	SAME DAY
563	3898	ROUTINE COAG PROFILE/PRE-OP PANEL	2800	CLOT BASED/CELL COUNTER/5 M SOLUBILITY	CITRATE PLATELET POOR PLASMA AT - 20c/WHOLE BLOOD EDTA/SMEARS	2 ALIQUOTS OF 1.5 ML EACH+3 ML EDTA BLOOD+2 PS	Frozen/A/A	DAILY 14:30 HRS	Next Day 6.00 PM
564	9421M	RUBELLA IgG & IgM ANTIBODIES	1500	CMIA	SERUM	1.0 ML (0.5 ML)	А	DAILY(Except Sunday):0330,1530HRS	* Same day Reporting for the cut off 0330 hrs. * Reporting of Rubella IgG and IgM for the cut off 1530 hrs will be on same day by 7:30 pm. The samples filtered for Avidity will be performed (Avidity Assay) next day morning and reports will be released same day evening
565	9416M	RUBELLA IgG ANTIBODIES	900	CMIA	SERUM	1.0 ML (0.5 ML)	А	DAILY(Except Sunday):0330,1530HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
566	2475M	RUBELLA IgM ANTIBODIES	900	CMIA	SERUM	1.0 ML (0.5 ML)	Α	DAILY(Except Sunday):0330,1530HRS	SAME DAY
567	Z061K	S-100	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	Α	Monday to Saturday	3 DAYS
568	1235	Scl-70 IgG ANTIBODIES	2600	LINE IMMUNOASSAY	SERUM	2 ML (1.5 ML)	А	MON,TUE,THU,FRI	SAME DAY
569	5003	SCLERODERMA DIAGNOSTIC	7200	LINE IMMUNOASSAY	SERUM	2 ML (1.5 ML)	Α	MON,TUE,THU,FRI	SAME DAY
570	1739	SCRUB TYPHUS ANTIBODIES RAPID	1200	IMMUNOCHROMATOGRAPHY	SERUM	1.0 (0.5) ML	Α	DAILY Cut off 1100hrs	SAME DAY
571	1739E	SCRUB TYPHUS IGM	1050	ENZYME IMMUNO ASSAY	SERUM	1.0(0.5) ML	Α	1 ST 11.00 HRS	SAME DAY
572	1732	SERUM LIGHT CHAINS (KAPPA & LAMBDA)	6400	NEPHLOMETRY	SERUM	3ML(2ML)	R/F	1,3,5: 1530 HRS	Same Day
573	3218	SEX HORMONE BINDING GLOBULIN (SHBG)	2600	CHEMILUMINESCENCE	SERUM + CLINICAL HISTORY (AGE/GENDER)	1.0 ML (0.5 ML)	2-8°C (7 DAYS); F (2 Months)	2,4: 0500,1430,1600 hrs	SAME DAY
574	1400	SICKLING TEST	450	MANUAL	EDTA	2 ML	Α	DAILY 15:30HRS	NEXT DAY
575	8884	SINGLE ANTIGEN BEAD CLASS I (ABC LOCI)	23000	LUMINEX BASED	RECIPIENT SERUM IN PLAIN VIAL	3 ML SERUM	Cold	WED & SAT 11 AM	2 DAYS
576	8885	SINGLE ANTIGEN BEAD CLASS II (DR ,DQ & DP LOCI)	20000	LUMINEX BASED	RECIPIENT SERUM IN PLAIN VIAL	3 ML SERUM	Cold	WED & SAT 11 AM	2 DAYS
577	5004	SLE DIAGNOSTIC PANEL (ANA & DSDNA)	2300	IMMUNOFLUORESCENT ASSAY	SERUM	2 ml	R	DAILY: 1100 HRS	SAME DAY
578	Z202K	SLIDE REVIEW- MORE THAN 2 SLIDES	2000	HISTOPATHOLOGY/ CYTOLOGY	PARAFFIN BLOCK / SLIDE + CLINICAL HISTORY + SITE OF BIOPSY	MORE THAN 2	Α	DAILY: 1600 HRS	4TH DAY
579	Z201K	SLIDE REVIEW- UPTO 2 SLIDES	1800	HISTOPATHOLOGY/ CYTOLOGY	PARAFFIN BLOCK / SLIDE + CLINICAL HISTORY + SITE OF BIOPSY	UPTO 2	Α	DAILY: 1600 HRS	4TH DAY
580	1220	SMITH (Sm) IgG ANTIBODIES	2850	LINE IMMUNOASSAY	SERUM	2 ML (1.5 ML)	Α	MON,TUE,THU,FRI	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
581	Z092K	SMOOTH MUSCLE ACTIN	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
