## ACTREC TEST DIRECTORY REPORT LOCATION DETAILS

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

## **FUNCTIONAL DETAILS**

| Test Name                         | : DEK::NUP214 t(6;9)                            |
|-----------------------------------|---|
| Test code                         | : T419  |
| Test status                       | : ACTIVE  |
| Modality                          | : FI  |
| Quantity required                 | : Bone Marrow: 1-4 ml                           |
| <b>Collection Instructions</b>    | : 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 after Hematopathology update |
| Sample storage after reporting    | : Fixed pellet stored in minus 20 deep freezer  |
| Telephone                         | : 022-27405000                                  |
| Test schedule                     | : Daily   |
| Extension                         | : 5758, 5759                                    |
| Use                               | : Acute myeloid leukemia                        |