

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 4300
Category B : 3440
Category C : 1720
Category D : 6730
Category FN : 5380

FUNCTIONAL DETAILS

Test Name : Ph: t(9;22) karyotyping
Test code : T301
Test status : ACTIVE
Modality : CK
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Conventional Karyotyping
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 8 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Chronic myeloid leukemia

ACTREC
TEST DIRECTORY REPORT
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Department name : CANCER CYTOGENETICS DEPARTMENT
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COST DETAILS IN RUPEES

Category A : 6030
Category B : 4820
Category C : 2410
Category D : 9430
Category FN : 7540

FUNCTIONAL DETAILS

Test Name : CML Blast Crisis karyotyping
Test code : T302
Test status : ACTIVE
Modality : CK
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Conventional Karyotyping
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 8 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Chronic myeloid leukemia with blast crisis

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COST DETAILS IN RUPEES

Category A : 6030
Category B : 4820
Category C : 2410
Category D : 9430
Category FN : 7540

FUNCTIONAL DETAILS

Test Name : Acute Myeloid Leukemia karyotyping
Test code : T303
Test status : ACTIVE
Modality : CK
Quantity required : Bone Marrow: 2-3 ml, Peripheral Blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood (Presence of more than 80% blasts in peripheral blood)
Method used : Conventional Karyotyping
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 8-12 working days after hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia

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COST DETAILS IN RUPEES

Category A : 6030
Category B : 4820
Category C : 2410
Category D : 9430
Category FN : 7540

FUNCTIONAL DETAILS

Test Name : Lymphoproliferative disorders karyotyping
Test code : T304
Test status : ACTIVE
Modality : CK
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Conventional Karyotyping
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 8-12 working days after hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoproliferative disorders

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COST DETAILS IN RUPEES

Category A : 6030
Category B : 4820
Category C : 2410
Category D : 9430
Category FN : 7540

FUNCTIONAL DETAILS

Test Name : Myelodysplastic Syndromes karyotyping
Test code : T305
Test status : ACTIVE
Modality : CK
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Conventional Karyotyping
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 8-12 working days after hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Myelodysplastic Syndromes

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Department name : CANCER CYTOGENETICS DEPARTMENT
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COST DETAILS IN RUPEES

Category A : 9250
Category B : 7400
Category C : 3700
Category D : 14450
Category FN : 11560

FUNCTIONAL DETAILS

Test Name : Myeloproliferative Neoplasms karyotyping
Test code : T306
Test status : ACTIVE
Modality : CK
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Conventional Karyotyping
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 8-12 working days after hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Myeloproliferative Neoplasms

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COST DETAILS IN RUPEES

Category A : 6030
Category B : 4820
Category C : 2410
Category D : 9430
Category FN : 7540

FUNCTIONAL DETAILS

Test Name : Acute Lymphoblastic leukemia karyotyping
Test code : T307
Test status : ACTIVE
Modality : CK
Quantity required : Bone Marrow: 2-3 ml, Peripheral Blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood (Presence of more than 80% blasts in peripheral blood)
Method used : Conventional Karyotyping
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 8-12 working days after Hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute Lymphoblastic leukemia

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Department name : CANCER CYTOGENETICS DEPARTMENT
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COST DETAILS IN RUPEES

Category A : 7760
Category B : 6210
Category C : 3110
Category D : 12130
Category FN : 9700

FUNCTIONAL DETAILS

Test Name : Lymphoma karyotyping
Test code : T308
Test status : ACTIVE
Modality : CK
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Conventional Karyotyping
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 8-12 working days after Hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoma

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COST DETAILS IN RUPEES

Category A : 4300
Category B : 3440
Category C : 1720
Category D : 6730
Category FN : 5380

FUNCTIONAL DETAILS

Test Name : Ploidy analysis
Test code : T309
Test status : ACTIVE
Modality : CK
Quantity required : Bone Marrow: 2-3 ml, Peripheral Blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood (Presence of more than 80% blasts in peripheral blood)
Method used : Chromosome counting
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 8-12 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Ploidy analysis in Acute Lymphoblastic leukemia

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COST DETAILS IN RUPEES

Category A : 6030
Category B : 4820
Category C : 2410
Category D : 9430
Category FN : 7540

FUNCTIONAL DETAILS

Test Name : Clinical Genetic disorder
Test code : T310
Test status : ACTIVE
Modality : CK
Quantity required : Peripheral Blood: 5 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Peripheral blood
Method used : Conventional Karyotyping
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 7-10 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Clinical Genetic disorders

