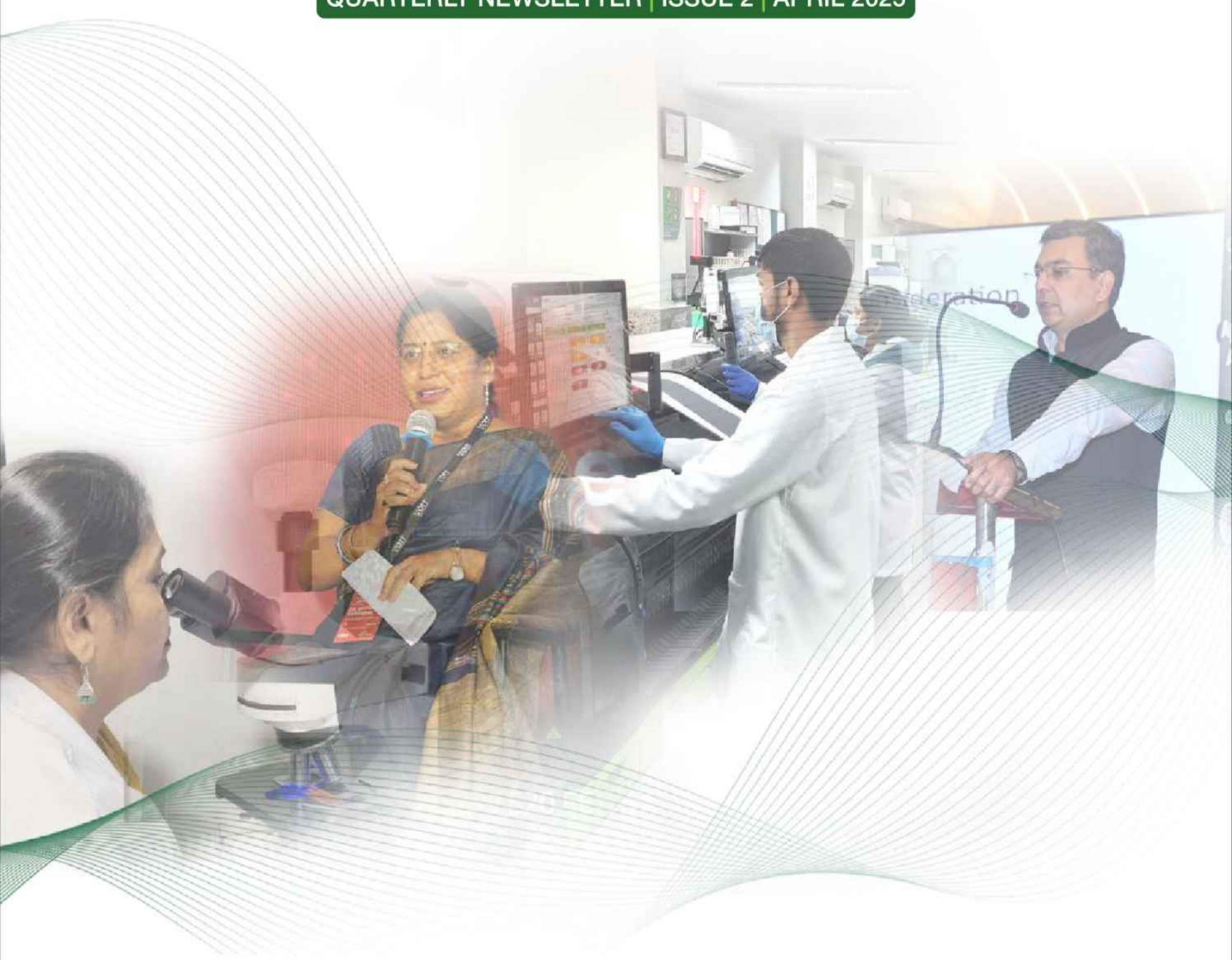
Clinical samvad

Innovations in Diagnostics and Clinical Insights

QUARTERLY NEWSLETTER | ISSUE 2 | APRIL 2025



Since 1991

Dr. B. Lal

Clinical Laboratory

Serves Best, Serves All

From the Director's Desk

It is with immense pride and enthusiasm that I welcome you to the second edition of Clinical Samvaad, our quarterly magazine dedicated to advancing clinical diagnostics and strengthening the bond between science and patient care. The overwhelming response to our inaugural issue has reinforced our belief in the power of knowledge-sharing and collaboration, inspiring us to bring you even more insightful content in this edition.

At Dr. B. Lal Clinical Laboratory, we remain steadfast in our mission to provide clinicians with precise, reliable, and timely diagnostic insights. Our commitment to excellence continues to drive us as we integrate the latest technological advancements, innovative methodologies, and rigorous quality standards into our laboratory services. In this issue, we delve deeper into evolving diagnostic paradigms, sharing updates on novel testing approaches, case studies, and expert perspectives that can aid clinical decision-making.

Healthcare is an ever-evolving field, and diagnostics play a pivotal role in shaping patient outcomes. As we expand our capabilities across Lab Medicine, Infectious Disease, Autoimmunity and Allergy, Oncopathology, Molecular Biology, and Hospital Infection Control, our focus remains on empowering clinicians with state-of-the-art diagnostic solutions. Through Clinical Samvaad, we aim to keep you informed, engaged, and equipped with knowledge that elevates healthcare standards.

We sincerely appreciate your continued trust and collaboration. Together, let us embrace innovation and precision in diagnostics to achieve new milestones in patient care.