582	3303	SOLUBLE LIVER ANTIGEN (SLA)	3100	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	A/R	4;11.00HRS	SAME DAY
583	4523	SOLUBLE TRANSFERRIN RECEPTOR(sTFR)	1700	NEPHELOMETRY	10 -12 HRS FASTING SERUM + CLINICAL HISTORY + (AGE & GENDER IS MANDATORY)	2.0 ML (1.0 ML)	2-8°C (8 DAYS); F (>8 - 90 DAYS, IF F WITHIN 24 HRS. OF COLLECTION)	2 & 4 MON : 12:00 HRS	NEXT DAY
584	Z203K	SPECIAL STAINS	900	HISTOPATHOLOGY	TISSUE IN 10%FORMALIN / PARAFIN BLOCK (Please let us know the site of biopsy & clinical details)	1 CM / 1 BLOCK	А	DAILY:1000 HRS	4TH DAY
585	6025F	SRY DELETION BY FISH	2700	Fluorescence In Situ Hybridization (FISH)	WB-HEPARIN + FAMILY HISTORY + CLINICAL HISTORY	5.0 ML (3.0 ML)	А	DAILY (EXCEPT Sunday); Cut-off: 1230 hrs; History is mandatory	5 Working Days
586	1007	SS-A (Ro) & SS-B (La) IgG ANTIBODIES	5100	LINE IMMUNOASSAY	SERUM	2 ML (1.5 ML)	А	MON,TUE,THU,FRI	SAME DAY
587	1204	SS-A (Ro) IgG ANTIBODIES	3100	LINE IMMUNOASSAY	SERUM	2 ML (1.5 ML)	Α	MON,TUE,THU,FRI	SAME DAY
588	1205	SS-B (La) IgG ANTIBODIES	3100	LINE IMMUNOASSAY	SERUM	2 ML (1.5 ML)	Α	MON,TUE,THU,FRI	SAME DAY
589	1284G	Surepath cytology fully automated	1100	Cytology	Sample in surepath vial	Sure path vial	Α	Monday to Saturday	Next working day
590	2086К	SYANPTOPHYSIN	2700	IMMUNOHISTOCHEMISTRY	TISSUE IN 10%FORMALIN FOR 24-48 HRS/PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
591	9816S	T.SOLIUM IgG(Cysticercus)	2550	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	2-8º C (1 week), >1 week- 20 °C	1;1100HRS	Same Day
592	5950	TACROLIMUS	4600	CMIA	EDTA-WB	3ML	R (2-8°C)	DAILY 15:30HRS: EXCEPT SUNDAY	SAME DAY
593	5010	TB MONITORING PANEL (CBC,ESR,SGPT/SGOT/CREATININE,AN A,AFB SMEAR)	2000	cell COUNTER / SPECTROPHOTOMETRY/IFA/STAININ G MICROSCOPY	EDTA WB +CITRATE WB+SERUM IN 2 VIALS +SMEARS + SPUTUM	3.0ML + 2.0ML+2.0ML+2. 0 ML + 2-3	A/R	DAILY:1100 HRS	SAME DAY
594	2406	TBFERON (M TUBERCULOSIS IGRA)	2850	ENZYME IMMUNO ASSAY	BLOOD TO BE COLLECTED IN TBFERON TUBES (TB-NIL, TB ANTIGEN & MITOGEN TUBE) AND TRANSPORTED TO LAB WITHIN 16 HRS OF COLLECTION	1 ML IN EACH TUBE	А	1,3,5:1100 HRS (RUN DAYS 2,4,6)	SAME DAY
595	Z216K	тот	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
596	1635B	TDT, FC. BLOOD	3500	FLOW CYTOMETRY	EDTA AND HEPARIN WB/+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY 15:30HRS: EXCEPT SUNDAY	NEXT DAY BY 6.00PM
597	1635M	TDT,FC,BONE MARROW (TDTBO)	3500	FLOW CYTOMETRY	EDTA AND HEPARIN WB BONE MARROW/+CLINICAL & TREATMENT HISTORY (SAMPLE TO REACH WITHIN 48 HRS)	3 ML (2 ML)+3 ML(2 ML)	А	DAILY 15:30HRS: EXCEPT SUNDAY	NEXT DAY BY 6.00PM
598	3244	TESTOSTERONE, TOTAL	800	CHEMILUMINESENCE	SERUM (Age + Sex to be mentioned) Pooled smaple in morning hours is preferred	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
