ALPHABATICAL TEST LIST MODIFICATIONS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
01-04-2019	Z889	**AUTOGEN PANEL	Blocked				ELISA
01-15-2019	B080	HbA1c; GLYCOSYLATED HEMOGLOBIN	Test modifications (test details)	Method	High Performance Liquid Chromatography	High Performance Liquid Chromatography, NGSP certified	HBA1C
01-15-2019	B080	HbA1c; GLYCOSYLATED HEMOGLOBIN	Test modifications (test details)	Comments	Also see FRUCTOSAMINE, LIPID PROFILE & MICROALBUMINURIA.	As per ADA guidelines HbA1c should be performed using a method that is certified by NGSP Also see FRUCTOSAMINE, GLYCEMARK,LIPID PROFILE & MICROALBUMINURIA.	HBA1C
01-15-2019	B080	HbA1c; GLYCOSYLATED HEMOGLOBIN	Test modifications (test details)	Usage	This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements.	This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood glucose levels due to lesser day to day variation.	HBA1C
01-15-2019	B080	HbA1c; GLYCOSYLATED HEMOGLOBIN	Test modifications (test details)	Components		HbA1c, estimated Average Glucose (eAG)	HBA1C
01-16-2019	S216G	**DENGUE FEVERIGM ANTIBODY,EIA	Blocked				ELISA
01-16-2019	S217G	**DENGUE FEVER IgG ANTIBODY,EIA	Blocked				ELISA
01-16-2019	Z891	H (BAD OBSTETRIC HISTORY) ADVANCED PANEL	Test modifications (test details)	Test Name	BOH (BAD OBSTETRIC HISTORY) EXTENDED PANEL	BOH (BAD OBSTETRIC HISTORY) ADVANCED PANEL	IMMUNOPATHOLOGY
01-17-2019	Z891	H (BAD OBSTETRIC HISTORY) ADVANCED PANEL	Unblock				IMMUNOPATHOLOGY
01-21-2019	OS204	**LDL SUBFRACTIONS	Blocked				OS
01-22-2019	N181	ONCOPRO COLORECTAL CANCER SCREEN - CIRCULATING TUMOR CELLS	Blocked				MOLECULAR DIAGNOSTICS
01-22-2019	N184	ONCOPRO NCCN LUNG CANCER PANEL WITH PD-L1 (*7 Genes *MSI *PD-L1)	Blocked				MOLECULAR DIAGNOSTICS
01-22-2019	N186	ONCOPRO PAN CANCER MONITOR	Blocked				MOLECULAR DIAGNOSTICS
01-22-2019	N187	ONCOPRO PD-L1 CIRCULATING TUMOR CELLS	Blocked				MOLECULAR DIAGNOSTICS
01-22-2019	N188	ONCOPRO PROSTATE CANCER SCREEN	Blocked				MOLECULAR DIAGNOSTICS
02-08-2019	RW186	**TOXICOLOGY SCREEN, BLOOD; DRUG SCREEN	Blocked				OS
02-09-2019	N181	ONCOPRO COLORECTAL CANCER SCREEN - CIRCULATING TUMOR CELLS	Unblock				MOLECULAR DIAGNOSTICS
02-09-2019	N184	ONCOPRO NCCN	Unblock				MOLECULAR

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		LUNG CANCER PANEL WITH PD-L1 (*7 Genes *MSI *PD-L1)					DIAGNOSTICS
02-09-2019	N186	ONCOPRO PAN CANCER MONITOR	Unblock				MOLECULAR DIAGNOSTICS
02-09-2019	N187	ONCOPRO PD-L1 CIRCULATING TUMOR CELLS	Unblock				MOLECULAR DIAGNOSTICS
02-09-2019	N188	ONCOPRO PROSTATE CANCER SCREEN	Unblock				MOLECULAR DIAGNOSTICS
02-11-2019	B101	LIPOPROTEIN (a); Lp(a)	Test modifications (test details)	Method	Immunoturbidimetry	Nephelometry	BIOCHEMISTRY
02-11-2019	R178	TSH ULTRASENSITIVE, CORD BLOOD	Test modifications (test details)	Specimen	3 mL (2 mL min.) serum from 1 SST. Ship refrigerated or frozen..	3 mL (2 mL min.) Cord blood serum from 1 SST. Ship refrigerated or frozen..	THYROID & HORMONES
02-20-2019	G201	HYPOGONADISM PANEL, MALES	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days	Sample by Mon / Thu 9 am; Report Wed/ Sat	GENETICS
02-20-2019	G195	STEROID PANEL 1, 5 STEROIDS	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days	Sample by Mon / Thu 9 am; Report Wed/ Sat	GENETICS
02-20-2019	G202	HYPOGONADISM PANEL, FEMALES	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days	Sample by Mon / Thu 9 am; Report Wed/ Sat	GENETICS
02-20-2019	G200	CORTISONE : CORTISOL RATIO	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days	Sample by Mon / Thu 9 am; Report Wed/ Sat	GENETICS
02-20-2019	G192	STEROID PANEL FOR POLYCYSTIC OVARY SYNDROME (PCOS)	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days	Sample by Mon / Thu 9 am; Report Wed / Sat	GENETICS
02-20-2019	G191	STEROID PANEL FOR CONGENITAL ADRENAL HYPERPLASIA (CAH)	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days	Sample by Mon / Thu 9 am; Report Wed / Sat	GENETICS
02-20-2019	G194	STEROID PANEL FOR PREMATURE ADRENARCHE	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days	Sample by Mon / Thu 9 am; Report Wed/ Sat	GENETICS
02-20-2019	G193	STEROID PANEL FOR PCOS / CAH DIFFERENTIATION	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days	Sample by Mon / Thu 9 am; Report Wed / Sat	GENETICS
02-20-2019	G140	DNPH, URINE	Test modifications (test details)	Report	Sample Daily by 5 pm; Report Same day	Sample Daily by 2 pm; Report Same day	GENETICS
02-20-2019	G196	STEROID PANEL 2, 8 STEROIDS	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days	Sample by Mon / Thu 9 am; Report Wed/ Sat	GENETICS
02-20-2019	G197	STEROID PANEL 3, 13 STEROIDS	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days		GENETICS
02-21-2019	G184	ALCOHOL ETHYL GLUCURONIDE (EtG) & ETHYL SULPHATE (EtS), QUANTITATIVE ASSAY, URINE	Test modifications (test details)	Report	Sample Daily by 5 pm; Report Next day	Sample by Fri 6 Pm; Report Saturday	BIOCHEMISTRY
02-21-2019	G188	METHYLMALONIC ACID, QUANTITATIVE, URINE	Test modifications (test details)	Report	Sample Daily by 4 pm; Report Next day	Sample by Fri 6 pm; Report Saturday	GENETICS
02-21-2019	Z060	LIPID PROFILE, EXTENDED	Test modifications (test details)	Method	Spectrophotometry, Electrophoresis, Immunoturbidimetry	Spectrophotometry Immunoturbidimetry Nephelometry	BIOCHEMISTRY
02-21-2019	Z060	LIPID PROFILE, EXTENDED	Test modifications (test details)	Price	Rs. 2,600.00	Rs. 2,000.00	BIOCHEMISTRY
02-21-2019	Z060	LIPID PROFILE, EXTENDED	Test modifications (test details)	Report	Sample Daily by 9 am; Report 3 days	Sample Mon through Sat by 4 pm; Report Same day	BIOCHEMISTRY
02-21-2019	Z060	LIPID PROFILE, EXTENDED	Test modifications (test details)	Components	*Apolipoproteins A1, B & Ratio *Lipoprotein (a) *Cholesterol *Triglycerides *HDL/VLDL/LDL Electrophoretic *Cholesterol / HDL Ratio*Chylomicrons *Non HDL Cholesterol * Cardio CRP	*Apolipoproteins A1, B & Ratio *Lipoprotein (a) *Cholesterol *Triglycerides *LDL Cholesterol*HDL Cholesterol*VLDL Chlesterol *Non HDL Cholesterol * Cardio CRP	BIOCHEMISTRY

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
02-21-2019	G164	ORGANIC ACIDS, URINE	Test modifications (test details)	Report	Sample Daily by 5 pm: Report 5 days	Sample by Mon / Thu 9 am; Report Thu/ Mon	GENETICS
02-21-2019	G189	METHYLMALONIC ACID, QUANTITATIVE, SERUM	Test modifications (test details)	Report	Sample Daily by 4 pm; Report Next day		GENETICS
02-21-2019	G142	NITROSONAPHTHOL, URINE	Test modifications (test details)	Report	Sample Daily by 4 pm; Report Same day	Sample Daily by 2 pm; Report Same day	GENETICS
02-21-2019	G163	SUCCINYLACETONE, BLOOD	Test modifications (test details)	Report	Sample by Mon / Wed / Fri 9 am; Report Wed / Fri / Mon	Sample by Mon / Thu 9 am; Report Thu/ Mon	GENETICS
02-21-2019	G148	PYRUVATE; PYRUVIC ACID	Test modifications (test details)	Report	Sample Daily by 4 pm; Report Same day	Sample Daily by 2 pm; Report Same day	GENETICS
02-21-2019	G171	SUCCINYLACETONE, URINE	Test modifications (test details)	Report	Sample Daily by 5 pm; Report 5 days	Sample by Mon / Thu 9 am; Report Thu/ Mon	GENETICS
02-21-2019	G141	FERRIC CHLORIDE TEST, URINE	Test modifications (test details)	Report	Sample Daily by 5 pm; Report Same day	Sample Daily by 2 pm; Report Same day	GENETICS
02-21-2019	G150	OROTIC ACID	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days	Sample by Mon / Thu 9 am; Report Thu/ Mon	GENETICS
02-25-2019	N075	MATERNAL BLOOD FOR FETAL DNA (NIPT)	Test modifications (test details)	Specimen	10 mL Whole blood in a special tube available from LPL. Ship refrigerated. DO NOT FREEZE. Valid between 10-24 weeks of gestation. Give clinical history on Maternal Serum Screen request form available from LPL.	10 mL Whole blood in a special tube available from LPL. Ship refrigerated. DO NOT FREEZE. Valid between 10-24 weeks of gestation. Give clinical history and consent on MBFD request form (Form 21) available from LPL..	MOLECULAR DIAGNOSTICS
02-25-2019	N075	MATERNAL BLOOD FOR FETAL DNA (NIPT)	Test modifications (test details)	PreTestInfo	Test is valid between 10-24 weeks of gestation. Give brief clinical history.	Test is valid between 10-24 weeks of gestation. Give clinical history and consent on MBFD request form (Form 21) available from LPL.	MOLECULAR DIAGNOSTICS
03-06-2019	B198	GLYCEMARK (1,5 - ANHYDROGLUCITOL) SERUM	Test modifications (test details)	Price	Rs. 1,500.00	Rs. 500.00	BIOCHEMISTRY
03-08-2019	B094	ALBUMIN, CSF	Test modifications (test details)	Report	Sample Mon through Sat by 4 pm; Report Same day	Sample Mon through Sat by 4 pm; Report Next day	BIOCHEMISTRY
03-08-2019	S255	PHOSPHOLIPASE A2 RECEPTOR ANTIBODY (PLA2R), QUANTITATIVE	Test modifications (test details)	Report	Sample by Thu 9 am ; Report Same day	Sample by Tue / Fri 9 am; Report Same Day	IMMUNOASSAY
03-08-2019	C031	STONE ANALYSIS WITH PICTURE	Test modifications (test details)	Report	Sample Daily by 9 am; Report Next day	Sample Mon through Sat by 9 am; Report Next day	FTIR
03-11-2019	B091	IMMUNOGLOBULIN IgG, CSF	Test modifications (test details)	Report	Sample Mon through Sat by 4 pm; Report Same day	Sample Mon through Sat by 4 pm; Report Next day	BIOCHEMISTRY
03-11-2019	Z088	ALBUMIN & IgG, CSF	Test modifications (test details)	Report	Sample Mon through Sat by 4 pm; Report Same day	Sample Mon through Sat by 4 pm; Report Next day	BIOCHEMISTRY
03-19-2019	G198	CORTISONE, SERUM	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days	Sample by Mon / Thu 9 am; Report Wed/ Sat	OS
03-28-2019	XX032	FISH - Multiple Myeloma with CD138 positive selection cells (5 Probes)	Test Deletion				CYTOGENETICS
04-01-2019	B171	ANTI MULLERIAN HORMONE; AMH	Test modifications (test details)	Usage	For evaluation of ovarian reserve and prediction of the outcome of Assisted Reproductive Technology (ART).	For evaluation of ovarian reserve and prediction of the outcome of Assisted Reproductive Technology (ART). AMH can also be used to assess ovarian function in patients with Polycystic Ovarian syndrome, menopausal status and to diagnose and monitor Ovarian granulosa cell tumor. AMH measurements can also be used to evaluate testicular presence	BIOCHEMISTRY

