Clinical samvad

Innovations in Diagnostics and Clinical Insights

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Since 1991

Dr. B. Lal

Clinical Laboratory

Serves Best, Serves All

From the Director's Desk

Dr. B Lal Clinical Laboratory has always worked to support clinicians with reliable, accurate, and timely diagnostic information.

We are proud to launch newsletter "Clinical Samwad" and I welcome you all to the inaugural issue.

Clinical Samwad is a quarterly magazine crafted to serve as a bridge between cutting-edge diagnostic advancements and the clinical expertise of our dedicated clinicians for patient management. Our goal is to empower clinicians with the latest insights, case studies, and innovations in diagnostics that support excellence in patient care. This publication is an extension of our commitment to achieve excellence in healthcare to provide unparalleled quality with advanced technology and experience professional leading the technological advancement.

We envision Clinical Samvad as a trusted resource where clinicians can find valuable updates on new testing protocols, breakthrough technologies, and essential knowledge to enhance diagnostic precision.

Our robust lab network and Centers of Excellence like Autoimmunity, Oncopathology, Molecular Diagnostics, and Lab Medicine enable us to deliver specialized diagnostics across a wide spectrum of clinical needs. By providing comprehensive and high-quality services, we aspire to be the most trusted diagnostic partner for clinicians nationwide.

Thank you for your ongoing support and trust. We hope Clinical Samvad continues to inspire and assist you in delivering outstanding patient care, fueled by the latest advancements in diagnostics. Together, let's set new standards of excellence in healthcare.

Warm Regards,

Dr. B. Lal Gupta

Managing Director, Dr. B. Lal Clinical Laboratory

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Case Study-

Salmonella Typhi causing Splenic abscess: A rare complication

Dr. Monika Agarwal
Lab Director,
Central Laboratory

Introduction

Typhoid fever, caused by Salmonella enterica serovar typhi, remains a significant public health concern in regions with inadequate sanitation and hygiene practices. Despite advancements in healthcare, typhoid-related complications continue to pose diagnostic and therapeutic challenges, with splenic abscess being a rare but potentially life-threatening sequelae. Splenic abscesses in the context of typhoid fever present unique clinical and management considerations due to their rarity and the necessity for prompt diagnosis and intervention to prevent severe complications such as sepsis and organ failure. This case report aims to elucidate the clinical presentation, diagnostic approach, and management strategies used in a case of typhoid-associated splenic abscess, highlighting the importance of early recognition and appropriate treatment in improving patient outcomes.

Presentation of a Case

An 18-year-old male arrived at the OPD department complaining of a seven-day history of fever and upper left abdominal pain. Upon examination, the patient appeared ill, with a fever 97.20F, 92 beats per minute of pulse rate, and 18/min of respiratory rate He had an oxygen saturation of 98% in the surrounding air and a blood pressure of 110/70 mm Hg. On abdominal examination revealed a palpable spleen with local tenderness and rest of the systemic examination were

within normal limit.

Laboratory tests indicated that the patient had Total leucocyte count of 9.1 x 10^3 with slight neutrophilia (DLC-78%)) and ESR was 54 mmm at 1 hour. However, Hepatic profile test, coagulation, and blood chemistry all of these tests were within normal range limits. Further tests, such as urine analysis, a smear of the malaria parasite, and a Brucella serologic testing, were negative. Similarly, tests for hepatitis A, hepatitis C, hepatitis B, and HIV antibodies were negative.

Samples of blood were sent for susceptibility testing, culture, and Gram staining. Imaging studies, including chest and abdominal X-rays, were unremarkable, but abdominal ultrasonography revealed mild hepatomegaly with moderate splenomegaly -an ill-defined echogenic cystic area at lower pole. The patient was planned for USG guided aspiration of abscess, and the patient was started on empiric intravenous antibiotics (piperacillin- tazobactam). Salmonella enterica serovar typhi was detected in aspirated pus and was confirmed by conventional biochemical methods as well as by serotyping using polyvalent and monovalent sera (9). Salmonella enterica serovar typhi was susceptible to Ceftriaxone, Cefixime, Ciprofloxacin, Levofloxacin, Cotrimoxazole, Ampicillin and Tetracycline. As patient was responding to the treatment, by the 10th day of during the course of the patient's hospital stay, piperacillin-tazobactam caused afebrile states with improved appetite and overall general condition. Same treatment was continued till 2 weeks and then discharged with Cefixime for next 2 weeks. Patient was asked to follow up after 2 weeks of discharge.

