

Neutrophil Function Tests

Test Code : **8634401** - Laboratory Services

1

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

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

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

3

Method : **INTERPHASE FISH** - Performed : **Mon-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.

4

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

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

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.

5

Glycoprotein IIIA ITGB3 Gene Polymorphism Analysis

Test Code : **8389844** - Genetic Diagnosis Tests - GEN : **ITGB3** - OMIM NO : [173470](#)

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.