Warm Regards,

Dr. B. Lal Gupta
Managing Director, Dr. B. Lal Clinical Laboratory

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Case Study- HbH Disease

Dr. Neelam Goyal
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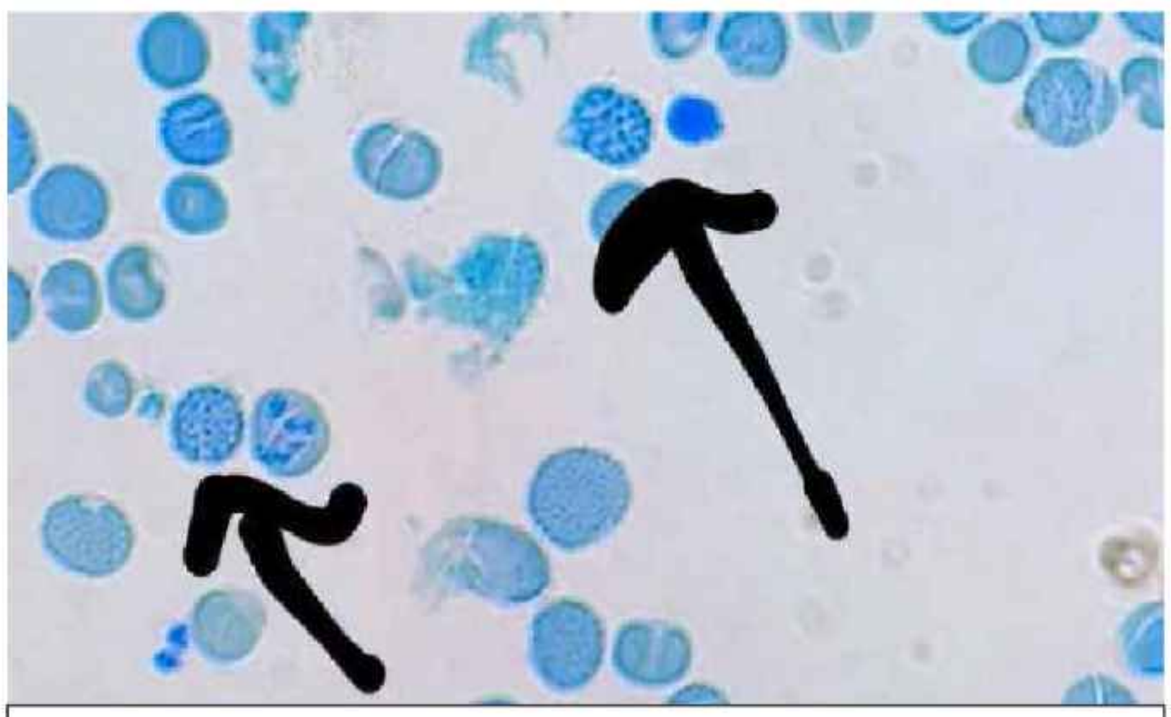
Role of HPLC in Detecting HbH Disease

Introduction

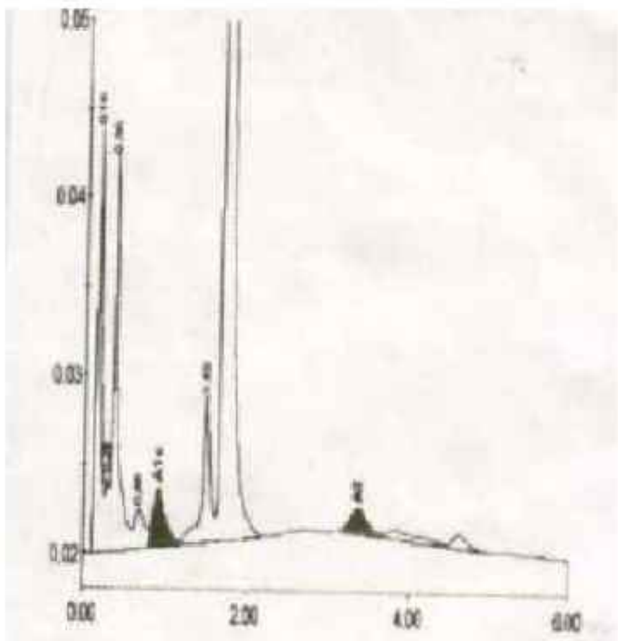
Hb H disease is a genetic disorder marked by insufficient α-globin production, leading to an excess of β-globin chains forming unstable hemoglobin H (Hb H). This results in ineffective erythropoiesis, oxidative damage, and extravascular hemolysis. Hb H disease is most common in Southeast Asia and the Mediterranean, with increasing cases reported in India. The clinical spectrum varies from mild anemia to severe hemolysis requiring medical intervention.

Case presentation:

A 16-year-old female presented with weakness and fatigue. Laboratory tests revealed Hb 8.3 g/dL, microcytic hypochromic anemia, and target cells on a peripheral blood smear. Despite nutritional management, her anemia persisted, prompting further evaluation. HPLC analysis showed twin peaks with a retention time of less than one minute, suggesting Hb H disease. A brilliant cresyl blue-stained peripheral smear confirmed the presence of inclusion bodies in red blood cells.



PBS Brilliant cresyl blue stain (Black arrow indicates inclusion bodies)



Peak table - ID: PNC005197

Peak	R.time	Height	Area	Area %
A1a	0.16	24321	86111	5.8
A1b	0.28	4201	11205	0.7
Unknown	0.36	22836	102278	6.8
LA1c/CHb-1	0.68	2217	19950	1.3
A1c	0.91	3265	33797	3.6 *
P3	1.49	8293	53529	3.6
A0	1.69	266969	1167730	78.0
A2	3.37	1413	22241	1.6
Total Area:			1496841	

Concentration:	%
A1c	3.6 *
A2	1.6

HPLC graph (Showing twin peaks before 1 minute)

Discussion:

HbH disease is prevalent among individuals of Asian, African, and Mediterranean descent due to its association with malaria resistance. It occurs due to either deletional or non-deletional mutations affecting α-globin gene expression. Clinically, Hb H disease varies from asymptomatic to moderate anemia with jaundice, splenomegaly, and skeletal changes. Hemoglobin levels typically range from 6-10 g/dL with microcytic, hypochromic red cells and reticulocytosis.

HPLC is instrumental in diagnosing Hb H disease by detecting characteristic twin peaks eluting in less than one minute. Molecular DNA analysis confirms the diagnosis. Management primarily includes folic acid supplementation, occasional blood transfusions during hemolytic crises, and monitoring for iron overload. In severe cases, stem cell transplantation may offer a cure.

Conclusion:

HPLC plays a crucial role in the early and accurate diagnosis of Hb H disease. It aids in distinguishing Hb H disease from other anemias and facilitates timely intervention, preventing complications. Early detection and appropriate management improve patient outcomes, highlighting the significance of HPLC in clinical hematology.

