



Patient-centred care

amce.net

Copyright © 2026 African Medical Centre of Excellence



African Medical Centre of Excellence
In partnership with King's College Hospital, London

Advanced Diagnostics & Laboratory Services

Attainability, Speed and Precision

Patient-centred care

amce.net

Welcome to AMCE

At the African Medical Centre of Excellence (AMCE), we believe that an accurate diagnosis is the first step toward a cure. Our laboratory is not just a department; it is the heartbeat of our medical excellence. By integrating the latest global diagnostic protocols with a deep understanding of the African healthcare landscape, we are reducing the need for medical tourism and providing answers right here at home.

- **Precision:** International standard quality control.
- **Speed:** Optimized turnaround times for critical decision-making.
- **Sovereignty:** World-class diagnostics, managed by Africans, for Africa.

This handbook tells you about what we can do for you. It includes lists of all the tests we offer and turnaround times, for critical decision-making. Before you order a test, please look at the relevant sample requirements as this will help us to work effectively and provide the results as soon as possible.

We look forward to working with you.

For any enquires on these specialist Hospital services,
please contact Call **0707 126 3974** | **0707 394 0063** or email **amcelabs@amce.net** | **info@amce.net**
We look forward to working with you.

What we offer | Precision Built for the African Genome

For too long, diagnostic standards have relied on Western clinical benchmarks that overlook the unique biological nuances of our people. AMCE is closing this "precision gap" by providing world-class pathology rooted in an advanced understanding of the African genetic profile. We don't just process samples; we interpret them through the lens of local clinical realities to ensure your results are biologically relevant and remarkably accurate. From Nigeria to West Africa and the wider diaspora, AMCE is reclaiming healthcare sovereignty by offering the clinical precision that "one-size-fits-all" global models often miss.

The AMCE Difference:
Most diagnostic standards are based on research from outside the continent. AMCE is leading the shift toward African-centric diagnostics, ensuring that your results are measured against the most relevant biological data for our people.

We cover

Blood Sciences

- Biochemistry
- Haematology Blood
- Transfusion

Infection & Immunity

- Immunology (incl. Allergy)
- Serology & Virology
- Microbiology

Cellular Pathology

- Cytopathology
- Histopathology

Molecular diagnostics

- Next Generation Sequencing
- Immunophenotyping by
- Flow cytometry
- Fluorescent Insitu Hybridization

Our Facilities

We look forward to working with you.

Our specialist hospital is located at:

African Medical Centre of Excellence (AMCE)

The African Medical Centre of Excellence is a world-class specialist hospital providing comprehensive diagnostics, treatment, research, and education services. The facility currently operates a 170-bed specialist hospital as the first phase of a planned 500-bed medical campus. AMCE delivers advanced care in oncology, cardiovascular services, haematology, and general medical and surgical specialties. The centre was developed by Afreximbank in clinical partnership with King's College Hospital NHS Foundation Trust to provide internationally recognised healthcare standards within Africa.

Our specialist services include:

- Oncology and Cancer Care
- Cardiovascular Services
- Haematology Services
- General Medical & Surgical Services
- Advanced Diagnostics
- Emergency Care Services

AMCE combines cutting-edge medical technology with a multi-disciplinary team of specialists, researchers, and healthcare professionals dedicated to improving healthcare outcomes across Africa.

Our operating hours are:

Outpatient & Wellness Services: 8:00am to 5:00pm Daily

Specialist Clinics (Oncology, Haematology & Cardiovascular): Monday to Friday, 9:00am to 5:00pm (Appointment Only)

Emergency Services: Available 24 Hours Daily

Inpatient Admissions: Daily

Surgeries & Cathlab Procedures: Daily

Our Advanced Diagnostic & Treatment Facilities

AMCE offers state-of-the-art diagnostic and treatment capabilities designed to support accurate diagnosis, advanced interventions, and comprehensive patient care.

Diagnostic Services:

- Advanced Medical Imaging
- Clinical Laboratory Services
- Pathology Services
- Nuclear Medicine
- Electrophysiology
- Endoscopy Services

Treatment Services:

- Cardiac Surgery
- Interventional Cardiology
- Radiotherapy
- Chemotherapy & Systemic Anti-Cancer Therapy (SACT)
- Stem Cell & Bone Marrow Transplant Services
- General & Specialist Surgical Procedures
- Intensive Care & Rehabilitation Services

Patients can contact our team for appointments, referrals, specialist consultations, and treatment planning. Our mission is to provide exceptional medical care, research, and education that positively impacts the management of non-communicable diseases across Africa.

Ordering tests

To ensure the highest level of diagnostic precision, please review the requirements for your specific test. Certain services, including Blood Transfusion, Microbiology, Histopathology, Cytopathology, and Urinalysis, require specific sample volumes or additional clinical data to provide an accurate interpretation.

If you have any questions regarding the ordering process or specific sample protocols, our team is available to guide you.

Handling Priority & Safety

Urgent Samples:

For expedited processing, please include a red "Urgent" card with your request form or secure the sample in a red "Urgent" specimen bag.

Infectious Samples:

Safety is our priority. Please utilize "High Risk" stickers for all infectious materials.

Order of Draw for Blood Collection

At AMCE, we adhere strictly to internationally recognised phlebotomy standards to ensure accurate test results, patient safety, and diagnostic excellence.

This standardised sequence in which blood collection tubes are filled during venipuncture is crucial in preventing cross-contamination of tube additives, which can compromise laboratory results.

Standard Venipuncture Order of Draw



Taking samples

To maintain the highest diagnostic integrity and ensure patient safety, all sample collections must adhere to the following protocols:

Clinical Compliance:

Strictly follow local Infection Prevention and Control (IPC) guidelines throughout the collection process.

Precision in Volume:

Utilize the designated tubes or containers and ensure they are filled exactly to the indicated fill line.

Order of Draw & Stability:

Adhere to the correct "order of draw" where applicable and mix samples through gentle inversion to maintain specimen stability.

Specialized Collection Support:

We recognize that certain cases—particularly pediatric patients or those with difficult venous access—require a tailored approach. If you are concerned about volume, please contact the laboratory directly to verify the minimum viable volume required for a precise analysis.

Specimen Labelling & Patient Safety

To eliminate the risk of diagnostic errors, all samples must be labelled in the presence of the patient at the time of collection. Clear, accurate labelling is a critical component of our patient safety protocol.

Mandatory Labelling Requirements:

Full Legal Name: Include both first name and surname (or initials).

Date of Birth: Precise DOB is required (age alone is insufficient for clinical validation).

Unique Identifier: Patient ID or Hospital Number (as relevant).

Collection Metadata: The exact date and time of specimen collection.

Clinical Accountability: Initials of the healthcare professional who performed the collection.

Completing Request Form

The request form should include:

- **Patient's first name and surname**
- **Patient's date of birth**
- **ID / hospital number**
- **Patient's sex**
- **Patient's address**
- **Clinical information and / or provisional diagnosis**
- **Test required**
- **Date and time of collection**
- **Confirmation of what you're sending (e.g. 3 EDTA tubes)**
- **Referring practitioner's name and signature**



Packaging and Transportation Protocols

To maintain sample viability, all specimens must be prepared according to the following international safety standards:

Primary Packaging

- Secure and Seal:** Ensure all container lids are fully tightened and leak-proof.
- Individual Containment:** Place each specimen in the main pouch of an individual biohazard bag and seal it securely.
- Documentation:** Place the completed request form in the external pocket of the biohazard bag. For priority cases, ensure a red "Urgent" card is clearly visible within this pocket.

High-Risk Biohazard Handling

- Hazard Group 3 (e.g., HIV, TB, Hepatitis B/C):** Apply "High Risk" stickers to both the sample container and the request form. These specimens must be double bagged before transport.
- Hazard Group 4 (e.g., Ebola, Lassa Fever):** For suspected or confirmed cases of Viral Haemorrhagic Fevers, you must contact the Infection Prevention and Control (IPC) team or the Microbiology Laboratory for specialized instructions before attempting to send samples.

Secondary Transport & Confidentiality

- UN3373 Compliance:** Place sealed biohazard bags into an opaque, UN3373-labeled secondary container. This packaging includes absorbent material and serves to protect patient confidentiality during transit.
- Chain of Custody:** Samples are collected by specialized Medical Couriers and transported in locked, rigid containers.
- Record Keeping:** Ensure a local log is maintained of all samples packaged and dispatched to the AMCE Laboratory.

Timely Dispatch

Diagnostics are time sensitive. Please dispatch samples immediately following collection. Always refer to the specific sections of this handbook for unique requirements regarding your requested tests to ensure full clinical compliance



Ensuring Sample Acceptance & Quality Control

To guarantee the accuracy of every diagnostic result, the AMCE Laboratory adheres to strict acceptance criteria. To avoid delays in patient care, please ensure all specimens meet our clinical standards

Criteria for Sample Rejection: To protect the integrity of the diagnostic process, we cannot accept samples that are:

- **Compromised:** Leaking, clotted, or haemolysed.
- **Time-Sensitive:** Specimens that have exceeded the viable processing window (too old).
- **Protocol Non-Compliant:** Samples that do not meet specific environmental requirements, such as those that must be transported on ice or protected from light exposure.

Our Resolution Process: If a sample must be rejected, our team will proactively contact you to explain the clinical reasoning and the test will be cancelled to allow for a fresh re-order and sample submission.

Irreplaceable Samples (Special Protocols): In rare cases involving "unrepeatable" samples, such as Tissue Biopsies, a senior member of our pathology team will consult with you directly. These instances are evaluated on a case-by-case basis to determine if a compromised sample can still yield safe, actionable data. Any deviations from protocol will be documented for quality and patient safety audits.



Haematology, Blood Bank, Cytology & Microbiology

Our haematology, transfusion medicine, cytology, and microbiology services combine advanced technology with specialist expertise to support clinical care across the patient continuum.

Haematology

Comprehensive evaluation of blood disorders, supporting diagnosis and monitoring of anaemias, clotting disorders, haematologic malignancies, and systemic diseases.

Cytology

Rapid, minimally invasive cellular analysis for early detection and evaluation of benign, pre-malignant, and malignant conditions.

Blood Bank (Transfusion Medicine)

Comprehensive evaluation of blood disorders, supporting diagnosis and monitoring of anaemias, clotting disorders, haematologic malignancies, and systemic diseases.

Microbiology

Accurate identification of infectious agents and antimicrobial susceptibility testing to guide effective treatment and infection control.

Haematology

Overview

The Haematology Laboratory provides diagnostic testing for disorders of red cells, white cells, platelets, haemostasis, and thrombosis. Accurate laboratory results depend not only on analytical performance within the laboratory, but also on correct patient identification, specimen collection, transport, and storage.

Sample Labelling

Please refer to the Specimen Labelling & Patient Safety section for full guidance on labelling.

Sample Requirements

EDTA is the standard sample type for routine haematology, while citrate is used for coagulation tests. Tubes should be filled to the indicated fill line to maintain the correct blood-to-anticoagulant ratio. Underfilled or overfilled samples may be unsuitable for analysis, particularly coagulation specimens.

Transport and Timing Requirements

Once a sample has been collected, please send it to the laboratory without delay:

- Routine citrate samples for coagulation tests should arrive within four hours.
- Special coagulation tests, such as factor assays, should arrive within one hour.

Causes of Unreliable Results

Routine Haematology

Clotted samples or poor mixing: Inadequate mixing after collection can allow small clots to form, leading to inaccurate cell counts or sample rejection.

Incorrect EDTA fill volume: Underfilled or overfilled tubes can alter the blood-to-anticoagulant ratio and affect results.

Delay in transport or processing: Prolonged storage may compromise cellular morphology. Send samples as soon as possible.

Haemolysis: Traumatic venepuncture or rough handling can damage cells and interfere with parameters.

Platelet clumping or cold agglutination: These can cause falsely low platelet counts and may require a repeat sample.

Coagulation

Activation during testing: May occur if venepuncture is difficult or samples are not mixed properly, leading to invalid results.

Clotted samples: Occur if samples are not mixed correctly. Mix gently by inversion to combine anticoagulant with blood.

Indwelling heparinised lines: Samples collected from heparinised lines may produce unreliable results.

Elevated haematocrit: Patients with markedly elevated haematocrit may require adjustment of citrate volume.

Sample Rejection Criteria

Samples may be rejected or require recollection for the following reasons:

- Incorrect patient identification
- Incorrect tube type
- Clotted specimens
- Insufficient sample volume
- Gross haemolysis
- Delayed transport
- Leaking or damaged containers

Disclaimer on Reference Ranges

Laboratory results should be interpreted in conjunction with the patient's clinical presentation, medical history, and other relevant investigations.



Test Menu and Turn around time

Note - Turn around time starts from sample receipt into AMCE Laboratory to when the reports are issued.