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COST DETAILS IN RUPEES

Category A : 6030
Category B : 4820
Category C : 2410
Category D : 9430
Category FN : 7540

FUNCTIONAL DETAILS

Test Name : Constitutional karyotyping
Test code : T311
Test status : ACTIVE
Modality : CK
Quantity required : Peripheral Blood: 5 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Peripheral Blood
Method used : Conventional Karyotyping
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 7-10 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Constitutional abnormalities

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Department name : CANCER CYTOGENETICS DEPARTMENT
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COST DETAILS IN RUPEES

Category A : 12060
Category B : 9650
Category C : 4830
Category D : 18840
Category FN : 15070

FUNCTIONAL DETAILS

Test Name : Cell line karyotyping
Test code : T312
Test status : ACTIVE
Modality : CK
Quantity required : Cell lines (Kindly contact lab personel)
Collection Instructions : -
Nature of specimen : Cell lines
Method used : Conventional Karyotyping
Type of container : -
Transport instructions : -
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : -
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 8-12 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Research purpose

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TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : **CANCER CYTOGENETICS DEPARTMENT**
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COST DETAILS IN RUPEES

Category A : **4300**
Category B : **3440**
Category C : **1720**
Category D : **6730**
Category FN : **5380**

FUNCTIONAL DETAILS

Test Name : **Karyotyping in Bone and soft tissue sarcomas**
Test code : **T313**
Test status : **INACTIVE**
Modality : **CK**
Quantity required : **2-3 gms of tissue**
Collection Instructions : **-**
Nature of specimen : **tissue material**
Method used : **Conventional Karyotyping**
Type of container : **Sterile tissue in saline / culture medium**
Transport instructions : **-**
Time for additional exam on stored sample, if applicable : **NA**
Resource person for report status : **Officer-in-charge**
Resource person for test query : **Officer-in-charge**
Patient instruction : **-**
Dept. acceptance time : **Monday to Friday-9:30 a.m. till 5:00 p.m.**
: **Saturday- 9:30 a.m. till 12:00 p.m.**
Turn around time : **8 working days**
Sample storage after reporting : **Fixed pellet stored in minus 20 deep freezer**
Telephone : **022-27405000**
Test schedule : **Daily**
Extension : **6035**
Use : **Bone and soft tissue sarcomas**

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

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COST DETAILS IN RUPEES

Category A : **6030**
Category B : **4820**
Category C : **2410**
Category D : **9430**
Category FN : **7540**

FUNCTIONAL DETAILS

Test Name : **Chromosomal breakage (fragility) studies in Fanconi's anemia/Aplastic Anemia**

Test code : **T314**

Test status : **ACTIVE**

Modality : **CK**

Quantity required : **Peripheral Blood: 5 ml**

Collection Instructions : **Refer Primary sample collection manual**

Nature of specimen : **Peripheral Blood**

Method used : **Chromosomal analysis**

Type of container : **Sterile sodium heparin Green top vacutainer**

Transport instructions : **Refer Primary sample collection manual**

Time for additional exam on stored sample, if applicable : **NA**

Resource person for report status : **Officer-in-charge**

Resource person for test query : **Officer-in-charge**

Patient instruction : **Refer Primary sample collection manual**

Dept. acceptance time : **Monday to Thursday-9:30 a.m. till 2.00 p.m.**

Turn around time : **8-10 working days**

Sample storage after reporting : **Fixed pellet stored in minus 20 deep freezer**

Telephone : **022-27405000**

Test schedule : **Daily**

Extension : **6035**

Use : **Fanconi's anemia/Aplastic Anemia**

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COST DETAILS IN RUPEES

Category A : 6030
Category B : 4820
Category C : 2410
Category D : 9430
Category FN : 7540

FUNCTIONAL DETAILS

Test Name : Acute Leukemia karyotyping
Test code : T315
Test status : ACTIVE
Modality : CK
Quantity required : Bone Marrow: 2-3 ml, Peripheral Blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood (Presence of more than 80% blasts in peripheral blood)
Method used : Conventional Karyotyping
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 8-12 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute leukemia

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COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : BCR/ABL Ph: t(9;22)
Test code : T401
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 2-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Chronic myeloid leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
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COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : BCR/ABL (Ph) duplication, trisomy 8, trisomy 21, TP53 deletion
Test code : T402
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 2-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Chronic myeloid leukemia in blast crisis