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
						and function in infants with intersex conditions or ambiguous genitalia, and to distinguish between cryptorchidism (testicles present but not palpable) and anorchia (testicles absent) in males	
04-01-2019	B171	ANTI MULLERIAN HORMONE; AMH	Test modifications (test details)	DoctorSpeciality		G00012	BIOCHEMISTRY
04-01-2019	B171	ANTI MULLERIAN HORMONE; AMH	Test modifications (test details)	DiseaseCode	D00037	I00075	BIOCHEMISTRY
04-01-2019	P012	FLUID EXAMINATION, ROUTINE, CSF/ NASAL FLUID	Test modifications (test details)	Comments			BIOCHEMISTRY
04-03-2019	N028M		Test modifications (test details)	Test Name		HEPATITIS C VIRAL RNA (HCV RNA) QUANTITATIVE, REAL TIME PCR	MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	Specimen		3 mL (2mL min.) Serum from 1 Yellow Top (SST) tubes. Centrifuge within 2 hrs of collection to separate the gel. 12 hours fasting is recommended. Ship refrigerated or frozen..	MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	Room		6 HRS	MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	Refrigerator		72 HRS	MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	Frozen		1 WEEK	MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	Method		Real Time PCR	MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	Price	Rs. 0.00	Rs. 1,350.00	MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	Report		Sample by Tue/Fri 11 am; Report Thu/Mon	MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	Comments			MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	Usage		This test is intended for use as an aid in management of HCV infected patients and is not intended for use in the initial diagnosis of HCV infection.The test quatifies virus with genotypes 1-6 and their subtypes . This test is useful for monitoring HCV Viral loadin patients with Chronic hepatitis C infection and to monitor response to therapy. This test quantifies HCV RNA of the free HCV virions in the Serum.	MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	DoctorSpeciality		G00006	MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	Components			MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	PreTestInfo			MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	Hom Col Availability	None	Available	MOLECULAR DIAGNOSTICS
04-03-2019	N028M		Test modifications (test details)	DiseaseCode		D00006	MOLECULAR DIAGNOSTICS
04-08-2019	E005	IMMUNOTYPING, SERUM	Test modifications (test details)	Test Name	IMMUNOFIXATION ELECTROPHORESIS (IFE), SERUM	IMMUNOTYPING, SERUM	BIOCHEMISTRY
04-11-2019	XX027	FISH-Positive selection of CD138 cells in	Test modifications (test details)	Test Name	FISH - Multiple Myeloma (5 Probes)	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	CYTOGENETICS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		Multiple Myeloma (6 probes)					
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	Specimen	5 mL (3 mL min.) whole blood OR 4 mL (2 mL min.) Bone Marrow from 2 Green Top (Sodium Heparin) tubes. Ship at 18-22°C. DO NOT FREEZE. Duly filled Chromosome & FISH analysis Test Request Form (Form 17) is mandatory.	4 mL Bone marrow or 5 mL (3 mL min.) whole blood in 1 green top (sodium heparin) tubes.	CYTOGENETICS
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	Room	48 hrs	48 hrs	CYTOGENETICS
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	Refrigerator	NA	NA	CYTOGENETICS
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	Frozen	NA	NA	CYTOGENETICS
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	Method	FISH	FISH on 200 Interphase nuclei for each probe after positive selection of CD138 plasma cells using magnetic beads.	CYTOGENETICS
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	Price	Rs. 12,200.00	Rs. 13,000.00	CYTOGENETICS
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 7 Days.	CYTOGENETICS
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	Comments		"Conventional Cytogenetics detects abnormal karyotype in 40% newly diagnosed Myeloma cases. Based on conventional karyotyping there are two prognostic groups: Hyperdiploid (48-75 chromosomes) associated with favourable prognosis and Non hyperdiploid (<48 &>75 chromosomes) associated with an unfavourable prognosis. Monosomy 13 / del13q , t(4:14), t(14:16) & del 17p are associated with unfavourable prognosis whereas t(11:14) has an intermediate prognosis whereas gain of long arm of chromosome 1 is associated with worst prognosis. This assay selects magnetically CD138 positive cells prior to testing thereby increasing sensitivity of the test. Note: This test will provide more accurate results for Multiple myeloma patients. "	CYTOGENETICS
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	Usage	Prognostic marker in patients with Multiple myeloma.	Prognostic marker in patients with Multiple myeloma.	CYTOGENETICS

ALPHABATICAL TEST LIST MODIFICATIONS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	Components	Del 13q14.3,del 17p13.1, t(11;14) CCND1/IGH, t(4;14) FGFR3/IGH, and t(14;16) IGH/MAF	Gain 1q, Del 13q14.3,del 17p13.1, t(11;14) CCND1/IGH, t(4;14) FGFR3/IGH, and t(14;16) IGH/MAF	CYTOGENETICS
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	PreTestInfo	Duly filled Chromosome & FISH analysis Test Request Form (Form 17) is mandatory.	Duly filled Chromosome & FISH analysis Test Request Form (Form 17) is mandatory.	CYTOGENETICS
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	Hom Col Availability	Available	Not Available	CYTOGENETICS
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	CourierCharges		0.00	CYTOGENETICS
04-11-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	DiseaseCode	C00030	C00030	CYTOGENETICS
04-15-2019	Z191	MEASLES (RUBEOLA) ANTIBODIES PANEL, IgG & IgM	Test modifications (test details)	Method	Chemiluminescent Immunoassay, EIA	CLIA	ELISA
04-15-2019	S072	MEASLES (RUBEOLA) ANTIBODY, IgG	Test modifications (test details)	Method	Enzyme Immunoassay	CLIA	ELISA
04-18-2019	N170	EPISODIC ATAXIA TYPE 2, CACNA1A GENE MUTATION	Test modifications (test details)	Test Name	EPISODIC ATAXIA TYPE 2	EPISODIC ATAXIA TYPE 2, CACNA1A GENE MUTATION	MOLECULAR DIAGNOSTICS
04-18-2019	N170	EPISODIC ATAXIA TYPE 2, CACNA1A GENE MUTATION	Test modifications (test details)	Method	PCR, SNAPSHOT	PCR, Sequencing	MOLECULAR DIAGNOSTICS
04-18-2019	N206	ONCOPRO FOCUS FUSION PANEL FOR SOLID TUMORS	Test modifications (test details)	Components	AKT1, ALK, AR, BRAF, CDK4, CTNNB1, DDR2, EGFR, ERBB2, ERBB3, ERBB4, ESR1, FGFR2, FGFR3, GNA11, GNAQ, HRAS, IDH1, IDH2, JAK1, JAK2, JAK3, KIT, KRAS, MAP2K1, MAP2K2, MET, MTOR, NRAS, PDGFRA, PIK3CA, RAF1, RET, ROS1, SMO"	AKT1, ALK, AR, BRAF, CDK4, CTNNB1, DDR2, EGFR, ERBB2, ERBB3, ERBB4, ESR1, FGFR2, FGFR3, GNA11, GNAQ, HRAS, IDH1, IDH2, JAK1, JAK2, JAK3, KIT, KRAS, MAP2K1, MAP2K2, MET, MTOR, NRAS, PDGFRA, PIK3CA, RAF1, RET, ROS1, SMO, CCND1, CDK6, FGFR1, FGFR4, MYC, MYCN, ABL1, AKT3, AXL, ERG, ETV1, ETV4, ETV5, NTRK1, NTRK2, NTRK3, PPARG "	MOLECULAR DIAGNOSTICS
04-19-2019	OS206	CAN ASSIST BREAST	Test modifications (test details)	Specimen	"Submit Formalin fixed paraffin embedded tissue block. Ship at room temperature. Test is applicable only for Breast cancer which is ER positive & PR positive but Her2 negative. Duly filled Histopathology Requisition form (Form 2) is mandatory."	Submit Formalin fixed paraffin embedded tissue block. Ship at room temperature. Test is applicable only for Breast cancer which is ER positive & PR positive but Her2 negative. Duly filled Can Assist Test Requisition Form - 41 is mandatory..	HISTOLOGY
04-19-2019	OS206	CAN ASSIST BREAST	Test modifications (test details)	PreTestInfo	"Test is applicable only for Breast cancer which is ER positive & PR positive but Her2 negative. Duly filled Histopathology Requisition form (Form 2) is mandatory."	Test is applicable only for Breast cancer which is ER positive & PR positive but Her2 negative. Duly filled Can Assist Test Requisition Form - 41 is mandatory.	HISTOLOGY
04-20-2019	Z677	MYCOPLASMA PNEUMONIAE IgG &	Test modifications (test details)	Method	Chemiluminescent Immunoassay, EIA	Enzyme Immunoassay	ELISA

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		IgM, ANTIBODIES PANEL, SERUM					
04-20-2019	S223	MYCOPLASMA PNEUMONIAE IgG, SERUM	Test modifications (test details)	Method	CLIA	Enzyme Immunoassay	ELISA
04-20-2019	Z005	LIVER PANEL 1; LFT	Test modifications (test details)	Components	*SGOT *SGPT *GGTP *Bilirubin *Protein,Total *Alkaline Phosphatase	*SGOT *SGPT *GGTP *Bilirubin *Protein,Total *Alkaline Phosphatase*AST:ALT Ratio	BIOCHEMISTRY
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Test Name	FISH - NSCLC (Non-small cell lung cancer) ALK1 & ROS1	ONCOPRO LUNG BASIC PANEL-ALK1, ROS1 and EGFR	CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Specimen	Formalin fixed paraffin embedded tissue block. Ship at room temperature. Duly filled Chromosome & FISH analysis Test Request Form (Form 17) is mandatory.	Submit formalin fixed paraffin embedded tissue block. Ship at room temperature. Provide a copy of Histopathology report. Indicate site of biopsy and provide clinical history.	CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Room	NA	NA	CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Refrigerator	NA	NA	CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Frozen	NA	NA	CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Method	FISH	FISH, PCR, Sequencing	CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Price	Rs. 16,000.00	Rs. 12,000.00	CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 10 Days	Sample by Mon/Thu 9 am; Report Fri/Tue	CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Comments		Paraffin block must contain 10% tumour cells.	CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Usage	FISH is better-suited than molecular testing to detect the spectrum of variants of ALK and ROS1 rearrangements. The ALK gene has more than 20 known rearrangement partner genes, with 15 variants of the most common EML4-ALK fusion. ROS1 has seven partners described so far in NSCLC. While molecular assays must be designed to individual and unique fusions, FISH detection encompasses all described and as-yet undescribed rearrangements.	FISH is better suited than molecular testing to detect the spectrum of variants of ALK and ROS1 rearrangements. The ALK gene has more than 20 known rearrangement partner genes, with 15 variants of the most common EML4-ALK fusion. ROS1 has seven partners described so far in NSCLC. While molecular assays must be designed to individual and unique fusions, FISH detection encompasses all described and as yet undescribed rearrangements. Patients positive for EGFR mutations benifit from Tyrosine kinase inhibitors (Gefitinib).	CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	DoctorSpeciality			CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Components			CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell	Test modifications (test details)	PreTestInfo	Duly filled Chromosome & FISH		CYTOGENETICS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		lung cancer) FISH panel ALK1 and ROS1			analysis Test Request Form (Form 17) is mandatory.		
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Hom Col Availability	Available	None	CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	CourierCharges		0.00	CYTOGENETICS
05-01-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	DiseaseCode	C00030	C00030	CYTOGENETICS
05-09-2019	M007	CULTURE, URINE	Test modifications (test details)	Specimen	Submit first morning mid stream urine in a special urine collection vacutainer kit available from LPL as per instructions enclosed OR sterile screw capped container. Ship refrigerated.	Submit first morning mid stream urine in a special urine collection vacutainer (Boric acid) kit available from LPL as per instructions enclosed OR sterile screw capped container. Ship refrigerated..	MICROBIOLOGY
05-09-2019	M007	CULTURE, URINE	Test modifications (test details)	Refrigerator	48 hrs	48 hrs	MICROBIOLOGY
05-09-2019	RW017	**ARGININE VASOPRESSIN / ANTI DIURETIC HORMONE (ADH), PLASMA	Blocked				OS
05-13-2019	z685	ALLERGY RHINITIS/WHEEZE SCREENING PANEL, PEDIATRIC	Test modifications (test details)	Test Name	ALLERGY ASTHMA / RHINITIS SCREENING PANEL PEDIATRIC	ALLERGY RHINITIS/WHEEZE SCREENING PANEL, PEDIATRIC	IMMUNOPATHOLOGY
05-13-2019	z685	ALLERGY RHINITIS/WHEEZE SCREENING PANEL, PEDIATRIC	Test modifications (test details)	Components	Common Ragweed, Dermatophagoides pteronyssinus, Dermatophagoides farinae, Aspergillus fumigatus, Candida albicans, Penicillium notatum, Egg white, Milk & Cockroach	*Cat dander *Dog dander *Cockroach *Dermatophagoides farina *Alternaria alternata *Aspergillus fumigatus *Bermuda grass *Common ragweed *Mesquite	IMMUNOPATHOLOGY
05-17-2019	E011	ALKALINE PHOSPHATASE (ALP) ISOENZYMES	Blocked				BIOCHEMISTRY
05-17-2019	G124	GM2 GANGLIOSIDOSIS, QUANTITATIVE,BLOOD; TAY SACHS AND SANDHOFF DISEASE	Test modifications (test details)	Usage	Tay Sachs and Sandhoff disease are GM2 gangliosidosis which are autosomal recessive disorders. Tay Sachs disease is caused due to deficiency of enzyme Hexosaminidase A whereas Sandhoff disease is due to deficiency of enzyme Hexosaminidase A & B.	Tay Sachs and Sandhoff disease are GM2 gangliosidosis which are autosomal recessive disorders. Tay Sachs disease is caused due to deficiency of enzyme Hexosaminidase A whereas Sandhoff disease is due to deficiency of enzyme Hexosaminidase A & B. Tay Sachs disease has 3 forms - Infantile form is a fatal neurodegenerative disease with macrocephaly, loss of motor skills, increased startle reaction & macular cherry red spot. Juvenile-onset form presents with ataxia & dementia with death by 10-15 years. Adult-onset form starts with clumsiness in childhood; progressive motor weakness in adolescence & spinocerebellar signs & dysarthria in adulthood.	GENETICS
05-17-2019	G127	FABRY DISEASE, QUANTITATIVE, BLOOD	Test modifications (test details)	Usage	Fabry disease is an X linked disorder caused by deficiency of the enzyme Alpha Galactosidase A. Clinical manifestations are due to progressive accumulation of neutral glycosphingolipids in the lysosomes	Fabry disease is an X linked disorder caused by deficiency of the enzyme Alpha Galactosidase A due to mutations in GALA gene. Clinically the disease manifests with angiokeratomas, hypohidrosis,	GENETICS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
					of vascular endothelium and smooth muscle cells.	corneal & lens opacities and progressive small vessel disease of kidneys, heart & brain. Early initiation of enzyme therapy may prevent or slow the progression of life threatening complications.	
05-18-2019	G126	NIEMANN PICK DISEASE, QUANTITATIVE, BLOOD	Test modifications (test details)	Usage	Niemann Pick disease (Types A & B) is a lysosomal storage disease caused by deficiency of enzyme Sphingomyelinase. Type B disease is milder and patients survive to adulthood. Type A disease is more severe and death usually occurs by 3 years of age.	Niemann-Pick disease is an autosomal recessive lysosomal storage disease caused by deficiency of enzyme Sphingomyelinase. It is of 2 types - Type A disease manifests in the first 6 months of life with rapid progressive CNS deterioration, hepatosplenomegaly & failure to thrive. Type B disease manifests later in life with progressive hepatosplenomegaly eventually leading to cirrhosis. Mutations have been detected in NPC1 or NPC2 gene.	GENETICS
05-18-2019	G128	POMPE DISEASE, QUANTITATIVE, BLOOD	Test modifications (test details)	Usage	Pompe disease is inherited as an autosomal recessive trait resulting in accumulation of excess glycogen in the heart, skeletal muscle and nervous system. It is due to the deficiency of enzyme Alpha Glucosidase.	Pompe disease is an autosomal recessive lysosomal storage disease due to deficiency of enzyme Alpha Glucosidase leading to primary glycogen storage. Infantile form of the disease is severe with hypotonia, cardiomyopathy & hepatosplenomegaly. Late onset form presents with slowly progressive myopathy with respiratory insufficiency. Enzyme replacement therapy prolongs life in infantile form and prevents deterioration in late onset form of the disease.	GENETICS
05-18-2019	Z181	MULTIPLE SCLEROSIS PANEL 1	Test modifications (test details)	Usage	Isoelectric focusing is the gold standard technique with greatest sensitivity & specificity for diagnosis of Multiple sclerosis. Multiple sclerosis (MS) is a chronic inflammatory demyelinating disease characterized by visual, motor & sensory disturbances. This assay is useful for diagnosing MS specially in patients with equivocal clinical or radiological findings	Isoelectric focusing is the gold standard technique with greatest sensitivity & specificity for diagnosis of Multiple sclerosis. Multiple sclerosis (MS) is a chronic inflammatory demyelinating disease characterized by visual, motor & Multiple sclerosis (MS) is an autoimmune disease of CNS characterized by chronic inflammation, demyelination, gliosis & neuronal loss. The disease course can be relapsing or progressive. It is 3 fold more common in women than men and usually presents between 20 to 40 years of age. Well established risk factors are genetic predisposition, vitamin D deficiency, Epstein-Barr virus infection after early childhood & smoking.	BIOCHEMISTRY
05-18-2019	Z182	MULTIPLE SCLEROSIS PANEL 2	Test modifications (test details)	Usage	Isoelectric focusing is the gold standard technique with greatest sensitivity & specificity for diagnosis of Multiple sclerosis. Multiple sclerosis (MS) is a chronic inflammatory demyelinating disease	Multiple sclerosis (MS) is an autoimmune disease of CNS characterized by chronic inflammation, demyelination, gliosis & neuronal loss. The disease course can be relapsing or progressive. It is	BIOCHEMISTRY