599	4970B	THALASSEMIA PROFILE (CBC, Iron, TIBC, HB variant analysis)	1800	CELL COUNTER / HPLC / SPECTROPHOTOMETRY	WB-EDTA + SERUM+ PERIPHERAL SMEARS (AGE, CLINICAL history AND CBC(Findings mandotary)	3.0 ML (2.0 ML) + 3.0 ML (2.0 ML) + 3 (2) SMEARS	А	DAILY 14:30HRS	SAME DAY
600	1219CS	THROAT SWAB CULTURE + SUSCEPTIBILITY(SWAB CULT+SUSC)	1150	CULTURE + SENSITIVITY BY MIC BREAKPOINT	THROAT SWABS COLLECTED IN STERILE SWAB STICK	2 (1) SWABS	А	DAILY: 1700 HRS	3RD DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
601	4210	THROMBIN TIME	1200	COAGULATION	PLASMA-CITRATED PLATELET POOR PLASMA FROZEN AT -20° C+ CLINICAL history	1.5 ML (1.0 ML)	F	DAILY 14;30	SAME DAY
602	1253G	THROMBOCHEK PANEL (Protein C, Protein S, Lupus Antigoagulent, Antiphospholipid Antibody, SERUM Homocystein, Anti Thrombin III Activity) [To be ordered with Factor V leiden (#1254)] which will be charged separately	18500	CLOT BASED / CHEMILUMINESCENCE/CHROMOGEN IC ASSAY	FASTING SERUM AND FROZEN CITRATED PLATELET POOR PLASMA mandatory 2 VIALS- AT MINUS 20° C(DOUBLE CENTRIFUGED PLASMA)* + CLINICAL HISTORY	2.0 ML AND mandatory TWO ALIQOUTS OF CITRATE PLASMA OF 1.5 ML EACH	A/R/F AND F (To be F immediately at -20°c & transported in dry ice)	3,6 -only for Protein C,S and AT III :11:00 HRS(SAME DAY REPORT),1,4 -11:00 Hrs LA & Anti phospholipid, Daily: Homocystein 16:00 HRS	AS PER INDIVIDUAL TEST TAT
603	1927	Thrombotic Risk Profile- Automated D–Dimer, Prothrombin Time, APTT, Fibrinogen	4000	Immunoturbidometry/ Clot Based/ Claus Clotting Method	Plasma Citrate	3 ML	F	Mon-Sat	SAME DAY
604	DT8100	THYPROBE (TSH3G, THG, TPO, FT4)	2900	CHEMILUMINESCENCE	SERUM	3.0 (2.0) ML	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
605	3251	THYROGLOBULIN	2000	CHEMILUMINESENCE	SERUM (Clinical history Required)	1.0 ML (0.5 ML)	R/F	2,4. 11.00, 14.00 16.00 HRS	AFTER 4.0 HRS
606	Z170K	THYROGLOBULIN	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
607	1110	THYROGLOBULIN ANTIBODIES (THG)	1800	CHEMILUMINESCENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
608	1016	THYROID AUTOANTIBODIES PANEL (THYROID PREOXIDASE AND THYROGLOBULIN ABS)	2700	CHEMILUMINESCENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
609	1499	THYROID PANEL II	1000	CHEMILUMINESENCE	SERUM	2.0 ML (1.0 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
610	TPC	THYROID PANEL IV (T3, T4, TSH)	550	CHEMILUMINESENCE	SERUM	2.0 ML (1.0 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
611	3062	THYROID PEROXIDASE ANTIBODIES	1500	CHEMILIMINECENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
612	TSP	THYROID SCREENING PANEL (FT4, TSH & TPO)	1750	CHEMILIMINECENCE	SERUM	3.0 ML (2.0 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
613	3250C	THYROID STIMULATING HORMONE	300	CHEMILUMINESENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
