

**ACTREC**  
**-:TEST DIRECTORY REPORT :-**

**LOCATION DETAILS**

**Department Name** : MICROBIOLOGY  
**Location** : 1st Floor, Paymaster Shodhika PS 115

**COST DETAILS IN RUPEES**

**Category A** : Refer to schedule of charges  
**Category B** :  
**Category C** :  
**Category D** :  
**Category FN** :

**FUNCTIONAL DETAILS**

**Test Name** : MICROSCOPIC EXAMINATION – AFB smear  
**Test Code** : G109  
**Test Status** : ACTIVE  
**Modality** : MYCOBACTERIOLOGY  
**Qty Required** : NA  
**Collection Instructions** : Primary sample collection Manual  
**Nature of Specimen** : Any sample except stool & swabs  
**Method Used** : Ziehl- Neelsons stain for AFB  
**Type of Container** : Clean container  
**Transport Instruction** : Within 2 h to the lab  
**Time for add. Exam. on stored sample if applicable** : Within 24 hrs.  
**Resource Person for Report Status** : HOD/ASSTT MICROBIOLOGIST /STAFF  
  
**Resource Person for Test query** : OIC/STAFF  
**Patient Instruction** : 3 consecutive early morning expectorated sputum  
**Dept. Acceptance Time** : 8am to 4.30 pm \*  
**Turn Around Time** : 24 hrs.  
**Sample Storage after reporting** : 2-8°C (24 hrs.)  
**Telephone** : 27405000 Extn : 5313  
**Test Schedule** : Daily

Use: Diagnosis of tuberculosis