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Case Study- Unmasking the Mimic: Pseudodecidual Changes in Postmenopausal Women

Dr. Anjali Sharma
Sr. Consultant & Director
Centre of Excellence- Oncopathology
Dr. B. Lal Clinical Laboratory

Dr. Chandrika Gupta
Consultant Pathologist,
Dr. B. Lal Clinical Laboratory

Introduction

Pseudodecidual changes of the endometrium are an uncommon finding in postmenopausal women and can pose a diagnostic challenge. These changes may be so pronounced that they mimic trophoblastic disease or endometrial neoplasia, leading to potential misdiagnosis and unnecessary interventions. We report two cases of postmenopausal females who presented with abnormal vaginal bleeding and were found to have extensive pseudodecidualization on biopsy, raising concerns for trophoblastic disease or malignancy.

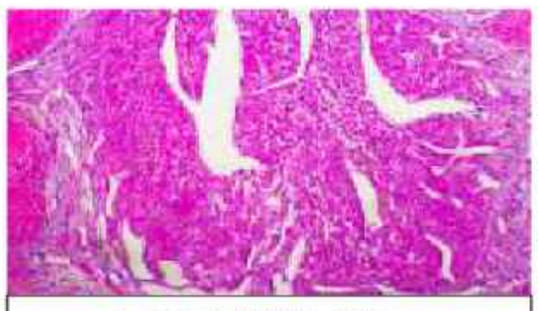
Case Report

Case 1:

A 64-year-old postmenopausal woman presented with complaints of bleeding per vagina for several weeks. She had a history of hormone replacement therapy for 3 years. A pelvic examination revealed an enlarged uterus with no palpable adnexal masses. Ultrasound showed a uterus of 18 week size with an endometrial thickness of 12 mm and irregular echogenic pattern, raising suspicion for endometrial pathology.

Hysterectomy was performed. Gross examination showed a uterus of 15 x11 cm. The endometrial cavity was obliterated by a friable , fleshy thickened endometrium (5 cm thickness). Histopathological examination demonstrated extensive pseudodecidual changes with stromal hypertrophy, closely resembling a gestational trophoblastic disease or a neoplastic process. Absence of atypia or invasive neoplastic elements, leading to a diagnosis of benign pseudodecidual changes. IHC marker β-HCG, PLAP showed positivity while Ki67 index was less than 1 %.

Case 1: Grossing- Cut surface

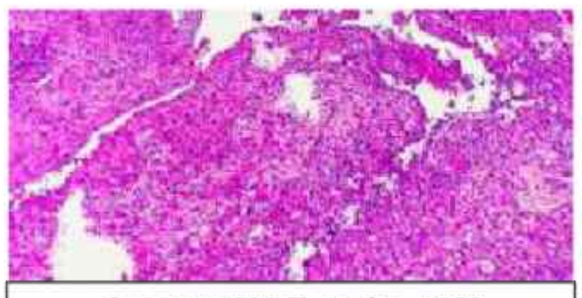


Case 1: H&E 40x

Case 2:

A 55-year-old postmenopausal woman presented with a history of dysfunctional uterine bleeding (DUB) for the past three years. She had a history of hormonal therapy for the last 4 years. Ultrasound revealed a significantly enlarged uterus, measuring the size of a 20-week pregnancy, leading to suspicion of endometrial carcinoma. Gross examination of the uterus showed a fleshy hemorrhagic mass in the uterine cavity. Upon histopathological examination, it revealed atrophic endometrial glands with a hyperplastic stroma and extensive pseudodecidual changes, mimicking a neoplastic process. Careful evaluation and immunohistochemistry confirmed a benign diagnosis - Decidual Cast.

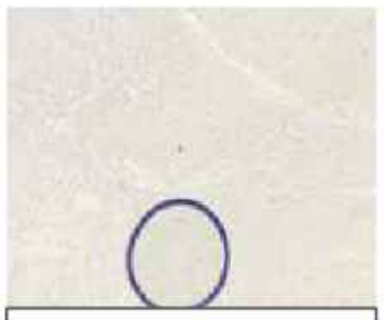
Case 2: Grossing- Cut surface



Case 2: H&E stain, 10X

Immunostain
Ki67 <1%

Immunostain
PLAP - Negative



Immunostain
HCG - Negative

Discussion

Pseudodecidualization of the endometrium is a reactive process often associated with exogenous progesterone exposure. However, it can also occur spontaneously in postmenopausal women, albeit rarely. The pathogenesis remains unclear but may involve localized hormonal imbalances or stromal reactivity. The morphological overlap between pseudodecidualization and trophoblastic disease poses a diagnostic dilemma, necessitating careful histopathological evaluation to avoid misdiagnosis.

In these two cases, who presented with post menopausal bleeding, enlarged uterus on USG, endometrial obliteration by a mass on gross examination raised the suspicion of endometrial carcinoma. Extensive pseudodecidual changes on histopathological examination raised significant concern for a neoplastic process. However, a thorough histopathological assessment , allowed for an accurate diagnosis and prevented unnecessary aggressive management. Presence of atypical mitotic figures, nuclear pleomorphism, and increased proliferative activity may favor a malignant diagnosis. However, benign pseudodecidualization lacks cellular atypia and demonstrates well-differentiated stroma without invasion.

Role of Immunohistochemistry (IHC) in Differentiating Pseudodecidual Changes from Malignancy

IHC plays a crucial role in distinguishing benign pseudodecidual changes from malignant conditions such as trophoblastic disease and endometrial neoplasia. Specific markers, including human chorionic gonadotropin (hCG), placental alkaline phosphatase (PLAP), and Ki-67, help in identifying trophoblastic elements, while other markers like p53 and MIB-1 aid in detecting malignancy. In cases of pseudodecidualization, negative staining for trophoblastic and neoplastic markers supports a benign diagnosis, preventing misdiagnosis and unnecessary interventions.

Conclusion:

Pseudodecidual changes in postmenopausal women can mimic serious pathologies such as trophoblastic disease or malignancy. These two cases highlight the importance of recognizing this benign histological entity and utilizing immunohistochemical markers to differentiate it from neoplastic conditions. Awareness among pathologists and clinicians can prevent unnecessary interventions and ensure appropriate patient management.

Over and undue use of hormonal pills should be avoided to prevent such grave consequences.

New Test Update

Active B12

Introduction:

Vitamin B12, crucial for DNA synthesis, blood formation, and nervous system health, is mainly found in animal products. Deficiency is common, especially among vegetarians, vegans, older individuals, pregnant women, and those with certain health conditions. Insufficient B12 can cause irreversible neurological harm in these patients.