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
					characterized by visual, motor & sensory disturbances. This assay is useful for diagnosing MS specially in patients with equivocal clinical or radiological findings.	3 fold more common in women than men and usually presents between 20 to 40 years of age. Well established risk factors are genetic predisposition, vitamin D deficiency, Epstein-Barr virus infection after early childhood & smoking.	
05-18-2019	G179	AMINO ACIDS, MAPLE SYRUP URINE DISEASE (MSUD) PANEL, PLASMA	Test modifications (test details)	Usage	This assay confirms the presence of Leucine, Isoleucine, Valine & Alloisoleucine for the diagnosis of MSUD. It also aids in the followup of patients with MSUD and monitors dietary compliance.	This assay confirms the presence of Leucine, Isoleucine, Valine & Alloisoleucine for the diagnosis of MSUD. It also aids in the followup of patients with MSUD and monitors dietary compliance. These patients present with "maple syrup" odour, lethargy, vomiting, encephalopathy, seizures, protein intolerance & intellectual disability. The inheritance of MSUD is autosomal recessive.	GENETICS
05-18-2019	Z174	MYASTHENIA GRAVIS PANEL	Test modifications (test details)	Usage	Myasthenia gravis (MG) is characterised by muscle weakness & easy fatigability most commonly due to autoantibody mediated loss of functional acetylcholine receptors in the postsynaptic membrane of skeletal muscle.	Myasthenia gravis (MG) is a neuromuscular junction disorder characterised by muscle weakness & easy fatigability most commonly due to autoantibody mediated loss of functional acetylcholine receptors in the postsynaptic membrane of skeletal muscle. MG has a prevalence of 200 in 100,000 affecting all age groups but peak incidence is in women in 20 to 30 age group. Men are less frequently affected and are usually in 50 to 60 age group. Course of MG is variable with remissions & exacerbations specially during first few years after onset of disease. Ptosis & diplopia are common symptoms.	IMMUNOASSAY
05-18-2019	S243	MuSK (MUSCLE SPECIFIC KINASE) ANTIBODY	Test modifications (test details)	Usage	MuSK antibodies have been detected in patients with Myasthenia gravis who are seronegative for Acetylcholine receptor antibodies. This assay is used to evaluate patient response to therapies for ongoing management.	MuSK antibodies have been detected in patients with Myasthenia gravis who are seronegative for Acetylcholine receptor (AChR) antibodies. Antibodies to MuSK are present in 40% of AChR antibody negative patients. This assay is used to evaluate patient response to therapies for ongoing management.	BIOCHEMISTRY
05-18-2019	G125	GAUCHER DISEASE, QUANTITATIVE, BLOOD	Test modifications (test details)	Usage	Gaucher disease is an autosomal recessive lysosomal storage disease that leads to accumulation of glucocerebroside in tissues. Type 1 Gaucher disease is the commonest & is Non Neuronopathic whereas Types 2 & 3 are Neuronopathic. Types 1 & 3 Gaucher disease can be easily treated by enzyme replacement therapy.	Gaucher disease is an autosomal recessive lysosomal storage disease that leads to accumulation of glucocerebroside in tissues due to defective activity of enzyme Beta Glucosidase with mutations in GBA1 gene. All patients have non-uniform infiltration of bone marrow by Gaucher cells. Type 1 Gaucher disease is the commonest & is Non-Neuronopathic whereas Types 2 & 3 are Neuronopathic. Types 1 & 3 Gaucher disease can be easily treated by enzyme replacement therapy. Type 2 disease is rare, severe leading to death by 2 years of	GENETICS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
05-30-2019	Z787	NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	Test modifications (test details)	Test Name	ONCOPRO LUNG BASIC PANEL-ALK1, ROS1 and EGFR	age. NSCLC (Non-small cell lung cancer) FISH panel ALK1 and ROS1	CYTOGENETICS
06-01-2019	H211	**GIEMSA STAIN, PERIPHERAL BLOOD / BONE MARROW	Blocked				HEMATOLOGY
06-03-2019	N770	Nx Gen Whole Exome Sequencing - Illumina	Test modifications (test details)	Report	Sample Daily by 9 am; Report 45 days	Sample Daily by 9 am; Report 65 days	MOLECULAR DIAGNOSTICS
06-04-2019	N075	MATERNAL BLOOD FOR FETAL DNA (NIPT)	Test modifications (test details)	Test Name	MATERNAL BLOOD FOR FETAL DNA	MATERNAL BLOOD FOR FETAL DNA (NIPT)	MOLECULAR DIAGNOSTICS
06-19-2019	M252	BIOFIRE GI (GASTROINTESTINAL) PANEL, STOOL	Test modifications (test details)	Price	Rs. 17,000.00	Rs. 20,000.00	MICROBIOLOGY
06-19-2019	M253	BIOFIRE ME (MENINGOENCEPHALITIS PANEL), CSF	Test modifications (test details)	Price	Rs. 17,000.00	Rs. 20,000.00	MICROBIOLOGY
06-20-2019	N773	Nx Gen Clinical Exome Sequencing - Illumina	Test modifications (test details)	Report	Sample Daily by 9 am; Report 30 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N785	Nx Gen Seq, 4H syndrome	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N786	Nx Gen Seq, Adrenoleukodystrophy	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N787	Nx Gen Seq, Aicardi-Goutieres	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N793	Nx GEN SEQ, BETHLEM MYOPATHY, MYOFIBRILLAR MYOPATHY & ULLRICH MUSCULAR DYSTROPHY	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N788	Nx Gen Seq, Alexander disease	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N789	Nx Gen Seq, Alkaptonuria	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N790	Nx Gen Seq, Alzheimer disease	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N791	Nx GEN SEQ, AMYOTROPHIC LATERAL SCLEROSIS	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N792	Nx GEN SEQ, ATAXIA-TELANGIECTAS	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N797	Nx GEN SEQ, MEGALOENCEPHALIC LEUKOENCEPHALOPATHY WITH SUBCORTICAL CYSTS	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N794	Nx GEN SEQ, CANAVAN DISEASE	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N799	Nx GEN SEQ, DRAVET'S SYNDROME & EARLY INFANTILE EPILEPTIC ENCEPHALOPATHY	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N795	Nx GEN SEQ, CHARCOT-MARIE-TOOTH DISEASE & SENSORY NEUROPATHIES	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N796	Nx GEN SEQ, COMPREHENSIVE	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		EPILEPSY					
06-20-2019	N798	Nx GEN SEQ, DEMENTIA	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N800	Nx GEN SEQ, DUCHENNE & BECKER MUSCULAR DYSTROPHY For MLPA negative cases	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N801	Nx GEN SEQ, DYSTONIA	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N803	Nx GEN SEQ, FAMILIAL HEMIPLEGIC MIGRAINE	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-20-2019	N802	Nx GEN SEQ, EPISODIC ATAXIA	Test modifications (test details)	Report	Sample Daily by 9 am; Report 35 days	Sample Daily by 9 am; Report 40 days	MOLECULAR DIAGNOSTICS
06-21-2019	B113	LACTATE, PLASMA, POST EXERCISE	Test modifications (test details)	Usage	This assay is useful in the diagnosis of Lactate acidosis which is typically observed in patients with Short bowel syndrome and following Jejunoileal bypass resulting in carbohydrate malasorption. Healthy children presenting with Gastroenteritis may also develop Lactic acidosis.	This assay is useful in the diagnosis & monitoring of Lactic acidosis. Lactate is the end product of anaerobic carbohydrate metabolism. Major sites of production are skeletal muscle, brain, and erythrocytes. Lactate is metabolized by the liver. The concentration of lactate depends on the rate of production and the rate of liver clearance. The liver can adequately clear lactate until the concentration reaches approximately 2 mmol/L. When this level is exceeded, lactate begins to accumulate rapidly. Lactic acidosis signals the deterioration of the cellular oxidative process and is associated with hyperpnea, weakness, fatigue, stupor, and finally coma. These conditions may be irreversible, even after treatment is administered. Lactate acidosis may be associated with hypoxic conditions (shock, hypovolemia, heart failure, pulmonary insufficiency); metabolic disorders (diabetic ketoacidosis, malignancies); toxin exposures (ethanol, methanol, salicylates).	BIOCHEMISTRY
06-21-2019	B098	LACTATE, CSF	Test modifications (test details)	Usage	CSF Lactate is useful to differentiate bacterial from viral meningitis. The CSF Lactate levels are independent of serum concentrations.	"Lactate found in CSF is predominantly produced by CNS glycolysis and is independent of serum lactate. Increased CSF Lactate levels are related to increased cerebral glycolysis or hypoxia associated with bacterial meningitis, cerebral infarction, cerebral arteriosclerosis, intracranial hemorrhage, hydrocephalus, traumatic brain injury, cerebral edema, epilepsy, and inborn errors of metabolism. Lactate measurement in CSF is used as an aid to differentiate bacterial from viral meningitis. "	BIOCHEMISTRY
06-21-2019	U105	URINE EXAMINATION,	Test modifications (test details)	Price	Rs. 150.00	Rs. 160.00	CLINICAL PATHOLOGY

