

**DISCOVER**  
**DIAGNOSE**  
**DEFEND**



**Clinical Testing For**

# **Gastrointestinal Tract**



**India's Leading Super Specialised Laboratory Network**

### HBV DNA/HCV RNA Quantitative PCR

- FDA approved assay for reliable quantification of HBV DNA/HCV RNA.
- Prognostic tool for disease progression & helps them to monitor viral response to antiviral therapy.
- Performed by Gold standard real time Taqman PCR- ensures accurate results with high sensitivity & specificity.
- Offers key advantages of speed, reduced TAT, and minimal false-positive and false negative results.

### HBV Genotyping/ HCV RNA Genotyping

- Detection and differentiation HBV/ HCV RNA genotypes.
- Helps to predict the outcome of therapy and to influence the choice of therapeutic drugs.

### Final Diagnosis Panel

- Performing comprehensive set of markers to establish exact diagnosis.
- IHC markers decided by the team of oncopathologists.
- Initial market to assess lineage- PAN CK/ Vitamin/ Chromogranin/ S100/ CD45, subsequent targeted approach leading to the final diagnosis.

### HBV DNA/ HCV RNA Qualitative by Real time PCR

- Qualitative assay of HBV DNA/HCV RNA to detect replicating HBV/HCV virus.
- Performed by Gold standard real time Taqman PCR- ensures accurate results with high sensitivity & specificity.

### Thiopurine Methyltransferase (TPMT) Genotyping

- Analysis for prognostically stratifying patients with Thiopurine Drug Toxicity
- Assess the levels of red blood cell Thiopurine Methyltransferase (TPMT) in subjects with acute lymphoblastic leukemia (ALL), inflammatory bowel disease, and autoimmune disorders.
- Determine the levels of impacted thiopurine dosing and leukopenia on therapy.

### Microsatellite Instability (MSI) by IHC

- Clinical test to detect patients having hereditary non polyposis colorectal cancer (HNPCC)/Lynch syndrome.
- MSI tumors have a more favorable prognosis and are less prone to lymph node and systemic metastasis.

### CMV by Real Time PCR

- Give prognostication of CMV disease & guide pre-emptive therapy.
- To assess the efficacy of antiviral treatment.
- Indicate the risk of clinical relapse or antiviral drug resistance.
- Useful in monitoring CMV replication in immunosuppressed patients

### Tacrolimus

- Measure the amount of the drug in the blood.
- Determine whether the concentration has reached a therapeutic level and is below the toxic level

### UGT1A1 Genotyping

- FDA recommended clinical test to detect UGT1A1 (TA) polymorphism for the assessment of risk of irinotecan toxicity.
- Assists in selection of initial irinotecan dosage

## Also available

- **KRAS Mutation, NRAS Mutation, Extended KRAS Mutation, Extended NRAS Mutation, BRAF V600E Mutation**
- **Celiac diseases** - Ttg (Tissue transglutaminase) Antibody IgA, Endomysial Antibody IgA, Gliadin Antibody IgG & IgA
- **Wilson's Diseases** - Ceruloplasmin (Semen), Copper (Serum), Copper (24 Hour urine)
- **Viral Hepatitis** - Anti HAV IgM & Total, Hbs Ag/Australian Antigen, Anti Hbs/HbsAb, Anti HBc IgM & Total, Anti HCV & HCV IgM, Anti HDV/ Delta Virus, Anti HEV IgM & IgG, GIST by IHC & C-Kit, Gilbert Syndrome, Hepatitis Accucheck, liver & kidney biopsy are also available

## Test Information

Test Name	Test Code	Technique	Specimen	TAT / Reported on
HBV Scan	SMO10082	See Individual Assays	4 - 5 ml. Whole blood submitted in 1 EDTA /1SST. Separate plasma/serum within 1 hour of collection by centrifuging at 1800xg for 10 - 12 minutes. A minimum specimen requirement is 2 ml plasma/serum.	3rd working day
HCV AmpliQ (HCV RNA Qualitative RT PCR)	SMO10028	Real Time PCR		
GenoChecQ - B (HBV genotyping)	SMO10084	PCR & Sequencing	4 - 5 ml. Whole blood submitted in 1 EDTA / 1 SST. Separate plasma/ serum within 1 hour of collection by centrifuging at 1800xg for 10 - 12 minutes. A minimum specimen requirement is 2 ml plasma.	8th working day
GenocheqQ - C (HCV genotyping)	SMO10030	Real Time PCR		4 - 5 ml. Whole blood submitted in 2 EDTA tubes. Separate plasma/Serum within 1 hour of collection by centrifuging at 1800xg for 10 - 12 minutes. A minimum specimen requirement is 2 ml. plasma. Send FROZEN (in Dry Ice). DO NOT THAW.
HBV AmpliQ (HBV DNA Qualitative PCR)	SMO10026			
Final Diagnosis Panel by IHC	SP10100	Immunohistochemistry	Formalin Fixed Paraffin Embedded (FFPE) tissue block/Representative Tissue placed in Formalin sent at room temperature by courier.Polylysine coated/ charged slides are also acceptable (12-15 for FDP; For other panels depending upon the number of markers requested) with an additional H&E slide. Slides to be transported in proper slide mailers (plastic) with proper labelling.	5th -6th working day
MSI by (IHC Marker)	SIH10097			4th working day
GIST Panel (IHC Marker)	SP10064			
Gilbert Syndrome Genotyping (UGT1A1)	SMO10069	PCR & Sequencing	3-4ml Whole blood in EDTA (Lavender top) vacutainer	10th working day
GIST Mutation (c-KIT)	SMO10070	See Individual Assays	FFPE tissue block	
CMV DNA Quantitative Real Time-PCR	SMO10097	Real Time PCR	5 - 6 ml serum/plasma/ CSF anticoagulated Whole blood in 2 Lavender top tubes.	3rd working day
Tacrolimus	RDA10016	CMIA	3 ml. (1 ml. Minimum) Whole blood in 1 EDTA (Lavender Top) tube.	
TPMT Genotyping Analysis	SMO10012	See Individual Assays	5-6 ml whole blood /3-4 ml bone marrow in 2 EDTA Vacutainers.	4th working day
TracQ - B (HBV DNA Quantitative PCR)	SMO10027	Real Time PCR	4-5 ml whole blood in EDTA/1 SST. Separate Plasma/Serum within 1 hour of collection by centrifuge at 1800* g for 10-12 min. A minimum specimen requirement is 2 ml plasma/serum.	3rd working day
TracQ - C (HCV RNA Quantitative RTPCR)	SMO10029			
HLA high resolution typing-basic	SMO10191	PCR & Sequencing	Buccal swabs in the kit provided by Oncquest	12th working day
HLA high resolution typing-complete	SMO10192			