614	5009	THYROSCREEN (FT4 & TSH)	700	CHEMILIMINECENCE	SERUM	2.0 ML (1.0 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
615	3228	THYROXINE FREE, FREE T4	450	CHEMILUMINESENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
616	3226C	THYROXINE, T4	280	CHEMILUMINESENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
617	TISSUE1	Tissue for processing (1block)	300	Histopathology	Formalin fixed tissue	Formalin fixed tissue	Α	Monday to Saturday	next working day
618	TISSUE2	Tissue for processing (3blocks)	380	Histopathology	Formalin fixed tissue	Formalin fixed tissue	Α	Monday to Saturday	next working day
619	TISSUE3	Tissue for processing (7blocks)	500	Histopathology	Formalin fixed tissue	Formalin fixed tissue	Α	Monday to Saturday	next working day
620	9362	TISSUE TRANSGLUTAMINASE IgA	1600	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	Daily: Except Sunday, Cut off 1100HRS	Same day
621	9912	TORCH IBM ANTIBODIES (5 PARAMETERS)	1800	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	А	DAILY(Except Sunday):0330,1530HRS	SAME DAY
622	9901	TORCH IgG & IgM ANTIBODIES EVALUATION (10 PARAMETERS)	3400	ENZYME IMMUNO ASSAY	SERUM	4.0 ML (2.0 ML)	А	DAILY(Except Sunday):0330,1530HRS	* Same day Reporting for the cut off 0330 hrs. * Reporting of ToRCH IgM and IgG for the cut off 1530 hrs will be on same day by 7:30 pm. The samples filtered for Avidity will be performed (Avidity Assay) next day morning and reports will be released by



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
623	9901M	Torch IgG & IgM Antibodies EVALUATION (9 PARAMETERS)	2900	ENZYME IMMUNO ASSAY	SERUM	4.0 ML (2.0 ML)	А	DAILY(Except Sunday):0330,1530HRS	* Same day Reporting for the cut off 0330 hrs. * Reporting of ToRCH IgM and IgG for the cut off 1530 hrs will be on same day by 7:30 pm. The samples filtered for Avidity will be performed (Avidity Assay) next day morning and reports will be released by
624	9911M	Torch Igg Antibodies	1700	ENZYME IMMUNO ASSAY	SERUM	2.0 ML (1.0 ML)	А	DAILY(Except Sunday):0330,1530HRS	SAME DAY
625	2231M	TORCH IBM ANTIBODIES (4 PARAMETERS)	1600	ENZYME IMMUNO ASSAY	SERUM	1.0 ML (0.5 ML)	А	DAILY(Except Sunday):0330,1530HRS	SAME DAY
626	1245	TOTAL IGE	1150	ImmunoCAP Total IgE inhouse allergen	SERUM	1.0 ML (0.5 ML)	A/R/F	DAILY:11.00,14.30,15.3 0 HRS	5:30 HRS FROM FREQUENCY
627	1245E	TOTAL IGE	1150	ImmunoCAP Total IgE inhouse allergen	SERUM	1.0 ML (0.5 ML)	A/R/F	DAILY:11.00,14.30,15.3 0 HRS	5:30 HRS FROM FREQUENCY
628	8220	Total IgE Advanced	1150	ImmunoCAP	SERUM	2.0 MI (1.5 ml)	A/R/F	Daily	SAME DAY
629	2261M	TOXOPLASMA IgG & IgM ANTIBODIES	1550	CMIA	SERUM	4.0 ML (1.0 ML)	2-8°C (1 week); -20°C (>1 week)	Daily :1100 HRS	SAME DAY
630	9426M	TOXOPLASMA IgG ANTIBODIES	950	CMIA	SERUM	1.0 ML (0.5 ML)	А	DAILY(Except Sunday):0330,1530HRS	SAME DAY