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TEST DIRECTORY REPORT
LOCATION DETAILS

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COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : PML-RARA : t(15;17)
Test code : T403
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 2 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute promyelocytic leukemia

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TEST DIRECTORY REPORT
LOCATION DETAILS

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COST DETAILS IN RUPEES

Category A : 5690
Category B : 4550
Category C : 2280
Category D : 8890
Category FN : 7110

FUNCTIONAL DETAILS

Test Name : PML-RARA : t(15;17), variants
Test code : T404
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral Blood: 3-4 ml (presence of more than 80% blasts in peripheral blood)
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 2 working days after Hematopathology update
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute promyelocytic leukemia

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COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : ETO-AML1:t(8;21)
Test code : T405
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia

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COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : t(9;11)
Test code : T406
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia

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COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : t(4;11)
Test code : T407
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia, Acute lymphoblastic leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : t(6;11)
Test code : T408
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : t(11;19)
Test code : T409
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia, Acute lymphoblastic leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : t(9;11), t(4;11), t(11;19)
Test code : T410
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology update
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute lymphoblastic leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : t(9;11), t(4;11), t(6;11)
Test code : T411
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology update
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia, Acute lymphoblastic leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5690
Category B : 4550
Category C : 2280
Category D : 8890
Category FN : 7110

FUNCTIONAL DETAILS

Test Name : ETO-AML1, MLL translocation
Test code : T412
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml (presence of more than 80% blasts in peripheral blood)
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology update
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5690
Category B : 4550
Category C : 2280
Category D : 8890
Category FN : 7110

FUNCTIONAL DETAILS

Test Name : BCR-ABL, MLL translocation
Test code : T414
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml (presence of more than 80% blasts in peripheral blood)
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology update
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia, Acute lymphoblastic leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : **CANCER CYTOGENETICS DEPARTMENT**
Location : **Room No. 6, Ground Floor, CCE Building.**

COST DETAILS IN RUPEES

Category A : **3790**
Category B : **3030**
Category C : **1520**
Category D : **5930**
Category FN : **4740**

FUNCTIONAL DETAILS

Test Name : **Inversion(16)**
Test code : **T415**
Test status : **ACTIVE**
Modality : **FI**
Quantity required : **Bone Marrow: 2-3 ml,**
Collection Instructions : **Refer Primary sample collection manual**
Nature of specimen : **Bone marrow**
Method used : **Fluorescence in situ hybridization (FISH)**
Type of container : **Sterile sodium heparin Green top vacutainer**
Transport instructions : **Refer Primary sample collection manual**
Time for additional exam : **NA**
on stored sample, if applicable
Resource person for report status : **Officer-in-charge**
Resource person for test query : **Officer-in-charge**
Patient instruction : **Refer Primary sample collection manual**
Dept. acceptance time : **Monday to Friday-9:30 a.m. till 5:00 p.m.**
: **Saturday- 9:30 a.m. till 12:00 p.m.**
Turn around time : **3-4 working days**
Sample storage after reporting : **Fixed pellet stored in minus 20 deep freezer**
Telephone : **022-27405000**
Test schedule : **Daily**
Extension : **6035**
Use : **Acute myeloid leukemia**

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : MLL translocation
Test code : T416
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia, Acute lymphoblastic leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5690
Category B : 4550
Category C : 2280
Category D : 8890
Category FN : 7110

FUNCTIONAL DETAILS

Test Name : Inversion(16) , MLL translocations
Test code : T417
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml (presence of more than 80% blasts in peripheral blood)
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology update
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5100
Category B : 4080
Category C : 2040
Category D : 7980
Category FN : 6380

FUNCTIONAL DETAILS

Test Name : EVI1 translocation
Test code : T418
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology update
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : t(6;9)
Test code : T419
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology update
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : AML Panel 1(5 markers)
Test code : T420
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml (presence of more than 80% blasts in peripheral blood)
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology update
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5950
Category B : 4760
Category C : 2380
Category D : 9300
Category FN : 7440

FUNCTIONAL DETAILS

Test Name : AML Panel 1(2 markers)
Test code : T421
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml Peripheral blood: 3-4 ml (presence of more than 80% blasts in peripheral blood)
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology update
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Acute myeloid leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 2040
Category B : 1630
Category C : 820
Category D : 7980
Category FN : 6380

