Clinical samvad

Innovations in Diagnostics and Clinical Insights

QUARTERLY NEWSLETTER | ISSUE 3 | JUNE 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 third 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-

Immunohistochemistry, a Powerful Tool in the Diagnosis of Undifferentiated Neoplasms

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

Dr. Chandrika Gupta
Senior Consultant,
Centre of Excellence- Oncopathology
Dr. B. Lal Clinical Laboratory

Introduction:

Immunohistochemistry (IHC) plays a crucial role in diagnosing undifferentiated neoplasms by identifying their true origin through the use of antibodies against specific proteins (antigens) expressed in the tumour cells.

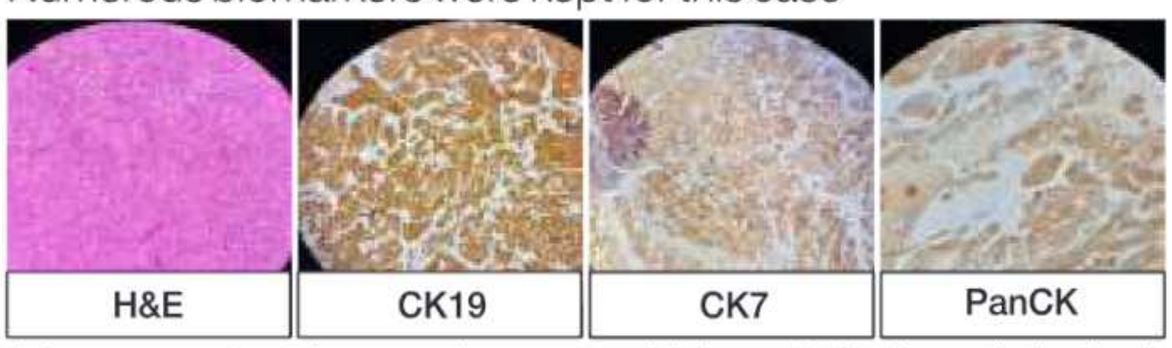
This technique helps to determine the tumour's histogenesis (lineage) and aids in differentiating between various types of undifferentiated malignant tumours, especially when routine H & E staining alone is insufficient for an accurate diagnosis.

Case Study:

Case 1:

A 44-year-old female presented with cervical lymphadenopathy. The PET scan revealed increased FDG uptake in the cervical, mediastinal, paraaortic, and parapancreatic regions. The diagnosis of lymphoma was suspected on the PET scan. The Cervical lymph node was excised and sent for biopsy, and metastatic squamous cell carcinoma was diagnosed. For exact confirmation of the diagnosis, the biopsy sample was sent to Dr. B. Lal Clinical Laboratory for IHC.

An extensive immunomarker panel was kept. Initially, we used markers of squamous cell carcinoma as per the biopsy report. But the result came back negative. Then we kept CK, Vimentin, S100 and synaptophysin to see the lineage of tumour cells. But out of all the markers, only CK came positive, which confirms that it is carcinoma. In a further step, CK7 & CK20 markers were kept. CK7 came positive. The differential diagnosis of the origin of a carcinoma was kept for lung, breast, kidney, ovary, uterus, upper gastrointestinal (GI) tract, pancreatobiliary tract, urinary tract, thyroid, prostate, liver, and adrenal gland. Numerous biomarkers were kept for this case

