Laboratory Test Updates

(effective on April 25, 2022)

	Test Code	Test Name	Name Change	Methodology	Performed/Reported Schedule	Specimen Requirements	Reference Interval	Update In Additional	New Tests	Internalized Tests	Reactivated Tests	Inactive
1	C8634401	Neutrophil Function Tests						X				
2	C8711802	Mycobacteria Molecular Typing, Rapid (PCR/REA), Urine				X						
3	C8392723	FISH_FUS/ERG t(16;21)(p11;q22)							X			
4	C8392679	Rapid NIPT PLUS, with Common Microdeletions, Non-invasive Prenatal Screening Test, All Chromosomes							X			
5	C8389844	Fetal Neonatal Alloimmune Thrombocytopenia (HPA-1a)	X									

Neutrophil Function Tests

Test Code: 8634401 - Laboratory Services

1 Method : FLOW CYTOMETE

Method: FLOW CYTOMETRY - Performed: Mon 08:00 Tue 08:00 Wed 08:00 Thu 08:00 Fri 08:00 Sat 08:00 -

Reported: Wed 18:00 Thu 18:00 Fri 18:00 Mon 18:00 Tue 18:00 Tue 18:00

Sample Name	Container	Amount	Transfer
Whole Blood (Heparin)	Green (Heparin)	5mL	18-24°C

Additional Information

V

Fill the "Acibadem Labmed Flow Cytometry Tests Request Form" Please contact with the laboratory before collecting the sample. Fresh sample is required. It is recommended that specimens arrive within 3 hours of draw. Unacceptable Conditions: Grossly hemolyzed.

Mycobacteria Molecular Typing, Rapid (PCR/REA)

Test Code: 8711802 - Laboratory Services

2

3

Method: PCR, DNA SEQUENCING - Performed: Mon-Sat 08:00 - Reported: 2 weeks

Sample Name	Container	Amount	Transfer
Tissue Sample	Plastic Collection Cup		2-8°C
Urine	Sterile Tube	60mL	2-8°C
Sputum	Plastic Collection Cup	2mL	2-8°C
Gastric Fluid, Fasting	Biologic Fluid Tube	2mL	2-8°C
Bronchoalveolar Lavage	Biologic Fluid Tube	2mL	2-8°C
Biologic Fluid	Biologic Fluid Tube	2mL	2-8°C

FISH_FUS/ERG t(16;21)(p11;q22)

Test Code: 8392723 - Genetic Diagnosis Tests

 ${\sf Method:INTERPHASE\;FISH\;\;-\;\;Performed:Mon\text{-}Sat\;\;-\;\;Reported:7\;days}$

Sample Name	Container	Amount	Transfer			
Whole Blood	Green (Heparin)	3mL	18-24°C			
Bone Marrow	Green (Heparin)	3mL	18-24°C			
*Genetic Approval Form must be filled in for this test.						

Rapid NIPT PLUS, with Common Microdeletions, Non-invasive Prenatal Screening Test, All Chromosomes

Test Code : **8392679** - Genetic Diagnosis Tests

4

Method: NEXT GENERATION SEQUENCING (NGS) - Performed: Mon-Sat - Reported: 15 days

Sample Name	Container	Amount	Transfer			
Whole Blood	Call the Laboratory	10mL	18-24°C			
*Genetic Approval Form must be filled in for this test						

Glycoprotein	IIIA ITGB3 Gene	Polymorphi	sm Analysis
GIVCODI OLEIII	IIIA II GDS GCIIC	E OLVILIOI DI II	oili Milaivoio

Test Code: 8389844 - Genetic Diagnosis Tests - GEN: ITGB3 - OMIM NO: 173470 🗗

5

Method: DNA SEQUENCING - Performed: Mon-Sat - Reported: 10 days

Sample Name	Container	Amount	Transfer			
DNA	Sterile Tube	2mL	18-24°C			
Whole Blood	Lavender (EDTA)	3mL	18-24°C			
*Genetic Approval Form must be filled in for this test.						