FUNCTIONAL DETAILS

Test Name : PDGFRA translocation/rearrangement
Test code : T422
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Hypereosinophilia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 2040
Category B : 1630
Category C : 820
Category D : 7980
Category FN : 6380

FUNCTIONAL DETAILS

Test Name : PDGFRB translocation/rearrangement
Test code : T423
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Hypereosinophilia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 2040
Category B : 1630
Category C : 820
Category D : 7980
Category FN : 6380

FUNCTIONAL DETAILS

Test Name : PDGFRA, PDGFRB, FGFR1 translocation/rearrangement
Test code : T423
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Hypereosinophilia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : -5/del(5q)
Test code : T425
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Myelodysplastic Syndromes, Acute myeloid leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : -7/del(7q)
Test code : T426
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Myelodysplastic Syndromes, Acute myeloid leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : **CANCER CYTOGENETICS DEPARTMENT**
Location : **Room No. 6, Ground Floor, CCE Building.**

COST DETAILS IN RUPEES

Category A : **2640**
Category B : **2110**
Category C : **1060**
Category D : **4130**
Category FN : **3300**

FUNCTIONAL DETAILS

Test Name : **Trisomy 8**
Test code : **T427**
Test status : **ACTIVE**
Modality : **FI**
Quantity required : **Bone Marrow: 2-3 ml**
Collection Instructions : **Refer Primary sample collection manual**
Nature of specimen : **Bone marrow**
Method used : **Fluorescence in situ hybridization (FISH)**
Type of container : **Sterile sodium heparin Green top vacutainer**
Transport instructions : **Refer Primary sample collection manual**
Time for additional exam on stored sample, if applicable : **NA**
Resource person for report status : **Officer-in-charge**
Resource person for test query : **Officer-in-charge**
Patient instruction : **Refer Primary sample collection manual**
Dept. acceptance time : **Monday to Friday-9:30 a.m. till 5:00 p.m.**
: **Saturday- 9:30 a.m. till 12:00 p.m.**
Turn around time : **3-4 working days**
Sample storage after reporting : **Fixed pellet stored in minus 20 deep freezer**
Telephone : **022-27405000**
Test schedule : **Daily**
Extension : **6035**
Use : **Myelodysplastic Syndromes, Acute myeloid leukemia**

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5100
Category B : 4080
Category C : 2040
Category D : 7980
Category FN : 6380

FUNCTIONAL DETAILS

Test Name : Del(20q)
Test code : T428
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Myelodysplastic Syndromes

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : Del(17p13)-TP53 deletion
Test code : T429
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : CLL, MM

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 7580
Category B : 6060
Category C : 3030
Category D : 11840
Category FN : 9470

FUNCTIONAL DETAILS

Test Name : MDS panel (4-5 Markers)
Test code : T430
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Myelodysplastic syndromes

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : ETV6-RUNX1:t(12;21)
Test code : T431
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : B-Acute lymphoblastic leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : PBX1-TCF3: t(1;19)
Test code : T432
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : B-Acute lymphoblastic leukemia

ACTREC
TEST DIRECTORY REPORT
LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : t(17;19)
Test code : T433
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : B-Acute lymphoblastic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 2640
Category B : 2110
Category C : 1060
Category D : 4130
Category FN : 3300

FUNCTIONAL DETAILS

Test Name : Trisomy 21
Test code : T434
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : B-Acute lymphoblastic leukemia, Down Syndrome

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : Trisomy 4, 10 & 17
Test code : T435
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : B-Acute lymphoblastic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5950
Category B : 4760
Category C : 2380
Category D : 9300
Category FN : 7440

FUNCTIONAL DETAILS

Test Name : B-ALL Panel 1(2-3 markers)
Test code : T436
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral Blood: 3-4 ml
(Presence of more than 80% blasts in peripheral blood)
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral Blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : B-Acute lymphoblastic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : B-ALL Panel 2 (3markers & Ploidy Analysis)
Test code : T437
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral Blood: 3-4 ml
(Presence of more than 80% blasts in peripheral blood)
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral Blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : B- Acute lymphoblastic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5100
Category B : 4080
Category C : 2040
Category D : 7980
Category FN : 6380