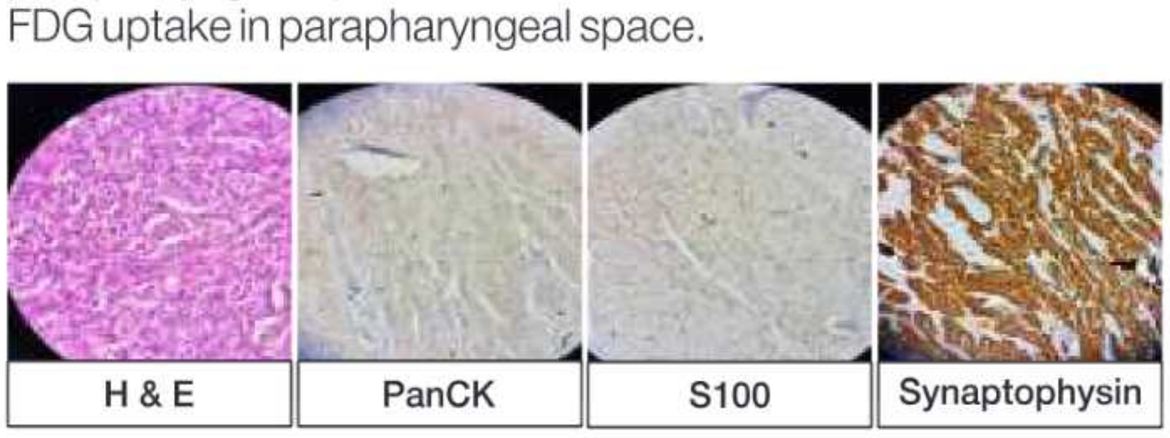


After an extensive workup, combining clinical, radiological, morphological, and immunohistochemical (IHC) findings, we suggest the presence of **metastatic carcinoma primarily in the pancreaticobiliary tract or upper GIT.**

Case 2:

A 40-year-old male underwent radical neck dissection. A total of 13 lymph nodes were resected. On biopsy, only one node showed tumour. The diagnosis was given as a metastatic carcinoma. Then, this case was sent to Dr. B. Lal Clinical Laboratory for IHC to know the exact primary site of the tumour. We studied this case thoroughly.

Markers of carcinoma were kept, but they all came negative. This explained that it was not a carcinoma. Then we went through the biopsy study and clinical details again. Although the positive lymph node was found to be from the parapharyngeal space. On PET scan also, there was increased FDG uptake in parapharyngeal space.



Then finally we kept markers for paraganglioma and surprisingly they these were positive. So, the final diagnosis was given as **Paraganglioma (Carotid body tumor).**

Discussion & Conclusion:

The issue of undifferentiated neoplasms is problematic in today's health care environment, where there seems to be an emphasis on targetable biomarkers for treatment, and the need to determine the exact subtype or source of the tumor. As pathologists, we are trained to use the tools needed to determine where the tumor is coming from and to provide precise subtyping, in order to correlate with the clinical findings and to provide the correct staging and tumor synoptic reports that may be helpful in conveying prognostic or therapeutic information.

Immunohistochemistry has become an indispensable ancillary study in the identification and classification of undifferentiated neoplasms/tumors of uncertain origin. The diagnostic accuracy has significantly improved because of the continuous discoveries of tissue-specific biomarkers and the development of effective immunohistochemical panels.

The correct diagnosis of undifferentiated tumors is crucial for selecting appropriate treatment strategies and predicting patient outcomes. IHC helps to ensure that patients receive the most effective therapy for their specific type of tumor.

In summary, IHC is a valuable tool for diagnosing undifferentiated neoplasms by identifying the tumor's origin, differentiating between various types, and providing a more accurate diagnosis than routine histology alone.

Reference:

1. Rassy E, Pavlidis N.The currently declining incidence of cancer of unknown primary. Cancer Epidemiol. 2019; 61: 139–141.

2. Laprovitera N, RiefoloM, Ambrosini E, Klec,C,Pichler M Ferracin M. Cancer of unknown primary: challenges and progress in clinical management. Cancers. 2021; 13(3): 451.

3. Baraban E, Cooper K. Dedifferentiated and undifferentiated neoplasms: a conceptual approach. Semin Diag Pathol. 2021; 38 (6): 119–126.

4. Lin F, Liu H.Chapter 12: Unknown primary/undifferentiated neoplasms . Handbook of Practical Immunohistochemistry, 3rd ed. Cham, Switzerland: Springer; 2022.

Case Study-

Role of Immunohistochemistry in Resolving Diagnostic Dilemmas in Axillary Lymphadenopathy

Dr. Shivani Puri
Consultant Pathologist,
Dr. B. Lal Clinical Laboratory

Introduction:

The evaluation of lymphadenopathy can pose a significant diagnostic challenge, particularly when initial investigations yield conflicting or inconclusive results. While imaging and histopathology remain foundational tools, they sometimes fall short in revealing the underlying pathology especially when cellular atypia is subtle or mimics reactive changes.

This is where immunohistochemistry (IHC) emerges as a critical adjunct. By employing antigen-specific antibodies, IHC enables precise characterization of lymphoid and non-lymphoid cells, aiding not only in differentiating benign from malignant processes but also in subtyping lymphomas and carcinomas with greater accuracy.

This case report explores a scenario where a solitary, enlarged axillary lymph node initially masqueraded as reactive hyperplasia. Despite multiple assessments, the ambiguity persisted until IHC unveiled the true nature of the lesion - follicular lymphoma there by reinforcing the indispensable role of immunohistochemistry in modern diagnostic pathology.