Discussion

Typhoid fever continues to pose a significant public health challenge in developing nations, primarily due to factors such as poor hygiene practices, inadequate sewage disposal, and limited access to clean drinking water (2). Typhoid splenic abscess, though rare, but a fatal clinical occurrence. While it was previously associated with immunocompromised individuals, our case involved an immunocompetent patient, (3) suggesting that this condition can occur irrespective of immune status. Typhoid fever treated too late, can lead to abdominal complications like splenic abscess, often due to delayed diagnosis. (5) The nonspecific clinical presentation of splenic abscess, resembling other febrile illnesses, can contribute to delayed diagnosis. Therefore, maintaining a high level of suspicion is crucial for the precise and timely identification of Salmonella enterica serovar typhi infection, especially in non-endemic areas where travel history is a valuable diagnostic clue. Abdominal ultrasonography can play vital roles in early lesion detection, with CT being the most precise and delicate mode. Investigations of aspirated pus microbiologically are essential for identifying the causative agent. In our case, these modalities, along with aspirated pus cultures, were helped in confirming the diagnosis.

Our study aligns with previous findings, indicating that typhoid splenic abscesses can manifest as solitary or multilocular lesions. The typhoid splenic abscess treatment is a topic of debate due to the lack of randomized trials. While many physicians consider splenectomy along with antibiotics as the preferred treatment, cases like ours and others have shown that using the proper techniques, percutaneous abscess aspiration antibiotic coverage can be just as effective (6-8).

In summary, typhoid Splenic abscess is an uncommon ailment that hasn't non-specific symptoms. Early diagnosis is crucial to reduce morbidity and mortality. Radiological and microbiological studies are valuable tools for diagnosis. (9) Since there is no definitive treatment or antibiotic duration guideline, physicians should carefully individualize management based on the patient's condition.

Conclusion

In conclusion, the presented case highlights the clinical significance of typhoid-associated splenic abscess as a rare but potentially life-threatening complication of Salmonella typhi infection. Early recognition, accurate diagnosis, and individualized management are crucial for improving patient outcomes. Further research is needed to optimize treatment strategies and antibiotic durations for this condition.

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Clinical Awareness-
Dr. B. Lal Clinical Laboratory

Centre Of Excellence
Oncopathology
(CoE-OncoCare)

Dr. Anjali Sharma
Director
Centre of Excellence- Oncopathology

Introduction

Rajasthan, a home of over 80 million population, shows a rising trend of cancer and precancerous conditions in both rural and urban areas. Though, due to different lifestyle and food habits, certain cancers are common in urban areas while others are common in rural areas. The most common cancers in Rajasthan are similar to national trends with Oral and Lung cancers being most prevalent types in males and Breast and Cervix being most common in females.

Centre of Excellence Oncopathology (CoE- OncoCare) at Dr . B. Lal Clinical Laboratory

With the aim to provide all services for Oncopathology, Dr B Lal Clinical Laboratory has established CoE Oncopathology. It is a modern advanced, well equipped lab with facilities for Liquid based cytology, Histopathology, IHC, Hematology, Serum Biomarkers & Molecular Pathology sections to diagnose, stage, prognostic evaluation and to identify targets for therapeutic purpose in various hematology and solid cancers.

Team of experts led by Dr Anjali Sharma, CoE- Oncopathology Director, with rich experience of 24 years in the field of Oncopathology, being ably supported by colleagues at central lab - Dr Chandrika Gupta, Dr Akanksha Thatai, Dr. Neelam Goyal and 12 more pathologists at peripheral centers across the state.

