

Unleash the Potential of Digital Histopathology for Personalized Medicine

Histopathology Final Diagnosis Panel

An algorithmic approach to tumors to arrive at final diagnosis

Test Highlights

- A stepwise approach utilizing unlimited number of lineage differentiation, lineage-specific and cell-specific markers to establish a final diagnosis.
- IHC panel selection is done by highly qualified experts at LPL.

Applications & Clinical Utility

- Useful in diagnosis of carcinomas of unknown primary, hematolymphoid neoplasms, round cell tumors, and spindle cell neoplasms.
- Each case reviewed and signed by two subject matter experts.
- The test menu is exhaustive and is updated from time to time.
- Digitized images of the slides can be stored and shared for any further opinion.

Also Available



Breast Cancer Panel-4
(ER, PR, Her2neu, Ki-67)



**Immunohistochemistry,
Microsatellite Instability Panel**



**Microsatellite Instability (MSI),
PCR**

Testing Algorithm



Report illustration

LPL – LPL-NRL
NEW DELHI
INDIA

Name	: Mr. XXXXXX XXXX	Collected: 08/10/2019 13:20:00
Lab No.	: XXXXXXXX Age : xx Years Gender: xxx	Received: 09/10/2019 13:22:05
A/c Status	: x Ref by : Dr. XXXXXXXX XXXX	Reported: 12/10/2019 15:01:01
		Report Status: Final

IMMUNOHISTOCHEMISTRY REPORT @ *

HISTOPATHOLOGY FINAL DIAGNOSIS PANEL (Immunohistochemistry)

IHC MARKER(S)	RESULT
CD3	Non-immunoreactive, score 0 in neoplastic cells
CD20	Non-immunoreactive, score 0 in neoplastic cells
BCL-6	Non-immunoreactive, score 0 in neoplastic cells
CD30	Immunoreactive, score 4+ in neoplastic cells
PAX-5	Weakly immunoreactive, Score 3+ staining in large neoplastic cells.
CD45	Non-immunoreactive, score 0 in large neoplastic cells.
CD21	Non-immunoreactive, score 0 in neoplastic cells
CD15	Immunoreactive, score 4+ in neoplastic cells

SLIDE NO : B/ XXXXX/19

SPECIMEN : Right supraclavicular node for IHC markers.

CLINICAL HISTORY : Multiple nodes in right supraclavicular region.

GROSS : Refer to histopath.

IMPRESSION : Features are suggestive of Hodgkin lymphoma - Nodular sclerosis type.

ADVISED : I. Clinical & radiological correlation.
II. Follow up.

HISTOPATH NO : [XXXXXX :]

Dr Rajiv Tangri
MD, Pathology
National Head- Histopathology &
Cytopathology- NRL

Dr Anand Chandrasekaran Annan
MD (American Board of Pathology)
PhD (Molecular & Cellular Pathology)
HOD - Oncopathology

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Dr Abhishek Kumar
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Sr. Consultant Pathologist & Incharge
IHC - NRL

Dr Mamta Arora
DCP, DNB (Pathology)
Sr. Consultant Pathologist & Incharge
Quality - NRL

Dr Lopamudra Deka
DCP, DNB (Pathology)
Deputy HOD Histopath, Cytopath
& Chief of Academic Program - NRL

Dr Deepti
MD, Pathology
Sr. Consultant Pathologist - NRL

Dr Komal Vasant Agrawal
MD, Pathology, DNB;
PDCC Hepatopathology
Sr Consultant Pathologist - NRL

Dr Meenu Gaur
MD, Pathology
Consultant Pathologist - NRL

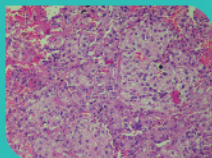
Dr Gaurav Kumar
MD, Pathology
Consultant Pathologist - NRL

Dr Priyanka Chand
MD, Pathology
Consultant Pathologist - NRL

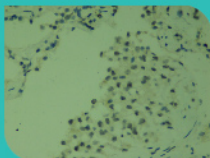
Dr Hena Paul Singh
MD (Pathology)
Consultant Pathologist - NRL

Note: 1. Slides / Blocks can be issued only on advice of the referring consultant after a minimum of 48 hours.
2. Gross specimens will be retained only for a period of 1 month after the date of reporting.
3. Contact histopathology department for any clarification.

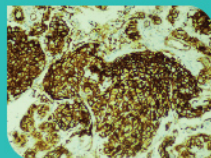
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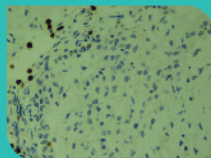
HE



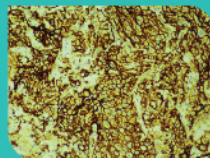
Pan CK



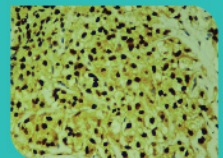
CD31



TTF1



CD34



TFE3

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