631	7661M	TOXOPLASMA IgM ANTIBODIES	920	CMIA	SERUM	1.0 ML (0.5 ML)	А	DAILY(Except Sunday):0330,1530HRS	SAME DAY
632	7568	TPC Plus (T3, T4, TSH 3G, Cholesterol total, Triglycerides, Fasting Blood Sugar)	599	CHEMILUMINESCENCE/ SPECTROPHOTOMETRY	SERUM	5.0 ML (2.0 ML)	2-8°C (48 hrs); F (>48 hrs)	Daily 3 :30 PM	Same Day
633	1519HD	TRANSFERRIN	1350	NEPHLOMETERY	SERUM	1.0 ML (0.5 ML)	R/F	1,3,5:15:30HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
634	TEMG	Transmission Electron Microscopy	10000	EM	KIDNEY BIOPSY IN 3% GLUTARALDEHYDE/ PARAFFIN BLOCK (it is mandatory to send histopathology diagnosis report along with the sample, if not given, will be created as a problem sample)	One core/ Paraffin block	Core- 4ºC Paraffin Block- A	DAILY	22 Days
635	9020	TREPONEMA PALLIDIUM HEMAGGLUTINATION ASSAY (TPHA)	900	HEMAGGLUTINATION	SERUM	1.0 ML (0.5 ML)	A/R/F	1,3,5:15:00 HRS	SAME DAY
636	3234	TRIIODOTHYRONINE, FREE T3 (FT3)	450	CHEMILUMINESENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
637	3224C	TRIIODOTHYRONINE, T3	280	CHEMILUMINESENCE	SERUM	1.0 ML (0.5 ML)	R/F	DAILY:11.00,14.00,16.0 0 HRS	AFTER 4.0 HRS
638	1267	TRIPLE MARKER TEST / 2nd Trimester Risk assessment, 14-22 Weeks. (AFP, HCG & E3UN)	2950	CHEMILIMINECENCE	SERUM+CLINICAL HISTORY IN GGN FORMAT + RECENT USG REPORT	2.0 ML (1.0 ML)	R/F	Daily (14:30 hrs)	Same day
639	Z065K	TTF1	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
640	5010	TUBERCULOSIS MONITORING PANEL (CBC,ESR,SGPT/SGOT/CREATININE,AN A,AFB SMEAR)	2000	cell COUNTER / SPECTROPHOTOMETRY/IFA/STAININ G MICROSCOPY	EDTA WB +CITRATE WB+SERUM IN 2 VIALS +SMEARS + SPUTUM	3.0ML + 2.0ML+2.0ML+2. 0 ML + 2-3	A/R	DAILY:1100 HRS	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
641	DT3200	TYPHI-D (CBC, ESR, Urinalysis, Widal, Culture Prlim & Final, C)	1200	HEMATOLOGY CELL COUNTER, MODIFIED WESTERGREN, DIPSTICK & MICROSCOPY, AGGLUTINATION, BACTERIAL CULTURE & VITEK IDENTIFICATION, BACTERIAL SEROTYPING	WB-EDTA, PERIPHERAL BLOOD SMEARS, ESR TUBE (GREINER) BLACK TOP, SERUM, BLOOD CLOT [After separating SERUM for above], URINE, STOOL	WB-EDTA 3.0 (1.0) ML, PERIPHERAL BLOOD SMEARS: 2 THICK / 2 THIN, ESR TUBE (GREINER) BLACK TOP 2.0 ML, SERUM 2.0 (1.0) ML, BLOOD CLOT [AFTER SEPARATING SERUM FOR ABOVE] 3.0 (1.5) ML, URINE 15.0 (10.0) ML, STOOL 2.5 GM / 2.5 ML	Α	DAILY:1000 HRS	ALL TESTS SAME DAY EXCEPT STOOL CULTURE NO PRELIMINARY / FINAL 3RD DAY: CLOT CULTURE: PRELIMINARY 4TH DAY / FINAL 7TH DAY
642	5007	UTI SCREENING PANEL (CBC,ESR,GLUCOSE FASTING, URINALYSIS,URINE CULTURE/SENSITIVITY)	1150	COUNTER STKS AUTOMATED CELL COUNTER/SPECTOPHOTOMETRY/DIP SSTICK/MICROSCOPY/BACTERIAL CULTURE & VITEK IDENTIFICATION	EDTA WB/CITRATE WB /FASTING PLASMA FLOURIDE & URINE + 2-3 SMEARS	EDTA WB 2.0ML + CITRATE WB 3.0ML +FASTING PLASMA 1.0 ML (0.5 ML) & URINE15 ML (10 ML)	Α	DAILY: 15:30 HRS	SAME DAY EXCEPT URINE CULTURE & SENSITIVITY- 3RD DAY