Experienced team of Molecular Oncopathologist Dr Monika Shashank-Medical Director, Dr Sandeep Srivastava (Director CoE Molecular Genomics) and Dr Rajendra Ola are pivotal in handling molecular diagnostics and genomics.

Reporting of surgical pathology cases is as per latest CAP guidelines. There is a Comprehensive complete test menu for hematology and solid tumors.

An ecosystem for digital pathology is created for rapid reporting of difficult cases on site and to provide second opinions.

All 12 regional labs across Rajasthan and Ahmedabad are connected through the most advanced Laboratory software system for automated digital workflow.

COE is involved in Research & development activities, for validation of assays, and provides lab services in clinical trials.

The center has collaborations with National and international agencies for testing and quality assurance. Centre also imparts education and training through virtual learning programmes and e - conferencing and on site seminars at state of art auditorium with high speed connectivity.

Centre has started fellowship program on Oncopathology under leadership of Dr Anjali.

In conclusion, Oncopathology is rapidly evolving toward a more integrated, molecularly-driven approach. Clinicians are encouraged to leverage these emerging tools and adopt a multidisciplinary strategy, integrating molecular, immunohistochemically, and computational tools, to provide patients with the most precise and personalized care possible.

Team of Oncopathology

Dr. Anjali Sharma
MBBS, MD (Pathology)
Director of
CoE Oncopathology

Dr. Chandrika Gupta
MBBS, MD (Pathology)
Senior Consultant Pathologist

Dr. Neelam Goyal
MBBS, MD (Pathology)
Consultant Pathologist

Team of Molecular Genomics

Dr. Monika Shashank
(Ph.D)
Medical Director

Dr. Sandeep K. Shrivastava
(Ph.D)
Senior Consultant &
Executive Director CIRD

Dr. Rajendra P. Ola
(Ph.D)
Research Scientist

Cutting-Edge Technology

Grossing Station

Vacuum Tissue Processor

Microtome

Embedding Station

Digital Microscope

New Tests/Technologies

Know Your Test: Molecular Allergy Testing (CRD)

Dr. Sandeep Kumar Shrivastava
Director
Centre of Excellence- Molecular Diagnostics

Molecular Allergy Testing, also known as Component-Resolved Diagnostics (CRD), represents a cutting-edge advancement in allergy diagnosis. This highly specific testing method allows for the precise identification of allergic components at the molecular level, offering unparalleled insights into a patient's allergic profile.

What is Molecular Allergy Testing (CRD)?

CRD involves analyzing the patient's specific IgE response to individual allergen molecules (proteins) rather than whole allergen extracts. These molecules can be either natural (purified) or recombinant proteins. By focusing on specific components, CRD provides greater clarity on the triggers of allergic reactions.

How is it Different from Conventional Allergy Testing?

Unlike traditional methods that use whole allergen extracts (which may include non-allergenic or cross-reactive substances), CRD identifies the exact allergenic protein responsible for symptoms. This precision reduces the risk of misdiagnosis caused by cross-reactivity and improves the management of allergies.

Key Features of Molecular Allergy Testing (CRD)

1. High Specificity and Sensitivity: CRD focuses on individual allergen molecules, improving diagnostic accuracy.

2. Component-Based Diagnosis: It distinguishes between genuine sensitization and cross-reactivity caused by structurally similar proteins in different sources (e.g., pollen and food allergens).

3. Risk Stratification: CRD can differentiate between mild and severe allergens, helping clinicians predict the risk of systemic reactions like anaphylaxis.

4. Comprehensive Analysis: Panels include a wide range of purified and recombinant allergen components from pollens, foods, mites, venoms, moulds, and pet dander.

5. AI Integration: Advanced tools utilize AI to interpret complex data, providing clinicians with actionable insights for tailored patient management.

ALEX²: Allergy Explorer | All In One

Clinical Benefits of CRD

1. Precise Allergy Management: Accurate identification of the allergen allows for targeted therapy and better symptom control.

2. Improved Prognosis: Early diagnosis and intervention reduce the risk of chronic allergy-related complications like asthma or eczema.