FUNCTIONAL DETAILS

Test Name : TCR-A translocation
Test code : T438
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : T-Acute lymphoblastic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : TCR-B translocation
Test code : T439
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : T-Acute lymphoblastic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : TLX1 translocation
Test code : T440
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : T-Acute lymphoblastic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : TLX3 translocation
Test code : T441
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam : NA
on stored sample, if applicable
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : T-Acute lymphoblastic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : del(9p)
Test code : T442
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : T-Acute lymphoblastic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5950
Category B : 4760
Category C : 2380
Category D : 9300
Category FN : 7440

FUNCTIONAL DETAILS

Test Name : T-ALL Panel 1(2 markers)
Test code : T443
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml
(Presence of more than 80% blasts in peripheral blood)
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral Blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : T-Acute lymphoblastic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : T-ALL Panel 2(4 markers)
Test code : T444
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml
(Presence of more than 80% blasts in peripheral blood)
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral Blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : T-Acute lymphoblastic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5950
Category B : 4760
Category C : 2380
Category D : 9300
Category FN : 7440

FUNCTIONAL DETAILS

Test Name : Acute Leukemia Panel I (2 markers)
Test code : T445
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml
(Presence of more than 80% blasts in peripheral blood)
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Diagnosis

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : Acute Leukemia Panel II (3-4 markers)
Test code : T446
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml, Peripheral blood: 3-4 ml
(Presence of more than 80% blasts in peripheral blood)
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral Blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days after Hematopathology report
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Diagnosis

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : IgH translocation
Test code : T447
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : CLL, Lymphoma, Multiple Myeloma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : c-MYC translocation
Test code : T448
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : i(7q) analysis
Test code : T449
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5100
Category B : 4080
Category C : 2040
Category D : 7980
Category FN : 6380

FUNCTIONAL DETAILS

Test Name : CCND1-IgH: t(11;14)
Test code : T450
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoma, Multiple Myeloma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5100
Category B : 4080
Category C : 2040
Category D : 7980
Category FN : 6380

FUNCTIONAL DETAILS

Test Name : IgH-BCL2 :t(14;18)
Test code : T451
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : t(3;14)
Test code : T452
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : **CANCER CYTOGENETICS DEPARTMENT**
Location : **Room No. 6, Ground Floor, CCE Building.**

COST DETAILS IN RUPEES

Category A : **3790**
Category B : **3030**
Category C : **1520**
Category D : **5930**
Category FN : **4740**

FUNCTIONAL DETAILS

Test Name : **t(11;18)**
Test code : **T453**
Test status : **ACTIVE**
Modality : **FI**
Quantity required : **Bone Marrow: 2-3 ml**
Collection Instructions : **Refer Primary sample collection manual**
Nature of specimen : **Bone marrow**
Method used : **Fluorescence in situ hybridization (FISH)**
Type of container : **Sterile sodium heparin Green top vacutainer**
Transport instructions : **Refer Primary sample collection manual**
Time for additional exam on stored sample, if applicable : **NA**
Resource person for report status : **Officer-in-charge**
Resource person for test query : **Officer-in-charge**
Patient instruction : **Refer Primary sample collection manual**
Dept. acceptance time : **Monday to Friday-9:30 a.m. till 5:00 p.m.**
: **Saturday- 9:30 a.m. till 12:00 p.m.**
Turn around time : **3-4 working days**
Sample storage after reporting : **Fixed pellet stored in minus 20 deep freezer**
Telephone : **022-27405000**
Test schedule : **Daily**
Extension : **6035**
Use : **Lymphoma**

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : MYC-IgH: t(8;14)
Test code : T454
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : BCL3-IgH: t(14;19)
Test code : T455
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 7580
Category B : 6060
Category C : 3030
Category D : 11840
Category FN : 9470

FUNCTIONAL DETAILS

Test Name : Lymphoma panel (5 markers)
Test code : T456
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5100
Category B : 4080
Category C : 2040
Category D : 7980
Category FN : 6380

FUNCTIONAL DETAILS

Test Name : t(2;5): ALK translocation
Test code : T457
Test status : ACTIVE
Modality : FI
Quantity required : Bone Marrow: 2-3 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam : NA
on stored sample, if applicable
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : CLL Panel 1 (4 markers)
Test code : T458
Test status : ACTIVE
Modality : FI
Quantity required : Peripheral Blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Chronic lymphocytic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5950
Category B : 4760
Category C : 2380
Category D : 9300
Category FN : 7440