Difference between Holotranscobalamin and cobalamin:

- Cobalamin (Vitamin B12) is bound to two proteins, transcobalamin (TC) and haptocorrin (HC). Approximately 20% TC-vitamin B12 complex is called holotranscobalamin (holoTC) or active Vitamin B12 containing the biologically active cobalamin, which promotes the uptake of its cobalamin by all cells, via specific receptors and has a rapid turnover.

- In comparison, approximately 80% of the cobalamin carried by HC is considered metabolically inert because no cellular receptors exist, with the exception of receptors found in the liver.

Importance of Holotranscobalamin over Cobalamin:

- The shorter circulating half-life of Holotranscobalamin compared to holohaptocorrin (HoloHC) makes a decrease of HoloTC one of the earliest markers of cobalamin deficiency.

- The measurement of total serum cobalamin suffers from some limitations; in particular, most of the cobalamin that is measured is bound to HC. That is why a number of studies have been published to support that HoloTC would be a better indicator of vitamin B12 status than total serum cobalamin.

- As expected, HoloTC levels are low in patients with biochemical signs of vitamin B12 deficiency.

- In addition, low levels of HoloTC (but not vitamin B12) in serum were reported in patients with Alzheimer's disease compared to levels of HoloTC in a healthy control group.

- Holotranscobalamin levels reflect vitamin B12 status, independent of recent absorption of the vitamin.

Sample Type: Serum

Sample Quantity: 2 ml

Transportation Temperature: 2-8 degree Celsius

Turn around Time: Within 24 Hrs

Contact for Further Query: Helpdesk (9829960977)

References:

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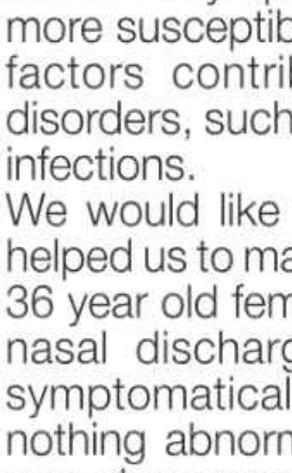
From Clinician's Desk-

Epistaxis in Systemic Sclerosis: A Rare Presentation



Dr. Vishal Gupta

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An autoimmune disease occurs when the body's own immune system mistakenly attacks its cells and produces autoantibodies against them, causing inflammation and damage. There are over 80 known types of autoimmune disorders, and they can affect any part of the body. The most common autoimmune disorders are Type 1 diabetes, Multiple sclerosis, Systemic sclerosis, Lupus, Rheumatoid arthritis, Scleroderma, Sjögren's syndrome, and so on. The common clinical presentation of autoimmune diseases includes fatigue, joint pain, muscle aches, dryness of eye and mouth, and skin manifestations. Timely diagnosis is challenging and important because symptoms can mimic other diseases. Females are more susceptible for autoimmune disorders than male. Many factors contribute to the development of autoimmune disorders, such as genetic factors, environmental factors, and infections.

We would like to share one case in which timely diagnosis helped us to manage a patient with an autoimmune disorder. A 36 year old female patient presented with complains of fever, nasal discharge, and coughs. The patient was treated symptomatically. Routine investigations were done, and nothing abnormal was observed in the reports. X-ray chest was also normal. After 5 days of treatment, the patient again came with epistaxis (nose bleed). On asking, she also gave the history similar episodes in past and which was associated with little breathlessness. The patient was investigated further and advised for HRCT scan of chest. CT chest showed the features of interstitial lung disease (ILD). We sent a serum sample for ANA by indirect immunofluorescence to rule out the possibility of an autoimmune disorder. On the same day, we received a call from the laboratory regarding the possibility of systemic sclerosis according to the pattern seen in IFA and were asked to add an immunoblot 18 antigen test. On the next day, the Scl-70 antibody came out positive in immunoblot. We called the patient again and took a detailed history. She informed us about difficulty in swallowing. Epistaxis is a very rare manifestation of the underlying vascular abnormalities and fibrosis due to telangiectasias in systemic sclerosis patients.

Systemic sclerosis is a disease characterized by the thickening and hardening of tissues, including the skin and blood vessels. This can lead to vascular changes throughout the body, including the nose. Patients with systemic sclerosis can develop telangiectasias, which are small, dilated blood vessels that appear as red spots on the skin or in mucous membranes, including the nose. These telangiectasias can be a source of bleeding, leading to epistaxis. Besides vascular changes, other systemic conditions associated with systemic sclerosis, such as hypertension or coagulopathies, can also contribute to epistaxis. The management of epistaxis in patients with systemic sclerosis involves addressing the underlying cause, which may include managing hypertension, addressing coagulopathies, and treating the telangiectasias.

This was a simple case of infection with epistaxis that ended up diagnosing a case of Systemic sclerosis in one day. The patient was then referred to the rheumatologist for further management. This case emphasizes the importance of the collaboration of the clinician with a diagnostic team that not only helps in the timely diagnosis of the disease but also provides a path for proper treatment and management of the patient.

Events Recap

Continuing Medical Education (CME) Sessions

CME Kota - A Pioneering Session on Autoimmune & Cancer Diagnostics: Dr. B. Lal Clinical Laboratory, in association with IMA Kota, successfully organized a CME on **March 1st 2025**, focusing on **Advances in Diagnostic Approaches for Autoimmune Diseases and Cancers**.

Graced by **Dr. M.P. Sharma** (President, IMA Rajasthan) as Chief Guest, the event featured expert talks by **Dr. Amit Sharma** (Fortis, Jaipur), **Dr. Anjali Sharma** (CoE Oncopathology, DBCL), and **Dr. Monika Agrawal** (CoE Autoimmunity, DBCL).

With an overwhelming response and enthusiastic participation from the medical fraternity, the CME reinforced **Dr. B. Lal Clinical Laboratory's commitment to advancing diagnostic excellence and enhancing patient care**.

CME Sikar - A Convergence of Medical Excellence and Diagnostic Innovation: Dr. B. Lal Clinical Laboratory successfully organized a **CME in Sikar February 27th 2025**, uniting top medical experts to discuss advancements in diagnostics and patient care.