643	DT3203	VACCICHEQ (HBsAb, VZV IgG, Rubella IgG, MUMPS IgG, MEASLES IgG)	6400	CMIA/ MEIA / ENZYME IMMUNOASSAY	SERUM	3.0 ML (2.0 ML)	A/R/F	Anti Hbs Daily; Rubella IgG Daily (Except Sunday) , Mumps,Measles 5: 1100 HRS ,VZV IgG, 3- 1100 HRS	SAME DAY
644	3360H	VALPROIC ACID	1050	CHEMILUMINESENCE	SERUM, Just before the next dose; usually early in the morning (to confirm that an adequate dose is prescribed before bedtime).	1.0 ML (0.5 ML)	F	DAILY:11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	ТЕМР.	FREQUENCY	REPORTED
645	8761	VARICELLA ZOSTER VIRUS (VZV) IgG ANTIBODIES	1900	ENZYME IMMUNOASSAY	SERUM	1.0 ML (0.5 ML)	A/R/F	3:1100 HRS	SAME DAY
646	9220RFX	VDRL reflex TPHA confirmation	600	SLIDE FLOCCULATION/ HAEMAGGLUTINATION	SERUM	1.0 ML	А	1,3,5	Same Day
647	Z047K	VIMENTIN	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
648	3020	VITAMIN B12	1300	CHEMILUMINESENCE	FASTING SERUM	1.0ML (0.50ML)	F	DAILY:,11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
649	3524	VITAMIN B12 + FOLIC ACID (Macrocytic Anemia Panel)	1900	CHEMILIMINECENCE	FASTING SERUM	3.0 ML (2.0 ML)	F	DAILY:,11.00,14.00,16.0 0 HRS	4 HRS FROM FREQUENCY
650	8823G	VITAMIN D (25- HYDROXY)	1650	CHEMILUMINECENCE	SERUM (Age + Sex to be mentioned)	1.5 ML	R/F	DAILY Cut off 10:30, 16:30	Same Day
651	7102	VITAMIN D COMBO	1900	ELECTROCHEMILUMINESCENCE	SERUM [Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration]	1.0 mL (0.5 mL)	2-8°C (4 DAYS); F (> 4 DAYS)	DAILY (MON TO SAT): 1100, 1900 hrs FOR 25-HYDROXYVITAMIN D	SAME DAY
652	9510A	VITAMIN D PLUS (25 - OH VIT D,Calcium, PHOSPHORUS, PTH INTACT)	2000	ELECTROCHEMILUMINESCENCE/ SPECTROPHOTOMETRY	10-12 HRS FASTING SERUM AND EDTA PLASMA EDTA PLASMA & SERUM [Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration]	SERUM: 2.0 ML (1.0 ML) AND EDTA PLASMA: 1.0ML (0.5 ML)	SERUM: 2-8°C (2 DAYS), F (> 2 DAYS) EDTA PLASMA: 2-8°C (3 DAYS); F (> 3 DAYS)	DAILY (MON TO SAT): 1100, 1900 hrs, DAILY (MON TO SAT): 18:30 HRS FOR BIOCHEMISTRY	SAME DAY



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
653	7101	VITAMIN PLUS XL	2100	ELECTROCHEMILUMINESCENCE	SERUM (AGE + GENDER + CLINICAL HISTROY) MANDATORY SERUM [Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration]	1.0 ML (0.5 ML)	2-8°C (2 DAYS); F (> 2 DAYS)	DAILY (MON TO SAT): 1100, 1900 hrs	SAME DAY
654	9509A	VITAMINPLUS (25-OH VIT D AND VIT B12)	1950	ELECTROCHEMILUMINESCENCE	SERUM (AGE + GENDER + CLINICAL HISTROY) MANDATORY SERUM [Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration]	1.0 ML (0.5 ML)	2-8°C (2 DAYS); F (> 2 DAYS)	DAILY (MON TO SAT): 1100, 1900 hrs	SAME DAY