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		ROUTINE; URINE R/E, AUTOMATED					
06-21-2019	B131	LIPID PROFILE, BASIC	Test modifications (test details)	Usage	The lipid profile components are useful in the detection, classification and monitoring of patients with hyperlipidemia.	Cardiovascular disease is the top cause of death leading to heart attacks and strokes, many in individuals who have no prior symptoms. Prevention of ischemic cardiovascular events is key. Risk factors including age, smoking status, hypertension, diabetes, cholesterol, and HDL cholesterol are used by physicians to identify individuals likely to have an ischemic event & to evaluate cardiovascular risk.	BIOCHEMISTRY
06-21-2019	B099	LACTATE, PLASMA	Test modifications (test details)	Usage	This assay is useful in the diagnosis of Lactate acidosis which is typically observed in patients with Short bowel syndrome and following Jejunoileal bypass resulting in carbohydrate malasorption. Healthy children presenting with Gastroenteritis may also develop Lactic acidosis.	"This assay is useful in the diagnosis & monitoring of Lactic acidosis. Lactate is the end product of anaerobic carbohydrate metabolism. Major sites of production are skeletal muscle, brain, and erythrocytes. Lactate is metabolized by the liver. The concentration of lactate depends on the rate of production and the rate of liver clearance. The liver can adequately clear lactate until the concentration reaches approximately 2 mmol/L. When this level is exceeded, lactate begins to accumulate rapidly. Lactic acidosis signals the deterioration of the cellular oxidative process and is associated with hyperpnea, weakness, fatigue, stupor, and finally coma. These conditions may be irreversible, even after treatment is administered. Lactate acidosis may be associated with hypoxic conditions (shock, hypovolemia, heart failure, pulmonary insufficiency); metabolic disorders (diabetic ketoacidosis, malignancies); toxin exposures (ethanol, methanol, salicylates). "	BIOCHEMISTRY
06-21-2019	C022	LEAD, RANDOM URINE	Test modifications (test details)	Usage	Elevated urinary Lead concentration is indicative of chronic lead toxicity. Urinary Lead concentrations may be used to monitor detoxification therapy.	Increased urine lead excretion rate indicates significant lead exposure. Measurement of urine lead excretion rate before and after chelation therapy has been used as an indicator of lead exposure. An increase in lead excretion rate in the postchelation specimen of up to 6 times the rate in the prechelation specimen is normal.	AAS
06-21-2019	C021	LEAD, 24-HOUR URINE	Test modifications (test details)	Usage	Elevated urinary Lead concentration is indicative of chronic lead toxicity. Urinary Lead concentrations may be used to monitor detoxification therapy.	Increased urine lead excretion rate indicates significant lead exposure. Measurement of urine lead excretion rate before and after chelation therapy has been used as an indicator of lead exposure. An increase in lead excretion rate in the	AAS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
						postchelation specimen of up to 6 times the rate in the prechelation specimen is normal.	
06-21-2019	Z005	LIVER PANEL 1; LFT	Test modifications (test details)	Usage	This test panel assesses the functional activity of the liver.	This test panel assesses the functional activity of the liver. It is used for screening for liver damage, specially if someone has a condition or is taking a drug that may affect the liver.	BIOCHEMISTRY
06-21-2019	D052	METHOTREXATE	Test modifications (test details)	Report	Sample by Mon / Wed / Fri 2 pm; Report Same day	Sample Mon through Sat by 2 pm; Report Same day	BIOCHEMISTRY
06-21-2019	B069	LITHIUM	Test modifications (test details)	Usage	This assay is used to monitor therapy of patients with Bipolar disorder including recurrent episodes of Mania and Depression. It is also useful to evaluate toxicity.	Lithium is used to suppress the manic phase of manic-depressive psychosis. It is distributed throughout the total water spaces of the body and is excreted primarily by the kidney. Toxicity from lithium salts leads to ataxia, slurred speech, and confusion. Since the concentration of lithium in the serum varies with the time after the dose, blood for lithium determination should be drawn at a standard time, preferably 8 to 12 hours after the last dose (trough values). This assay is useful for monitoring therapy of patients with bipolar disorders, including recurrent episodes of mania and depression and to evaluate lithium toxicity.	BIOCHEMISTRY
06-21-2019	E017	LIPID PROFILE, COMPLETE	Test modifications (test details)	Usage	The lipid profile components are useful in the detection, classification and monitoring of patients with hyperlipidemia.	Cardiovascular disease is the top cause of death leading to heart attacks and strokes, many in individuals who have no prior symptoms. Prevention of ischemic cardiovascular events is key. Risk factors including age, smoking status, hypertension, diabetes, cholesterol, and HDL cholesterol are used by physicians to identify individuals likely to have an ischemic event & to evaluate cardiovascular risk.	BIOCHEMISTRY
07-02-2019	M256	BIOFIRE ,PNEUMOINIA PLUS PANEL	Test modifications (test details)	Price	Rs. 19,000.00	Rs. 20,000.00	MICROBIOLOGY
07-02-2019	N128	VARICELLA ZOSTER VIRUS (VZV), QUALITATIVE PCR	Blocked				MOLECULAR DIAGNOSTICS
07-02-2019	Z890	NEUROVIRUSES COMPREHENSIVE PANEL, PCR QUALITATIVE	Blocked				MOLECULAR DIAGNOSTICS
07-02-2019	N130	HUMAN HERPESVIRUS 6 (HHV6), QUALITATIVE PCR	Blocked				MOLECULAR DIAGNOSTICS
07-02-2019	N123	HUMAN HERPES VIRUS 7 (HHV7), QUALITATIVE PCR	Blocked				MOLECULAR DIAGNOSTICS
07-02-2019	Z851	NEUROVIRUSES PANEL, QUALITATIVE PCR	Blocked				MOLECULAR DIAGNOSTICS