Haematology / Coagulation

#	Test Name	TAT
1	Complete blood count with differentials	2 hours
2	Reticulocytes count	2 hours
3	Erythrocyte sedimentation rate (ESR)	2 hours
4	Hb electrophoresis quantification	2 hours
5	Peripheral Blood Film (PBF) review	2 hours
6	PT/INR (Prothrombin Time)	2 hours
7	Activated partial thromboplastin time (aPTT)	2 hours
8	Fibrinogen	2 hours
9	Protein C activity	192 hours
10	Factor VIII activity assay/Antihemophilia Factor (AHF) test	192 hours
11	Factor IX activity assay/Christmas factor assay	192 hours
12	Factor XI activity assay/Plasma Thromboplastin Antecedent (PTA)...	192 hours
13	Factor XII assay/Hageman factor assay	192 hours
14	Factor II (Prothrombin)	192 hours
15	Factor V activity assay	192 hours
16	Factor X test	192 hours
17	Protein S activity	192 hours

Blood Bank

#	Test Name	TAT
1	Indirect Antiglobulin Test (IAT)/ Indirect Coombs Test	2 hours
2	Direct Antiglobulin Test (DAT)/Direct Coombs Test	2 hours
3	ABO Blood Grouping	2 hours
4	Crossmatching	2 hours
5	LE Cells	2 hours
6	Blood cell components (Packed RBCs, Platelets, Plasma)	2 hours
7	Blood irradiation	2 hours

Cytology & Special Investigations

#	Test	TAT
1	PAP SMEAR - LBC	24 hours
2	FLUID CYTOLOGY	24 hours
3	FINE NEEDLE ASPIRATE(FNAC)	24 hours
4	CYTOLOGY SEMEN	24 hours
5	FLUID CYTOLOGY (ASPIRATE, URINE, PLEURAL OR ASCITIC FLUID	24 hours
6	CELL BLOCK PREPARATION	24 hours
— Special Investigations —		
1	SECOND OPINION- STAINED SLIDES	24 hours
2	SECOND OPINION- TISSUE BLOCK (1-10 blocks)	24 hours
3	HISTOCHEMICAL STAINING	24 hours

Microbiology — Serology

#	Test	TAT
22	HBsAg quantitative (CLIA)	6 hours
23	Anti HCV quantitative (CLIA)	6 hours
24	HIV Ab/Ag quantitative (CLIA)	6 hours
25	Anti TPHA (CLIA)	6 hours
26	HCV RNA (quantitative)	4hrs
27	HPV 16,18,25, 45	4hrs
28	HBV DNA (quantitative)	4hrs
29	Clostridium deficile	4hrs
30	SARS COV-2	4hrs
— Medical Micro —		
1	urine mcs + Urinalysis	24 hours
2	Stool mcs + stool analysis	36 hours
3	sputum mcs	24 hours
4	Wound swab mcs	24 hours
5	Urinalysis	
6	Malaria parasite test	
7	TB quantiferon test	
8	Ear swab mcs	24 hours
9	Nose swab mcs (MRSA)	
10	Pleural fluid mcs	24 hours
11	Blood culture mcs	5 days
12	Faecal immunohistochemistry test	
13	TB culture	22 days
14	GeneXpert MTB/RIF/Ultra	
15	CSF mcs	24 hours
16	Aspirate mcs	24 hours
17	Genital swab mcs	24 hours
18	Tissue biopsy mcs	24 hours
19	Line tip mcs	24 hours
20	Infection control pathogen surveillance (MRSA, VRE, CRE colonization screens)	24 hours
21	Skin snip	4 hours



Medical Microbiology, Parasitology and Infectious Disease Immunology

Handbook and Test Menu — Version 2.0 | May 2026

Clinical introduction

The Medical Microbiology, Parasitology and Infectious Disease Immunology service supports diagnosis, treatment, antimicrobial stewardship, infection prevention and outbreak response across AMCE. The service covers bacteriology, myco-bacteriology, virology and molecular diagnostics, mycology, parasitology, AMR/ IPC screening and infectious disease immunology. Test selection should be guided by the patient's syndrome, specimen source, immune status, antimicrobial exposure and urgency of care. Accurate collection, prompt transport and clear clinical information are essential because microbiology results are strongly affected by pre-analytical quality. Urgent, high-risk or irreplaceable specimens should be discussed with the laboratory or IPC team before collection or dispatch where special handling or consultant interpretation may be required.

Scope

Bacteriology, myco-bacteriology, virology and molecular viral diagnostics, mycology, parasitology, AMR/ IPC screening, and infectious disease immunology.

Clinical use

Microbiology results depend on specimen quality, collection timing, transport conditions and clinical context. Provide the suspected syndrome, specimen source, current or recent anti-microbials, immune status, pregnancy status where relevant, and whether the sample is diagnostic, screening or follow-up.

Availability

In-house tests are active AMCE services. Planned tests are listed for service development and clinician awareness. Planned tests should not be requested until the laboratory confirms service activation, validated specimen type and reporting pathway.

Escalation

Discuss urgent, high-risk or irreplaceable specimens with the Microbiology Laboratory or Infection Prevention and Control team before dispatch when special handling, bio-safety advice or consultant interpretation is required.

How to use this section

Column	Meaning	Clinical action
Test name	Name of the test or diagnostic pathway.	Select the closest syndrome-specific test rather than a generic culture where possible
Code	Internal test code.	Use the code on request forms or electronic order build where available.
Sample/container	Required specimen and container code.	Submit the correct specimen type. Use aspirate, tissue or sterile fluid instead of a
TAT	Expected reporting time after receipt and acceptance.	Positive or critical results may be reported earlier; complex cultures and reference
Availability	In-house or planned status.	Do not request planned tests until AMCE confirms activation.

Request-form requirements for microbiology

All specimens must be linked to a correctly identified patient and a clear clinical request. Missing identifiers, unclear source, absent collection time or inadequate clinical context may delay processing or limit interpretation.

Patient and request identifiers	Microbiology-specific clinical data	Specimen details
Full name, hospital number, date of birth, sex, ward/unit and requesting clinician. Requester contact for urgent communication and result clarification.	Suspected diagnosis or syndrome, severity, immune status, pregnancy status where relevant, transplant/oncology/ICU status and device-related infection details. Current and recent antimicrobial or antifungal exposure, including timing before specimen collection.	Exact specimen type, anatomical site, collection method, date and time of collection, and number/type of containers submitted. State whether the request is diagnostic, screening, surveillance, clearance, treatment follow-up or outbreak investigation.

Specimen collection, transport and acceptance

Collection principles	Transport	Labelling	Packaging
Collect before antimicrobials where feasible. Use aseptic technique for sterile-site specimens. Do not pool specimens from different anatomical sites. For deep infection, tissue or aspirate is preferred to a surface swab.	Dispatch specimens promptly. CSF, blood cultures, sterile fluids, gonococcal specimens, wet preparations and high-risk samples require urgent transport. Use the specified container or transport medium.	Label the container at the bedside or collection point using patient name, unique identifier, specimen type, anatomical site, date and time of collection, and collector initials where required.	Use sealed primary containers inside a biohazard bag with the request form in the external pocket. Use secondary transport containers according to AMCE transport and biosafety procedures.

Common reasons for rejection or delayed processing

Category	Microbiology examples
Identification or request problem	Unlabelled or mislabelled container; discordance between container and request form; absent specimen site for wound, tissue, line, genital or respiratory specimens.
Container or transport problem	Leaking container; dry swab where transport medium is required; wrong tube for viral load/PCR; delayed urine without preservative; specimen not received in sterile container.
Specimen quality problem	Saliva submitted as sputum; superficial swab for deep infection when tissue or aspirate is feasible; formed stool for Clostridioides difficile PCR; rectal swab without visible faecal staining for CPE/VRE screening.
Clinical safety or governance issue	Suspected viral haemorrhagic fever or other high-consequence infection submitted without prior discussion; irreplaceable specimen received compromised and requiring consultant decision before processing.

Urgent and high-risk specimen handling

Category	Examples	Required action
Urgent clinical microbiology	CSF, positive blood culture follow-up, sterile-site aspirates, transplant or haematology sepsis specimens, suspected meningitis or encephalitis.	Dispatch immediately and alert the laboratory. Include a direct contact number for preliminary or critical communication.
High-risk infection or special biosafety	Suspected viral haemorrhagic fever, highly infectious respiratory syndrome, Brucella spp. (culture risk: processing must occur in a Class II biosafety cabinet - discuss with Microbiology before specimen collection or transport), or other high-consequence pathogens.	Contact IPC or Microbiology before collection or transport. Use high-risk labelling and AMCE biosafety procedure.
IPC-critical screening	CRE/CPE, MRSA, VRE, Candida auris, outbreak-related screening or clearance testing.	Use the correct swab/site and state whether the request is admission screening, contact screening, outbreak screening or clearance.

Blood culture collection guide

Step	Adult recommendation	Paediatric recommendation	Comments
Number of sets	Collect at least two blood culture sets from separate venepuncture sites when clinically feasible.	Use an age- and weight-appropriate paediatric bottle and volume.	A single bottle or single set reduces sensitivity and makes contaminant interpretation harder.
Timing	Collect before antimicrobial escalation where feasible, without delaying resuscitation or sepsis management.	Collect promptly when sepsis is suspected.	Document antibiotics already given and collection time.
Volume	Prioritise adequate blood volume according to bottle and manufacturer guidance.	Use paediatric volume guidance and avoid unsafe phlebotomy volumes.	Blood volume is a major determinant of yield.
Line-related infection	If catheter-related bloodstream infection is suspected, collect paired peripheral and line cultures to clinical condition. where feasible.	Use line and peripheral sampling according	Line-tip culture alone does not confirm catheter-related bloodstream infection without clinical and blood culture correlation.

Common clinical scenarios and suggested microbiology requests

Clinical scenario	Suggested AMCE microbiology requests	Key collection notes
Suspected sepsis or bloodstream infection	Adult or paediatric blood culture; source-directed urine, respiratory, wound, tissue or sterile-fluid culture as indicated.	Collect blood cultures before anti-microbials where feasible. Do not rely on one bottle if further cultures can safely be obtained.
Suspected meningitis or encephalitis	CSF Gram stain, CSF culture and AST, CSF PCR panel when active, plus paired blood cultures.	CSF is urgent. Record antimicrobial exposure and send sufficient volume for microbiology and chemistry where feasible. Minimum volumes: Gram stain 0.5 mL; culture 1-2 mL; PCR panel 1 mL; fungal and AFB cultures 2-3 mL each. When volume is limited, prioritise microbiology culture over chemistry in suspected septic meningitis.
Pneumonia or ventilator - associated pneumonia	Sputum, ETA, BAL or bronchial wash culture depending on specimen obtained; respiratory molecular panel when active.	Avoid saliva. State specimen type clearly. BAL/ETA are preferable in ventilated patients when clinically indicated.
Diarrhoea after antibiotics or healthcare exposure	Clostridioides difficile toxin gene PCR on unformed stool only; stool culture or GI panel where indicated.	Do not submit formed stool for C. difficile PCR unless agreed with Microbiology. A positive NAAT/PCR result requires clinical correlation; CDI should be diagnosed on the combination of a positive result and compatible clinical features (new-onset unformed stool, healthcare or antimicrobial exposure), not on a positive test alone.
Febrile neutropenia, transplant or high-risk oncology	Blood cultures, source-directed cultures, fungal blood culture where indicated, Aspergillus galactomannan, beta-D-glucan and viral PCRs when active and clinically indicated.	State immune status, transplant type, chemotherapy timing, neutrophil count if known and antifungal exposure.
Suspected brucellosis	Brucella serology (standard tube agglutination test - send to reference laboratory); blood culture with Brucella biosafety alert stated on request form; discuss with Microbiology before submission.	Brucella culture is a class 3 hazard. Laboratory must be notified before submission. Do not send blood culture without prior discussion. Serology is the preferred initial test in most clinical presentations.
Dengue fever	Dengue NS1 antigen (days 1-5 of illness); Dengue IgM (from day 4-5; peaks at 2 weeks); Dengue IgG (past infection or secondary dengue when present early at high titre). Combine NS1 and IgM/ IgG in the first the request form. Week of illness for maximum sensitivity.	Order tests appropriate to the day of illness. NS1 antigen is unreliable after day 5. IgM is unreliable in the first three days. State day of symptom onset on the request form.

IPC screening guide

Screen	Preferred specimen	Use case	Reporting note
CRE/CPE/CPO	Rectal swab with visible faecal staining or faeces.	Admission risk screening, contact screening, outbreak investigation or clearance according to IPC protocol.	Positive result triggers IPC notification and contact precautions according to institutional policy.
MRSA	Site-specific swab, commonly nasal and other sites according to policy.	Admission screening for high-risk units, pre-procedure screening or outbreak investigation.	Culture screen is in-house. PCR screen is planned and should be confirmed before ordering.
VRE	Rectal swab or faeces.	High-risk oncology, transplant, ICU or outbreak-related screening.	Interpret with antimicrobial exposure and local IPC policy.
Candida auris	Combined bilateral axilla/groin swab or site-specific swab according to IPC protocol.	High-risk unit screening, contact tracing or outbreak investigation.	Positive result requires IPC escalation and environmental control measures. Note: a proposed taxonomic reclassification to Candidozyma auris exists in the literature but has not achieved international consensus. AMCE uses Candida auris in all laboratory and clinical communications.

Planned tests and service development

Planned tests in this handbook support service planning and clinician awareness. They require final validation, LIS build, reporting template approval and staff sign-off before routine use. All QIAstat-Dx panels listed in this handbook (QME, QPN, QGI, QBCID, QRSV, QRP) share a common instrument platform. Service activation of any QIAstat-Dx panel is contingent on instrument validation and cartridge availability; do not request individual panels independently until the laboratory confirms readiness. For urgent clinical need before activation, discuss with Microbiology to determine whether a validated referral pathway is available.

Sample types key

Code colours indicate the primary collection tube, bottle, swab, transport medium, or container. CS (charcoal swab, standard) and CSW (straight wire charcoal swab) are not interchangeable: CSW is required for urethral and gonorrhoea specimens where the wire shaft allows sampling of the urethral canal; CS is suitable for all other swab sites. Use the code specified in the individual test entry.

