

ACTREC

TEST DIRECTORY REPORT

LOCATION DETAILS

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

FUNCTIONAL DETAILS

Test Name : **MYC::IGH t(8;14)**
Test code : **T454**
Test status : **ACTIVE**
Modality : **FI**
Quantity required : **Bone Marrow: 1-4 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 : **5758, 5759**
Use : **Lymphoma**