3. Personalized Treatment: CRD supports the development of individualized immunotherapy strategies.

4. Minimized Morbidity: By avoiding unnecessary dietary or lifestylerestrictions, CRD helps patients lead a more confident and fulfilling life.

Applications of Molecular Allergy Testing

- Diagnosing food allergies (e.g., peanut, milk, or seafood) • Differentiating between primary sensitization and cross-reactivity
- Identifying risk factors for severe allergic reactions
- Managing allergic rhinitis, asthma, and atopic dermatitis
- Planning effective immunotherapy

Who Should Opt for CRD?

- Patients with a history of complex or multiple allergies
- Those with unexplained or severe allergic reactions
- Individuals undergoing immunotherapy
- Parents seeking early diagnosis for children with suspected allergies

Why Choose Molecular Allergy Testing at CoE-AD, Dr. B. Lal Clinical Laboratory?

At the **Centre of Excellence for Allergy Diagnostics**, we offer the most advanced molecular allergy panels powered by CRD technology. With high-quality purified and recombinant allergen components, AI-driven tools, and a dedicated team of experts, we ensure accurate, reliable, and clinically actionable results.

Empowering Allergy Patients

Molecular Allergy Testing with CRD is more than just a diagnostic tool; it's a gateway to better health, confidence, and a higher quality of life. By understanding the exact triggers, patients and families can take control of allergies effectively and sustainably.

Transform Allergy Management with precision diagnosis today.

For more details, contact the Dr. B. Lal Clinical Laboratory Centre of Excellence for Allergy Diagnostics.

From Clinician's Desk- Bone Marrow Transplantation: A Lifesaving Solution with Growing Accessibility Challenges

Dr. Pankaj Tantia
Renowned Oncologist,
Bikaner

The Bone Marrow Transplant (BMT) has been in use for the treatment of many hematological disorders and malignancies like Thalassemia, Aplastic anemia, Lymphoma, Multiple myeloma, and Leukemias since 1968. In this, cells are taken from the bone marrow, then they are filtered and finally they are given back to the patient or to another person. The main goal of doing BMT is to transfuse healthy bone marrow cells into a person whose own cells get destroyed due to high doses of chemotherapy or radiation therapy used to treat cancer, blood disorders, and autoimmune disorders.

There are three types of BMT:

1. Autologous: the donor is the patient himself or herself. The cells are taken from the patient, frozen, and then it is given back to the patient after treatment.

2. Allogenic: The donor shares the same genetic type as that of the patient, usually a brother or sister.

3. Umbilical: The cells are taken from an umbilical cord immediately after the infant delivery. These cells are tested, typed, counted, and frozen until they are used for the transplant.

Bone Marrow Transplant results are very promising with nearly 80% survival rates. In India, we register almost 1 lakh new cases of blood disorders every year. In most of the cases, there is a dire need of BMT in their journey towards care.

Despite the growing demands, the cost of BMT remains relatively low (i.e.14 lakhs) in comparison to the developed countries, but it is still not affordable by most of the people.in our country. Patients often sell assets, borrow money, or liquidate savings to afford treatment. In countries like India and Southeast Asia, 70% of BMT patients bear costs personally due to insufficient insurance coverage.

In India, we are performing about 2500 BMT annually, which is only 2.5% of what is required. Therefore, there is an utmost necessity to close this gap and we need to open more transplant centers at affordable prices. One of the BMT centers, Acharya Mahapragya Bone Marrow Transplant Center in Bikaner has set a very good example of low cost BMT in India. The BMT cost at this center is quite low in comparison to the cost (approx. 1-8 lakhs) at other centers throughout the country. The center reduces costs through government support and partnerships, ensuring advanced procedures are accessible to those with financial constraints. The center provides comprehensive care, including free consultations, assistance with travel and accommodation, and long-term follow-ups, making it a key player in reducing economic barriers for patients requiring BMTF or the local patients of Rajasthan, it is more or less free under different health schemes like RGHS, MAA-Yojana, etc.