Blood culture bottles

BC	Adult blood culture set, aerobic and anaerobic bottles where available	PAEDBC	Paediatric blood culture bottle
BCB	Blood culture bottle for inoculated sterile fluid		

Blood collection tubes

S	SST/Gel serum tube 5 mL	E	EDTA whole blood 4 mL
EDP	EDTA plasma for molecular viral load/PCR	IGRA	Manufacturer-specific IGRA tubes — see TB-IGRA entry for assay-specific requirements
BM	Bone marrow aspirate in sterile container or blood culture bottle as indicated		

Sterile containers and fluids

SU	Sterile universal container, 30 mL or 60 mL	SPA	Suprapubic aspirate in sterile container
DF	Deep fluid or aspirate in sterile container	BAL	Bronchoalveolar lavage in sterile container
CSF	CSF in sterile leak-proof container; urgent transport	BRW	Bronchial wash in sterile container
ETA	Endotracheal aspirate in sterile container	GA	Gastric aspirate in sterile container
SPU	Sputum in sterile wide-mouth container		

Faeces

FAEC	Faeces in sterile universal container
------	---------------------------------------

Swabs

CS	Charcoal swab for general cultures	CSW	Straight wire charcoal swab (urethral and gonococcal specimens only)
DUO	Dual swab for MRSA PCR only	BLU	Blue-top swab for selected routine cultures
DS	Dry swab for selected PCR tests		

Transport media and specialist containers

VIR	Universal/viral transport medium for PCR	SAL	Sterile saline/wet-prep specimen; examine within 10-20 minutes
TP	ThinPrep vial or validated HPV collection device	DRY	Clean dry sterile container or folded sterile paper for skin, hair or nail
ENV	Environmental contact plate or validated water container (see water testing entries for applicable reference standard)		

Contents

Section	Tests included
Bacteriology	74 tests (including Brucella referral pathway)
Mycobacteriology	9 tests
Virology and molecular viral diagnostics	12 tests
Mycology	17 tests
Parasitology	10 tests
Infectious disease immunology and diagnostic immunoassay	33 tests

In-house:active AMCE test, validated and available for routine ordering.
Planned:listed for service introduction; do not order until laboratory confirms activation.
Referral:processed by a reference laboratory; discuss turnaround time and collection requirements with Microbiology.

Bacteriology — Blood cultures and sterile fluids				
Test name	Code	Sample/container	TAT	Availability
Adult blood culture	BCADULT	BC	Negative: 5 days; positives reported when detected	In-house
Paediatric blood culture	BCPAED	PAEDBC	Negative: 5 days; positives reported when detected	In-house
Blood culture extended incubation	BCEXT	BC	14 days; by microbiologist approval only. Indications include suspected HACEK endocarditis, brucellosis (with prior Microbiology notification), nutritionally variant streptococci, and fungaemia where a dedicated fungal bottle system is not in use.	In-house
Sterile body fluid culture in blood culture bottle	FLBCUL	BCB + SU where possible	Negative/final: 5 days; positives reported when detected	In-house
Ascitic fluid culture and susceptibility where indicated	ASCCUL	SU add BCB where indicated	3-5 days	In-house
Pericardial fluid culture and susceptibility where indicated	PERCUL	SU add BCB where indicated	3-5 days	In-house
Peritoneal dialysate culture and susceptibility where indicated	PDCUL	SU add BCB where indicated	3-5 days	In-house
Pleural fluid culture and susceptibility where indicated	PLFCUL	SU add BCB where indicated	3-5 days	In-house
Synovial fluid culture and susceptibility where indicated	SYNVCUL	SU add BCB where indicated	3-5 days	In-house

CSF and central nervous system				
Test name	Code	Sample/container	TAT	Availability
CSF Gram stain	CSFGRAM	CSF (minimum 0.5 mL)	Same day, urgent	In-house
CSF culture and AST	CSFCUL	CSF (minimum 1-2 mL)	Gram stain: same day/urgent; culture preliminary: 24-48 h; final: up to 3 days	In-house
CSF syndromic meningitis/encephalitis PCR panel	CSFPCR	CSF (minimum 1 mL)	Same day/1 day	Planned
QIAstat-Dx Meningitis/Encephalitis Panel	QME	CSF (minimum 1 mL)	Same day	Planned
Brain abscess aerobic/anaerobic culture	BRACUL	DF/SU (minimum 1 mL aspirate preferred)	5-7 days	In-house

CSF volume guidance
When CSF volume is limited, allocate as follows: microbiology culture takes priority over chemistry in suspected septic meningitis.
Minimum volumes: Gram stain 0.5 mL; culture 1-2 mL; PCR panel 1 mL; fungal culture 2-3 mL; AFB culture 2-3 mL.
Contact the laboratory before collection in cases where available volume is likely to be low.

Respiratory specimens				
Test name	Code	Sample/container	TAT	Availability
Sputum culture and susceptibility where indicated	SPUTCUL	SPU	3 days	In-house
Lower respiratory tract culture, specimen type required	LRTCUL	SPU /ETA/BAL/BRW as specified	3 days	In-house
Endotracheal aspirate culture and susceptibility where indicated	ETACUL	ETA	3 days	In-house
Bronchial wash culture and susceptibility where indicated	BRWCUL	BRW	3 days	In-house
BAL culture and susceptibility where indicated	BALCUL	BAL	3 days	In-house
QIAstat-Dx Pneumonia Panel	QPN	BAL /ETA/SPU according to cartridge instructions	Same day	Planned
Pernasal swab culture for Bordetella	PERN	CSW	7 days	Planned
Legionella culture	LEGCUL	SPU /BAL/SU	10 days	Planned

Urine specimens				
Test name	Code	Sample/container	TAT	Availability
Urinalysis	URIN	SU	2 – 4 hours	In-house
Urine microscopy only	URMIC	SU	2 – 4 hours	In-house
Urine culture and AST, mid-stream urine	UMC	SU	No significant growth: 24 h; positive with AST: 48-72 h or longer if mixed growth or further identification is required	In-house
Urine culture and AST, catheter specimen	CSUCUL	SU	No significant growth: 24 h; positive with AST: 48-72 h or longer if mixed growth or further identification is required	In-house
Urine culture and AST, nephrostomy specimen	NEPHU	SU	No significant growth: 24 h; positive with AST: 48-72 h or longer if mixed growth or further identification is required	In-house
Urine culture and AST, suprapubic aspirate	SPAU	SU	No significant growth: 24 h; positive with AST: 48-72 h or longer if mixed growth or further identification is required	In-house
Urine antimicrobial activity screen	ABRES	SU	2 days	In-house

Urine antimicrobial activity screen (ABRES)
This test detects residual antibiotic activity in urine that may suppress bacterial growth and produce a false-negative culture result.
It is indicated when a urine culture is clinically expected to be positive but no growth is obtained, particularly in patients who have received recent antimicrobial therapy.
A positive ABRES result should prompt clinical review and repeat culture after antimicrobial clearance where feasible.

Stool and gastrointestinal specimens				
Test name	Code	Sample/container	TAT	Availability
Stool culture, enteric pathogens including Salmonella/Shigella/Campylobacter/E. coli O157:H7 where validated or indicated	STOOLCUL	FAEC	3 days	In-house
Food handler stool culture	FHSTOOL	FAEC	3 days. Targets: Salmonella spp., Shigella spp., Campylobacter spp., and E. coli O157:H7 where validated. This is an occupational health screening test; scope may be extended on microbiologist request.	In-house
Cholera culture	CHOLCUL	FAEC rectal swab in transport medium	3 days	In-house
Rectal swab culture, enteric pathogen screen where indicated	RECTCUL	CS	3 days	In-house
Clostridioides difficile toxin gene PCR, unformed stool only	CDIPCR	FAEC (unformed stool only; do not submit formed stool)	1 day. A positive NAAT result requires clinical correlation. CDI diagnosis requires both a positive PCR and compatible clinical features. Positive results in asymptomatic patients or those without relevant risk factors should prompt microbiologist review before treatment is initiated.	In-house
QIAstat-Dx Gastrointestinal Panel	QGI	FAEC	Same day	Planned

Genital and reproductive specimens				
Test name	Code	Sample/container	TAT	Availability
High vaginal swab culture	HVSCUL	BLU /CS	3 days	In-house
Lower vaginal swab culture	LVSCUL	BLU /CS	3 days	In-house
Endocervical culture	ECCUL	CS /CS	3 days	In-house
Urethral culture	URETH	CSW /CS	3 days	In-house
Gonorrhoea culture	GONCUL	CSW /CS in validated gonococcal transport medium. Transport at ambient temperature - do not refrigerate. Process within 2-4 hours of collection. Discuss with Microbiology if transport is likely to be delayed beyond this window.	3 days. Discuss delayed transport before specimen collection.	In-house
Group B Streptococcus screen	GBSSCR	Combined lower vaginal and rectal swab according to obstetric screening protocol	2 days	In-house
Bacterial vaginosis microscopy/assessment	BVSCREEN	CS /SAL; method according to local validation	1-2 days	In-house
IUCD culture; Actinomyces-like organisms reported where detected as validated and interpreted with symptoms	IUCD	SU	7 days	In-house
Semen culture	SEMENCUL	SU	3 days	In-house

Wound, tissue, bone and deep specimens				
Test name	Code	Sample/container	TAT	Availability
Abscess aspirate culture and susceptibility where indicated	ABSCUL	DF /SU	3-5 days	In-house
Pus culture and susceptibility where indicated	PUSCUL	DF /SU preferred; swab if unavoidable	3 days	In-house
Wound swab culture and susceptibility where indicated	WS	BLU /CS	3 days	In-house
Deep wound tissue culture and susceptibility where indicated	WDTISS	SU	5-7 days	In-house
Tissue/biopsy culture and susceptibility where indicated	TISSBIO	SU	5-7 days	In-house
Bone culture and susceptibility where indicated	BONECUL	SU	7 days (bacterial); 2-4 weeks if fungal protocol also requested; 6-8 weeks if AFB protocol also requested specify at time of request.	In-house
Bone marrow bacterial culture	BMCUL	BM /SU/BCB as indicated	7 days (bacterial). Request fungal or AFB bone marrow culture separately if clinically indicated - different TATs apply.	In-house
Catheter/line tip culture, non-urinary; interpret with paired blood cultures and clinical context	CATHTIP	SU	3 days	In-house

Eye, ear, nose, throat and surface specimens				
Test name	Code	Sample/container	TAT	Availability
Ear swab culture	EARCUL	BLU /CS	3 days	In-house
Eye swab culture	EYECUL	BLU /CS	3 days	In-house
Mouth swab culture	MOUTHCUL	BLU /CS	3 days	In-house
Nasal swab culture	NOSECUL	BLU /CS	3 days	In-house
Throat swab culture	THROAT	BLU /CS	3 days	In-house

AMR/IPC screening and resistance confirmation				
Test name	Code	Sample/container	TAT	Availability
CPE/CRE rectal screening culture	CPESCR	CS rectal swab with visible faecal staining or FAEC	2-3 days	In-house
MRSA culture screen	MRSA	BLU /CS, site-specific swab	2 days	In-house
MRSA PCR screen	MRSAPCR	DUO	1 day	Planned
VRE screening culture	VRESCR	CS rectal swab/FAEC	2-3 days	In-house
ESBL confirmation, phenotypic	ESBLCONF	SU (pure isolate)	2 days	In-house
Carbapenemase confirmation, phenotypic or lateral flow as validated	CPECONF	SU (pure isolate)	2 days	In-house
Inducible clindamycin resistance test	DTEST	SU (pure isolate)	1 day	In-house
Colistin MIC by validated method	COLMIC	SU (pure isolate)	2 days	In-house

Brucella — referral pathway				
Test name	Code	Sample/container	TAT	Availability
Brucella serology - standard tube agglutination test (SAT) or Rose Bengal	BRUCSERO	S - send to reference laboratory; discuss with Microbiology before submission	As per reference laboratory; typically 3-5 days after receipt	Referral
Brucella blood culture - extended incubation with biosafety alert	BRUCCUL	BC - use BCEXT pathway with Brucella biosafety alert stated on request form. Laboratory must be notified before submission. Cultures are handled in a Class II biosafety cabinet. Organism confirmation at reference laboratory.	14 days; organism confirmation by reference laboratory	Referral/In-house
Brucella biosafety alert Brucella spp. is a category 3 hazard. Suspected brucellosis must be discussed with the Microbiology laboratory before any specimen is submitted for culture. Do not submit blood cultures without prior notification. Serology (SAT or Rose Bengal) is the preferred initial investigation in most clinical presentations and carries no culture risk.				