Case Study:

A 56-year-old patient presented to the hospital with pain in the left axilla persisting for one month. There were no other systemic complaints.

An ultrasound (USG) performed at an outside center revealed a large hypoechoic lymph node in the left axillary region, measuring approximately 5 cm in its greatest dimension. A repeat USG at our facility confirmed the presence of a similar lesion.

To further investigate, a USG-guided fine-needle aspiration cytology (FNAC) was performed, which revealed atypical cells suspicious of malignancy.

Given the size and suspicious nature of the lesion, a biopsy was conducted and sent for histopathological examination to an external laboratory, which reported the lesion as Reactive Lymphoid Hyperplasia.

However, due to the discordance between the clinical picture (large solitary node, no breast lesion) and the histopathological findings, the treating surgeon sought a second opinion. The biopsy sample was re-evaluated at our center along with a panel of immunohistochemical stains.

Immunohistochemistry and final diagnosis:

Upon thorough re-examination and immunohistochemical work-up, the final diagnosis was revised to:

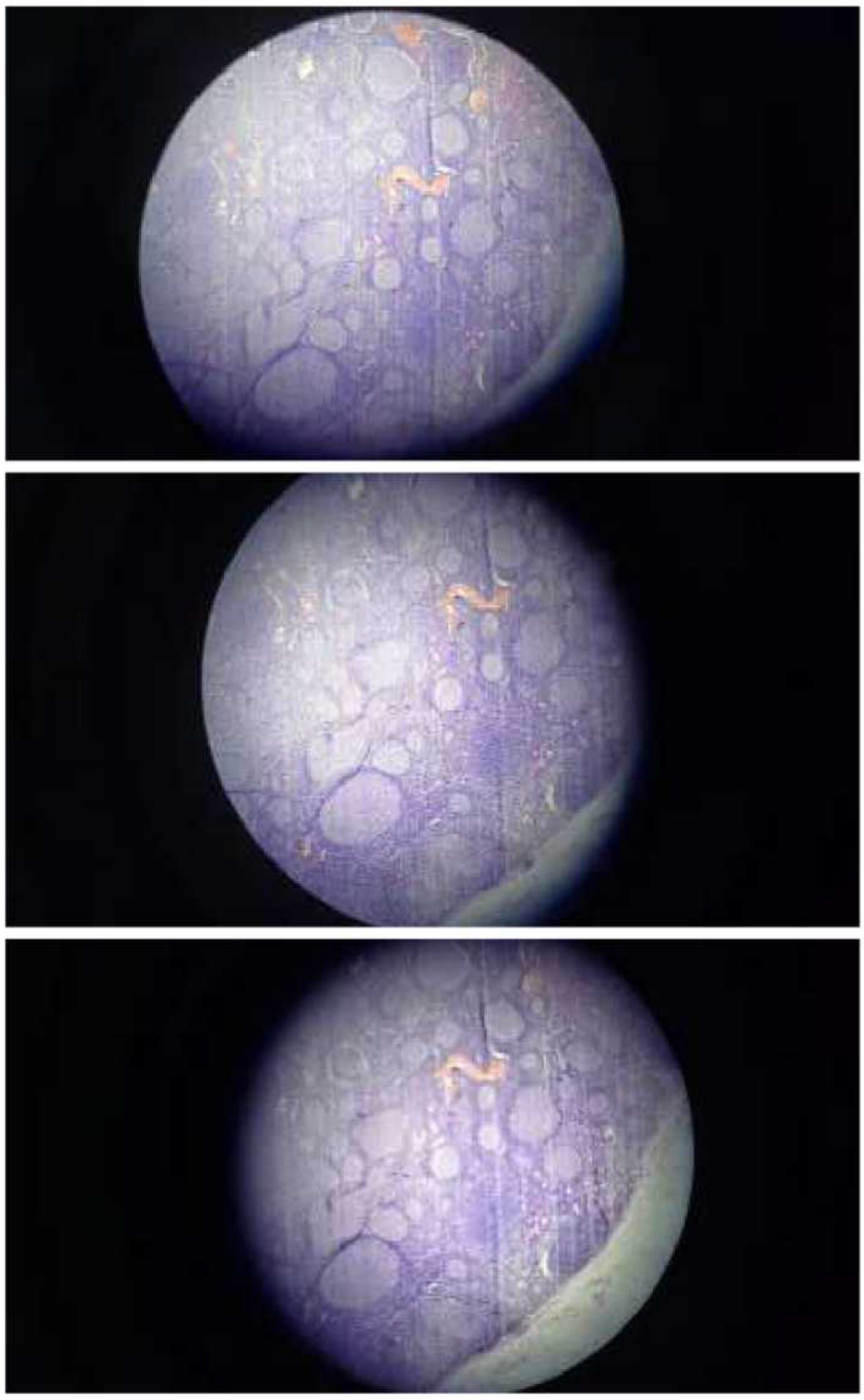
Follicular Lymphoma of the Lymph Node
This diagnosis, which was not evident on H & E staining alone, could only be reached due to the crucial role of IHC markers that confirmed the follicular architecture and neoplastic lymphoid cells, consistent with follicular lymphoma - a subtype of Non-Hodgkin's lymphoma that can present with isolated nodal involvement, sometimes mimicking benign reactive conditions.