So, our country needs to open such centers where people can get their BMT done on affordable prices

Events Recap

Continuing Medical Education (CME) Sessions

CME on Excellence in Diagnostics: Empowering Clinical Decisions: On November 28, 2024, a CME session on "Excellence in Diagnostics: Empowering Clinical Decisions" was held at Apex Hospitals. Over 40 clinicians from various specialties engaged in discussions on advancements in autoimmunity, infectious diseases, and oncopathology. The session provided actionable insights to enhance clinical decision-making and improve patient care. The event was a success, fostering collaboration and shared commitment to healthcare excellence.

CME on Autoimmune Diagnostics: Advancing Healthcare in Jodhpur: On an impactful evening in Jodhpur, over 45 clinicians gathered for a CME focused on autoimmune diagnostics. The session featured insights from Dr. B.S. Jodha, Dr. C.R. Choudhary, and Dr. Monika Agrawal, along with an engaging panel discussion with renowned experts. This event was a step forward in advancing diagnostic knowledge and pushing the boundaries of healthcare.

Excellence in Diagnostics- Empowering Clinical Decisions:
An enriching session on "Excellence in Diagnostics: Empowering Clinical Decisions" brought together leading experts to share insights on cutting-edge diagnostic tools and innovations. From simplifying complex autoimmune diagnoses to advancements in molecular diagnostics and oncopathology, the session highlighted how precision diagnostics can revolutionize clinical decisions. A big thank you to our esteemed speakers, Dr. Monika Shashank, Dr. Monika Agrawal, Dr. Sandeep K. Shrivastava, and Dr. Anjali Sharma, for empowering us with their expertise and vision. Together, we strive to shape a healthier tomorrow!




Round Table Meeting (RTM) Sessions

Round Table Meeting with Alwar's Leading Gynecologists:
In collaboration with the Alwar Gynecologist and Obstetrician Society, a dynamic round table meeting brought together top experts in gynecology from the region. The discussions focused on advanced diagnostic solutions and innovations that empower clinical decisions to improve women's health. Eminent speakers shared fresh perspectives on diagnostic tools and their role in transforming patient care. The session concluded on a high note with a vibrant Garba Night, celebrating both knowledge and camaraderie among the attendees. This event marked a step forward in shaping the future of women's health care.






Round Table Meeting on Molecular Allergies and Autoimmune Diseases: EHCC Hospital and Dr. B. Lal Clinical Laboratory recently hosted an insightful RTM focused on Molecular Allergies and Autoimmune Diseases. The session provided a platform for healthcare professionals to share knowledge and explore innovations. The introduction of our Centre of Excellence in Molecular Genomics and Autoimmunity sparked valuable discussions, driving forward advancements in patient care.

The event featured in-depth case studies, expert insights on cutting-edge diagnostic techniques, and interactive sessions that encouraged collaborative problem-solving. With a shared commitment to improving diagnostic accuracy and treatment outcomes, this RTM marked a significant step toward revolutionizing the approach to autoimmune diseases and molecular allergies. Together, we are shaping the future of healthcare through collaboration and innovation!




RTM Session at Kotputli: Redefining the Future of Diagnostics: The RTM session at Kotputli was a transformative gathering of healthcare experts and pioneers, united in their mission to redefine the future of diagnostics. The evening was filled with inspiring speeches, engaging discussions, and groundbreaking insights on emerging diagnostic technologies.

From advancements in molecular diagnostics to the integration of AI-driven tools, the session highlighted practical applications that are set to revolutionize patient outcomes. Thought leaders shared their perspectives on how these innovations can improve patient care and streamline clinical decisions.

A special thank you to all the speakers, attendees, and organizers for their dedication and contributions. Together, we are advancing healthcare and creating a brighter, healthier tomorrow!





