ACTREC

-: TEST DIRECTORY REPORT :-

TEST

LOCATION DETAILS

Department Name : PATHOLOGY LABORATORY Location : KHANOLKAR SHODHIKA

COST DETAILS IN RUPEES

Category A 550.00 Category B 450.00 : Category C 50.00 : Category D 700.00 Category F 700.00

FUNCTIONAL DETAILS

URINE/ BLADDER WASHING/ ILEAL CONDUIT URINE **Test Name** :

CYTOLOGY

Test Code : F413 **Test Status Active** :

CYTOLOGY NON-GYNAEC Modality

Qty Required 10 - 20 ml :

Collection Instructions Refer to primary sample collection manual (ACTREC – 01) :

Nature of Specimen Urine, Bladder/ Ureteric / Urethral Washings or Brushing

Method Used :

Disposable plastic tube or screw capped container **Type of Container**

Voided, catheterized and ileal urine samples should be collected **Transport Instruction**

in the laboratory. Bladder washing and cystoscopic urine collected in OT should be sent immediately or kept at 4-8°C up to 24 hours

Time for add. Exam. on stored

Not applicable sample if applicable

Pathologist, In Charge **Resource Person for Report Status** : : Pathologist, In Charge **Resource Person for Test query**

Patient Instruction Refer to primary sample collection manual (ACTREC - 01) :

Dept. Acceptance Time Monday to Friday, 9:30 am to 5:00 pm :

3rd working day after receiving the sample in the **Turn Around Time**

Sample Storage after reporting Not applicable :

Telephone 27405000 **Extn** : : 5355

Test Schedule : Monday to Friday except holidays

Use To rule out malignancy :