FUNCTIONAL DETAILS

Test Name : CLL Panel 2 (2 markers)
Test code : T459
Test status : ACTIVE
Modality : FI
Quantity required : Peripheral Blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Chronic lymphocytic leukemia (CLL)

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : Del(13q)/-13
Test code : T460
Test status : ACTIVE
Modality : FI
Quantity required : Peripheral Blood: 3-4 ml for CLL, Bone Marrow: 3-4 ml for MM
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Peripheral Blood, Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Chronic lymphocytic leukemia (CLL), Multiple Myeloma (MM)

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : Del(6q)
Test code : T461
Test status : ACTIVE
Modality : FI
Quantity required : Peripheral Blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Peripheral Blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Chronic lymphocytic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 2640
Category B : 2110
Category C : 1060
Category D : 4130
Category FN : 3300

FUNCTIONAL DETAILS

Test Name : Trisomy 12
Test code : T462
Test status : ACTIVE
Modality : FI
Quantity required : Peripheral Blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Peripheral Blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Chronic lymphocytic leukemia

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : FGFR3-IgH: t(4;14)
Test code : T463
Test status : ACTIVE
Modality : FI
Quantity required : Bone marrow: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Multiple Myeloma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : IgH-MAF: t(14;16)
Test code : T464
Test status : ACTIVE
Modality : FI
Quantity required : Bone marrow: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Multiple Myeloma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : MAF-B-IgH: t(14;20)
Test code : T465
Test status : ACTIVE
Modality : FI
Quantity required : Bone marrow: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam : NA
on stored sample, if applicable
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Multiple Myeloma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : 1p deletion,1q Amplification
Test code : T466
Test status : ACTIVE
Modality : FI
Quantity required : Bone marrow: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Multiple Myeloma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5950
Category B : 4760
Category C : 2380
Category D : 9300
Category FN : 7440

FUNCTIONAL DETAILS

Test Name : Hyperdiploidy panel in MM
Test code : T467
Test status : ACTIVE
Modality : FI
Quantity required : Bone marrow: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Multiple Myeloma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 7580
Category B : 6060
Category C : 3030
Category D : 11840
Category FN : 9470

FUNCTIONAL DETAILS

Test Name : MM Panel 1 (5 markers)
Test code : T468
Test status : ACTIVE
Modality : FI
Quantity required : Bone marrow: 6 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Multiple Myeloma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : MM Panel 2 (4 markers)
Test code : T469
Test status : ACTIVE
Modality : FI
Quantity required : Bone marrow: 6 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Multiple Myeloma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 2640
Category B : 2110
Category C : 1060
Category D : 4130
Category FN : 3300

FUNCTIONAL DETAILS

Test Name : XX/XY sex mismatch
Test code : T470
Test status : ACTIVE
Modality : FI
Quantity required : Bone marrow: 2-3 ml, Peripheral Blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral Blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam : NA
on stored sample, if applicable
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Sex mismatch chimerism

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : Miscellaneous Profile I(1 marker)
Test code : T471
Test status : ACTIVE
Modality : FI
Quantity required : Bone marrow: 2-3 ml, Peripheral Blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral Blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam : NA
on stored sample, if applicable
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Miscellaneous tests

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5950
Category B : 4760
Category C : 2380
Category D : 9300
Category FN : 7440

FUNCTIONAL DETAILS

Test Name : Miscellaneous Profile II (2 markers)
Test code : T472
Test status : ACTIVE
Modality : FI
Quantity required : Bone marrow: 2-3 ml, Peripheral Blood: 3-4 ml
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Bone marrow, Peripheral Blood
Method used : Fluorescence in situ hybridization (FISH)
Type of container : Sterile sodium heparin Green top vacutainer
Transport instructions : Refer Primary sample collection manual
Time for additional exam : NA
on stored sample, if applicable
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : Fixed pellet stored in minus 20 deep freezer
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Miscellaneous tests

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : t(8;21) on archival BM biopsy/granulocytic sarcoma
Test code : T501
Test status : ACTIVE
Modality : FI
Quantity required : 3-4 slides of 3 micron sections affixed on poly-lysine coated slides
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Formalin Fixed Paraffin Embedded Sections/Blocks
Method used : Fluorescence in situ hybridization (FISH)
Type of container : NA
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : NA
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Granulocytic sarcoma