Environmental and other bacteriology				
Test name	Code	Sample/container	TAT	Availability
Environmental surface contact plate culture	ENVPLT	ENV	3 days	In-house
Water total viable count/heterotrophic plate count	WATCUL	ENV validated sterile water container	3-5 days. Reference standard applied according to intended water use: WHO/AAMI ST108 and AMCE dialysis water SOP.	In-house
Water coliform/E. coli testing	WATCOLI	ENV validated sterile water container	3-5 days. Reference standard applied according to intended water use as above. State water source and intended use.	In-house
Water Pseudomonas aeruginosa testing	WATPAER	ENV validated sterile water container	3-5 days. Reference standard applied according to intended water use as above. State water source and intended use.	In-house
Legionella water culture	WATLEG	ENV validated sterile water container	10 days. Reference standard: HTM 04-01 (healthcare water) or equivalent.	Planned
Other water culture (RO)	WATRO	ENV validated sterile water container	5-15 days	In-house
QIAstat-Dx Blood Culture Identification Panel	QBCID	BC Positive BC bottle	Same day	Planned

Mycobacteriology				
Test name	Code	Sample /container	TAT	Availability
Ziehl-Neelsen stain	ZNSTAIN	SPU /SU/CSF/GA/BM/EMU	1 day; positive smears communicated urgently where clinically relevant	In-house
AFB culture and smear, general specimen	AFBCUL	SPU /SU/CSF/GA/BM/EMU	6-8 weeks	In-house
Mycobacterium tuberculosis complex PCR	MTBPCR	SPU /SU/CSF/GA/BM/EMU	2 days	In-house
Sputum AFB culture	SPUTAFB	SPU - collect three consecutive early morning sputum specimens on separate days to maximise sensitivity	6-8 weeks	In-house
BAL AFB culture	BALAFB	BAL	6-8 weeks	In-house
Gastric aspirate AFB culture	GASAFB	GA	6-8 weeks	In-house
CSF AFB culture	CSFAFB	CSF (minimum 2-3 mL)	6-8 weeks	In-house
Bone marrow AFB culture	BMAFB	BM	6-8 weeks	In-house
Early morning urine AFB culture	UAFB	SU - collect three early morning specimens (first void) on separate days	6-8 weeks	In-house
Virology and molecular viral diagnostics				
Test name	Code	Sample/container	TAT	Availability
SARS-CoV-2 PCR	COVPCR	VIR	4 – 6 hours	In-house
Influenza A/B PCR	FLUPCR	VIR	4 – 6 hours	Planned
QIAstat-Dx Respiratory Panel Plus	QRP	VIR	2 - 4 hours	Planned
QIAstat-Dx Respiratory SARS-CoV-2 Panel	QRSV	VIR	2 - 4 hours	Planned
CMV viral load/PCR	CMVPCR	EDP	3 days	Planned
EBV viral load/PCR	EBVPCR	EDP	3 days	Planned
BK virus PCR	BKVPCR	EDP	3 days	Planned
Adenovirus PCR	ADVPCR	EDP /VIR/SU according to assay instructions	3-5 days	Planned
HSV PCR	HSVPCR	VIR /CSF/SU according to assay instructions	3 days	Planned
HIV viral load	HIVVL	EDP	5 days	In-house
HCV viral load	HCVVL	EDP	5 days	In-house
HPV DNA PCR - Cepheid GeneXpert (genotype-specific reporting)	HPVPCR	TP or validated HPV collection device - use only validated collection pathway	5 days. Reports genotype-specific results as follows: HPV 16 (primary individual); HPV 18/45 (primary combined); P3: HPV 31, 33, 35, 52, 58 (pooled high-risk); P4: HPV 51, 59 (pooled high-risk); P5: HPV 39, 56, 66, 68 (pooled high-risk). A positive result requires clinical pathway linkage - refer to colposcopy /cytology service according to local protocol. This test is a screening/diagnostic adjunct and does not replace cervical cytology or colposcopic assessment.	In-house

Mycology				
Test name	Code	Sample/container	TAT	Availability
Fungal microscopy	FUNGMIC	DRY for skin/hair/nail; SU for tissue/fluid/urine/respiratory specimens	1 day	In-house
Fungal culture, general specimen	FUNG	SU for fluids/tissue/urine/respiratory specimens; DRY for skin/hair/nail	2-4 weeks	In-house
BAL fungal culture	BALFUNG	BAL	2-4 weeks	In-house
CSF fungal culture	CSFFUNG	CSF (minimum 2-3 mL)	2-4 weeks	In-house
Fungal blood culture	FUNGBLD	Validated fungal blood culture bottle or blood culture system according to local validation	14 days	In-house
Candida culture and identification	CANDCUL	CS /SU	3 days	In-house
Yeast identification	YEASTID	SU (pure isolate)	2 days	In-house
Yeast antifungal susceptibility	YEASTAST	SU (pure yeast isolate)	3-5 days	In-house
Mould antifungal susceptibility	MOULDAST	SU (pure mould isolate)	5-7 days	In-house
Candida auris screen	CAURIS	CS combined bilateral axilla/groin swab or site-specific swab according to IPC protocol	2-3 days	In-house
Aspergillus galactomannan antigen	ASPAG	S /BAL according to assay instructions	2 days	Planned
Beta-D-glucan	BDG	S	2 days	Planned
Cryptococcal antigen	CRAG	S /CSF	4 hours	Planned
Dermatophyte culture	DERMCUL	DRY	2-4 weeks	In-house
Nail clipping fungal culture	NAILFUNG	DRY	2-4 weeks	In-house
Skin scraping fungal culture	SKINFUNG	DRY	2-4 weeks	In-house
Urine fungal culture	UFUNG	SU	2-4 weeks	In-house
<i>Candida auris: positive result requires IPC escalation and environmental control measures. Note: a proposed taxonomic reclassification to Candidozyma auris exists in the literature but has not achieved international consensus. AMCE uses Candida auris in all laboratory and clinical communications.</i>				

Parasitology				
Test name	Code	Sample/container	TAT	Availability
Malaria microscopy, thick and thin films	MALMIC	E	2 - 4 hours	In-house
Malaria rapid antigen test	MALRDT	E	2 - 4 hours	Planned
Blood parasite film, malaria/microfilaria/trypanosomes where indicated	MALBF	E	1 day	In-house
Faecal ova, cysts and parasites microscopy	OCP	FAEC	2-3 days	In-house
Stool parasite concentration	PARCONC	FAEC	2-3 days	In-house
Strongyloides microscopy/concentration where indicated	STRONG	FAEC Fresh	3 days	In-house
Urine microscopy for Schistosoma haematobium	SCHUR	Midday urine, terminal portion preferred	1 day	In-house
Trichomonas wet preparation	TRICMIC	SAL /vaginal swab - examine within 10-20 minutes of collection; sensitivity falls sharply with delay	Same day	In-house
Leishmania microscopy	LEISHMIC	SU Aspirate/tissue smear in SU/slide	3 days	In-house
Leishmania PCR	LEISHPCR	DS /tissue per reference laboratory instruction	As per reference laboratory; usually 5 days after receipt by reference laboratory	Planned

Infectious disease immunology — Viral hepatitis, HIV and BBV serology				
Test name	Code	Sample/container	TAT	Availability
HAV IgG	ALHAVG	S	4 – 6 hours	In-house
HAV IgM	ALHAVM	S	4 – 6 hours	In-house
HBsAg	ALHBSAG	S	4 – 6 hours	In-house
Anti-HBs	ALAHBS	S	4 – 6 hours	In-house
Anti-HBc Total	ALAHBC	S	4 – 6 hours	In-house
Anti-HBc IgM	ALHBCM	S	4 – 6 hours	In-house
HBeAg	ALHBEAG	S	4 – 6 hours	In-house
Anti-HBe	ALAHBE	S	4 – 6 hours	In-house
Anti-HCV	ALHCV	S	4 – 6 hours	In-house
HEV IgG	ALHEVG	S	4 – 6 hours	In-house
HEV IgM	ALHEVM	S	4 – 6 hours	In-house
HIV 1/2 Ag/Ab combo	ALHIV	S	4 – 6 hours	In-house
SARS-CoV-2 IgG	ALCOVG	S	4 – 6 hours	Planned
SARS-CoV-2 IgM - restricted use	ALCOVM	S	4 – 6 hours	Planned
SARS-CoV-2 neutralising antibody	ALCOVNAB	S	4 – 6 hours	Planned
Infectious disease immunology — Other immunoassay				
Test name	Code	Sample/container	TAT	Availability
CMV IgG	ALCMVG	S	4 – 6 hours	In-house
CMV IgM	ALCMVM	S	4 – 6 hours	In-house
Rubella IgG	ALRUBG	S	4 – 6 hours	In-house
Rubella IgM	ALRUBM	S	4 – 6 hours	In-house
HSV-1 IgG	ALHSV1G	S	4 – 6 hours	In-house
HSV-1 IgM - restricted use	ALHSV1M	S	4 – 6 hours	In-house
HSV-2 IgG	ALHSV2G	S	4 – 6 hours	In-house
HSV-2 IgM - restricted use	ALHSV2M	S	4 – 6 hours	In-house
Varicella zoster virus IgG	ALVZVG	S	4 – 6 hours	In-house
Varicella zoster virus IgM	ALVZVM	S	4 – 6 hours	In-house
Dengue NS1 antigen	ALDENNS1	S	1 day. Best sensitivity days 1-5 of illness; sensitivity falls after day 5.	In-house
Dengue IgM	ALDENM	S	1 day. Rises from day 4-5; peaks at approximately 2 weeks. Unreliable in the first 3 days of illness.	In-house
Dengue IgG	ALDENG	S	1 day. Indicates past infection or secondary dengue when present at high titre early in illness. State day of symptom onset on request form.	In-house
Toxoplasma IgG	ALTOXG	S	4 – 6 hours	In-house
Toxoplasma IgM	ALTOXM	S	4 – 6 hours	In-house
TB-IGRA	TBIGRA	IGRA tubes (assay-specific; see entry note)	2 days	In-house
Helicobacter pylori stool antigen	HPYAG	FAEC	1 day	In-house
Faecal occult blood	FOB	FAEC	1 day. Processed in Microbiology as a co-located test. Clinical interpretation follows gastroenterology/surgical referral pathways.	In-house

Dengue diagnostic window — ordering guide

Day of illness	Recommended tests	Notes
Days 1–5 of illness	Dengue NS1 antigen AND Dengue IgM/IgG	Combine NS1 and IgM/IgG for maximum sensitivity.
Day 6 onwards	Dengue IgM and IgG	NS1 antigen is unreliable after day 5. Do not rely on NS1 alone.
IgG at high titre in first week	Dengue IgG	Suggests secondary dengue. State day of symptom onset on all request forms.

Important — Dengue serology

Day 1-5 of illness: order Dengue NS1 antigen AND Dengue IgM/IgG for maximum sensitivity.

Day 6 onwards: NS1 sensitivity falls; order Dengue IgM and IgG.

A positive IgG in the first week at high titre suggests secondary dengue.

State the day of symptom onset on all dengue serology request forms.

IgM is unreliable in the first three days of illness.

TB-IGRA — tube and processing requirements

TB-IGRA note

Use manufacturer-specified tubes for the assay in use at AMCE. Do not substitute lithium heparin or other tubes without laboratory confirmation.

QuantiFERON-TB Gold Plus and T-SPOT.TB have different tube and processing requirements. Contact the laboratory before collection if in doubt.

IGRA tubes are manufacturer-specific. Refer to the TB-IGRA entry for the assay-specific requirements in use at AMCE.



Histology — All Bands

We provide advanced histopathology services essential for definitive tissue-based diagnosis. Through meticulous tissue processing, staining, and microscopic evaluation, our Histology unit supports accurate diagnosis, disease classification, and treatment planning, particularly in oncology, surgical pathology, and complex clinical cases.

Band 1

#	Procedure	TAT
1	Anus,polypoid(tag)	24 hours
2	Artery atheroma	24 hours
3	Bartholin's gland cysts	24 hours
4	Bronchial biopsies	24 hours
5	Bursa/synovial cyst	24 hours
6	Colon biopsy Endoscopic	24 hours
7	Conjunctival biopsy /plerygium	24 hours
8	Cornea	24 hours
9	Duodenal biopsy Endoscopic	24 hours
10	Endocervix curettage/biopsy	24 hours
11	Endocervix curettage/biopsy	24 hours
12	Esophageal biopsy Endoscopic	24 hours
13	Esophageal/small bowel diverticulum	24 hours
14	Fallopian tube,biopsy and BTL	24 hours
15	Fissure/fistula	24 hours
16	Foreskin(Circumcision)	24 hours
17	Ganglion cyst	24 hours
18	Hemorrhoids	24 hours
19	Hernia sac,in any region	24 hours
20	Hydrocele sac	24 hours
21	Intervertebral disc	24 hours
22	Lung,transbronchial biopsy	24 hours
23	Meniscus	24 hours
24	Mucocele,salivary	24 hours
25	Nasopharyngeal/oropharyngeal biopsy	24 hours
26	Nerve,vagotomy and similar inituatives	24 hours
27	Nose,sinus polyps inflammatory	24 hours
28	Pilonidal cyst/sinus	24 hours
29	Placenta	24 hours
30	Pleural/pericardial biopsy	24 hours
31	Small polyps,cervical/endometrial	24 hours
32	Small polyps,colorectal	24 hours
33	Small polyps,stomach/intestine	24 hours
34	Small bowel biopsy Endocopy	24 hours
35	Tendon/tendon sheath,nontumora	24 hours
36	Testes,non-tumoral	24 hours
37	Urinary bladder biopsy	24 hours
38	Laryngeal biopsy Endoscopy	24 hours
39	Prostate core needle biopsy	24 hours
40	Tonsils and/or adenoids	24 hours
41	Tracheal biopsy Endoscopy	24 hours

Band 2

#	Procedure	TAT
1	Bone, exocytosis	24 hours
2	Bone fragments,not pathologic	24 hours
3	Bone marrow biopsy	24 hours
4	Brain meniges, tumor exception	24 hours
5	Breat biopsy, trucut/lump	24 hours
6	Cardiac valve	24 hours
7	Cervical biopsy, conization	24 hours
8	Dental/ odontogenic cysts	24 hours
9	Fallopian tube, ectopic pregnancy	24 hours
10	Femoral head fractures	24 hours
11	Fibroids, myomectomy, uterus	24 hours
12	Gastric biopsy Endoscopy	24 hours
13	Kidney biopsy needle	24 hours
14	Liver biopsy,needle/wedge	24 hours
15	Lymph node biopsy	24 hours
16	Muscle biopsy	24 hours
17	Nerve biopsy	24 hours
18	Omental biopsy	24 hours
19	Oral mucosal/ gingival biopsy	24 hours
20	Ovarian biopsy, non-neoplastic	24 hours
21	Parathyroid glands	24 hours
22	Pancreatic biopsy	24 hours
23	Peritoneal biopsy	24 hours
24	Pituitary tumor	24 hours
25	Prostate TURP	24 hours
26	Salivary gland biopsy	24 hours
27	Soft tissue, except lipoma	24 hours
28	Synovium	24 hours
29	Testicular tumor	24 hours
30	Thyroglossal/ branchial cleft cyst	24 hours
31	Vulva/ labia biopsy	24 hours

