

**ACTREC**  
**-:TEST DIRECTORY REPORT :-**

**LOCATION DETAILS**

**Department Name** : MICROBIOLOGY  
**Location** : 1st floor, Paymaster Shodhika, PS 115

**COST DETAILS IN RUPEES**

**Category A** : Refer to schedule of charges  
**Category B** :  
**Category C** :  
**Category D** :  
**Category FN** :

**FUNCTIONAL DETAILS**

**Test Name** : Malaria antigen  
**Test Code** : **G-267**  
**Test Status** : ACTIVE  
**Modality** : **Serology**  
**Qty Required** : 2 ml  
**Collection Instructions** : Primary sample collection Manual  
**Nature of Specimen** : Blood  
**Method Used** : **Qualitative**  
**Type of Container** : EDTA tube  
**Transport Instruction** : As soon as possible  
**Time for add. Exam. on stored sample if applicable** : Within 24 hrs.  
**Resource Person for Report Status** : HOD/ASSTT MICROBIOLOGIST/STAFF  
  
**Resource Person for Test query** : OIC/STAFF  
**Patient Instruction** : Primary sample collection Manual  
**Dept. Acceptance Time** : 8.0 am to 4.30 pm  
**Turn Around Time** : 4 hrs.  
**Sample Storage after reporting** : 24 hrs(2-8°C)  
**Telephone** : 27405000 **Extn** : 5313  
**Test Schedule** : Daily

Use : To detect malaria