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : PDGFRA on archival BM biopsy
Test code : T502
Test status : ACTIVE
Modality : FI
Quantity required : 3-4 slides of 3 micron sections affixed on poly-lysine coated slides
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Formalin Fixed Paraffin Embedded Sections/Blocks
Method used : Fluorescence in situ hybridization (FISH)
Type of container : NA
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : NA
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Diagnosis

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : BCR-ABL on archival BM biopsy
Test code : T503
Test status : ACTIVE
Modality : FI
Quantity required : 3-4 slides of 3 micron sections affixed on poly-lysine coated slides
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Formalin Fixed Paraffin Embedded Sections/Blocks
Method used : Fluorescence in situ hybridization (FISH)
Type of container : NA
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : NA
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Diagnosis

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : MLL translocation on archival BM biopsy
Test code : T504
Test status : ACTIVE
Modality : FI
Quantity required : 3-4 slides of 3 micron sections affixed on poly-lysine coated slides
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Formalin Fixed Paraffin Embedded Sections/Blocks
Method used : Fluorescence in situ hybridization (FISH)
Type of container : NA
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : NA
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Diagnosis

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : t(11;14)
Test code : T505
Test status : ACTIVE
Modality : FI
Quantity required : 3-4 slides of 3 micron sections affixed on poly-lysine coated slides
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Formalin Fixed Paraffin Embedded Sections/Blocks
Method used : Fluorescence in situ hybridization (FISH)
Type of container : NA
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : NA
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoproliferative disorders

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : t(14;18)
Test code : T506
Test status : ACTIVE
Modality : FI
Quantity required : 3-4 slides of 3 micron sections affixed on poly-lysine coated slides
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Formalin Fixed Paraffin Embedded Sections/Blocks
Method used : Fluorescence in situ hybridization (FISH)
Type of container : NA
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : NA
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoproliferative disorders

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : t(3;14)
Test code : T507
Test status : ACTIVE
Modality : FI
Quantity required : 3-4 slides of 3 micron sections affixed on poly-lysine coated slides
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Formalin Fixed Paraffin Embedded Sections/Blocks
Method used : Fluorescence in situ hybridization (FISH)
Type of container : NA
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : NA
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoproliferative disorders

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 6630
Category B : 5300
Category C : 2650
Category D : 10360
Category FN : 8290

FUNCTIONAL DETAILS

Test Name : t(8;14)
Test code : T508
Test status : ACTIVE
Modality : FI
Quantity required : 3-4 slides of 3 micron sections affixed on poly-lysine coated slides
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Formalin Fixed Paraffin Embedded Sections/Blocks
Method used : Fluorescence in situ hybridization (FISH)
Type of container : NA
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : NA
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Lymphoproliferative disorders

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 3790
Category B : 3030
Category C : 1520
Category D : 5930
Category FN : 4740

FUNCTIONAL DETAILS

Test Name : FISH on Bone marrow Smear(1 marker)
Test code : T509
Test status : ACTIVE
Modality : FI
Quantity required : 3-4 slides of Bone marrow morphology smears
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Unstained/stained Bone marrow morphology smears
Method used : Fluorescence in situ hybridization (FISH)
Type of container : NA
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : NA
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Myeloid and lymphoid disorders

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

Department name : CANCER CYTOGENETICS DEPARTMENT
Location : Room No. 6, Ground Floor, CCE Building.

COST DETAILS IN RUPEES

Category A : 5950
Category B : 4760
Category C : 2380
Category D : 9300
Category FN : 7440

FUNCTIONAL DETAILS

Test Name : FISH on Bone marrow Smear (2 markers)
Test code : T510
Test status : ACTIVE
Modality : FI
Quantity required : 3-4 slides of Bone marrow morphology smears
Collection Instructions : Refer Primary sample collection manual
Nature of specimen : Unstained/stained Bone marrow morphology smears
Method used : Fluorescence in situ hybridization (FISH)
Type of container : NA
Transport instructions : Refer Primary sample collection manual
Time for additional exam on stored sample, if applicable : NA
Resource person for report status : Officer-in-charge
Resource person for test query : Officer-in-charge
Patient instruction : Refer Primary sample collection manual
Dept. acceptance time : Monday to Friday-9:30 a.m. till 5:00 p.m.
Saturday- 9:30 a.m. till 12:00 p.m.
Turn around time : 3-4 working days
Sample storage after reporting : NA
Telephone : 022-27405000
Test schedule : Daily
Extension : 6035
Use : Myeloid and lymphoid disorders