Conclusion:

This case underscores the critical diagnostic value of immunohistochemistry in evaluating lymphadenopathy with atypical cytological features and incongruent histopathology. In this patient, a malignant lymphoma was nearly missed due to a misleading initial biopsy report.

Immunohistochemical markers allowed accurate identification of the tumor type and thereby ensured proper staging, further investigation for systemic involvement, and informed therapeutic planning.

As demonstrated in this case, IHC is not only essential in diagnosing undifferentiated neoplasms but also pivotal in resolving diagnostic dilemmas where conventional modalities fall short.



New Test Update

Cyclosporin A levels (C2 & C0)

Introduction:

Cyclosporin A is a calcineurin inhibitor and an immunosuppressive drug used primarily to prevent graft rejection in organ transplantation (kidney, liver, heart, etc.). It suppresses T-cell mediated immune responses by inhibiting interleukin-2 production.

Importance:

1. **Transplantation:** Prevents allograft rejection.

2. **Autoimmune diseases:** Used in rheumatoid arthritis, psoriasis, and nephrotic syndrome.

3. **Therapeutic Drug Monitoring (TDM):**
- Required due to narrow therapeutic index
- Subtherapeutic levels: Risk of graft rejection
- Supratherapeutic levels: Nephrotoxicity, hepatotoxicity, hypertension

Sample Type: EDTA Blood; Provide date and time of sampling, amount & time of dose. Ideal Sampling Time: Just before the next dose (Trough levels).

Sample Quantity: 3 ml

Transportation Temperature: 2-8 degree Celsius

Turnaround Time: 2 Days

Contact for Further Query: Helpdesk (9829960977)

References:

1. Clinical Pharmacokinetics of Cyclosporine
2. Therapeutic Drug Monitoring of Immunosuppressants
3. Cyclosporine: Drug Information
4. WHO Model List of Essential Medicines – 2023

(1,3)-Beta-D-Glucan (BDG)

Introduction:

(1,3)-Beta-D-Glucan (BDG) is a polysaccharide component of the cell wall of many pathogenic fungi. The BDG assay is a non-culture-based diagnostic test used to detect Invasive Fungal Infections (IFIs) by measuring the presence of BDG in the blood. Elevated levels of BDG are detected prior to the development of clinical symptoms and before the isolation or identification of the fungal organism.

Importance:

1. Early diagnosis of Invasive Fungal Infections (IFIs), especially in:
- Immunocompromised patients (e.g., cancer, transplant recipients)
- ICU patients with prolonged antibiotic use

2. Non-invasive alternative to tissue biopsy

3. Can guide antifungal therapy decisions (initiation, escalation, or de-escalation

4. Used in combination with other fungal markers like galactomannan and PCR

Sample Type: Serum

Sample Quantity: 2 ml

Transportation Temperature: 2-8 degree Celsius

Turn around Time: 2 Days

Contact for Further Query: Helpdesk (9829960977)

References:

1. Clinical Practice Guidelines for the Diagnosis and Management of Invasive Aspergillosis – IDSA 2016
2. White PL, et al. The Role of (1 3)-β-D-glucan in the Diagnosis of Fungal Infections – Journal of Clinical Microbiology, 2011
3. Fungitell® Assay Package Insert (Associates of Cape Cod, Inc.)
4. Pfeiffer CD, et al. Diagnostic Performance of BDG Assay – Clin Infect Dis. 2007
5. WHO Guidelines on Fungal Diagnostics and Infections, 2023

PDL-1 by IHC

Introduction:

PD-L1 (Programmed Death-Ligand 1) is a transmembrane protein expressed on tumor cells and immune cells that binds to PD-1 receptors on T-cells, leading to immune suppression. Immunohistochemistry (IHC) is the standard method used to detect PD-L1 expression in tumor tissue samples.