Workshop

A Landmark in Diagnostics Education: The First-Ever Hybrid Autoimmunity Workshop: Dr. B Lal Clinical Laboratory proudly hosted its first-ever Hybrid Autoimmunity Workshop as part of the 4th Preconference Workshop under CAHODIAGNOSTICON. This landmark event brought together 49 online and 24 onsite participants, fostering collaboration and knowledge-sharing in the field of autoimmunity.Supported by Sebia India Healthcare and Medsource Ozone Biomedicals Pvt. Ltd., the workshop showcased the power of partnerships in advancing diagnostics and healthcare innovation. The hands-on sessions and live demonstrations provided participants with practical insights into cutting-edge technologies and methodologies.




Instagram Live Session

Expert Insights to Safeguard Your Heart: Missed our Instagram Live? Don't worry! Experts Dr. Monika Agrawal, Dr. Monika Shashank, and Dr. Neelam Goyal shared valuable tips on heart health, from understanding cholesterol's impact to recognizing early heart attack signs. They also highlighted essential tests like Lipid Profiles, Apolipoprotein A & B, and life-saving first aid techniques. Watch the recorded session for actionable insights to protect your heart and loved ones.

Live Webinar

Early Detection of Kidney Damage in Diabetes- The Role of Microalbuminuria and Insulin Resistance: Microalbuminuria testing is a vital tool for detecting kidney damage early in diabetes. Dr. Neelam Goyal, Consultant Pathologist at Dr. B. Lal Clinical Laboratory, discusses its role and the link between insulin resistance and kidney health. Moderated by Dr. Debaashish Biswas, this session emphasizes regular testing and early interventions to prevent severe complications.

Podcast

Diabetes in India- Causes, Reversal, Diet & Lifestyle: In the first episode, Dr. Mukul Gupta, a seasoned Diabetologist and Endocrinologist, shares insights on managing diabetes beyond sugar control. He discusses thyroid disorders, PCOD/PCOS, and pregnancy-related endocrine issues, offering practical tips for better health. Moderated by Mr. Sankalp Gupta, this session blends expert advice with actionable lifestyle strategies for holistic diabetes care.



DocTalk Social Media Videos

Can Diabetes Really Be Reversed, or Is It Just a Myth? Insights by Dr. Rakesh Parikh: In this episode of the Doc Talk series by Dr. B. Lal Lab, Dr. Rakesh Parikh, a renowned Diabetologist, explores whether diabetes reversal is possible or just a myth. He breaks down the science, emphasizing how lifestyle changes, diet, exercise, and stress management can improve blood sugar levels. Packed with practical tips and hope, this session is a must-watch for anyone managing diabetes or supporting someone who is!

Is Insulin Safe for Long-Term Use- Insights by Dr. Deepak Gupta: In this episode of the Doc Talk series, Dr. Deepak Gupta, an Endocrinologist at Eternal Hospital, Jaipur, explores the safety of long-term insulin use. He discusses potential side effects, ways to minimize risks, and tips for effective diabetes management.

Awards and Recognition

Proudly Recognized as

RAJASTHAN'S MOST TRUSTED LABORATORY

by the Honorable Deputy CM of Raj., Mr. Premchand Bairwa

Awarded as

BEST DIAGNOSTIC CENTRE OF THE YEAR

by Economic Times Rajasthan Business Award

Big FM recognized

BEST DIAGNOSTIC LAB OF THE YEAR

by Bollywood actress Amisha Patel

EXCELLENCE IN PATHOLOGY SERVICES

by First India News

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Received

GREAT PLACE TO WORK

certification

2nd Time in a Row!

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Recognized as

Top 20 India's Best Workplaces in Pharmaceuticals, Healthcare, and Biotech 2024

1
State-of-the-Art Central Laboratory

7
NABL Accredited Labs

10 Lakh+
Patients Every Year

30+
Regional & Point of Care Lab

34
Years
A legacy of Truth-Trust-Care

50+
Lakh Test Every Year

130+
Collection Centers

600+
Team of Qualified Healthcare Professionals

1500+
wide range of test menu

Corporate Office & Central Laboratory

6-D, Malviya Industrial Area, Malviya Nagar, Jaipur, 302017,
Email: info@blallab.com,
Customer Care: +91-91661 25555
www.blallab.com

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