ALPHABATICAL TEST LIST MODIFICATIONS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
07-02-2019	E011	ALKALINE PHOSPHATASE (ALP) ISOENZYMES	Unblock				BIOCHEMISTRY
07-18-2019	N161	MATERNAL BLOOD FOR FETAL DNA (NIPT) WITH MICRODELETIONS	Test modifications (test details)	Test Name	MATERNAL BLOOD FOR FETAL DNA (MBFD) WITH MICRODELETIONS	MATERNAL BLOOD FOR FETAL DNA (NIPT) WITH MICRODELETIONS	MOLECULAR DIAGNOSTICS
07-18-2019	N040	HPV (HUMAN PAPILLOMA VIRUS) DETECTION & GENOTYPING, QUALITATIVE, PCR	Test modifications (test details)	Specimen	Submit Cervical swab OR Oral swab in a special container available from LPL OR Paraffin embedded tissue block OR Fresh tissue in normal saline. Ship refrigerated. DO NOT FREEZE	Submit Cervical swab for FEMALE patients OR Oral swab from the lesion for MALE patients in a special container available from LPL OR Paraffin embedded tissue block OR Fresh tissue in normal saline. Ship refrigerated. DO NOT FREEZE..	MOLECULAR DIAGNOSTICS
07-18-2019	N040	HPV (HUMAN PAPILLOMA VIRUS) DETECTION & GENOTYPING, QUALITATIVE, PCR	Test modifications (test details)	PreTestInfo	No special preparation required	Take Cervical swab for Females & Oral swab from the lesion in Males.	MOLECULAR DIAGNOSTICS
07-19-2019	Z884	FIRST TRIMESTER TRIPLE MARKER	Test modifications (test details)	Test Name	MATERNAL & PRE-ECLAMPSIA SCREENING PANEL, FIRST TRIMESTER	FIRST TRIMESTER TRIPLE MARKER	IMMUNOASSAY
07-19-2019	Z884	FIRST TRIMESTER TRIPLE MARKER	Test modifications (test details)	Specimen	3 ml (1.5 ml min.) serum form 1SST. Ship refrigerated or frozen.Test is valid between 10-13 weeks gestation. Provide maternal Date of birth (dd/mm/yy); Height, weight, IVF, Smoking,History of blood pressure, Diabetes and Preeclampsia in previous pregnancy, Previous h/o trisomy birth, Blood pressure measurement for right & left arm; USG report between 11-13 weeks gestation including CRL, NT & Nasal Bone, number of fetuses, Uterine artery PI in Maternal Serum Screen Form (Form 11) & Preeclampsia screen Request Form (Form 13).	3 ml (1.5 ml min.) serum form 1SST. Ship refrigerated or frozen.Test is valid between 10-13 weeks gestation. Provide maternal Date of birth (dd/mm/yy); Height, weight, IVF, Smoking,History of blood pressure, Diabetes and Preeclampsia in previous pregnancy, Previous h/o trisomy birth, Two readings of Blood pressure measurement for each arm; USG report between 11-13 weeks gestation including CRL, NT & Nasal Bone, number of fetuses, Uterine artery PI in Maternal Serum Screen Form (Form 11) & Preeclampsia screen Request Form (Form 13)..	IMMUNOASSAY
07-19-2019	Z884	FIRST TRIMESTER TRIPLE MARKER	Test modifications (test details)	Comments	The test is done on FMF accredited (Roche) platform.	The test is done on FMF accredited (Roche) platform. The International Federation of Gynecology and Obstetrics (FIGO, 2019) recommends All pregnant women should be screened for preterm PE during early pregnancy by the first-trimester combined test with maternal risk factors and biomarkers as a one-step procedure	IMMUNOASSAY
07-19-2019	Z884	FIRST TRIMESTER TRIPLE MARKER	Test modifications (test details)	Components	*S259* FREE BETA HCG , SERUM *S258* PREGNANCY ASSOCIATED PLASMA PROTEIN A (PAPP-A), serum *S257* PLACENTAL GROWTH FACTOR (PlGF)	*S259* FREE BETA HCG , SERUM *S258* PREGNANCY ASSOCIATED PLASMA PROTEIN A (PAPP-A), serum *S257* PLACENTAL GROWTH FACTOR (PlGF) · Risk assessment for early & late onset Preeclampsia · Risk assessment for Trisomy 21, Trisomy 18 and Neural tube defect	IMMUNOASSAY
07-23-2019	N123	HUMAN HERPES VIRUS 7 (HHV7), QUALITATIVE PCR	Unblock				MOLECULAR DIAGNOSTICS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
07-23-2019	N128	VARICELLA ZOSTER VIRUS (VZV), QUALITATIVE PCR	Unblock				MOLECULAR DIAGNOSTICS
07-23-2019	N130	HUMAN HERPESVIRUS 6 (HHV6), QUALITATIVE PCR	Unblock				MOLECULAR DIAGNOSTICS
07-23-2019	Z851	NEUROVIRUSES PANEL, QUALITATIVE PCR	Unblock				MOLECULAR DIAGNOSTICS
07-23-2019	Z890	NEUROVIRUSES COMPREHENSIVE PANEL, PCR QUALITATIVE	Unblock				MOLECULAR DIAGNOSTICS
08-19-2019	J119	HISTO/CYTOPATHOLOGY, SLIDE(S) / BLOCK(S), ISSUE	Test modifications (test details)	Price	Rs. 310.00	Rs. 300.00	HISTOPATHOLOGY
08-19-2019	J119	HISTO/CYTOPATHOLOGY, SLIDE(S) / BLOCK(S), ISSUE	Test modifications (test details)	Comments	Only representative slides / blocks will be issued on advise of the referring consultant.	Only representative slides / blocks will be issued on advise of the referring consultant. Upto 5 Slides / Blocks would be issue on the advise of the referring consultant.	HISTOPATHOLOGY
08-24-2019	M248	TB LAMP,QUALITATIVE (LOOP MEDIATED ISOTHERMA AMPLIFICATION),DNA, MYCOBACTERIUM TUBERCULOSIS COMPLEX	Test modifications (test details)	Specimen	Sputum/ Induced Sputum preferably first morning 1-2 ml in a sterile container or Bronchial Lavage/ Aspirate/ brushing 1-2 ml in a sterile container or Endotracheal secretions 1-2 ml in a sterile container or Gastric Aspirate 1- 2 ml in a sterile container. Ship refrigerated.	1-2 mL preferably first morning Sputum / Induced Sputum / Bronchial Lavage / Aspirate/ Brushings / Endotracheal secretions / Gastric OR 2-5 mL Body Fluids like Pleural Fluid, Ascitic fluid, Peritoneal fluid, Pericardial fluid, Synovial fluid, Semen,CSF & Ocular fluid OR 2-5 gm Fresh Tissue biopsy / Lymph node / Endometrium in normal saline OR 5-10 mL first morning Urine in a sterile screw capped container Ship refrigerated. DO NOT FREEZE.	MICROBIOLOGY
08-26-2019	S100	STRIATED / SKELETAL MUSCLE ANTIBODY(ASKA), IFA	Blocked				IMMUNOPATHOLOGY
08-26-2019	Z1001	PROSTATE HEALTH INDEX (PHI)	Test modifications (test details)	Method	CLIA	CMIA, CLIA	THYROID & HORMONES
08-26-2019	S174	STRIATED / SKELETAL MUSCLE ANTIBODY(ASKA) , IFA IN DILUTIONS	Blocked				IMMUNOPATHOLOGY
08-27-2019	RW248	CIRCULATING TUMOR CELLS (CTC) FOR PROSTATE CANCER	Test Deletion				OS
08-27-2019	RW096	HTLV - I / II ANTIBODY, SCREEN	Test Deletion				OS
08-27-2019	RW163	PYRIDINIUM COLLAGEN CROSS-LINKS (PYD), 2-HOUR URINE	Test Deletion				OS
08-27-2019	RW246	CIRCULATING TUMOR CELLS (CTC) FOR BREAST CANCER	Test Deletion				OS
08-27-2019	RW247	CIRCULATING TUMOR CELLS (CTC) FOR COLORECTAL	Test Deletion				OS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		CANCER					
08-27-2019	RW124	LSD, URINE, QUANTITATIVE	Test Deletion				OS
08-27-2019	RW175	**STREPTOZYME	Test Deletion				OS
08-27-2019	RW161	PURKINJE CELL (Yo) ANTIBODY SCREEN, WITH REFLEX TO TITER AND WESTERN BLOT, CSF	Test Deletion				OS
08-27-2019	S253	AUTO IMMUNE ENCEPHALITIS PANEL, SERUM	Test modifications (test details)	Test Name	AUTO IMMUNE ENCEPHALITIS PANEL	AUTO IMMUNE ENCEPHALITIS PANEL, SERUM	IMMUNOPATHOLOGY
08-27-2019	S253	AUTO IMMUNE ENCEPHALITIS PANEL, SERUM	Test modifications (test details)	Specimen	2 mL (0.5 mL min) Serum from 1 SST OR 1 mL (0.5 mL min) CSF in a sterile screw capped container. Ship refrigerated or frozen. Overnight fasting is preferred..	2 mL (0.5 mL min) Serum from 1 SST. Ship refrigerated or frozen.	IMMUNOPATHOLOGY
08-27-2019	S253	AUTO IMMUNE ENCEPHALITIS PANEL, SERUM	Test modifications (test details)	Method	Immunofluorescence Assay	Cell based assay, indirect immunofluorescence	IMMUNOPATHOLOGY
08-27-2019	S253	AUTO IMMUNE ENCEPHALITIS PANEL, SERUM	Test modifications (test details)	Report	Sample by Thu 11 am; Report Next day	Sample by Tuesday & Friday 11 am; Report same day by 6 pm.	IMMUNOPATHOLOGY
08-27-2019	RW199	**VITAMIN B1 (THIAMINE)	Blocked				OS
08-27-2019	RW017	**ARGININE VASOPRESSIN / ANTI DIURETIC HORMONE (ADH), PLASMA	Test Deletion				OS
08-27-2019	RW020	**6 BETA HYDROXYCORTISOL, 24-HOUR URINE	Test Deletion				OS
08-27-2019	RW261	PIGEON DROPPINGS, IgE	Test Deletion				OS
08-29-2019	N061	GENEXPERT ULTRA (NEXT GENERATION) MTB WITH RIFAMPICIN RESISTANCE, SEMI QUANTITATIVE	Test modifications (test details)	Specimen	3 mL (1 mL min.) Sputum OR 3 mL (1 mL min) concentrated sediments prepared from induced or expectorated Sputum OR 3 mL (1 mL min) BAL fluid OR 2 mL (1 mL min.) CSF OR 5 mL (3 mL min) Body fluids/ Aspirates OR Pus in a sterile screw capped container OR Fresh tissue biopsies including endometrial aspirate / curettage in sterile normal saline. Ship refrigerated. DO NOT FREEZE.	3 mL (1 mL min.) Sputum OR 3 mL (1 mL min) concentrated sediments prepared from induced or expectorated Sputum OR 3 mL (1 mL min) BAL fluid OR 2 mL (1 mL min.) CSF OR 5 mL (3 mL min) Body fluids/ Aspirates OR Pus in a sterile screw capped container OR Fresh tissue biopsies including endometrial aspirate / curettage in sterile normal saline. Ship refrigerated. DO NOT FREEZE.	MICROBIOLOGY
08-30-2019	XX002	FISH - t (15;17) or LSI PML/RARA	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX003	FISH - t(8;21) or LSI ETO/AML1	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX004	FISH - inv (16) or LSI CBFB	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX005	FISH - del 13q or LSI D 13S319	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX015	FISH - Amnio one probe (Trisomy 21) / Down syndrome	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX039	FISH - t(8;14) or MYC/IGH for Burkitt's & Non-Hodgkin lymphoma	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX030	FISH - Prenatal screening panel	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		(13,18,21,X and Y)					
08-30-2019	XX037	FISH - Trisomy 21 / Down syndrome	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX017	FISH - Amnio three probes (Trisomy 18, X, Y)	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX027	FISH-Positive selection of CD138 cells in Multiple Myeloma (6 probes)	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX042	FISH-PDGFR alpha (4q12) GENE REARRANGEMENT	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX043	FISH-PDGFR beta (5q33) GENE REARRANGEMENT	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX044	FISH-FGFR1 (8p12) GENE REARRANGEMENT	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX001	FISH - BCR / ABL or Philadelphia translocation	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX008	FISH - t (12;21) or LSI TEL/AML1	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	Z774	ACUTE MYELOID LEUKEMIA (AML), CYTOGENETICS PANEL	Test modifications (test details)	Report	Sample Daily by 6 pm; Report 7 Days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	Z775	ACUTE LYMPHOBLASTIC LEUKEMIA (ALL), CYTOGENETICS PANEL	Test modifications (test details)	Report	Sample Daily by 6 pm; Report 7 Days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX059	FISH-RARA VARIANT TRANSLOCATION	Test modifications (test details)	Report	Sample Daily by 6 pm; Report 3 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX060	FISH-MDM2 (12q15) GENE AMPLIFICATION	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX058	FISH-RET GENE (10q11.2) REARRANGEMENT ASSAY	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX051	FISH-EQUIVOCAL HER2 (ERBB2)	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 5 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX053	PRENATAL COMPREHENSIVE SCREENING PANEL 1	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 4 Days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX052	FISH-Follicular Lymphoma (IGH / BCL2) t(14;18)	Test modifications (test details)	Report	Sample Daily by 4 pm ; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX055	FISH-MONOSOMY 7 / DELETION 7q31 FOR AML/MDS	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX057	FISH-POSTNATAL GENDER CONFIRMATION FOR AMBIGUOUS GENITALIA & SEX REVERSAL DISORDERS	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX047	FISH - SYNOVIAL SARCOMA (SS18 / SYT) 18q11.2 GENE	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		REARRANGEMENT					
08-30-2019	XX048	FISH-EWING SARCOMA (EWS), 22q12 (EWSR1) REARRANGEMENT	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX011	FISH - HER2 (ERBB2) amplification	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX013	FISH - 1p and 19q Codeletion	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX029	FISH - C-MYC Amplification	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
08-30-2019	XX045	FISH-Eosinophilic Leukemia Panel (PDGFRA, PDGFRB, FGFR1 and CBFB)	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
09-04-2019	XX009	FISH - 14q 32.3 or LSI IGH Gene breakapart	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
09-04-2019	XX010	FISH - Opposite Sex BMT (XX / XY)	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
09-04-2019	XX050	FISH-MET (7q31) AMPLIFICATION	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
09-04-2019	XX054	FISH-SPERM ANEUPLOIDY	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 4 Days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
09-04-2019	XX006	FISH - t(11;14) or LSI IGH/CCNDI	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
09-04-2019	XX049	FISH- ROS1 (6Q22) REARRANGEMENT	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
09-04-2019	XX046	FISH-MYCN AMPLIFICATION	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 days	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
09-04-2019	XX022	FISH - MDS Panel - Chromosomes 5q, 7q, 8q & 20q.	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
09-04-2019	XX036	FISH - Aneuploidy detection, Products of Conception (POC) using chromosomes 13,18, 21, X and Y	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
09-11-2019	S037	MUMPS VIRUS ANTIBODY, IgG	Test modifications (test details)	Report	Sample by Mon 9 am; Report Same day	Sample Mon through Sat by 9 am; Report Same day	ELISA
09-11-2019	S077	VARICELLA ZOSTER VIRUS (VZV) ANTIBODY, IgG	Test modifications (test details)	Report	Sample by Mon / Thu 9 am; Report Same day	Sample Mon through Sat by 9 am; Report Same day	ELISA
09-11-2019	S072	MEASLES (RUBEOLA) ANTIBODY, IgG	Test modifications (test details)	Report	Sample by Mon 9 am; Report Same day.	Sample Mon through Sat by 9 am; Report Same day	ELISA
09-11-2019	S267	FLUORESCENT TREPONEMAL ANTIBODIES (FTA-ABS)	Test modifications (test details)	Report	Sample by Mon / Thu 9 am; Report Same day	Sample Mon through Sat by 9 am; Report Same day	ELISA
09-11-2019	S063	HIV 1 & 2 ANTIBODIES, WESTERN BLOT	Test modifications (test details)	Report	Sample by Tue / Thu / Sat 9 am; Report Same day	Sample Mon through Sat by 9 am; Report Same day	ELISA
09-13-2019	U024	CATECHOLAMINES FRACTIONATED, 24-HOUR URINE	Test modifications (test details)	Test Name	CATECHOLAMINES, 24-HOUR URINE	CATECHOLAMINES FRACTIONATED, 24-HOUR URINE	HPLC
09-13-2019	U024	CATECHOLAMINES FRACTIONATED, 24-HOUR URINE	Test modifications (test details)	Method	High Performance Liquid Chromatography	LC-MS/MS	HPLC
09-13-2019	U043	CATECHOLAMINES FRACTIONATED, RANDOM URINE	Test modifications (test details)	Test Name	CATECHOLAMINES, RANDOM URINE	CATECHOLAMINES FRACTIONATED, RANDOM URINE	GENETICS
09-13-2019	U043	CATECHOLAMINES FRACTIONATED, RANDOM URINE	Test modifications (test details)	Method	High Performance Liquid Chromatography	LC-MS/MS	GENETICS
09-18-2019	S074	VARICELLA ZOSTER	Test modifications (test details)	Report	Sample by Mon / Thu 9 am;	Sample by Mon / Thu / Sat 9 am;	ELISA

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		VIRUS (VZV) ANTIBODY, IgM			Report Same day	Report Same day	
09-18-2019	Z191	MEASLES (RUBEOLA) ANTIBODIES PANEL, IgG & IgM	Test modifications (test details)	Report	Sample by Mon 9 am; Report Same day	Sample by Mon / Thu 9 am; Report Same day	ELISA
09-18-2019	Z199	VARICELLA ZOSTER VIRUS (VZV) ANTIBODIES PANEL, IgG & IgM	Test modifications (test details)	Report	Sample by Mon / Thu 9 am; Report Same day	Sample by Mon / Thu / Sat 9 am; Report Same day	ELISA
09-18-2019	S073	MEASLES (RUBEOLA) ANTIBODY, IgM	Test modifications (test details)	Report	Sample by Mon 9 am; Report Same day.	Sample by Mon / Thu 9 am; Report Same day	ELISA
09-18-2019	S236	CHLAMYDIA TRACHOMATIS IgG	Test modifications (test details)	Report	Sample by Fri 9 am; Report Same day	Sample by Mon / Wed / Fri 9 am;Report Same day	ELISA
09-18-2019	S102	ASPERGILLUS ANTIBODY, IgG, SERUM	Test modifications (test details)	Report	Sample by Wed 9 am; Report Same day	Sample by Mon / Wed / Fri 9 am;Report Same day	ELISA
09-18-2019	S155	ASPERGILLUS ANTIBODY, IgM, SERUM	Test modifications (test details)	Report	Sample by Wed 9 am; Report Same day	Sample by Wed / Fri 9 am;Report Same day	ELISA
09-20-2019	N205	Nutrition & Fitness Genomics	Test Deletion				MOLECULAR DIAGNOSTICS
09-24-2019	Z880	IMMIGRATION / IMMUNIZATION CHECK PANEL, ADVANCED	Test modifications (test details)	Report	Sample by Mon 9 am; Report Next day	Sample by Mon through Sat 4 pm; Report Next Day	ELISA
09-24-2019	S075	MUMPS VIRUS ANTIBODY, IgM	Test modifications (test details)	Report	Sample by Mon 9 am; Report Same day	Sample by Mon / Thurs 9 am; Report Same day	ELISA
09-24-2019	S033	CYSTICERCOSIS (TAENIA SOLIUM) ANTIBODY, IgG	Test modifications (test details)	Report	Sample by Mon 9 am; Report Same day	Sample by Mon / Thurs 9 am; Report Same day	ELISA
09-24-2019	S014	AMOEBIC SEROLOGY, IgG, SERUM	Test modifications (test details)	Report	Sample by Wed / / Sat 9 am; Report Same day	Sample by Mon / Wed / Sat 9 am; Report Same day	ELISA
09-24-2019	R118	VITAMIN D 1, 25-DIHYDROXY	Test modifications (test details)	Report	Sample by Tue / Thu / Sat 9 am; Report Same day	Sample Mon through Sat by 9 am; Report Same day	BIOCHEMISTRY
09-24-2019	S220	ACETYLCHOLINE RECEPTOR (ACHR) BINDING ANTIBODY	Test modifications (test details)	Report	Sample by Wed / Sat 9 am; Report Same day	Sample by Mon/Wed/Fri 9 am; Report Same day	BIOCHEMISTRY
09-24-2019	G190	STEROID PANEL, 21-HYDROXYLASE DEFICIENCY/STRESS DIFERENTIATION	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days	Sample by Mon / Thu 9 am; Report Wed/ Sat	GENETICS
09-24-2019	S231	FECAL CALPROTECTIN	Test modifications (test details)	Report	Sample by Mon/ Thu 9 am; Report Same day	Sample by Mon/ Wed/ Fri 9 am; Report Same day	BIOCHEMISTRY
09-24-2019	N061	GENEXPERT ULTRA (NEXT GENERATION) MTB WITH RIFAMPICIN RESISTANCE, SEMI QUANTITATIVE	Test modifications (test details)	Test Name	GENEXPERT MTB WITH RIFAMPICIN RESISTANCE, QUALITATIVE, PCR	GENEXPERT ULTRA (NEXT GENERATION) MTB WITH RIFAMPICIN RESISTANCE, SEMI QUANTITATIVE	MICROBIOLOGY
09-24-2019	N061	GENEXPERT ULTRA (NEXT GENERATION) MTB WITH RIFAMPICIN RESISTANCE, SEMI QUANTITATIVE	Test modifications (test details)	Method	Real Time PCR	Real Time Nested PCR & Melt Peak Detection	MICROBIOLOGY
09-24-2019	N061	GENEXPERT ULTRA (NEXT GENERATION) MTB WITH RIFAMPICIN RESISTANCE, SEMI QUANTITATIVE	Test modifications (test details)	Usage	To detect Mycobacterium tuberculosis complex and to elucidate drug resistance to Rifampicin.	This is a rapid semi quantitative DNA based real time PCR & melt peak detection which detects the nucleic acid of Mycobacterium tuberculosis complex DNA signifying that infection is likely with	MICROBIOLOGY