- **Purpose:** To predict patient response to immune checkpoint inhibitors such as pembrolizumab, nivolumab, atezolizumab, etc.

- Companion diagnostic for certain FDA-approved therapies.

Importance:

1. Predictive biomarker for response to PD-1/PD-L1 inhibitors.

2. Used in various cancers including:
- Non-small cell lung cancer (NSCLC)
- Triple-negative breast cancer (TNBC)
- Urothelial carcinoma
- Head and neck squamous cell carcinoma (HNSCC)
- Gastric and esophageal cancer, etc.

3. PD-L1 expression levels help guide:
- Treatment eligibility
- Therapy selection
- Prognostic stratification

Sample Type: FFPE blocks

Transportation Temperature: 15 to 25 degree Celsius

Turnaround Time: 5 Days

Contact for Further Query: Helpdesk (9829960977)

References:

1. FDA: Companion Diagnostic Approvals for PD-L1 IHC
2. National Comprehensive Cancer Network (NCCN) Guidelines
3. Herbst RS, et al. N Engl J Med. 2016;375:1823–1833
4. Blueprint PD-L1 IHC Assay Comparison Project
5. WHO Classification of Tumours, 5th Edition

From Clinician's Desk-

Hypereosinophilic syndrome presenting with ischemic stroke and infective endocarditis

Dr. Neetu Ramrakhiani
Director Neurology
Fortis Hospital, Jaipur

Dr. Ashwani Kumar Sharma
Consultant Interventional Cardioogy
Fortis Hospital, Jaipur

Dr. Shubham Aggarwal
(MBBS, DNB Medicine)

Abstract:

Hypereosinophilic syndrome (HES) is a rare hematologic disorder characterised by persistent eosinophilia with end-organ damage. Neurological manifestations, particularly stroke, are an uncommon but severe complication. We report a case of a 76-year-old male with HES complicated by subacute infarcts and large mitral valve vegetations, raising the clinical dilemma of eosinophilic versus infective endocarditis. The patient responded well to IV steroids, with normalisation of eosinophil counts. This case underscores the importance of early recognition, distinguishing thromboembolic from infectious etiologies, and individualised management strategies.

Introduction:

Hypereosinophilic syndrome (HES) encompasses a group of disorders marked by persistent eosinophilia (>1,500/μL) with multi-organ involvement. While cardiac and pulmonary complications are well-documented, neurological involvement, particularly stroke, is less frequently reported but can have devastating consequences. The presence of mitral valve vegetations in HES presents a diagnostic challenge in differentiating eosinophilic thrombotic endocarditis from infective endocarditis. This case illustrates the neurological and cardiovascular complications of idiopathic HES, the role of steroids in management, and the ongoing debate regarding anticoagulation in eosinophil-related thromboembolic disease.

Case Presentation:

A 76-year-old male with no prior comorbidities presented with progressive generalized weakness, difficulty walking, slurred speech, and weight loss (7–8 kg over 45 days). He had a history of chronic heavy smoking but no known prior cardiovascular or neurological disease. He had a single episode of low-grade fever before hospitalization.

Initial investigations revealed:

1. **Leukocytosis** (TLC: 16.37 × 10^3/μL) with 62% eosinophils and total eosinophil count (TEC) > 1,500/μL.

2. **MRI Brain:** Multiple subacute infarcts with nodulogyral enhancement and patchy leptomeningeal involvement.

3. **2D Echocardiography:** Large, mobile mitral valve vegetations (>10 mm), suggestive of endocarditis.

4. **CSF Analysis:** Normal glucose and protein levels, no significant pleocytosis, negative for infectious causes.

5. **Bone marrow biopsy:** Hypocellular marrow, increased fat spaces, and mature eosinophils, without malignant infiltration.

6. **Infective Endocarditis PCR Panel:** Negative for bacterial and fungal pathogens.

7. **FIP1L1–PDGFRA mutation:** Negative, ruling out myeloproliferative HES.

8. **HRCT Chest:** Emphysematous changes, hyperinflation, and enlarged lymph nodes.

During hospitalization, the patient was started on IV steroids (methylprednisolone), leading to rapid normalization of eosinophil counts and total leukocyte count. Anticoagulation was not initiated due to concerns of hemorrhagic risk and uncertainty regarding its role in non-infectious thromboembolic endocarditis.