Band 3

#	Procedure	TAT
1	Adrenal resection	24 hours
2	Bladder,TUR	24 hours
3	Bone biopsy /curettage material	24 hours
4	Bone fragments,pathological fractures	24 hours
5	Brain/meninges,tumor resection	24 hours
6	Colon,non-tumoral resction	24 hours
7	Finger hand/ foot amputation	24 hours
8	Kidney, partial/totalnephrectomy	24 hours
9	Larynx,partial/totalresectin.	24 hours
10	Liver partial resction	24 hours
11	Lung .wedge bopsy	24 hours
12	Lymph nodes,resection(neoplastic)	24 hours
13	Mediastinal masses	24 hours
14	Myocandial biopsy	24 hours
15	Odontogenic tumors	24 hours
16	Ovary,neoplastic	24 hours
17	Prostate needle biopsy, multiple cores	24 hours
18	Prostate resection	24 hours
19	Salivary glands(including tumors)	24 hours
20	Small bowel resection ,non-tumoral	24 hours
21	Spleen	24 hours
22	Brain biopsy(neoplastic)	24 hours
23	Eye enucleation/visceration	24 hours
24	Stomach subtotal/total resection	24 hours
25	Thymus tumor	24 hours
26	Thyroid,total /subtotal	24 hours
27	Uterine,excluding adneacea	24 hours

Band 4

#	Procedure	TAT
1	Bladder, partial/ total resection	24 hours
2	Bone resection tumor	24 hours
3	Breast, mastectomy + axillary lymph nodes	24 hours
4	Colon, total rtesection	24 hours
5	Colon, segmental resection for tumor	24 hours
6	Kidney, partial/totalnephrectomy	24 hours
7	Larynx, partial/tital + neck lymph nodes	24 hours
8	Lung, total/ lobe/ segment resection	24 hours
9	Mandibulectomy	24 hours
10	Oesophagus, partial/ total resection	24 hours
11	Pancreas, total / subtotal resection	24 hours
12	Prostate, radical resection	24 hours
13	Small intestine, tumor resection	24 hours
14	Soft tissue tumors, extensive resection	24 hours
15	Testicular tumor	24 hours
16	The fetus dissection views	24 hours
17	Stomach, subtotal / total resection for tumor	24 hours
18	Uterus with adnexae, neoplastic	24 hours
19	Vulva, total / subtotal resection	24 hours



Immunohistochemistry — Antibodies

IHC Panels

AMCE offers advanced immunohistochemistry (IHC) antibody testing to support precise tissue characterisation and definitive diagnosis. Using validated antibody panels and rigorous quality controls, our IHC services aid in tumour classification, prognostic assessment, and therapeutic decision-making for several complex pathological cases, as well as oncology.

Antibodies 1–15

#	Antibody	TAT
1	ANTI-ESTROGEN RECEPTOR (ER) ALPHA	72 hours
2	ANTI-PROGESTERONE RECEPTOR (PR)	72 hours
3	ANTI- C-ERB B2 (HER-2/NEU)	72 hours
4	ANTI-CYTOKERATIN COCKTAIL	72 hours
5	ANTI-EPITHELIA MEMBRANE ANTIGE (EMA)	72 hours
6	ANTI-P53 PROTEIN	72 hours
7	ANTI-AMCAR	72 hours
8	ANTI-WILM'S TUMOR (WT1)	72 hours
9	ANTI-PAX 8	72 hours
10	ANTI-CYTOKERATIN 7	72 hours
11	ANTI-CYTOKERATIN 20	72 hours
12	ANTI-CD3 (TCELLS)	72 hours
13	ANTI-CD23	72 hours
14	ANTI-CD45 (LEUKOCYTE COMMON ANTIGEN LCA)	72 hours
15	ANTI-CD19	72 hours

Antibodies 16–30

#	Antibody	TAT
16	ANTI-CD15 (BLOOD GROUP ANTIGEN LEWIS)	72 hours
17	ANTI-CD30 (KI-1 ANTIGEN)	72 hours
18	ANTI-MELANOMA MARKET (HMB45+ MART+ TYROSINASE)	72 hours
19	ANTI-S-100 PROTEIN	72 hours
20	ANTI-GATA-3	72 hours
21	ANTI-HUMAN CYCLIN D1	72 hours
22	ANTI-THYROGLOBULIN	72 hours
23	ANTI-TTF-1	72 hours
24	ANTI-CYTOKERATIN 5&6	72 hours
25	ANTI-KI-67	72 hours
26	ANTI-MLH1	72 hours
27	ANTI-PMS2	72 hours
28	ANTI-MSH6	72 hours
29	ANTI-MSH2	72 hours
30	ANTI-CALPONIN	72 hours

Antibodies 31–45

#	Antibody	TAT
31	ANTI-CALDESMON HMW, SMOOTH MUSCLE	72 hours
32	ANTI-INHIBIN-ALPHA	72 hours
33	ANTI SOX10	72 hours
34	ANTI-SATB2	72 hours
35	ANTI-CDX-2	72 hours
36	ANTI-GLIAL FIBRILLARY ACIDIC PROTEIN (GFAP)	72 hours
37	ANTI-PD-LI	72 hours
38	ANTI-CD38	72 hours
39	ANTI-CD138	72 hours
40	ANTI-BCL-2 ALPHA	72 hours
41	ANTI-BCL-6	72 hours
42	ANTI HUMAN SYNAPTOPHYSIN	72 hours
43	ANTI-CHROMOGRANIN A	72 hours
44	ANTI-MYOGENIN	72 hours
45	ANTI-E--CADHERIN	72 hours

Antibodies 46–62

#	Antibody	TAT
46	ANTI-NEURON SPECIFIC ENOLASE (NSE)	72 hours
47	ANTI-PODOPLANIN	72 hours
48	ANTI-CD34 (ENDOTHELIALCELL)	72 hours
49	ANTI-CD31	72 hours
50	ANTI-CD117	72 hours
51	ANTI-DOG 1	72 hours
52	ANTI- P16	72 hours
53	ANTI-BRAF V600E	72 hours
54	ANTI-MDM2	72 hours
55	ANTI-CYTOKERATIN, HMW	72 hours
56	ANTI-NAPSIN A	72 hours
57	ANTI-MELAN- A (MART-1)	72 hours
58	ANTI-ACTIN , SMOOTH MUSLCE	72 hours
59	ANTI-CD10	72 hours
60	ANTI- HUMAN GCDFP-15	72 hours
61	ANAPLASTIC LYMPHOMA KINASE (ALK/CD246)	72 hours
62	Anti CD 5	72 hours

IHC Panels

#	Panel	Antibodies Included
1.	BREAST (B...	ER, PR, HER2, Ki-67
2.	LUNG	TTF1, NAPSIN A, ALK
3.	PROSTRATE	PSMA, PSA, AMACR, CK- HMW
4.	MSI	PMS2, MLH1, MSH2, MSH6
5.	MELANOMA	S100, HMB 45, MELAN A, BRAF, SOX 10, MELANOMA MARKER
6.	LYMPHOMA	CD3, CD5, CD10, CD15, CD19, CD20, CD23, CD30, CD38, CD45, CD138, ALK, BCL2, BCL6, CYCLIN D1
7.	THYROID	TTF1, THYROGLOBULIN, PAX8
8.	SARCOMA	SMA, CD34, CD117, DOG1, MDM2, CALDESMON, MYOGENIN, CK 5&6
9.	LOWER GI	SATB2, CDX2, CK20, CK7, BRAF
10.	BRAIN	GFAP
11.	CERVIX	P16, PDL1
12.	ENDOMETR...	MSI (MLH1, MSH2, MSH6, PMS2), PR, ER, CD10, P53
13.	OVARIAN	PAX8, WT-1', P53, ER, PR, TUBULAR, MSI (MLH1, MSH2, MSH6, PMS2)
14.	NEUROEND...	S100, NSE, SYNAPTOPHYSIN, CHROMOGRANIN A
15.	VASCULAR	PODOPLANIN, CD31, CD 34
16.	MULTIPUR...	CK 5&6, EMA, COCKTAIL
17.	GIST	CD117 (CKIT), DOG 1, CD 34, SMA,
18.	BREAST (C...	ER, PR, HER2, Ki-67, GATA3, GCDFP-15 , CADHERIN





Clinical Chemistry

Comprehensive Clinical Chemistry testing to support the diagnosis, monitoring, and management of a wide range of medical conditions. Using advanced automated analysers and stringent quality controls, our services deliver accurate and timely biochemical results that are essential for informed clinical decision-making across preventive, acute, and chronic care.

Clinical Chemistry

The Clinical Chemistry section of the laboratory specialises in the analysis of biochemical substances — including blood glucose, HbA1c, lipid panels, kidney function, liver function, hormones, cancer markers, and more — to guide clinical decisions. The scope also covers specialised testing such as blood allergy tests, protein electrophoresis, and urine toxicology screening.

Patient Preparation

Certain biochemical tests require special preparation for reliable results. Fasting blood glucose and fasting lipid profile tests typically require an 8 to 12-hour overnight fast. Other investigations may require discontinuing certain medications, while the oral glucose tolerance test requires ingestion of a standard glucose meal and collection of samples over a specified period. Our laboratory personnel are available to guide preparation for any investigation.

Sample Requirements

The quality of a laboratory result is largely dependent on sample quality. All samples must be accompanied by an appropriate requisition on the LIS and labelled with a minimum of two unique identifiers.

- **Gold-capped SST:** preferred for routine chemistry and immunoassay tests.
- **Green-capped tube:** required for urgent cardiac troponins, D-dimer and NT Pro-BNP.
- **Grey-capped tube:** used for glucose tests.
- **EDTA (lavender-capped):** used for HbA1c assays.

Samples must be collected in the correct tubes and in the correct order to avoid cross-contamination. Samples from one tube should not be transferred to another. Refer to the test lists on the following pages for specimen tubes, TATs, and required volumes.

Transport and Timing Requirements

Samples must arrive at the laboratory within 1 hour of specimen collection. This is particularly important for electrolytes such as Potassium, which may yield falsely elevated values if delayed.

Sample Rejection Criteria

Samples meeting any of the following criteria will be rejected for recollection:

- Unlabelled specimen
- Samples without accompanying requests on LIS
- Incorrect patient identification
- Incorrect tube type
- Clotted specimens in anticoagulant tubes
- Insufficient sample volume
- Gross haemolysis
- Delayed transport
- Leaking or damaged containers

Reference Intervals / Interpretation of Results

Reference intervals are population-specific and established based on relevant clinical guidelines. Laboratory results must be correlated with the patient's clinical presentation, medical history, and other relevant non-laboratory investigations.

All results are reviewed by our team of experienced Pathologists, who are also available for further interaction with clinicians as required.

#	Test Name	TAT
1	11-Deoxycortisol	336 hrs
2	17-Keto Steroids in Urine	336 hrs
3	17-OH Progesterone	336 hrs
4	3 Hours Post Prandial	2hrs
5	5 Nucleotidase Serum	336 hrs
6	Acetylcholine Receptor Ab	324hrs
7	ACTH, Adrenocorticotrophic Hormone*	324hrs
8	Active Vitamin B12 Holo-Transcobalamin (holoTC)	336hrs
9	ADAMTS-13 Antibodies*	336hrs
10	ADAMTS-13 Antigen*	336hrs
11	Adenosine Deaminase (ADA) CSF	216hrs
12	Adenosine Deaminase Aspirate	216hrs
13	Adenosine Deaminase Serum	216hrs
14	Adenovirus IgG Abs	216hrs
15	Adenovirus IgM Abs	216hrs
16	Adiponectin*	216hrs
17	Adrenal Cortex Abs	324hrs
18	Albumin Aspirate	2hrs
19	Albumin Serum	2hrs
20	Alcohol Blood	216hrs
21	Aldolase	216hrs
22	Aldosterone	216hrs
23	Aldosterone and metabolites in urine / 24h	324hrs
24	Alkaline Phosphatase (ALP)	2hrs
25	Alkaline Phosphatase Isoenzymes	216hrs
26	Alpha-1-antitrypsin	324hrs
27	Alpha-1-Antitrypsin Stool	324hrs
28	Alpha-1-Fetoprotein	4hrs
29	Alpha-1-Fetoprotein (Downs)	324hrs
30	Alpha-1-Glycoprotein	324hrs
31	ALT (SGPT)	2hrs
32	Aluminium Urine	264hrs
33	Amino Acids in plasma/serum*	264hrs
34	Amino Acids in urine*	264hrs
35	Ammonia Plasma*	264hrs
36	Amphetamines Hair	264hrs
37	Amphetamines Saliva	264hrs
38	Amphiphysin 1 Abs (IFT)	264hrs
39	Amylase Aspirate	48hrs
40	Amylase Serum	48hrs
41	Androstenedione	264hrs