The session began with a welcome address by **Dr. Monika Shashank** (Medical Director, DBCL), emphasizing continuous learning. Expert insights were shared by **Dr. G.L. Rathi** on surgical advancements, **Dr. Ankush Rathi** on oncopathology collaboration, **Dr. Anjali Sharma** on cancer diagnostics, and **Dr. Monika Agrawal** on autoimmune disease detection.

With enthusiastic participation, the CME reinforced Dr. B. Lal Clinical Laboratory commitment to medical excellence. Discussions highlighted the importance of early detection and precision diagnostics in improving patient care.

Ajmer CME - Unraveling Diagnostic Complexities in Pulmonary Oncology: Dr. B. Lal Clinical Laboratory successfully hosted a CME on **February 8th, 2025** in Ajmer, focusing on "**Resolving Diagnostic Dilemmas in Lung Lesions: The Critical Role of Oncopathology**."

Chief Guest **Dr. Anil Samaria** (Principal, J.L.N. Medical College, Ajmer) emphasized the importance of accurate and timely diagnosis in lung disease and cancer management. **Dr. Arpit Jain** provided a clinician's perspective on pulmonary symptoms, highlighting the need for collaboration between physicians and diagnostic experts.

Dr. Anjali Sharma (Director, CoE Oncopathology) and **Dr. Rajendra P. Ola** (Expert in Molecular Genomics) introduced DBCL's Centers of Excellence in Oncopathology & Molecular Genomics, showcasing advancements in biomarker-driven diagnostics, molecular profiling, and precision oncology.

The session fostered discussions on bridging the clinician-diagnostician gap, reinforcing our commitment to pioneering advanced diagnostics for improved patient outcomes.

Round Table Meeting (RTM) Sessions

Bridging Innovation & Expertise- RTM on Oncopathology & Molecular Diagnostics: Dr. B. Lal Clinical Laboratory hosted a Round Table Meeting on **February 5th, 2025**, bringing together top oncologists and diagnostic experts to discuss advancements in cancer care.

Key discussions, led by **Dr. Anjali Sharma** (Oncopathology) and **Dr. Sandeep Srivastava** (Molecular Diagnostics), focused on precision diagnostics, early detection, and personalized treatment.

Experts explored the role of **advanced pathology and molecular testing in revolutionizing oncology**. The session emphasized collaboration between clinicians and diagnosticians to enhance cancer detection and treatment.

The event reinforced our commitment to innovation, ensuring better cancer care through advanced diagnostics.

Dr. B. Lal Clinical Lab at CAHO Diagnosticon 2025: Dr. B. Lal Clinical Lab proudly participated in **#CAHODiagnosticon2025,** held on **February 8-9 at Eros Hotel, New Delhi**, celebrating **diagnostic excellence** with over **700 participants**.Our experts, **Dr. Monika Shashank & Dr. Monika Agrawal**, chaired multiple insightful sessions, including **Liquid Biopsy in Cancer Diagnostics, AI-ML in Labs, Lipidomics, and Recent Advances in Diagnostic Methodologies**. Adding to the success, **Ms. Charvika** won a prestigious award, highlighting our commitment to innovation.The event fostered impactful discussions, industry collaborations, and cutting-edge technological showcases, setting the stage for **#CAHODiagnosticon2026 in Indore**.

Impactful Campaigns

Sheroes Campaign – Prioritizing Women's Health This International Women's Day: This **International Women's Day**, Dr. B. Lal Clinical Laboratory took a proactive step in championing women's health with the launch of SHEROES—a dedicated campaign **offering exclusive health packages at up to 50% off.** Recognizing that women are the pillars of families and society, the initiative aimed to empower them with better healthcare access, emphasizing **preventive care** and **early detection**. SHEROES reinforced the importance of regular screenings for long-term well-being, ensuring that women **prioritize their own health** while balancing multiple roles. Through this initiative, DBCL continues its mission to build a **healthier, stronger community**.

Live DocTalk Webinar

DocTalk Webinar – Her Health: Her Power: Dr. B. Lal Clinical Laboratory hosted a **DocTalk Webinar** on **January 20th, 2025**, focusing on women's health and early detection. Moderated by **Dr. Monika Shashank** (Medical Director, DBCL), the session featured experts discussing key health concerns. **Dr. Girija Wagh** emphasized early ovarian cancer screening, **Dr. Tina Jubin** highlighted cardiovascular risks in women, and **Dr. Monika Agrawal** stressed the importance of HPV vaccination for cervical cancer prevention. The session empowered attendees with practical health strategies, reinforcing **Dr. B. Lal Clinical Laboratory's commitment to women's wellness and proactive care**.

HMPV- Video Snippet by Dr. Varun Mathur: **Dr. Varun Mathur (MD Medicine)** highlights **Human Metapneumovirus (HMPV)**, a virus causing **severe respiratory issues**, unlike the **common cold**. It primarily affects **children, older adults, and immunocompromised individuals**, increasing the risk of **bronchitis, pneumonia, and respiratory distress**. Symptoms often mimic the flu, including fever, cough, wheezing, and shortness of breath.