Discussion:

Neurological manifestations in HES result from thromboembolic events, vasculitis, or direct eosinophilic toxicity. In this case, the most likely mechanism was a cardioembolic stroke from eosinophilic endocarditis. The presence of large mitral valve vegetations >10 mm raised concern for infective versus thrombotic endocarditis.

Key considerations:

Infectious endocarditis was unlikely due to negative blood cultures and PCR panels.
Eosinophilic thrombotic endocarditis (Loeffler's endocarditis) was suspected given the patient's profound eosinophilia and response to steroids.
Steroids effectively reduce eosinophilia and inflammation, preventing further embolic complications.
The role of anticoagulation in eosinophilic endocarditis remains unclear, though some cases suggest a benefit in patients with large vegetations and recurrent embolic events.

Conclusion:

This case highlights the neurological and cardiac complications of idiopathic HES, emphasizing the importance of early recognition and differentiation from infective endocarditis. While steroids are the mainstay of treatment, the role of anticoagulation in eosinophil-mediated thromboembolic stroke requires further study. Regular follow-up with serial echocardiography and eosinophil count monitoring is essential to assess disease progression and guide long-term management. Further research is needed to establish anticoagulation guidelines for non-infectious thromboembolic endocarditis in HES and to optimize strategies for preventing recurrence.

Events Recap

Continuing Medical Education (CME) Sessions

Achieving Clinical Synergy with Advanced Diagnostics Tools: Dr. B. Lal Clinical Laboratory successfully organized a **CME in Bharatpur** on **April 10th, 2025**, bringing together leading medical experts to explore advancements in diagnostics and patient care.

Key speakers included **Dr. Anjali Sharma** on cancer diagnostics and **Dr. Monika Agrawal** on Hospital Infection Control. The session, opened by **Dr. Monika Shashank**, emphasized continuous learning and early detection. The CME reinforced DBCL's commitment to precision diagnostics and clinical excellence.