#	Test Name	TAT
45	Anti-B2-Glycoprotein IgA Ab	264hrs
46	Anti-B2-Glycoprotein IgG Ab	264hrs
47	Anti-B2-Glycoprotein IgM Ab	264hrs
48	Anti-Mullerian Hormone (AMH)	264hrs
49	Anti-Neuronal Nuclear Ab Type 3 (ANNA type III) ANNA-III abs in serum	264hrs
50	Anti-Phospholipid IgG	264hrs
51	Anti-Phospholipid IgM	264hrs
52	Anti-Streptolysin O	192hrs
53	Antinuclear Antibodies (ANA ELISA) Screen	192hrs
54	Antinuclear Antibodies (ANA)	192hrs
55	Apolipoprotein A1	192hrs
56	Apolipoprotein A1 genotyping	192hrs
57	Apolipoprotein B	192hrs
58	Apolipoprotein B genotyping	192hrs
59	Apolipoprotein E	192hrs
60	Aquaporin 4 Abs (CSF)	192hrs
61	Aquaporin 4 IgG Abs	192hrs
62	Arsenic Serum	192hrs
63	Arsenic Urine	192hrs
64	Aspergillus Antigen in BAL (Galactomannan Assay)	264hrs
65	Aspergillus Antigen in Serum (Galactomannan Assay)	264hrs
66	Aspergillus fumigatus Ab.IgG	264hrs
67	Aspergillus terreus Ab.IgG M36G	264hrs
68	Aspirate Specific Gravity (ASP-SG)	264hrs
69	AST (SGOT)	2hrs
70	B2-Glycoprotein, IgG/A/M	216hrs
71	Babesia microti IgG Ab	216hrs
72	Barbiturates Urine GCMS	216hrs
73	Beta-2 Transferrin (Liquorrhoe)	216hrs
74	Beta-2-Microglobulin	216hrs
75	Beta-2-Microglobulin 24hrs Urine	216hrs
76	Beta-2-Microglobulin Urine	216hrs
77	Beta-D-Glucan	216hrs
78	BHCG	2hrs
79	BHCG (Male)	2hrs
80	Bicarbonate (HCO3)	2hrs
81	Bicarbonate in Urine	2hrs
82	Bile Acids (Choleglycins)	216hrs
83	Bilirubin Conjugated	2hrs
84	Bilirubin Total	2hrs
85	BNP-NT-Propeptide (pro-BNP)*	2hrs

#	Test Name	TAT
89	Borrelia Burgdorferi IgM Ab	216hrs
90	Brain Natriuretic Peptide B-Type (BNP)*	216hrs
91	Brucella IgG Ab	216hrs
92	Brucella IgM Ab	216hrs
93	Bullous Pemphigoid-IgG abs screen by EIA	216hrs
94	C-Peptide	216hrs
95	C-Reactive Protein (CRP)	2hrs
96	C-Reactive Protein High sensitive (HS-CRP)	4hrs
97	C9 Complement	216hrs
98	CA 125	4hrs
99	CA 15-3	4hrs
100	CA 19-9	4hrs
101	CA 242	216hrs
102	CA 27-29	216hrs
103	CA 72-4	216hrs
104	Caeruloplasmin (Ceruloplasmin)	192hrs
105	Calcitonin	192hrs
106	Calcium Aspirate	2hrs
107	Calcium Urine	2hrs
108	Calprotectin Serum	192hrs
109	Cannabis urine GCMS	192hrs
110	Carbamazepine (Tegretol)	192hrs
111	Carbohydrate Deficient Transferrin (CDT)	192hrs
112	Carboxyhemoglobin (COHb)	192hrs
113	Carcinoembryonic Antigen in puncture(CEAP)	192hrs
114	Cardiolipin IgA Ab	192hrs
115	Cardiolipin IgG Ab	192hrs
116	Cardiolipin IgM Ab	192hrs
117	Carnitine in serum	192hrs
118	CASPR2 Abs	192hrs
119	CEA	4hrs
120	Centromere Ab	216hrs
121	Chemistry CSF	216hrs
122	Chlamydia trachomatis IgA Ab	216hrs
123	Chlamydia trachomatis IgG Ab	216hrs
124	Chlamydia trachomatis IgM Ab	216hrs
125	Chloride CSF	2hrs
126	Chloride Serum	2hrs
127	Chloride Urine	2hrs
128	Cholesterol Aspirate	2hrs
129	Cholesterol HDL	2hrs

#	Test Name	TAT
133	Citrate in 24h Urine	216hrs
134	Clostridium difficile Toxin A+B	216hrs
135	Clostridium perfringens Water	216hrs
136	Clozapine and metabolite	216hrs
137	CMV IgG Avidity	216hrs
138	Cobalt in blood (Co)	216hrs
139	Cocaine Hair	216hrs
140	Cocaine Saliva	216hrs
141	Complement C1 Esterase Inhibitor*	216hrs
142	Complement C1q	216hrs
143	Complement C2	216hrs
144	Complement C3	216hrs
145	Complement C4	216hrs
146	Copper 24hr Urine*	216hrs
147	Copper Serum	216hrs
148	Copper Urine	216hrs
149	Cortisol (AM/Fasting) serum	48hrs
150	Cortisol Random serum	48hrs
151	Cortisol Saliva Sample 1	48hrs
152	Cortisol Saliva Sample 2	48hrs
153	Cortisol Saliva Sample 3	48hrs
154	Cortisol Saliva Sample 4	48hrs
155	Cortisol Saliva Sample 5	48hrs
156	Cortisol Saliva Sample 6	48hrs
157	Cortisol Saliva Sample 7	48hrs
158	Cortisol Saliva Sample 8	48hrs
159	Cortisol Serum 30 Minutes After ACTH (Synacthen)	48hrs
160	Cortisol Serum 60 Minutes After ACTH (Synacthen)	48hrs
161	Cortisol Serum 90 Minutes After ACTH (Synacthen)	48hrs
162	Cortisol Serum ACTH Stimulation (Synacthen)	48hrs
163	Cortisol Serum After DMZ	48hrs
164	Cortisol Serum Before ACTH (Synacthen)	48hrs
165	Cortisol Serum Before DMZ	48hrs
166	Cotinine Serum	264hrs
167	Cotinine Urine	264hrs
168	Coxsackie Virus IgG Ab (Enterovirus)	336hrs
169	Coxsackie Virus IgM Ab (Enterovirus)	336hrs
170	Creatine Kinase Total (CK)	4hrs
171	Creatine Kinase-Myocardial Band (CK-MB)	4hrs
172	Creatinine Aspirate	2hrs
173	Creatinine Serum	2hrs

#	Test Name	TAT
177	Cyclic Citrullinated Peptide Ab (Anti-CCP)	192hrs
178	Cyclosporin A (2 hours)	336hrs
179	Cyclosporin A Trough level (0 hours)	336hrs
180	Serum cytokeratin fraction 21-1 (Cyfra 21-1)	336hrs
181	Cystatin C Serum	192hrs
182	Cysticercosis (Taenia solium) Abs	336hrs
183	Cysticercosis (Taenia solium) Abs CSF	336hrs
184	Cysticercosis (Taenia solium) Abs, Westernblot	336hrs
185	Cystine 24hr Urine	192hrs
186	Cytokeratin IgG abs	192hrs
187	Cytomegalovirus IgG Ab	240hrs
188	Cytomegalovirus IgM Ab	240hrs
189	Cytoplasmic ANCA (cANCA)	240hrs
190	Cytotoxic anti-HLA abs	240hrs
191	D-Dimer	2hrs
192	D-Dimer Test (X-Oligomers, Fibrin Degradation Products)*	240hrs
193	d1 - Housedust Mite (Dermatophagoides pteronyssinus) IgE	240hrs
194	DAO Activity Test (Diane Oxidase Test)	240hrs
195	Dehydroepiandrosterone (DHEA)	336hrs
196	Dehydroepiandrosterone Sulfate (DHEAS)	240hrs
197	Dengue Fever Virus IgG Ab	240hrs
198	Dengue Fever Virus IgM Ab	240hrs
199	Desmoglein 1 Abs (DSG-1) Pemphigus foliace	336hrs
200	Desmoglein 3 Abs (DSG-3) Pemphigus vulgaris	336hrs
201	Dexamethasone	336hrs
202	Digoxin	336hrs
203	Dihydrotestosterone (Androstanolone)	240hrs
204	Dimethylarginine (ADMA)	240hrs
205	Diphtheria Antitoxin Ab	240hrs
206	DNA Double Strand Ab	240hrs
207	Dopamine 24hr Urine	240hrs
208	Dopamine Blood	240hrs
209	DPPX abs	240hrs
210	Drug Of Abuse (DOA Screen) Urine	2hrs
211	Drug screening in hair, cannabis	240hrs
212	e1 - Cat Epithelium and Dander IgE (Felis domesticus)	240hrs
213e3	- Horse dander (Equus caballus)	240hrs
214	e5 - Dog Dander IgE (Canis familiaris)	240hrs
215	Echinococcus granulosus-IgG abs, Westernblot	240hrs
216	Echinococcus granulosus-IgG abs	240hrs
217	ENA 18 Profile	240hrs

#	Test Name	TAT
221	Entamoeba histolytica Ab	240hrs
222	Entamoeba histolytica Aq	240hrs
223	Epinephrine 24hr Urine (Adrenaline)	240hrs
224	Epinephrine Plasma (Adrenaline)	240hrs
225	Epstein Barr Virus Capsid IgG	240hrs
226	Epstein Barr Virus Capsid IgM	240hrs
227	Epstein Barr Virus Early IgG Ab	240hrs
228	Epstein Barr Virus Nuclear Ab	240hrs
229	Erythrocyte Folate	240hrs
230	Erythrocyte Magnesium	240hrs
231	Erythropoietin	240hrs
232	Estriol (E3)	240hrs
233	Estrone in serum	240hrs
234	Ethylglucuronid in urine / g crea	240hrs
235	Everolimus	240hrs
236 f1	- Egg white (IgG)	240hrs
237 f13-Peanut (Arachis hypogaea)		240hrs
238 f2	- Cow's milk (Bos spp.)	240hrs
239 f20-Almond		240hrs
240 f202	- Cashew nut	240hrs
241 f206-Mackerel		240hrs
242 f210-Pineapple		240hrs
243 f231	- Milk Boiled	240hrs
244 f236	- Whey	240hrs
245f24-Shrimp IgE		240hrs
246 f25	- Tomato	240hrs
247 f259-Grape		240hrs
248 f286	- Mare Milk	240hrs
249 f300	- Goat Milk	240hrs
250 f314-Snail IgE		240hrs
251 f325	- Sheep Milk	240hrs
252 f326	- Sheep Whey	240hrs
253 f329-Watermelon		240hrs
254 f4	- Wheat (Triticum aestivum)	240hrs
255 f5-Rye (Secale cereale)		240hrs
256 f54-Sweet potato		240hrs
257 f7-Oats (Avena sativa)		240hrs
258 f76	- alpha-Lactalbumin (nBos d4)	240hrs
259 f76	- Alpha-Lactalbumin, heat-labile (IgG)	240hrs
260 f77	- beta-Lactoglobulin (nBos d5)	240hrs
261 f77	- Beta-Lactoglobulin, heat stable (IgG)	240hrs

#	Test Name	TAT
265	f81 - Cheese Cheddar Type	240hrs
266	f82 - Cheese Mould Type	240hrs
267	f89 - Mustard (IgG)	240hrs
268	f9 - Rice	240hrs
269	f98 - Gliadin, nTri a (IgG)	240hrs
270	Faecal Calprotectin	240hrs
271	Faecal Pancreatic Elastase*	240hrs
272	Fatty Acids, Status in Serumlipids*	240hrs
273	Ferritin	4hrs
274	Filaria Abs	240hrs
275	FIB-4 TEST	240hrs
276	FMC7	240hrs
277	Fodrin-IgA Abs	240hrs
278	Fodrin-IgG Abs	240hrs
279	Folate Serum	240hrs
280	Follicle Stimulating Hormone (FSH)	4hrs
281	Follicle Stimulating Hormone (FSH) 120 Minutes	4hrs
282	Follicle Stimulating Hormone (FSH) 30 Minutes	4hrs
283	Follicle Stimulating Hormone (FSH) 60 Minutes	4hrs
284	Follicle Stimulating Hormone (FSH) 90 Minutes	4hrs
285	Follicle Stimulating Hormone (FSH) Basal	4hrs
286	Free Cortisol 24hr Urine	336hrs
287	Free Fatty Acids (Unesterified)*	336hrs
288	Free T3	4hrs
289	Free T4	4hrs
290	Free Testosterone	192hrs
291	Friberg Test (Sperm Abs)	600hrs
292	Fructosamine Serum	192hrs
293	Fructose Semen*	192hrs
294	Functional Amino Acids	240hrs
295	fx1-Nut Mix (peanut, hazel nut, brazil nut, almond, coconut)	240hrs
296	fx2-Seafood Mix (cod-fish, shrimp, blue mussel, tuna, salmon)	240hrs
297	fx20-Food Mix 9 (wheat, rye, barley, rice)	240hrs
298	fx21-Fruit mix 4	240hrs
299	fx3-Cereal Mix (wheat, oat, maize, sesame seed, buckwheat)	240hrs
300	fx5-Pediatric Food Screen (egg white, cow's milk, codfish, wheat, peanut, soya bean)	240hrs
301	g12 - Cultivated Rye IgE (Secale cereale)	240hrs
302	g2-Bermuda Grass (Cynodon dactylon)	240hrs
303	g6-Timothy Grass (Phleum pratense)	240hrs
304	Gaba B Receptor Abs	240hrs
305	Gamma GT (GGT)	2hrs