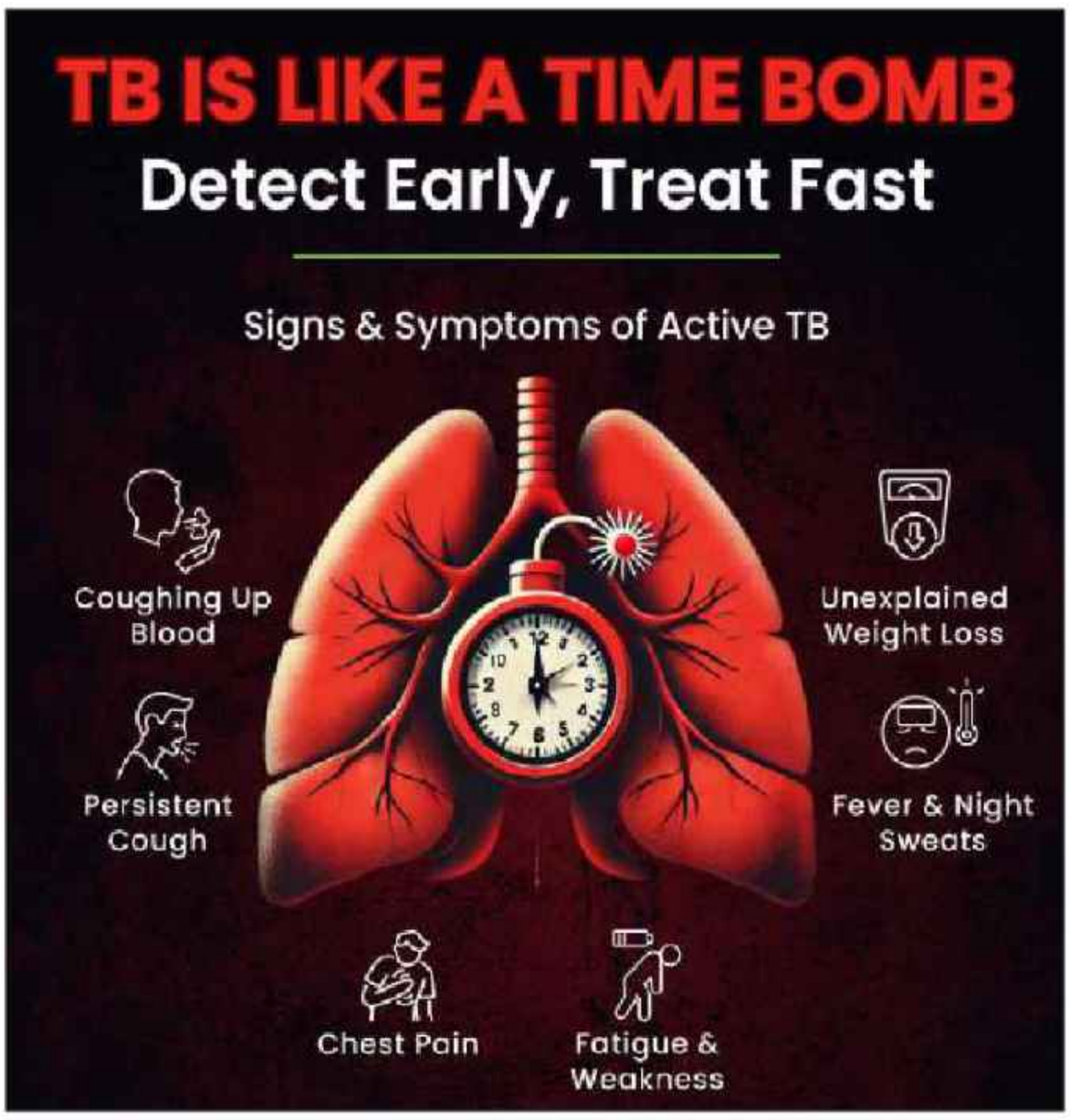
Early detection is key to preventing complications and ensuring timely treatment. Dr. B. Lal Clinical Laboratory offers advanced and accurate diagnostics to help detect HMPV at the right time. Protect your health—stay informed, stay safe!

World Kidney Day – Spreading Awareness Through Expert Engagement: On **March 13th**, Dr. B. Lal Clinical Laboratory marked World Kidney Day with an in-clinic health camp at the clinic of renowned nephrologist **Dr. Luvdeep Dogra**. Patients received valuable insights on kidney health, emphasizing early detection and preventive care. Adding to the awareness initiative, Dr. Dogra shared a special video message, **highlighting essential kidney care tips and the importance of regular checkups**. This initiative reinforced the lab's dedication to promoting kidney health and encouraging proactive healthcare within the community.

Raising Cancer Awareness with Experts: On World Cancer Day, Dr. B. Lal Clinical Lab, in collaboration with Rajasthan's top oncologists, launched impactful videos and posts on early cancer detection. Experts like **Dr. Harsh Goyal, Dr. Prashant Sharma, Dr. Umesh Khandelwal, Dr. Abhishek Charan, Dr. Nidhi Patni, Dr. Pankaj Kumar Tantia, and Dr. Arpit Jain** highlighted the importance of screenings for **colon, prostate, breast, lung, cervical, head & neck, and oral cancers**.

Through videos, carousel posts, and doctor-led discussions, we empowered individuals to take charge of their health. At Dr. B. Lal Clinical Lab, we remain committed to supporting doctors and patients in the fight against cancer- one test at a time.

World TB Day Celebration – Spreading Awareness for a Healthier Tomorrow: On **March 23rd**, Dr. B. Lal Clinical Laboratory took a significant step in the fight against **tuberculosis** by launching an **awareness initiative** across Jaipur and regional zones like **Alwar, Ajmer, Bharatpur, Bikaner, Bhilwara, Sikar, Kotputli, Kota** etc. Informative posters were strategically placed in the waiting areas of **pulmonologists, chest physicians, and general physicians,** emphasizing the importance of **early detection** and **timely treatment**. With the theme **"Detect Early, Treat Fast,"** this initiative aimed to **educate patients and caregivers**, reinforcing the laboratory's commitment to **community health** and **TB eradication**.



Empowering Women's Health at Shilpkari Feast: Dr. B. Lal Clinical Laboratory and Dr. B. Lal Institute of Biotechnology proudly participated in the **Shilpkari Feast at Jawahar Kala Kendra, Jaipur**, from **March 15th to 17th**, celebrating **women's empowerment** and **contributions to society**. As part of this initiative, DBCL introduced specially curated **SHEROS health packages** at **discounted rates**, emphasizing the importance of **women's well-being**. In a remarkable effort to promote **preventive healthcare**, **free TSH and Hemoglobin tests** were conducted for all women, benefitting **over 50 attendees**. Through this engagement, DBCL reaffirmed its commitment to **supporting women's health** and **raising awareness** about essential **diagnostics**. The event also provided an interactive platform for women to gain valuable health insights from medical experts, encouraging proactive wellness.