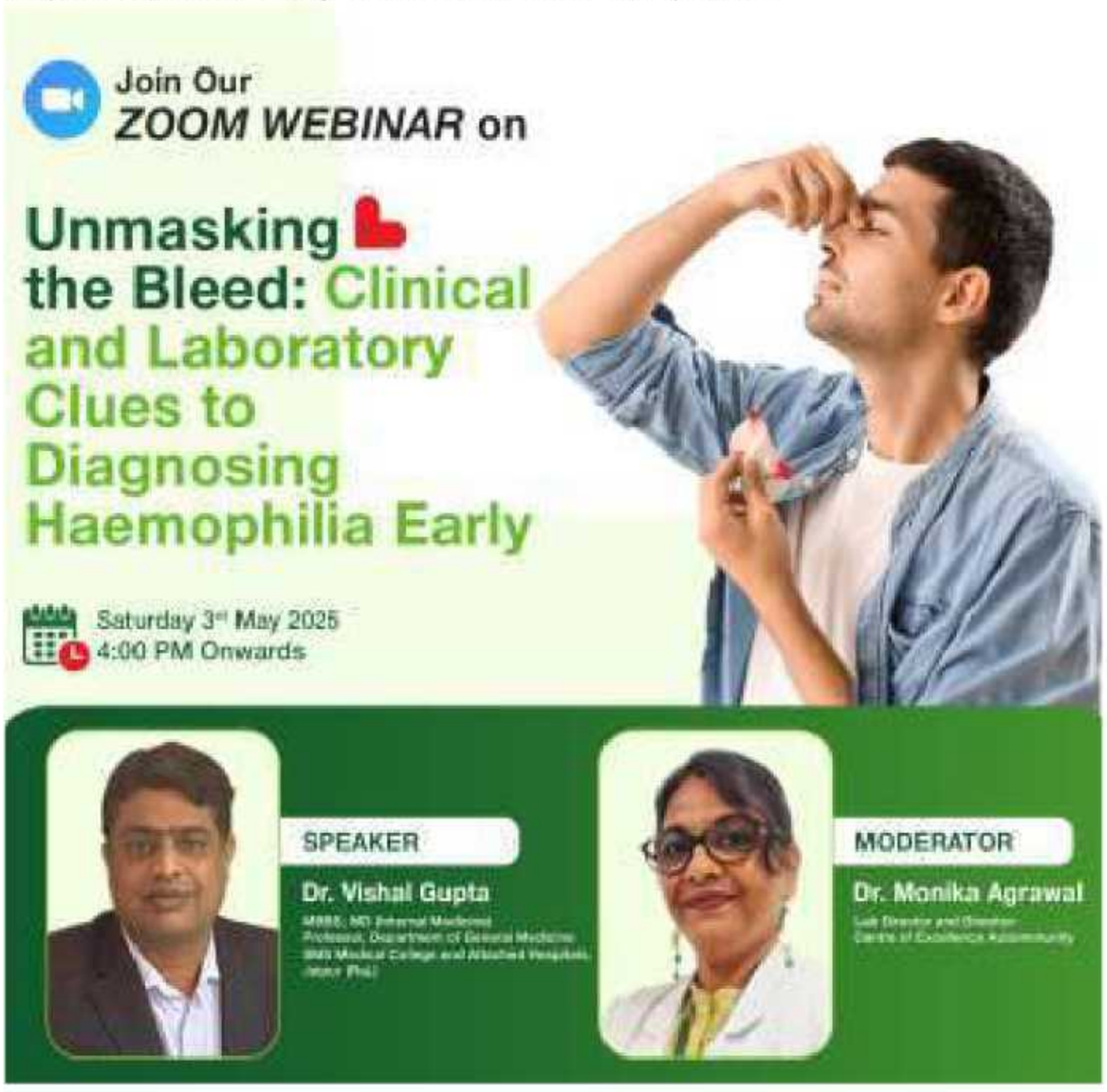
Round Table Meeting (RTM) Sessions

Revolutionizing Allergy Care- AI-Driven Component Resolved Diagnosis Using Molecular Microarrays : On **June 27th, 2025**, Dr. B. Lal Clinical Laboratory hosted a Round Table Meeting focused on **AI-driven Component Resolved Diagnosis (CRD) using molecular microarrays.**

Experts including **Dr. Girish Patwardhan**, **Dr. B. L. Jain**, and **Dr. Lokesh Maan** shared insights on CRD's clinical and technical advancements. The session was moderated by **Dr. Sandeep K. Srivastava**, the session highlighted the role of precision diagnostics and clinician-diagnostician collaboration in transforming allergy care.

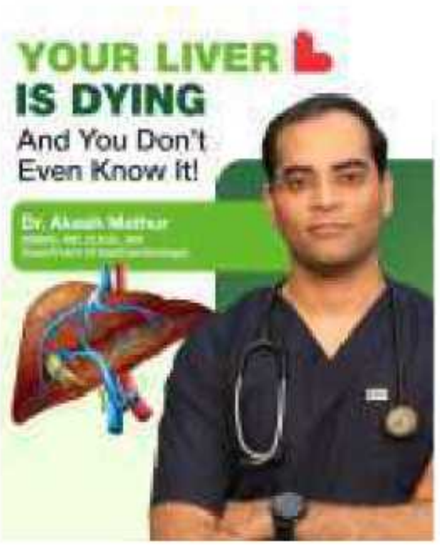
Live DocTalk Webinar

Unmasking the Bleed: Clinical and Laboratory Clues to Diagnosing Hemophilia Early: On the occasion of **World Hemophilia day on 17th April**, we have organized an online webinar on Zoom with **Dr. Vishal Gupta** (M.B.B.S, M.D.(Internal Medicine), Professor, Department of General Medicine, SMS Medical College and Hospitals, Jaipur, Rajasthan). The session was moderated by **Dr. Monika Agrawal** (Lab Director, DBCL). The session stressed upon the causes of hemophilia, genetics, diagnosis, treatment, etc. The major aim was to make the audience understand the importance of early detection of Hemophilia.



Social Media Video Snippets

Your Liver is Dying and You Don't Even Know It: Dr. B. Lal Clinical Laboratory hosted a Insta Live Doctalk on **World Liver Disease** on **April 19th, 2025**. The session featured **Dr. Akash Mathur** [MD, DNB, DM, MNAMS, AFAMS, ESEGH (UK), Consultant Gastroenterologist, Kshetrapal Hospital] who discussed about Non Alcoholic Fatty Liver Disease (NAFLD)- causes and treatment.