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
						any of the following species namely M. tuberculosis, M. africanum, M. bovis, M. canettii, M. microti, M. caprae or M. pinnipedii forming the Mycobacterium tuberculosis complex and Rifampicin susceptibility qualitatively. Ultra version is next generation CB - NAAT which has made paucible to detect highly paucibacillary samples due to LOD of 11.8 cfu/ml	
09-24-2019	Z215	ASPERGILLUS ANTIBODIES PANEL, IgG & IgM, SERUM	Test modifications (test details)	Report	Sample by Wed 9 am; Report Same day	Sample by Wed / Fri 9 am;Report Same day	ELISA
09-24-2019	S157	LEPTOSPIRA ANTIBODY, IgG	Test modifications (test details)	Report	Sample by Tue / Sat 9 am; Report Same day	Sample by Tue / Thurs / Sat 9 am; Report Same day	ELISA
09-24-2019	Z302	LEPTOSPIRA ANTIBODIES PANEL, IgG & IgM	Test modifications (test details)	Report	Sample by Tue / Sat 9 am; Report Same day	Sample by Tue / Thurs / Sat 9 am; Report Same day	ELISA
09-24-2019	Z879	IMMIGRATION / IMMUNIZATION CHECK PANEL, BASIC	Test modifications (test details)	Report	Sample by Mon 9 am; Report Next day		ELISA
09-24-2019	S036	ECHINOCOCCUS (HYDATID SEROLOGY) IgG, SERUM	Test modifications (test details)	Report	Sample by Tue / Sat 9 am; Report Same day.	Sample by Tue / Thurs / Sat 9 am; Report Same day	ELISA
09-24-2019	Z382	MUMPS VIRUS ANTIBODIES PANEL, IgG & IgM	Test modifications (test details)	Report	Sample by Mon 9 am; Report Same day	Sample by Mon / Thurs 9 am; Report Same day	ELISA
09-24-2019	S197	LEPTOSPIRA ANTIBODY, IgM	Test modifications (test details)	Report	Sample by Tue / Sat 9 am; Report Same day	Sample by Tue / Thurs / Sat 9 am; Report Same day	ELISA
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	Specimen	Patient & Relative to report to National Reference Laboratory, Rohini, New Delhi OR Telephonically with prior appointment.		Genetic Counseling
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	Room	NA		Genetic Counseling
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	Refrigerator	NA		Genetic Counseling
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	Frozen	NA		Genetic Counseling
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	Method	Counselling		Genetic Counseling
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	Price	Rs. 3,000.00	Rs. 1,000.00	Genetic Counseling
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	Report	Daily		Genetic Counseling
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	Comments		Prior appointment is essential	Genetic Counseling
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	Usage	This is a personalized service offered to parents / relatives of the affected child. Advice is offered regarding nature of the disorder, chance of disease occurence / recurrence, pre-test & post test counselling.	a) Counselling services offered to help interpret and understand your genetic test reports. b) Referring services for further support if any genetic testing for you or your family is indicated. c) Option of convenient and secured tele - health counseling session available. d) Clinical support to healthcare providers.	Genetic Counseling
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	DoctorSpeciality	P00011		Genetic Counseling
09-25-2019	G173	GENETIC	Test modifications (test details)	Components		45 minutes session which includes a	Genetic Counseling

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		COUNSELLING				health and family assessment, discussion of impllications of genetic tests/ results for you and your family members. Follow - up information based on your results, consult note documenting the session for you and your healthcare provider.	
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	PreTestInfo	Prior appointment essential	a) Previous medical records and health related details about you and your family. b) Counseling services available in Hindi, English.	Genetic Counseling
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	Hom Col Availability	Available	None	Genetic Counseling
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	CourierCharges		0.00	Genetic Counseling
09-25-2019	G173	GENETIC COUNSELLING	Test modifications (test details)	DiseaseCode		G00025	Genetic Counseling
09-30-2019	G199	CORTICOSTERONE	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 2 days		GENETICS
09-30-2019	Z144	PHEOCHROMOCYTOMA PROFILE	Test modifications (test details)	Method	HPLC-EC, TRACE	HPLC-EC, TRACE, LC-MS/MS	HPLC
10-04-2019	S164	LIVER KIDNEY MICROSOMAL (LKM) ANTIBODY, IFA	Test modifications (test details)	Report	Sample Daily by 11 am; Report Same day	Sample Daily by 9 am; Report Same day 6 pm	IMMUNOPATHOLOGY
10-04-2019	S045	SMOOTH MUSCLE ANTIBODY (ASMA), IFA	Test modifications (test details)	Report	Sample Daily by 11 am; Report Same day	Sample Daily by 9 am; Report Same day 6 pm	IMMUNOPATHOLOGY
10-04-2019	S046	MITOCHONDRIAL ANTIBODY (AMA), IFA	Test modifications (test details)	Report	Sample Daily by 11 am; Report Same day	Sample Daily by 9 am; Report Same day 6 pm	IMMUNOPATHOLOGY
10-04-2019	S086	PARIETAL CELL ANTIBODY, IFA	Test modifications (test details)	Report	Sample Daily by 11 am; Report Same day	Sample Daily by 9 am; Report Same day 6 pm	IMMUNOPATHOLOGY
10-10-2019	XX007	FISH - 11q 23 or LSI MLL Gene breakapart	Test modifications (test details)	Report	Sample Daily by 4 pm; Report 7 Days.	Sample Daily by 4 pm; Report 4 Days	CYTOGENETICS
10-10-2019	S049	ANTI NEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA) POSITIVE REFLEX TO ANCA MPO & ANCA PR3	Test modifications (test details)	Report	Sample by Tue / Thu / Sat 9 am; Report Same day by 6 pm.	Sample by Mon / Wed / Fri 9 am; Report next day by 6 pm.	IMMUNOPATHOLOGY
10-10-2019	M262	CULTURE, BLOOD COMPREHENSIVE,	Test modifications (test details)	Specimen	Test Code: M010 Specimen: Collect 8-10 mL blood aseptically in special Plus Aerobic bottle available from LPL. For children less than 12 yrs collect 2 mL blood in Special Paeds Plus bottle available from LPL. Mix by gentle swirling. Ship at room temperature.OR Test Code: M024 Specimen: Collect 8-10 mL whole blood / body fluids aseptically in a Myco / F-Lytic bottle available from LPL. Mix by gentle swirling. Ship at room temperature.OR Test Code: M021 Specimen: Collect 8-10 mL blood aseptically in special Plus Anerobic bottle available from LPL. Mix by gentle swirling. Ship at room	Blood has to be collected in 3 different bottles ie: for Aerobic, An Aerobic and Fungus. Test Code: M010 Specimen: Collect 8-10 mL blood aseptically in special Plus Aerobic bottle available from LPL. For children less than 12 yrs collect 2 mL blood in Special Paeds Plus bottle available from LPL. Mix by gentle swirling. Ship at room temperature. + Test Code: M024 Specimen: Collect 8-10 mL whole blood / body fluids aseptically in a Myco / F-Lytic bottle available from LPL. Mix by gentle swirling. Ship at room temperature. + Test Code: M021 Specimen: Collect 8-10 mL blood	MICROBIOLOGY

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
					temperature..	aseptically in special Plus Anerobic bottle available from LPL. Mix by gentle swirling. Ship at room temperature...	
10-11-2019	S271	ANTI-MOG (MYELIN OLIGODENDROCYTE GLYCOPROTEIN), SERUM	Test modifications (test details)	Test Name	ANTI-MOG (MYELIN OLIGODENDROCYTE GLYCOPROTEIN)	ANTI-MOG (MYELIN OLIGODENDROCYTE GLYCOPROTEIN), SERUM	IMMUNOPATHOLOGY
10-11-2019	S271	ANTI-MOG (MYELIN OLIGODENDROCYTE GLYCOPROTEIN), SERUM	Test modifications (test details)	Specimen	2 mL (0.5 mL min) Serum from 1 SST OR 1 mL (0.5 mL min) CSF in a sterile screw capped container. Ship refrigerated or frozen.	2 mL (0.5 mL min) Serum from 1 SST. Ship refrigerated or frozen.	IMMUNOPATHOLOGY
10-11-2019	S271	ANTI-MOG (MYELIN OLIGODENDROCYTE GLYCOPROTEIN), SERUM	Test modifications (test details)	Room	6 HRS	6 HRS	IMMUNOPATHOLOGY
10-11-2019	S271	ANTI-MOG (MYELIN OLIGODENDROCYTE GLYCOPROTEIN), SERUM	Test modifications (test details)	Refrigerator	1 WEEK	1 WEEK	IMMUNOPATHOLOGY
10-11-2019	S271	ANTI-MOG (MYELIN OLIGODENDROCYTE GLYCOPROTEIN), SERUM	Test modifications (test details)	Frozen	2 WEEKS	2 WEEKS	IMMUNOPATHOLOGY
10-12-2019	S266	ANTI NMO (NEUROMYELITIS OPTICA) PANEL, SERUM	Test modifications (test details)	Test Name	ANTI NMO (NEUROMYELITIS OPTICA) PANEL	ANTI NMO (NEUROMYELITIS OPTICA) PANEL, SERUM	IMMUNOPATHOLOGY
10-12-2019	S266	ANTI NMO (NEUROMYELITIS OPTICA) PANEL, SERUM	Test modifications (test details)	Specimen	2 mL (0.5 mL min) Serum from 1 SST OR 1 mL (0.5 mL min) CSF in a sterile screw capped container. Ship refrigerated or frozen.	2 mL (0.5 mL min) Serum from 1 SST. Ship refrigerated or frozen.	IMMUNOPATHOLOGY
10-12-2019	S266	ANTI NMO (NEUROMYELITIS OPTICA) PANEL, SERUM	Test modifications (test details)	Method	Immunofluorescence Assay	Cell based assay, Immunofluorescence Assay	IMMUNOPATHOLOGY
10-14-2019	S250	VGKC (VOLTAGE GATED POTASSIUM CHANNEL) ANTIBODY, SERUM	Test modifications (test details)	Test Name	VGKC (VOLTAGE GATED POTASSIUM CHANNEL) , ANTIBODY	VGKC (VOLTAGE GATED POTASSIUM CHANNEL) ANTIBODY, SERUM	IMMUNOPATHOLOGY
10-14-2019	S250	VGKC (VOLTAGE GATED POTASSIUM CHANNEL) ANTIBODY, SERUM	Test modifications (test details)	Specimen	2 mL (1 mL min) serum from 1 SST. Ship refrigerated of frozen. Overnight fasting is preferred.	2 mL (1 mL min) serum from 1 SST. Ship refrigerated of frozen. Overnight fasting is preferred.	IMMUNOPATHOLOGY
10-14-2019	S250	VGKC (VOLTAGE GATED POTASSIUM CHANNEL) ANTIBODY, SERUM	Test modifications (test details)	Method	Immunofluorescence	Cell based assay, Immunofluorescence	IMMUNOPATHOLOGY
10-14-2019	S250	VGKC (VOLTAGE GATED POTASSIUM CHANNEL) ANTIBODY, SERUM	Test modifications (test details)	Report	Sample by Tue / Fri 9 am; Report Same day	Sample by Tue / Fri 9 am; Report Same day 6 pm	IMMUNOPATHOLOGY
10-14-2019	S239	ANTI NMDA RECEPTOR / ANTI-GLUTAMATE ANTIBODY , SERUM	Test modifications (test details)	Test Name	ANTI NMDA RECEPTOR / ANTI-GLUTAMATE ANTIBODY	ANTI NMDA RECEPTOR / ANTI-GLUTAMATE ANTIBODY , SERUM	IMMUNOPATHOLOGY
10-14-2019	S239	ANTI NMDA RECEPTOR / ANTI-GLUTAMATE ANTIBODY	Test modifications (test details)	Specimen	2 mL (1 mL min.) serum from 1 SST. Ship refrigerated or frozen. Overnight fasting is preferred.	2 mL (1 mL min.) serum from 1 SST. Ship refrigerated or frozen. Overnight fasting is preferred.	IMMUNOPATHOLOGY