#	Test Name	TAT
309	Gliadin peptide IgG Ab	240hrs
310	Glial fibrillary acidic protein-IgG abs	240hrs
311	Glomerular Basal Membrane Abs	240hrs
312	Glucagon*	240hrs
313	Glucose 0 Minutes	2hrs
314	Glucose 60 Minutes	2hrs
315	Glucose 120 Minutes	2hrs
316	Glucose 180 Minutes	2hrs
317	Glucose Aspirate	2hrs
318	Glucose CSF	2hrs
319	Glucose Fasting	2hrs
320	Glucose Random	2hrs
321	Glucose-6-Phosphate Dehydrogenase (G6PD)	192hrs
322	Glutamat Decarboxylase Abs (GAD 65) in CSF	300hrs
323	Glutamate Decarboxylase 65 Ab (GAD)	216hrs
324	Glutathione Peroxidase	336hrs
325	Glutathione-S-Transferase	336hrs
326	Gonadotropin Releasing Hormone (GnRH)	336hrs
327	Growth Hormone	192hrs
328	Growth Hormone 120 Minutes	192hrs
329	Growth Hormone 15 Minutes	192hrs
330	Growth Hormone 30 Minutes	192hrs
331	Growth Hormone 45 Minutes	192hrs
332	Growth Hormone 60 Minutes	192hrs
333	Growth Hormone 90 Minutes	192hrs
334	Growth Hormone Basal	192hrs
335	Growth Hormone Stimulation Test	192hrs
336	Haptoglobin	192hrs
337	HbA1C	24hrs
338	Hemosiderin Urine	336hrs
339	Hepatitis A Virus IgG Ab	192hrs
340	Hepatitis A Virus IgM Ab	192hrs
341	Hepatitis B Virus core Ab	192hrs
342	Hepatitis B Virus core IgM Ab	192hrs
343	Hepatitis B Virus e Ab (Anti-HBe)	192hrs
344	Hepatitis B Virus e Aq (HBe Aq)	192hrs
345	Hepatitis B Virus surface Ab	192hrs
346	Hepatitis B Virus surface Aq	192hrs
347	Hepatitis C Virus Ab	192hrs
348	Hepatitis D IgG Ab	192hrs
349	Hepatitis D IgG/IgM abs (HDV)	384hrs

#	Test Name	TAT
353	Hepatitis E IgM Ab	384hrs
354	Hepcidin	192hrs
355	Herpes Simplex Virus Type 1 DNA	192hrs
356	Herpes Simplex Virus Type 1 DNA (CSF)	192hrs
357	Herpes Simplex Virus Type 1 IgG Ab	192hrs
358	Herpes Simplex Virus Type 1 IgM Ab	192hrs
359	Herpes Simplex Virus Type 2 DNA	192hrs
360	Herpes Simplex Virus Type 2 DNA (CSF)	192hrs
361	Herpes Simplex Virus Type 2 IgG Ab	192hrs
362	Herpes Simplex Virus Type 2 IgM Ab	192hrs
363	Histone Antibody	240hrs
364	HIV Type 1 & 2 + p24 Aq	24hrs
365	Homocysteine	192hrs
366	Homocysteine Plasma*	192hrs
367	Homogentisic Acid in Urine	192hrs
368	Homovanilic Acid Spot Urine	192hrs
369	HTLV I/II IgG Ab	240hrs
370	Immunofixation Urine (Bence Jones)	264hrs
371	Immunoglobulin A	192hrs
372	Immunoglobulin D	192hrs
373	Immunoglobulin E (IgE)	192hrs
374	Immunoglobulin G	192hrs
375	Immunoglobulin G-4 (IGG4)	240hrs
376	Immunoglobulin M	192hrs
377	Influenza A IgA Abs	336hrs
378	Influenza A IgG Abs	336hrs
379	Influenza B IgA Abs	336hrs
380	Influenza B IgG Abs	336hrs
381	Inhibin A	216hrs
382	Inhibin B	288hrs
383	Insulin (Human) Abs	192hrs
384	Insulin (Human) Auto-Abs	336hrs
385	Insulin Fasting	192hrs
386	Insulin receptor-IqG abs	336hrs
387	Insulin resistance (HOMA)*	336hrs
388	Insulin-like Growth Factor 1 (IGF-1) Somatomedin C*	336hrs
389	Insulin-like Growth Factor 2 (IGF-2) Somatomedin A*	336hrs
390	Insulin-like Growth Factor Binding Protein 3 (IGFBP-3)	336hrs
391	Interleukin 10*	192hrs
392	Interleukin 12*	192hrs
393	Interleukin 2 Receptor, Soluble*	264hrs

#	Test Name	TAT
397	Iodine Urine	288hrs
398	Ionized Calcium	192hrs
399	Iron Serum	2hrs
400	Islet cell 512 Abs (IA2)	336hrs
401	Islet cell Abs (ICA)	336hrs
402	Japanese Encephalitis IqG	336hrs
403	Japanese Encephalitis IqM	336hrs
404	Jo-1 Ab	336hrs
405	k82 - Latex IqE	336hrs
406	Kappa Free Light Chain Serum	192hrs
407	Kappa Free Light Chains Urine	192hrs
408	Kappa Lymphocytes (+ve B Cells)	192hrs
409	Kappa Total Light Chain Serum	192hrs
410	Lactate CSF	216hrs
411	Lactate Dehydrogenase Fluid	4hrs
412	Lactate Dehydrogenase Serum	4hrs
413	Lactate Plasma*	216hrs
414	Lambda Free Light Chain Serum	192hrs
415	Lambda Lymphocytes (+ve B Cells)	192hrs
416	Lambda Total Light Chain Serum	192hrs
417	Lamotrigine(Lamictin)	192hrs
418	Lead Blood	192hrs
419	Lead Urine	192hrs
420	Leptin	192hrs
421	Lithium	192hrs
422	Liver cytosol ag type1 (LC1) abs	336hrs
423	Liver Kidney Microsomal Abs	336hrs
424	Low Density Lipoprotein receptor-related Protein 4 abs (LRP4)	336hrs
425	Lupus Antibody/Inhibitor*	336hrs
426	Lupus Test aPTT (Lupus Anticoagulant)*	336hrs
427	Luteinizing Hormone (LH)	4hrs
428	m2 - Cladosporium herbarum IqE	336hrs
429	Magnesium Serum	2hrs
430	Manganese in Serum (Mn)	192hrs
431	Measles Virus IqG Ab	216hrs
432	Measles Virus IqM Ab	216hrs
433	Melanocytes abs	336hrs
434	Melatonin Saliva	336hrs
435	Melatonin Serum*	336hrs
436	Melatonin Urine	336hrs
437	Meningococcus IgG Abs	336hrs

#	Test Name	TAT
441	Metanephrines in Urine	264hrs
442	Methcathinone	264hrs
443	Methotrexate	264hrs
444	Methylmalonic Acid Serum	264hrs
445	Methylmalonic Acid Urine	264hrs
446	Mi2 Abs	264hrs
447	Molybdenum in serum	216hrs
448	Mumps Virus IgG Ab	216hrs
449	Mumps Virus IgM Ab	216hrs
450	Muscle Specific Kinase (MUSK) Ab	216hrs
451	mx1 - Mould Mix (penicillium notatum, cladosporium her., aspergillu...	240hrs
452	mx2 - Mould Mix (penicillium, cladosporium, aspergillus, candida, al...	240hrs
453	Mycoplasma pneumoniae IgG Ab	240hrs
454	Mycoplasma pneumoniae IgM Ab	240hrs
455	Myelin 1 gangliosid-IgG abs	240hrs
456	Myelin 1 gangliosid-IgM abs	240hrs
457	Myelin Associated Glycoprotein Abs	240hrs
458	Myelin basic protein Ab CSF	240hrs
459	Myelin basic protein Ab Serum	240hrs
460	Myelin Oligodendrocyte Glycoprotein IgG Abs (MOG)	240hrs
461	Myoglobin (Cardiac Reader)	2hrs
462	Myoglobin (serum)	2hrs
463	Myositis Ab Screening	240hrs
464	Neuron Specific Enolase Serum	336hrs
465	Nickel in Serum (Ni)*	216hrs
466	Nickel in Urine*	216hrs
467	Nitrazepam	216hrs
468	NMDA - Receptor - IgG abs CSF	348hrs
469	NMDA Receptor IgG Ab	348hrs
470	NMDA Receptor IgM Ab	348hrs
471	Norepinephrine 24hr Urine (Noradrenaline)	240hrs
472	Norepinephrine Plasma (Noradrenaline)	240hrs
473	Normetanephrine Plasma*	240hrs
474	Omega 3 Fatty Acids	336hrs
475	Omega 6 Fatty Acids	336hrs
476	Omega-3 index in erythrocytes	336hrs
477	Opiates Urine GCMS	336hrs
478	Organic Acids Urine*	336hrs
479	Ornithine Transcarbamylase Deficiency (OTC)	336hrs
480	Osmolality Serum	4hrs
481	Osmolality Urine	4hrs

#	Test Name	TAT
486	Oxalate Urine	336hrs
487	Oxcarbazepine	240hrs
488	Oxycodon Urine	336hrs
489	p450c17-Hydroxylase Ab	384hrs
490	p450c21-Hydroxylase Abs	384hrs
491	Pancreatic Amylase	216hrs
492	Pancreatic Polypeptide (PP)*	624hrs
493	Paracetamol (Acetaminophen)	264hrs
494	Parathormone Related Protein*	336hrs
495	Parathormone*	192hrs
496	Parietal Cell Ab	240hrs
497	Parvovirus B19 IgG Abs	240hrs
498	Perinuclear ANCA (pANCA) Anti-MPO	240hrs
499	Pethidine in serum	336hrs
500	Pethidine Urine	336hrs
501	pH Aspirate	24hrs
502	pH Stool	24hrs
503	pH Urine	24hrs
504	pH Water	24hrs
505	Phadiatop (Inhalent Screen)	264hrs
506	Phenylalanine	336hrs
507	Phenytoin (Epanutin)	336hrs
508	Phosphate Aspirate	24hrs
509	Phosphate Cord	336hrs
510	Phosphate Serum	2hrs
511	Phosphate Urine	2hrs
512	Phospholipase A2-Receptor IgG Abs	300hrs
513	Placental Alkaline Phosphatase (ALP)	300hrs
514	Platelet Abs	300hrs
515	Pneumococcus-IgG abs (PCP)	300hrs
516	Pneumocystis jiroveci	300hrs
517	Porphobilinogen 24hr Urine	300hrs
518	Porphyrine in serum/plasma	300hrs
519	Potassium Aspirate	2hrs
520	Potassium Serum	2hrs
521	Potassium Stool	336hrs
522	Potassium Urine	2hrs
523	Prealbumin	336hrs
524	Pregnenolone	336hrs
525	Procalcitonin	216hrs
526	Progesterone	4hrs

#	Test Name	TAT
530	Protein Aspirate	2hrs
531	Protein CSF	2hrs
532	Protein Electrophoresis	360hrs
533	Protein Urine	2hrs
534	Proteinase 3 Antibodies (PR3)	276hrs
535	Total PSA	4hrs
536	pTau/tTau ratio in CSF	360hrs
537	Purkinje Cells (Yo) Abs Serum (IFT)	336hrs
538	Rabies Abs	336hrs
539	Renin*	336hrs
540	Respiratory syncytial virus Ab.IgA	336hrs
541	Respiratory syncytial virus Ab.IgG	336hrs
542	RF (Quant)	192hrs
543	RF IgA	264hrs
544	RF IgG	264hrs
545	RF IgM	264hrs
546	RF Latex (Rheumatoid Factor Screen)	264hrs
547	Ribosomal-P Protein Abs	240hrs
548	Rifampicin (RMP)*	240hrs
549	RNA Polymerase III Abs	240hrs
550	RNP/Sm abs (68 rec.)	240hrs
551	Rubella Elisa IgM Ab	192hrs
552	Rubella IgG Ab	192hrs
553	Saccharomyces Cerevisiae IgG Ab EIA	240hrs
554	Saccharomyces Cerevisiae IgG Ab IFT	240hrs
555	Salivary Gland Acinar Epithelium Abs	240hrs
556	Schistosoma haematobium (Adult) IgG Ab (Blad. Bilharzia)	240hrs
557	Schistosoma haematobium (Cercaria) IgG Ab (Blad. Bilharzia)	240hrs
558	Schistosoma mansonii (Adult) IgG Ab (Intes. Bilharzia)	240hrs
559	Schistosoma mansonii (Cercaria) IgG Ab (Intes. Bilharzia)	240hrs
560	Scleroderma 70 Ab	240hrs
561	Selenium in Erythrocytes	240hrs
562	Selenium Serum	240hrs
563	Serotonin	240hrs
564	Serotonin 24hr Urine	240hrs
565	Sex Hormone Binding Globulin (SHBG)	240hrs
566	Sialic Acid (Neuraminic Acid)	240hrs
567	Sirolimus	240hrs
568	SM/RNP Ab (Immunoblot)	240hrs
569	Smith Abs	240hrs
570	Smith Abs (Immunoblot)	240hrs

#	Test Name	TAT
574	Sodium Stool	240hrs
575	Sodium Urine	2hrs
576	Sodium Valproate(Epilum)	240hrs
577	Soluble Liver Antigen Antibodies (SLA, LP, liver-pancreas abs)	240hrs
578	Soluble Mesoteline, serum	240hrs
579	Soluble Transferrin Receptor (sTfR)	240hrs
580	Specified Add. Analysis	240hrs
581	Sperm IgA Antibodies in Serum	240hrs
582	Sperm IgG Antibodies in Serum	240hrs
583	Squamous Cell Carcinoma Ag	240hrs
584	SSA (Ro) Ab	240hrs
585	SSA (Ro) Ab (Immunoblot)	240hrs
586	SSB (La) Ab	240hrs
587	SSB (La) Ab (Immunoblot)	240hrs
588	Streptomycin	240hrs
589	Sulfonylurea Screening (Oral Antidiabetics Urine)	240hrs
590	t3 - Common Silver Birch (Betula verrucosa)	240hrs
591	t7-Oak Tree (Quercus alba)	240hrs
592	t9-Olive Tree (Olea europaea)	240hrs
593	Tacrolimus (FK506 Levels)	240hrs
594	Tartrate-Resistant Acid Phosphatase (Bone TRAP)	240hrs
595	Tau protein, phosphorylated in CSF (pTau)	240hrs
596	Tau protein, total in CSF (tTau)	240hrs
597	Testosterone (Total) Adult above 18yrs	240hrs
598	Testosterone (Total) Pediatric 0-18yrs	240hrs
599	Tetanus Antitoxin Ab	240hrs
600	Th1 - TH2 Immunity (Intracellular Cytokines IL & INF)	240hrs
601	Theophylline	240hrs
602	Thiopurine-S-Methyltransferase Activity	240hrs
603	Thiopurine-S-Methyltransferase Deficiency	240hrs
604	Thyroglobulin	192hrs
605	Thyroglobulin Ab (Anti-TG)	192hrs
606	Thyroid Peroxidase Ab (Anti-TPO)	192hrs
607	Thyroid Stimulating Immunglobulin (TSI)	192hrs
608	Thyroxine Binding Globulin	192hrs
609	Tissue Polypeptide Antigen (TPA)	240hrs
610	Tissue Transglutaminase IgA Ab	240hrs
611	Tissue Transglutaminase IgG Ab	240hrs
612	Tobramycin Post	240hrs
613	Tobramycin Pre	240hrs
614	Total Cholesterol	2hrs