655	Z119K	WT1	2700	Immunohistochemistry	TISSUE IN 10%FORMALIN FOR 24-48 HRS/ PARAFFIN BLOCK+ Site of biopsy, Clinical details and histopathology report MANDATORY.IF TISSUE RECEIVED IT WILL BE CHARGED FOR TISSUE PROCESSING.* TIME AND DURATION OF FIXATION SHOULD BE MENTIONED ON THE TRF.*	NA	А	Monday to Saturday	3 DAYS
656	8722	XPERT CARBA-R	10000	Real Time PCR	Culture Plat/Rectal Swab	N.A.	A/R	DAILY: 09:30 HRS (EXCEPT SUNDAY AND HOLIDAYS)	Same Day
657	9507EP	XPERT PLUS (EXTRAPULMONARY)	2850	FLUORESCENT STAIN / ZIEHL NEELSEN STAIN & BACTEC CULTURE /REAL TIME PCR ON GENEXPERT PLATFORM	ANY SPECIMEN of Non-Pulmonary Origin (except Blood & Bone marrow) IN STERILE CONTAINER/ TISSUE IN STERILE NORMAL SALINE / SWABS NOT ACCEPTED	5.0 ML (2.0 ML)	A/R	DAILY: 0930 HRS (EXCEPT SUNDAY AND HOLIDAYS)	EXPERT MTB SAME DAY:1900 HRS/ AFB SMEAR – 48HRS FINAL - 6 WEEKS (OR WHEN CULTURE IS POSITIVE)
658	9507	XPERT PLUS (PULMONARY)	2850	FLUORESCENT STAIN / ZIEHL NEELSEN STAIN & BACTEC CULTURE /REAL TIME PCR ON GENEXPERT PLATFORM	ANY SPECIMEN OF PULMONARY ORIGIN IN STERILE CONTAINER	5.0 ML (2.0 ML)	A/R	DAILY: 0930 HRS (EXCEPT SUNDAY AND HOLIDAYS)	EXPERT MTB SAME DAY:1900 HRS/ AFB SMEAR – 48HRS FINAL - 6 WEEKS (OR WHEN CULTURE IS POSITIVE)



SL.No.	TEST CODE	TEST NAME	MRP(In.Rs)	METHOD	SPECIMEN	SPECIMEN VOL.	TEMP.	FREQUENCY	REPORTED
659	7713EP	Xpert Total (EXTRA PULMONARY)	5800	FLUORESCENT STAIN / ZIEHL NEELSEN STAIN & MGIT 960+LJ CULTURE/BROTH MICRO DILUTION/REAL TIME PCR ON GENEXPERT PLATFORM	ANY SPECIMEN of Non-Pulmonary Origin (except Blood & Bone marrow) IN STERILE CONTAINER/ TISSUE IN STERILE NORMAL SALINE / SWABS NOT ACCEPTED	5.0 ML (2.0) ML / 1 TISSUE	R	DAILY: 1000 HRS (EXCEPT SUNDAY AND HOLIDAYS)	EXPERT MTB SAME DAY:1900 HRS/ AFB SMEAR - 48 HRS, CULTURE- WK 3 & WK 6 (OR WHEN CULTURE IS POSITIVE),DST- 15 DAYS AFTER CULTURE IS POSITIVE
660	7713	Xpert Total (PULMONARY)	5800	FLUORESCENT STAIN / ZIEHL NEELSEN STAIN & MGIT 960+LJ CULTURE/BROTH MICRO DILUTION/REAL TIME PCR ON GENEXPERT PLATFORM	ANY SPECIMEN OF PULMONARY ORIGIN IN STERILE CONTAINER	5.0 ML (2.0) ML	R	DAILY: 1000 HRS (EXCEPT SUNDAY AND HOLIDAYS)	EXPERT MTB SAME DAY:1900 HRS/ AFB SMEAR -48 HRS, CULTURE- WK 3 & WK 6 (OR WHEN CULTURE IS POSITIVE),DST- 15 DAYS AFTER CULTURE IS POSITIVE

Notes:

^{*}Please go through Specimen and Turn Around Time related information for investigations in details to make sure that sample/specimen is collected and transported as per guidelines.

^{*}The above listed MRPs can be changed by SRL as per it's sole discretion for investigations where prices are not capped by regulatory Authorities. SRL reserves the right to change MRPs without giving any prior notice.

^{*} The MRPs listed above are applicable for PAN India except MUMBAI CITY limits. Please refer Mumbai Single City version for applicable rates within Mumbai City Only.