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
10-14-2019	S239	, SERUM ANTI NMDA RECEPTOR / ANTI-GLUTAMATE ANTIBODY , SERUM	Test modifications (test details)	Room	6 hrs	6 hrs	IMMUNOPATHOLOGY
10-14-2019	S239	ANTI NMDA RECEPTOR / ANTI-GLUTAMATE ANTIBODY , SERUM	Test modifications (test details)	Refrigerator	1 week	1 week	IMMUNOPATHOLOGY
10-14-2019	S239	ANTI NMDA RECEPTOR / ANTI-GLUTAMATE ANTIBODY , SERUM	Test modifications (test details)	Frozen	2 weeks	2 weeks	IMMUNOPATHOLOGY
10-14-2019	S239	ANTI NMDA RECEPTOR / ANTI-GLUTAMATE ANTIBODY , SERUM	Test modifications (test details)	Method	Immunofluorescence Assay	Cell based assay, Immunofluorescence Assay	IMMUNOPATHOLOGY
10-14-2019	S239	ANTI NMDA RECEPTOR / ANTI-GLUTAMATE ANTIBODY , SERUM	Test modifications (test details)	Report	Sample by Tue / Fri 9 am; Report Same day	Sample by Tue / Fri 11 am; Report Same day 6 pm	IMMUNOPATHOLOGY
10-17-2019	S263	VGKC (VOLTAGE GATED POTASSIUM CHANNEL) ANTIBODY, CSF	Test modifications (test details)	Usage	VGKCs are a family of voltage-gated potassium channels & are membrane proteins - Leucine-rich glioma inactivated protein 1(LGI1) & Contactin-associated protein 2 (CASPR2), responsible for controlling the cell membrane potential. Serum VGKC antibody have been detected in peripheral nervous system disease specifically associated with the clinical spectrum of acquired neuromyotonia (NMT) and cramp-fasciculation syndrome (CFS), and disorders of the central nervous system, including Morvan syndrome, epilepsy and limbic encephalitis (LE).	VGKCs are a family of voltage-gated potassium channels & are membrane proteins - Leucine-rich glioma inactivated protein 1(LGI1) & Contactin-associated protein 2 (CASPR2), responsible for controlling the cell membrane potential. VGKC antibody have been detected in peripheral nervous system disease specifically associated with the clinical spectrum of acquired neuromyotonia (NMT) and cramp-fasciculation syndrome (CFS), and disorders of the central nervous system, including Morvan syndrome, epilepsy and limbic encephalitis (LE).	IMMUNOPATHOLOGY
10-17-2019	Z707	HISTOPATHOLOGY FINAL DIAGNOSIS PANEL	Test modifications (test details)	Price	Rs. 7,500.00	Rs. 8,000.00	HISTOLOGY
10-19-2019	N106	DNA PROFILING/FINGER PRINTING FOR ESTABLISHING PATERNITY/KINSHIP/LINEAGE STUDIES	Test modifications (test details)	Specimen	3 mL (2 mL min.) whole blood from 1 Lavender Top (EDTA) tube. Ship refrigerated. DO NOT FREEZE. DNA Profiling / Finger Printing Consent form with photograph and identification document for each individual is mandatory. Above specimen requirements are for a single individual @Rs.7000/-For additional inviduals register as	3 mL (2 mL min.) whole blood from 1 Lavender Top (EDTA) tube. Ship refrigerated. DO NOT FREEZE. DNA Profiling / Finger Printing Consent form with photograph and identification document for each individual is mandatory. Above specimen requirements are for a single individual @Rs.10,000/-For additional inviduals, register as	HLA

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
					additional tests...	additional tests..	
10-19-2019	N106	DNA PROFILING/FINGER PRINTING FOR ESTABLISHING PATERNITY/KINSHIP/LINEAGE STUDIES	Test modifications (test details)	Comments	For 2 individuals price is Rs.14,000/-	For 2 individuals price is Rs.20,000/-	HLA
10-21-2019	S110	**COXSACKIE ANTIBODY, IgG	Blocked				ELISA
10-21-2019	S176	**COXSACKIE ANTIBODY, IgM	Blocked				ELISA
10-24-2019	G164	ORGANIC ACIDS, URINE	Test modifications (test details)	Test Name	ORGANIC ACIDS, QUANTITATIVE, RANDOM URINE, FULL PANEL	ORGANIC ACIDS, URINE	GENETICS
10-24-2019	G164	ORGANIC ACIDS, URINE	Test modifications (test details)	Report	Sample by Mon / Thu 9 am; Report Thu/ Mon	Mon to Sat sample by 9 am, Report 3rd day	GENETICS
10-29-2019	Z217	**COXSACKIE ANTIBODIES, IgG & IgM PANEL	Blocked				ELISA
11-04-2019	B160	TB GOLD, INTERFERON GAMMA RELEASE ASSAY (IGRA)	Test modifications (test details)	Specimen	Collect 1 mL whole blood each in a set of special QuantiFERON – TB Gold tubes available from LPL. Shake the tubes vigorously at least 10 times to ensure thorough mixing. DO NOT CENTRIFUGE. Ship at room temperature to reach lab within 16 hours OR Incubate the tubes immediately at 37°C for 16-24 hours and centrifuge. Ship refrigerated. DO NOT FREEZE.	Collect 1 mL whole blood each in a set of special QuantiFERON – TB Gold tubes available from LPL. Shake the tubes vigorously at least 10 times to ensure thorough mixing. DO NOT CENTRIFUGE. Ship at room temperature to reach lab within 16 hours OR Incubate the tubes immediately at 37°C for 16-24 hours and centrifuge. Ship refrigerated. DO NOT FREEZE. OR 4 ml (3 ml min.) whole blood from 1 Green top (Sodium/Lithium heparin) tube. Ship refrigerated. DO NOT FREEZE..	ELISA
11-06-2019	H063	**DENGUE FEVER NS1 ANTIGEN, RAPID	Blocked				MICROBIOLOGY
11-06-2019	S151	**DENGUE FEVER ANTIBODIES PANEL, IgG & IgM	Blocked				MICROBIOLOGY
11-06-2019	Z510	**DENGUE FEVER COMBINED PANEL	Blocked				MICROBIOLOGY
11-07-2019	Q022	CHROMOSOME INTERPHASE PROFILING, AMNIOTIC FLUID	Test Deletion				CYTOGENETICS
11-09-2019	G111	**MUCOPOLYSACCHARIDOSIS (MPS) TYPING, 24 HOUR URINE	Blocked				GENETICS
11-09-2019	G187	MYCOPHENOLIC ACID	Test Deletion				GENETICS
11-09-2019	M252	BIOFIRE GI (GASTROINTESTINAL) PANEL, STOOL	Test modifications (test details)	Specimen	Submit 0.5 -1 mL Stool in Cary - Blair medium available from LPL. Ship refrigerated. DO NOT FREEZE..	Submit 0.5 -1 mL Stool in Cary-Blair medium available from LPL OR 1-2 mL Stool in a sterile screw capped container. Ship refrigerated. DO NOT FREEZE .	MICROBIOLOGY
11-12-2019	Z879	IMMIGRATION / IMMUNIZATION CHECK PANEL, BASIC	Test modifications (test details)	Specimen	4 mL (3 mL min.) serum from 1 SST. Ship refrigerated or frozen AND 1 mL Whole blood each in a set of special QuantiFERON – TB Gold tubes available from LPL. Shake the tubes vigorously at least 10 times to ensure	4 mL (3 mL min.) serum from 1 SST. Ship refrigerated or frozen AND 1 mL Whole blood each in a set of special QuantiFERON – TB Gold tubes available from LPL. Shake the tubes vigorously at least 10 times to ensure	ELISA

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
					thorough mixing. DO NOT CENTRIFUGE. Ship at room temperature to reach lab within 16 hours OR Incubate the tubes immediately at 37°C for 16-24 hours and centrifuge. Ship refrigerated. DO NOT FREEZE..	thorough mixing. DO NOT CENTRIFUGE. Ship at room temperature to reach lab within 16 hours OR Incubate the tubes immediately at 37°C for 16-24 hours and centrifuge. Ship refrigerated. DO NOT FREEZE. OR 4 ml (3 ml min.) whole blood from 1 Green top (Sodium/Lithium heparin) tube. Ship refrigerated. DO NOT FREEZE.	
11-12-2019	Z880	IMMIGRATION / IMMUNIZATION CHECK PANEL, ADVANCED	Test modifications (test details)	Specimen	4 mL (3 mL min.) serum from 1 SST. Ship refrigerated or frozen AND 1 mL Whole blood each in a set of special QuantiFERON – TB Gold tubes available from LPL. Shake the tubes vigorously at least 10 times to ensure thorough mixing. DO NOT CENTRIFUGE. Ship at room temperature to reach lab within 16 hours OR Incubate the tubes immediately at 37°C for 16-24 hours and centrifuge. Ship refrigerated. DO NOT FREEZE..	4 mL (3 mL min.) serum from 1 SST. Ship refrigerated or frozen AND 1 mL Whole blood each in a set of special QuantiFERON – TB Gold tubes available from LPL. Shake the tubes vigorously at least 10 times to ensure thorough mixing. DO NOT CENTRIFUGE. Ship at room temperature to reach lab within 16 hours OR Incubate the tubes immediately at 37°C for 16-24 hours and centrifuge. Ship refrigerated. DO NOT FREEZE. OR 4 ml (3 ml min.) whole blood from 1 Green top (Sodium/Lithium heparin) tube. Ship refrigerated. DO NOT FREEZE.	ELISA
11-13-2019	N773	Nx Gen Clinical Exome Sequencing - Illumina	Test modifications (test details)	Test Name	Nx GEN CLINICAL EXOME SEQUENCING, ULTRA	Nx Gen Clinical Exome Sequencing - Illumina	MOLECULAR DIAGNOSTICS
11-13-2019	N773	Nx Gen Clinical Exome Sequencing - Illumina	Test modifications (test details)	Price	Rs. 23,500.00	Rs. 25,000.00	MOLECULAR DIAGNOSTICS
11-13-2019	N773	Nx Gen Clinical Exome Sequencing - Illumina	Test modifications (test details)	Report	Sample Daily by 9 am; Report 40 days	Sample Daily by 9 am; Report 45 days	MOLECULAR DIAGNOSTICS
11-13-2019	N770	Nx Gen Whole Exome Sequencing - Illumina	Test modifications (test details)	Test Name	Nx GEN WHOLE EXOME SEQUENCING	Nx Gen Whole Exome Sequencing - Illumina	MOLECULAR DIAGNOSTICS
11-13-2019	N770	Nx Gen Whole Exome Sequencing - Illumina	Test modifications (test details)	Price	Rs. 45,000.00	Rs. 45,000.00	MOLECULAR DIAGNOSTICS
11-13-2019	N770	Nx Gen Whole Exome Sequencing - Illumina	Test modifications (test details)	Report	Sample Daily by 9 am; Report 50 days	Sample Daily by 9 am; Report 60 days	MOLECULAR DIAGNOSTICS
11-20-2019	S111	**CRYPTOCOCCUS ANTIGEN, CSF	Blocked				ELISA
11-20-2019	S112	**CRYPTOCOCCUS ANTIGEN, SERUM	Blocked				ELISA
11-20-2019	N080	BRCA1 & BRCA2 MUTATION SCREEN	Test Deletion				MOLECULAR DIAGNOSTICS
11-26-2019	N037	BCR-ABL GENE REARRANGEMENT, PCR QUALITATIVE	Test modifications (test details)	Test Name	BCR-ABL PCR, QUALITATIVE	BCR-ABL GENE REARRANGEMENT, PCR QUALITATIVE	MOLECULAR DIAGNOSTICS
11-26-2019	N035	BCR-ABL GENE REARRANGEMENT, PCR QUANTITATIVE	Test modifications (test details)	Test Name	BCR-ABL PCR, QUANTITATIVE	BCR-ABL GENE REARRANGEMENT, PCR QUANTITATIVE	MOLECULAR DIAGNOSTICS
11-26-2019	N081	BRCA1 & BRCA2 MUTATION COMPREHENSIVE PANEL	Test modifications (test details)	Method	Sequencing	Next Generation Sequencing	MOLECULAR DIAGNOSTICS
11-26-2019	S112	**CRYPTOCOCCUS ANTIGEN, SERUM	Test Deletion				ELISA
11-26-2019	N018	VENOUS THROMBOSIS RISK ANALYSIS PANEL	Test modifications (test details)	Test Name	VENOUS THROMBOSIS RISK	VENOUS THROMBOSIS RISK ANALYSIS PANEL	MOLECULAR DIAGNOSTICS
11-26-2019	S111	**CRYPTOCOCCUS ANTIGEN, CSF	Test Deletion				ELISA