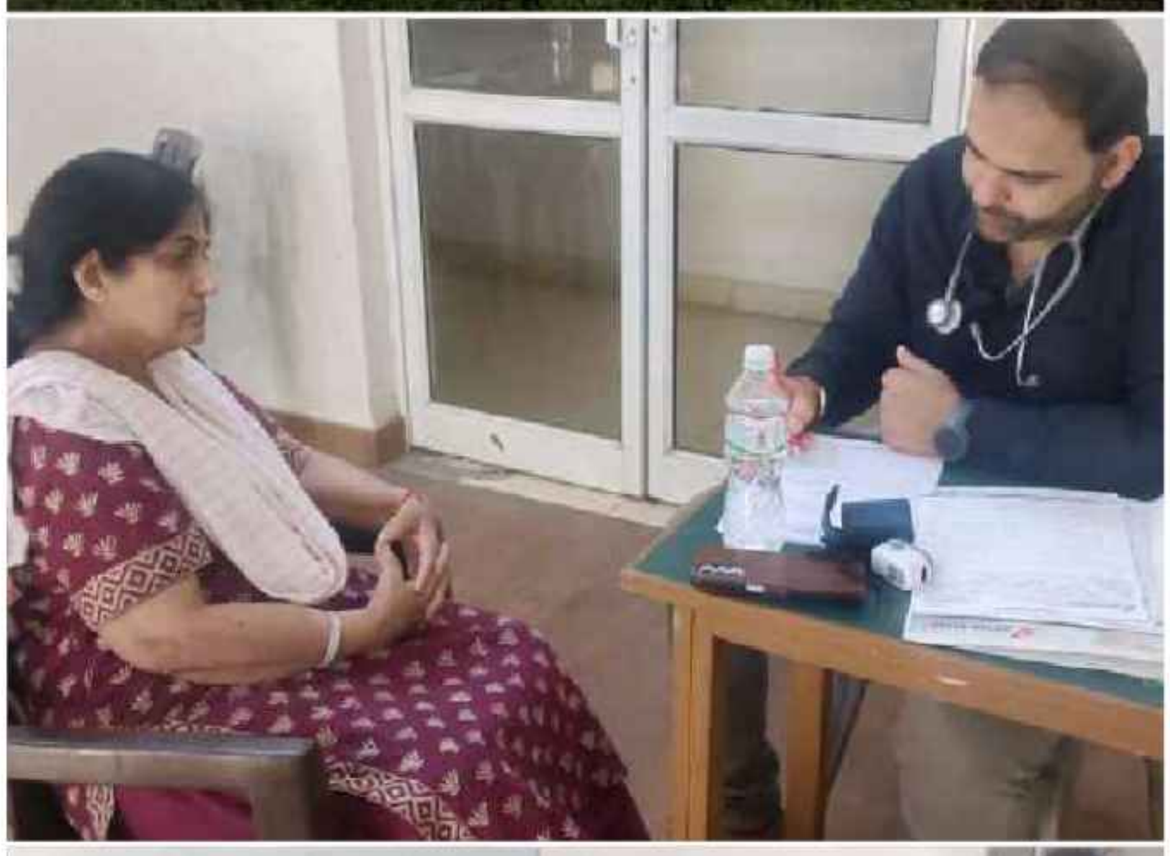
ISSRF 2025

Breaking the Silence on PCOS – Empowering Women Through Knowledge & Care : Dr. B. Lal Clinical Laboratory proudly supported a transformative workshop on PCOS, menstrual health, and fertility challenges, organized by **ISSRF & ASSOCHAM** Women Wing at ISSRF 2025. Held on **February 15th** at Rajasthan International Centre, Jaipur, this free, hands-on session aimed to empower women with expert insights into hormonal wellness, sustainable menstruation, and reproductive health.

The workshop featured **engaging discussions** led by specialists, focusing on early detection, lifestyle management, and holistic well-being for those navigating **PCOS and related concerns**. By fostering awareness and offering practical solutions, this initiative reinforced the importance of **prioritizing women's health.** Together, we continue to break barriers and advocate for better healthcare for all!

IN CLINIC CAMP

Expanding Healthcare Access: Successful In-Clinic Camps in Jaipur: Over the past three months, Dr B Lal Clinical Laboratory has strengthened its commitment to **accessible and specialized healthcare** by organizing a series of **successful in-clinic camps** across **Jaipur**. **In collaboration with esteemed specialists in gastroenterology, neurology,** and **nephrology,** these camps have provided patients with expert consultations, early diagnostic interventions, and personalized health insights.By partnering with renowned doctors like **Dr. Pankaj Shrimal, Dr. Manohar Lal Sharma, Dr. Rahul Gupta,** and **Dr. Luvdeep Dogra,** we have facilitated an environment where individuals can receive e**xpert guidance and timely diagnostics under one roof**. These initiatives have not only **enhanced patient awareness** but have also reinforced our mission to **bridge the gap between specialized healthcare and community well-being**.Through these **impactful collaborations**, we continue to drive **excellence in diagnostics and patient care**, ensuring that **advanced healthcare services** reach those who need them the most.



Proud Achievements

National Diagnostics Forum & Awards 2025: Dr. B. Lal Clinical Laboratory made a strong impact at the **3rd National Diagnostics Forum & Awards 2025. Mr. Sankalp Gupta** (Director, DBCL) participated as a panelist in "Shaping the Future of Diagnostics," sharing insights on industry growth and innovation, while **Dr. Monika Shashank** (Medical Director) delivered a key talk on "Pre-Analytical Excellence," emphasizing the role of accurate sample handling in diagnostic precision.

Their contributions were recognized with prestigious awards—**Mr. Sankalp Gupta** as Emerging Leader in Diagnostics for his visionary leadership and **Dr. Monika Shashank** as Healthcare Educator in Diagnostics. These achievements reaffirm DBCL's commitment to innovation, excellence, and leadership in healthcare diagnostics, driving better patient outcomes.

A Landmark Achievement: Grand Opening of Our Vaishali Nagar Laboratory: Dr. B. Lal Clinical Laboratory marked a historic milestone on its **34th Foundation Day** with the **grand inauguration** of our **New Central Laboratory in Vaishali Nagar, Jaipur!** This cutting-edge facility represents our unwavering commitment to advanced diagnostics, precision, and patient-centric care.

The celebration was filled with gratitude and excitement as esteemed guests, **healthcare professionals, and well-wishers joined us to commemorate this special occasion.** This new laboratory is equipped with state-of-the-art technology, enabling us to further enhance diagnostic accuracy, efficiency, and innovation for better patient outcomes.