#	Test Name	TAT
618	Total Protein	2hrs
619	Total T3	2hrs
620	Total T4	2hrs
621	Toxocara canis IgG abs	240hrs
622	Toxoplasma Elisa Ab Avidity	240hrs
623	Toxoplasma Elisa IgA Ab	240hrs
624	Toxoplasma Elisa IgG Ab	240hrs
625	Toxoplasma Elisa IgM Ab	240hrs
626	Toxoplasma IgM Ab	240hrs
627	TPHA Serum	192hrs
628	Transferrin	2hrs
629	Transforming Growth Factor Beta (TGF-Beta)*	240hrs
630	Treponema pallidum Abs IgG/IgM	240hrs
631	Treponema pallidum IgG Ab (Blot)	240hrs
632	Treponema pallidum IgM Ab (Blot)	240hrs
633	Tricyclic antidepressants	240hrs
634	Triglyceride Aspirate	2hrs
635	Triglyceride Serum	2hrs
636	Troponin T (Cardiac Reader)	2hrs
637	Troponin-I	192hrs
638	Trypanosoma brucei IgG Abs	192hrs
639	Trypsin Serum	192hrs
640	Tryptase	192hrs
641	TSH	4hrs
642	TSH Basal (Supersensitive)	192hrs
643	TSH Receptor Antibodies *	192hrs
644	Tumour Necrosis Factor Alpha (TNF-alpha)	192hrs
645	U1-RNP/SM Ab	192hrs
646	Ultra-Sensitive CRP	192hrs
647	Urate Aspirate	2hrs
648	Urate Serum	2hrs
649	Urate Urine	2hrs
650	Urea Aspirate	2hrs
651	Urea Serum	2hrs
652	Vanadium in serum (V)	192hrs
653	Vanadium in urine (V)	192hrs
654	Vancomycin Pos	192hrs
655	Vancomycin Pre	192hrs
656	Vanillyl Mandelic Acid Spot Urine	192hrs
657	Varicella Zoster Virus IgG Ab	192hrs
658	Varicella Zoster Virus IgM Ab	192hrs

#	Test Name	TAT
662	Varicella Zoster Virus IgM Ab	192hrs
663	Vascular Endothelial Growth Factor (VEGF)*	336hrs
664	Vasoactive Intestinal Polypeptide (VIP)*	336hrs
665	Very Long Chain Fatty Acids	336hrs
666	Vigabatrin	336hrs
667	Vitamin A Plasma	192hrs
668	Vitamin B1 (Thiamine)	192hrs
669	Vitamin B12	4hrs
670	Vitamin B2 (Riboflavin)	192hrs
671	Vitamin B3 (Niacin)	192hrs
672	Vitamin B5 (Pantothenic acid)	192hrs
673	Vitamin B6 (Pyridoxine)	192hrs
674	Vitamin C (Ascorbic acid)*	192hrs
675	Vitamin D 25-OH	4hrs
676	Vitamin D2 25-OH (Ergocalciferol)	192hrs
677	Vitamin D3 1.25-OH	192hrs
678	Vitamin E (Alpha-tocopherol)	192hrs
679	Vitamin H (Biotin)	192hrs
680	Vitamin K (Menaquinon)	192hrs
681	w6 - Mugwort (Artemisia vulgaris)	192hrs
682	Yellow Fever IgM Abs	192hrs
683	Zika Virus-IgG abs (EIA)	192hrs
684	Zika Virus-IgM abs (EIA)	192hrs
685	Zinc Serum	192hrs
686	Zinc Transporter 8 Abs	192hrs
687	Zinc-Protoporphyrin in Erythrocytes (ZPP)	192hrs
688	Epstein Barr Virus (EBV) Serology	192hrs
689	2 Hours Post Prandial	2hrs
690	5-Hydroxyindoleacetate (5HIAA) 24hr Urine	192hrs
691	Albumin 24hr Urine (Microalbumin 24hr Urine)	192hrs
692	Albumin Gradient Profile	192hrs
693	Aldosterone/Renin*	192hrs
694	Antiphospholipid Syndrome Panel* + Anti-B2-Glycoprotein IgA Ab	192hrs
695	Bilirubin	2hrs
696	Calcium & Albumin Serum	2hrs
697	Calcium 24hr Urine	2hrs
698	Calcium Creatinine Clearance Ratio	2hrs
699	Calcium Creatinine Ratio	2hrs
700	Cardiolipin Antibodies	240hrs
701	Catecholamines 24hr Urine	240hrs
702	Catecholamines Blood*	240hrs

#	Test Name	TAT
706	Folate Serum & RBC	240hrs
707	Free Light Chains Serum	240hrs
708	Free Light Chains Urine	240hrs
709	Gonadotropin (GnRH) Stimulating Test	240hrs
710	Growth Hormone Stimulation	240hrs
711	Growth Hormone Suppression	240hrs
712	Hepatitis D Abs	240hrs
713	Herpes Simplex Virus Antibodies (HSV)	240hrs
714	Homovanillic Acid in Urine (HVA)	240hrs
715	Iron Studies	4hrs
716	Lipogram	4hrs
717	Liver Enzymes	2hrs
718	Liver Function & Protein	2hrs
719	Liver Function & Protein + Calcium serum	2hrs
720	Magnesium 24hr Urine	2hrs
721	Metanephrines in 24hr Urine	240hrs
722	Metanephrines in Plasma*	240hrs
723	Oral Glucose Tolerance Test (OGTT 75g)	2hrs
724	Oxalate Creatinine Urine	240hrs
725	Phosphate 24hr Urine	2hrs
726	Polio Virus Antibodies	336hrs
727	Potassium 24hr Urine	2hrs
728	Protein 24hr Urine	2hrs
729	Protein Creatinine Urine	2hrs
730	PSA, Free PSA & Ratio	4hrs
731	Sodium 24hr Urine	4hrs
732	Urine Albumin Creatinine Ratio (Microalbumin)	4hrs
733	Urate 24hr Urine	4hrs
734	Urea 24hr Urine	4hrs
735	Vanillyl Mandelic Acid in Urine (VMA)	240hrs
736	Vanillyl Mandelic Acid in Urine (VMA)	240hrs





Molecular Diagnostics

The Molecular Genetics Laboratory at the African Medical Centre of Excellence (AMCE) provides advanced genetic and molecular testing to help clinicians diagnose, treat, and monitor a wide range of diseases, including cancer, inherited genetic conditions, and infectious diseases.

By combining modern molecular technologies with high-quality laboratory practice, the lab delivers accurate and timely results that support informed clinical decisions and more personalised patient care. As part of AMCE's commitment to excellence, the laboratory plays an important role in improving patient outcomes while helping to advance precision medicine across Africa.

Why Molecular Diagnostics Matters

Molecular diagnostics plays a central role in modern healthcare by enabling earlier and more accurate diagnosis through the detection of disease at the DNA and RNA level. It supports disease monitoring by assessing treatment response, detecting minimal residual disease, and identifying recurrence, while also providing valuable prognostic information to guide clinical management.

By identifying clinically relevant biomarkers, molecular testing enables precision medicine and targeted therapy selection, ensuring patients receive treatments most likely to be effective. It also supports screening and risk assessment for inherited conditions, facilitating early intervention and disease prevention. In infectious diseases, molecular diagnostics allows for rapid pathogen detection, antimicrobial resistance profiling, and outbreak surveillance, improving patient care while strengthening infection prevention and public health efforts.

Our Areas of Expertise

Oncology

Comprehensive molecular testing for solid tumours to support diagnosis, prognostication, biomarker identification, targeted therapy selection, treatment monitoring and precision oncology using PCR and next-generation sequencing (NGS).

Haematology

Molecular testing to support the diagnosis, classification, prognostication, treatment selection, and monitoring of haematological malignancies, including leukaemias, lymphomas, myeloproliferative neoplasms, measurable residual disease (MRD) and post-transplant monitoring assays.

Hereditary Cancer and Clinical Genetics

Genetic testing for inherited disorders and cancer predisposition syndromes to support diagnosis, risk assessment, family (cascade) screening, and clinical management.

Infectious Diseases

Molecular detection of clinically significant bacterial and viral pathogens to support rapid diagnosis, antimicrobial resistance testing where applicable, and the management of infections in oncology, transplant, and immunocompromised patients.

Our Areas of Expertise

Precision Medicine

Comprehensive genomic profiling using next-generation sequencing to identify clinically actionable biomarkers that inform targeted therapies and personalized treatment strategies across oncology and other disease areas.

Pharmacogenomics

Detection of clinically relevant genetic variants that influence drug metabolism and therapeutic response, enabling personalized treatment selection and medication optimization.

Cardiovascular Genetics

Molecular testing for inherited cardiovascular disorders, including cardiomyopathies, channelopathies, and familial hypercholesterolaemia, to support diagnosis, risk stratification, and family screening.

Reproductive Genetics

Targeted molecular testing for inherited reproductive disorders and selected prenatal and reproductive health applications to support clinical decision-making and genetic risk assessment.

Our Testing Technologies

Real-Time PCR (qPCR)

A rapid and highly sensitive technique used to detect and quantify DNA or RNA. qPCR is widely used for infectious disease testing, cancer biomarkers, inherited disorders, and treatment monitoring.

Digital PCR (dPCR)

An advanced molecular technique that provides highly precise quantification of nucleic acids. It is particularly valuable for detecting low-frequency genetic variants, monitoring minimal residual disease, liquid biopsy applications, and identifying rare mutations.

Next-Generation Sequencing (NGS)

A high-throughput sequencing technology that simultaneously analyses multiple genes or entire gene panels. NGS supports comprehensive molecular profiling for oncology, inherited disorders, cardiovascular disease, pharmacogenomics, MSI and other precision medicine applications.

Automated DNA/RNA Extraction

Automated extraction systems provide consistent, high-quality purification of nucleic acids from a wide range of clinical specimens, improving workflow efficiency, reproducibility, and turnaround time.

Capillary Electrophoresis

A sensitive method for separating and analysing DNA and RNA fragments based on size. It is used for nucleic acid quality assessment, PCR product analysis, fragment sizing, and quality control before downstream molecular testing.

Bio-informatics & Variant Analysis

Following molecular testing, specialised bioinformatics pipelines analyse sequencing data to identify clinically relevant genetic variants. Results are interpreted in accordance with established clinical guidelines to provide meaningful, actionable information for patient care.

Our Commitment to Patient Ethics & Data Privacy

At AMCE, the integrity of our diagnostic process is built on a foundation of trust and transparency. We ensure that every step of sample collection, from blood to specialized tissue, is conducted with the highest ethical standards and in strict alignment with Nigeria Data Protection laws. In compliance with the Nigeria Data Protection Act (NDPA), AMCE guarantees that all patient information and diagnostic data are handled with absolute confidentiality.

- ✦ **Purpose Limitation:**
Data collected is used strictly for the requested clinical examinations and documented medical history.
- ✦ **Secure Records:**
All consent forms and risk disclosures are securely integrated into the patient's medical record, protected by robust digital safeguards.
- ✦ **Patient Rights:**
We respect the right of every patient to understand how their data is processed and stored within our ecosystem.



Get in touch

For general enquiries, such as sample requirements, test results, pricing and invoicing, email us at **amcelabs@amce.net**

We aim to respond to emails within 30 minutes during routine office hours Monday to Friday.

Alternatively, call us on **0707 126 3974, 0707 394 0063**

OPERATIONS TEAM

Chief Operations Officer	Dr. Anshul Govila	agovila@amce.net
Laboratory Director	Frank Oliyide	foliyide@amce.net
Laboratory Manager	Emmanuel Ekoh	eekoh@amce.net
Quality Manager	Victor Dirikebamor	vdirikebamor@amce.net
Business Manager	Greatfreeman Daniel	gdaniel@amce.net

BUSINESS DEVELOPMENT TEAM

Director, Business Development	Kehinde Oyesiku	koyesiku@amce.net
Manager, Business Development	Gbemisola Ajiboye	gajiboye@amce.net

CLINICAL TEAM

Clinical Director, Haematology	Prof. Aisha Gwarzo	agwarzo@amce.net
Lead Consultant, Microbiology	Nubwa Medugu	nmedugu@amce.net
Lead Consultant, Haematology	Adama Ladu	aladu@amce.net
Lead Consultant, Blood Transfusion Services	Aliyu Waziri	awaziri@amce.net
Lead Consultant, Histopathology	Adeyemi Adefidipe	aadefidipe@amce.net
Lead Consultant, Chemical Pathology	Dokedensi Uya	duya@amce.net

For complaints, kindly send an email to **amcelabs@amce.net** or call **0707 1263 974**

Join Us

on this journey

A: Plot No. 32, Cadastral Zone C22, Apo-Kabusa Road, Wumba District FCT, Abuja
E: info@amce.net **T:** +234 707 394 0063
@ amce_africa
f in African Medical Centre of Excellence
amce.net