ALPHABATICAL TEST LIST MODIFICATIONS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
11-27-2019	S077	VARICELLA ZOSTER VIRUS (VZV) ANTIBODY, IgG	Test modifications (test details)	Method	Enzyme Immunoassay	CLIA	ELISA
12-02-2019	Z011	EXECUTIVE OFFICERS PANEL	Test modifications (test details)	Components	*Glucose (F) *Creatinine *Uric Acid *Cholesterol *Triglycerides *SGOT *SGPT *GGTP *Bilirubin, Total *Protein, Total *Albumin *A:G Ratio *Alkaline Phosphatase *CBC *Blood Group & Rh factor *TSH Ultrasensitive	*Glucose (F) *Creatinine *Uric Acid *Cholesterol *Triglycerides *AST (SGOT) *ALT (SGPT) *GGTP *Bilirubin, Total *Protein, Total *Albumin *A:G Ratio *Alkaline Phosphatase *CBC *Blood Group & Rh factor *TSH Ultrasensitive	BIOCHEMISTRY
12-02-2019	Z391	FEVER PANEL 2	Test modifications (test details)	Components	*Hemogram *MP *Widal *Urine R/E *SGPT * Aerobic Blood Culture	*Hemogram *MP *Widal *Urine R/E *ALT (SGPT) * Aerobic Blood Culture	BIOCHEMISTRY
12-02-2019	Z208	GROWTH DISORDER PANEL	Test modifications (test details)	Components	*Growth Hormone *IGFBP-3 *IGF-I	*Growth Hormone *IGFBP-3 *IGF-1	BIOCHEMISTRY
12-04-2019	Z884	FIRST TRIMESTER TRIPLE MARKER	Test modifications (test details)	Components	*S259* FREE BETA HCG , SERUM *S258* PREGNANCY ASSOCIATED PLASMA PROTEIN A (PAPP-A), serum *S257* PLACENTAL GROWTH FACTOR (PlGF) · Risk assessment for early & late onset Preeclampsia · Risk assessment for Trisomy 21, Trisomy 18 and Neural tube defect	*S257* PLACENTAL GROWTH FACTOR (PlGF) *S259* FREE BETA HCG , SERUM *S258* PREGNANCY ASSOCIATED PLASMA PROTEIN A (PAPP-A), serum Risk assessment for early & late onset Preeclampsia Risk assessment for Trisomy 13, 18 & 21	IMMUNOASSAY
12-04-2019	S100	STRIATED / SKELETAL MUSCLE ANTIBODY(ASKA), IFA	Unblock				IMMUNOPATHOLOGY
12-04-2019	S174	STRIATED / SKELETAL MUSCLE ANTIBODY(ASKA) , IFA IN DILUTIONS	Unblock				IMMUNOPATHOLOGY
12-09-2019	S075	MUMPS VIRUS ANTIBODY, IgM	Test modifications (test details)	Method	Enzyme Immunoassay	CLIA	ELISA
12-09-2019	Z382	MUMPS VIRUS ANTIBODIES PANEL, IgG & IgM	Test modifications (test details)	Method	Enzyme Immunoassay	Enzyme Immunoassay, CLIA	ELISA
12-09-2019	Z199	VARICELLA ZOSTER VIRUS (VZV) ANTIBODIES PANEL, IgG & IgM	Test modifications (test details)	Method	CLIA, EIA	CLIA	ELISA
12-09-2019	S074	VARICELLA ZOSTER VIRUS (VZV) ANTIBODY, IgM	Test modifications (test details)	Method	Enzyme Immunoassay	CLIA	ELISA
12-10-2019	S037	MUMPS VIRUS ANTIBODY, IgG	Test modifications (test details)	Method	Enzyme Immunoassay	CLIA	ELISA
12-11-2019	Z529	ALLERGY WHEEZE / RHINITIS COMPREHENSIVE PANEL ADULT	Test modifications (test details)	Price	Rs. 17,000.00	Rs. 13,000.00	IMMUNOPATHOLOGY
12-11-2019	N769	Nx GEN CLINICAL EXOME SEQUENCING, ADVANCED	Test Deletion				MOLECULAR DIAGNOSTICS
12-11-2019	Z684	ALLERGY ASTHMA / RHINITIS SCREENING PANEL ADULT	Test modifications (test details)	Price	Rs. 5,500.00	Rs. 7,000.00	IMMUNOPATHOLOGY
12-11-2019	N772	Nx GEN CLINICAL EXOME SEQUENCING, REFLEX CONFIRMATION WITH PARENTS	Test Deletion				MOLECULAR DIAGNOSTICS
12-11-2019	N771	Nx GEN CLINICAL	Test Deletion				MOLECULAR

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		EXOME SEQUENCING, BASIC					DIAGNOSTICS
12-11-2019	N805	Nx GEN WHOLE EXOME SEQUENCING, TRIO Whole exome sequencing of Proband & both parents	Test modifications (test details)	Price	Rs. 75,000.00	Rs. 70,000.00	MOLECULAR DIAGNOSTICS
12-11-2019	N804	Nx GEN CARRIER SEQUENCING	Test Deletion				MOLECULAR DIAGNOSTICS
12-11-2019	Z531	ALLERGY VEGETABLE COMPREHENSIVE PANEL	Test modifications (test details)	Price	Rs. 8,000.00	Rs. 7,000.00	IMMUNOPATHOLOGY
12-11-2019	Z902	ALLERGY REGIONAL PANEL, WEST	Test modifications (test details)	Price	Rs. 9,600.00	Rs. 10,000.00	IMMUNOPATHOLOGY
12-11-2019	Z899	ALLERGY REGIONAL PANEL, EAST	Test modifications (test details)	Price	Rs. 8,500.00	Rs. 10,000.00	IMMUNOPATHOLOGY
12-11-2019	Z685	ALLERGY RHINITIS/WHEEZE SCREENING PANEL, PEDIATRIC	Test modifications (test details)	Price	Rs. 5,500.00	Rs. 7,000.00	IMMUNOPATHOLOGY
12-11-2019	Z692	ALLERGY FRUIT PANEL 1	Test modifications (test details)	Price	Rs. 3,000.00	Rs. 3,500.00	IMMUNOPATHOLOGY
12-11-2019	A110	FOOD INTOLERANCE TEST	Test modifications (test details)	Price	Rs. 14,500.00	Rs. 13,000.00	IMMUNOPATHOLOGY
12-11-2019	Z901	ALLERGY REGIONAL PANEL, SOUTH	Test modifications (test details)	Price	Rs. 9,000.00	Rs. 10,000.00	IMMUNOPATHOLOGY
12-11-2019	Z525	ALLERGY GRASS PANEL	Test modifications (test details)	Price	Rs. 4,500.00	Rs. 3,500.00	IMMUNOPATHOLOGY
12-11-2019	Z091	ALLERGY FOOD PANEL 1	Test modifications (test details)	Price	Rs. 6,500.00	Rs. 7,000.00	IMMUNOPATHOLOGY
12-11-2019	Z528	ALLERGY WHEEZE / RHINITIS COMPREHENSIVE PANEL PEDIATRIC	Test modifications (test details)	Price	Rs. 11,500.00	Rs. 10,000.00	IMMUNOPATHOLOGY
12-11-2019	Z382	MUMPS VIRUS ANTIBODIES PANEL, IgG & IgM	Test modifications (test details)	Method	Enzyme Immunoassay, CLIA	CLIA	ELISA
12-11-2019	Z691	ALLERGY FOOD PANEL2	Test modifications (test details)	Price	Rs. 5,000.00	Rs. 7,000.00	IMMUNOPATHOLOGY
12-19-2019	S098	**GLOMERULAR BASEMENT MEMBRANE (GBM) ANTIBODY, IFA	Blocked				IMMUNOPATHOLOGY
12-24-2019	S227	HELICOBACTER PYLORI ANTIGEN, STOOL	Test Deletion				ELISA
12-24-2019	S243	MuSK (MUSCLE SPECIFIC KINASE) ANTIBODY	Test modifications (test details)	Method	Radioimmunoassay	EIA	BIOCHEMISTRY
12-24-2019	R122	DPYD (DEOXYPYRIDINOLINE), URINE	Test Deletion				BIOCHEMISTRY
12-24-2019	R121	ALKALINE PHOSPHATASE, BONE-SPECIFIC; BSAP	Test Deletion				BIOCHEMISTRY
12-24-2019	B194	ALPHA-2-MACROGLOBULIN	Test Deletion				BIOCHEMISTRY
12-24-2019	R168	BETA CROSSLAPS; BETA CTx	Test Deletion				BIOCHEMISTRY
12-24-2019	B161	**NTx (COLLAGEN CROSS-LINKED N-	Test Deletion				BIOCHEMISTRY

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
		TELOPEPTIDE), URINE					
12-24-2019	B192	**Lp-PLA2 (LIPOPROTEIN ASSOCIATED PHOSPHOLIPASE A2), ACTIVITY	Test Deletion				BIOCHEMISTRY
12-24-2019	D054	OXCARBAZEPINE METABOLITE	Test Deletion				BIOCHEMISTRY
12-24-2019	G111	**MUCOPOLYSACCHARIDOSIS (MPS) TYPING, 24 HOUR URINE	Test Deletion				GENETICS
12-27-2019	Z397	MATERNAL SERUM SCREEN 2; DUAL	Test modifications (test details)	Specimen	3 mL (1.5 mL min.) serum from 1 SST. Ship refrigerated or frozen. Provide maternal Date of birth (dd/mm/yy); LMP or Ultrasound; Number of Fetuses (Single/Twins); Diabetic status and Body Weight in Kg, IVF, Smoking & Previous history of Trisomy 21 pregnancy in Maternal Serum Screen Form (Form 11). Valid between 9-13 weeks gestation (Ideal 10-13 weeks).	3 mL (1.5 mL min.) serum from 1 SST. Ship refrigerated or frozen. Provide maternal Date of birth (dd/mm/yy); Number of Fetuses (Single/Twins); Diabetic status and Body Weight in Kg, IVF, Smoking & Previous history of Trisomy 21 pregnancy in Maternal Serum Screen Form (Form 11) and Ultrasound (USG is mandatory); Biochemical risk valid between 9-13+6 weeks gestation and combined risk assement is valid between 11-13+6 weeks gestation as per USG .	THYROID & HORMONES
12-27-2019	Z397	MATERNAL SERUM SCREEN 2; DUAL	Test modifications (test details)	Comments	For Combined Risk Assessment (Biochemical risk + Nuchal translucency) kindly enclose Ultrasound report between 11-13 weeks gestation including CRL, NT & Nasal Bone.	For Combined Risk Assessment (Biochemical risk + Nuchal translucency) kindly enclose Ultrasound report between 11-13+6 weeks gestation including CRL (38-84mm), NT & Nasal Bone	THYROID & HORMONES
12-27-2019	Z397	MATERNAL SERUM SCREEN 2; DUAL	Test modifications (test details)	Usage	The Dual Screen test between 9-13 weeks of pregnancy has significant utility in First trimester Prenatal Screening of Down Syndrome (Trisomy 21), and other chromosomal anomalies. The false positive rate is 5% but the detection of Down Syndrome is as high as 85-90%.	Aneuploidies are major causes of perinatal death and childhood handicap; maternal serum screening test is effective screening method for detection of major aneuploidies (Trisomy 21 & Trisomy 18/13) in the first trimester of pregnancy. Screening by a combination of fetal nuchal translucency and maternal serum free-β-human chorionic gonadotrophin & pregnancy-associated plasma protein-A can identify about 90% of fetuses with trisomy 21 and other major aneuploidies for a false-positive rate of 5%.	THYROID & HORMONES
12-27-2019	Z397	MATERNAL SERUM SCREEN 2; DUAL	Test modifications (test details)	PreTestInfo	Test is valid between 9-13 weeks gestation (Ideal 10-13 weeks). For Combined Risk Assessment (Biochemical risk + Nuchal translucency) kindly enclose Ultrasound report between 11-13 weeks gestation including CRL, NT & Nasal Bone. Provide maternal Date of birth (dd/mm/yy); LMP or Ultrasound; Number of Fetuses (Single/Twins); Diabetic status and Body Weight in Kg, IVF, Smoking & Previous history of Trisomy 21	Biochemical risk valid between 9-13+6 weeks gestation and combined risk assessment is valid between 11-13+6 weeks gestation as per USG. Provide maternal Date of birth (dd/mm/yy); Number of Fetuses (Single/Twins); Diabetic status and Body Weight in Kg, IVF, Smoking & Previous history of Trisomy 21 pregnancy in Maternal Serum Screen Form (Form 11) and Ultrasound (USG is mandatory)	THYROID & HORMONES

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name
					pregnancy.		
12-27-2019	Z781	FMF FIRST TRIMESTER SCREEN	Test modifications (test details)	Specimen	2ml(1 ml min.) serum form 1SST. Ship refrigerated or frozen. Provide maternal Date of Birth (dd/mm/yy), LMP, USG report between 11-13 weeks gestation including CRL, NT & Nasal Bone, number of fetuses; Diabetic status, body weight; IVF, Smoking & Previous h/o Trisomy 21. Enclose Patient demographic details in Maternal Serum Screen Request Form (Form 11). Valid between 9-13 weeks gestation (Ideal 10-13 weeks).	2ml(1 ml min.) serum form 1SST. Ship refrigerated or frozen. Biochemical risk valid between 9-13+6 weeks gestation and combined risk assessment is valid between 11-13+6 weeks gestation as per USG. Provide maternal Date of birth (dd/mm/yy); Number of Fetuses (Single/Twins); Diabetic status and Body Weight in Kg, IVF, Smoking & Previous history of Trisomy 21 pregnancy in Maternal Serum Screen Form (Form 11) and Ultrasound (USG is mandatory)..	IMMUNOASSAY
12-27-2019	Z781	FMF FIRST TRIMESTER SCREEN	Test modifications (test details)	Usage	The test is used for prenatal screening of Down syndrome & other chromosomal anomalies, the approximate detection rate with this test is 85-90% with a false positive rate of 5%	Aneuploidies are major causes of perinatal death and childhood handicap; maternal serum screening test is effective screening method for detection of major aneuploidies (Trisomy 21 & Trisomy 18/13) in the first trimester of pregnancy. Screening by a combination of fetal nuchal translucency and maternal serum free-β-human chorionic gonadotrophin & pregnancy-associated plasma protein-A can identify about 90% of fetuses with trisomy 21 and other major aneuploidies for a false-positive rate of 5%. The performance of first-trimester screening is further improved by inclusion of the nasal bone and flow in the ductus venosus & across the tricuspid valve in the risk assessment.	IMMUNOASSAY
12-27-2019	Z781	FMF FIRST TRIMESTER SCREEN	Test modifications (test details)	PreTestInfo	Valid between 9-13 weeks gestation (Ideal 10-13 weeks). USG report between 10-13 weeks gestation including CRL, NT & Nasal Bone, number of fetuses is required	Biochemical risk valid between 9-13+6 weeks gestation and combined risk assessment is valid between 11-13+6 weeks gestation as per USG. Provide maternal Date of birth (dd/mm/yy); Number of Fetuses (Single/Twins); Diabetic status and Body Weight in Kg, IVF, Smoking & Previous history of Trisomy 21 pregnancy in Maternal Serum Screen Form (Form 11) and Ultrasound (USG is mandatory).	IMMUNOASSAY
12-31-2019	S220	ACETYLCHOLINE RECEPTOR (ACHR) BINDING ANTIBODY	Test modifications (test details)	Method	Radioimunoassay	Enzyme Immunoassay EIA	IMMUNOASSAY

ALPHABATICAL TEST LIST MODIFICATIONS

Date	Test Code	Test Name	Status	Modification	Old Value	New Value	Dept Name

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