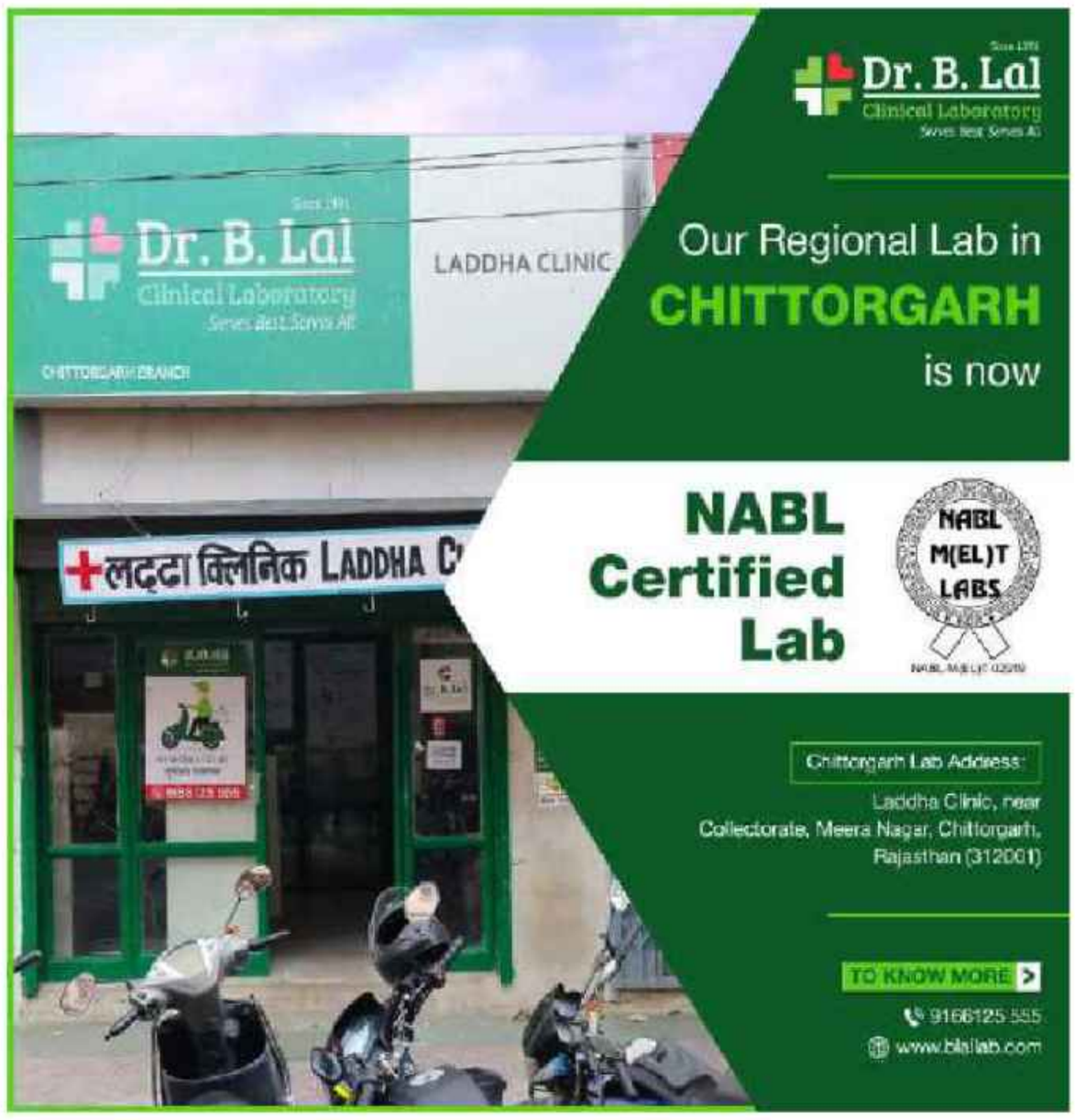
We extend our heartfelt thanks to everyone who has been part of this incredible journey. Your trust and support continue to drive us toward transforming healthcare and shaping a healthier tomorrow!

NABL Accreditation!

Dr. B. Lal Clinical Laboratory's Bhilwara Lab Achieves NABL Accreditation! : We are proud to announce that our **Bhilwara** lab has achieved **NABL accreditation** under the latest **ISO 15189:2022 standards!** This milestone reaffirms our commitment to **accuracy, reliability, and world-class diagnostic services**. With this recognition, Dr. B. Lal Clinical Laboratory continues to set new benchmarks in quality healthcare, ensuring better patient care and trust.

Jodhpur Lab Achieves NABL Accreditation – A New Milestone in Excellence!: We're proud to announce that our **Jodhpur Lab** has earned **NABL accreditation,** reaffirming our commitment to **quality, precision, and patient safety.** At Dr. B. Lal Clinical Laboratory, we strive for excellence through **advanced technology, stringent quality control, and expert-driven diagnostics.** This achievement reflects our dedication to delivering accurate and reliable test results you can trust.

Dr. B. Lal Clinical Laboratory's Chittorgarh Lab Achieves NABL Accreditation: We proudly announce that our **Chittorgarh lab hasachieved NABL accreditation.** This milestone reaffirms **our commitment to accuracy, reliability, and world-class diagnostic services. With this recognition,** Dr. B. Lal Clinical Laboratory continues to set new benchmarks in quality healthcare, ensuring better patient care and trust.



Dr. B. Lal Lab Honored in Times of India Coffee Table Book – Healthcare Pioneers of Rajasthan: On **28th March 2025**, Dr. B. Lal Clinical Laboratory was proudly featured in the **Times of India Coffee Table Book, Healthcare Pioneers of Rajasthan**. Our remarkable journey, spanning **over three decades of excellence in diagnostics**, was showcased across **five pages**, highlighting our unwavering commitment to **technological advancements, precision diagnostics, and patient-centric care**. The **prestigious event** saw the presence of **eminent doctors and clinical personalities**, recognizing our **pioneering role in revolutionizing healthcare in Rajasthan**. The honor was further elevated as we were **felicitated by the Hon'ble Governor of Rajasthan, Shri Haribhau Bagde**. This recognition reaffirms our mission to **set new benchmarks in diagnostic excellence** and contribute to a **healthier future for all**.

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

Great Place To Work. Certified MAY 2024-MAY 2025 INDIA

Received

GREAT PLACE TO WORK

certification

2nd Time in a Row!

Best Workplaces in Pharmaceuticals, Healthcare and Biotech Great Place To Work. INDIA 2024

Recognized as

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

1
State-of-the-Art
Central Laboratory

8
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

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