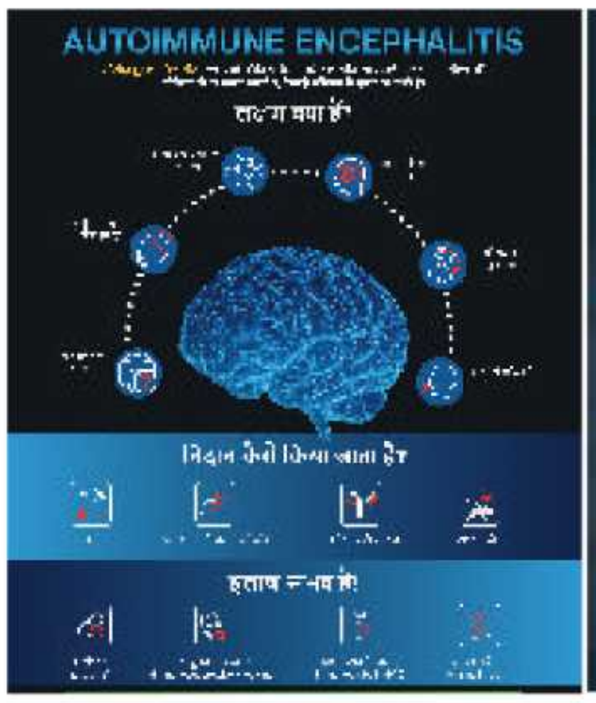
Medical Experts Share Insights on the Silent Threat of Hypertension: On **World Hypertension Day, May 17th**, leading doctors highlighted various aspects of hypertension. **Dr. Vishnu Gupta** discussed common causes and precautions, while **Dr. Adil Azil** linked rising cases to sedentary lifestyles and poor diet. **Dr. Balram Sharma** addressed secondary causes of Hypertension, **Dr. Kavya Rao** explained the stroke risk, and **Dr. Sanjeeb Roy** emphasized its impact on heart health.

Pollution and Chemicals Fueling Cancer in India: On the occasion of **World Environment Day** on **5th June, Dr. Umesh Khandelwal** (Medical Oncologist and Hematologist, C.K. Birla Hospital), elaborated that how the use of excessive insecticides, pesticides and air pollution have increased the cases of cancer in India.

Managing APS in Pregnancy Through Early Testing and IVF Intervention: On the occasion of **Antiphospholipid Syndrome (APS) Day** on **9th June, Dr. Rakhi Jindal** (Gynecologist, Divine Healthcare) explained the reasons of miscarriages and role of Antiphospholipid antibodies. **Dr. Namita Kotia** (Gynecologist and IVF specialist, Aastha Fertility Care) explained the role IVF in APS cases and **Dr. Monika Agrawal** (Lab Director, DBCL) spoke about the importance of early detection of APS antibodies.

In-Clinic Awareness Poster

Spreading Awareness for a Healthier Tomorrow: Dr. B. Lal Clinical Laboratory launched a wide-reaching awareness initiative across Jaipur and regional centers like **Alwar, Ajmer, Bharatpur, and Kota** through strategically placed **patient information posters** in clinics. These posters highlighted the importance of **early detection** in conditions like **Allergy (CRD), HPV & Cervical Cancer, Hepatitis**, and **Autoimmune Encephalitis,** reinforcing DBCL's commitment to **community health** and **timely diagnostics**.



In-Clinic Camp

Expanding Healthcare Access: Successful In-Clinic Camps in Jaipur, Kota and Kotputli: Dr. B. Lal Clinical Laboratory organized impactful in-clinic camps across **Jaipur, Kota,** and **Kotputli**, promoting **accessible and specialized healthcare**. In partnership with experts in **Pulmonology, Pediatrics, Orthopedics, Gynecology,** and **Gastroenterology**, the camps offered **expert consultations, early diagnostics, and personalized care**. With support from leading doctors like **Dr. Subhranshu, Dr. Abhishek Mishra, Dr. Arun Suresh Takkar, Dr. Shivangani Takkar,** and **Dr. B.L. Yadav,** the initiative strengthened DBCL's mission to bridge the gap between **community care and clinical excellence**.

Celebrating International Yoga Day with 88 Community Health Camps

Massive Health Outreach by Dr. B. Lal on International Yoga Day: On the occasion of **International Yoga Day**, Dr. B. Lal Clinical Laboratory proudly marked a remarkable milestone by **organizing 88 health camps across Rajasthan and Ahmedabad centers.**

This large-scale initiative was a celebration of preventive healthcare and holistic wellness - core values aligned with the spirit of Yoga Day. Through **free health checkups, wellness consultations and diagnostic services**, the camps reached thousands of individuals from different communities, raising awareness about early detection and healthy living.

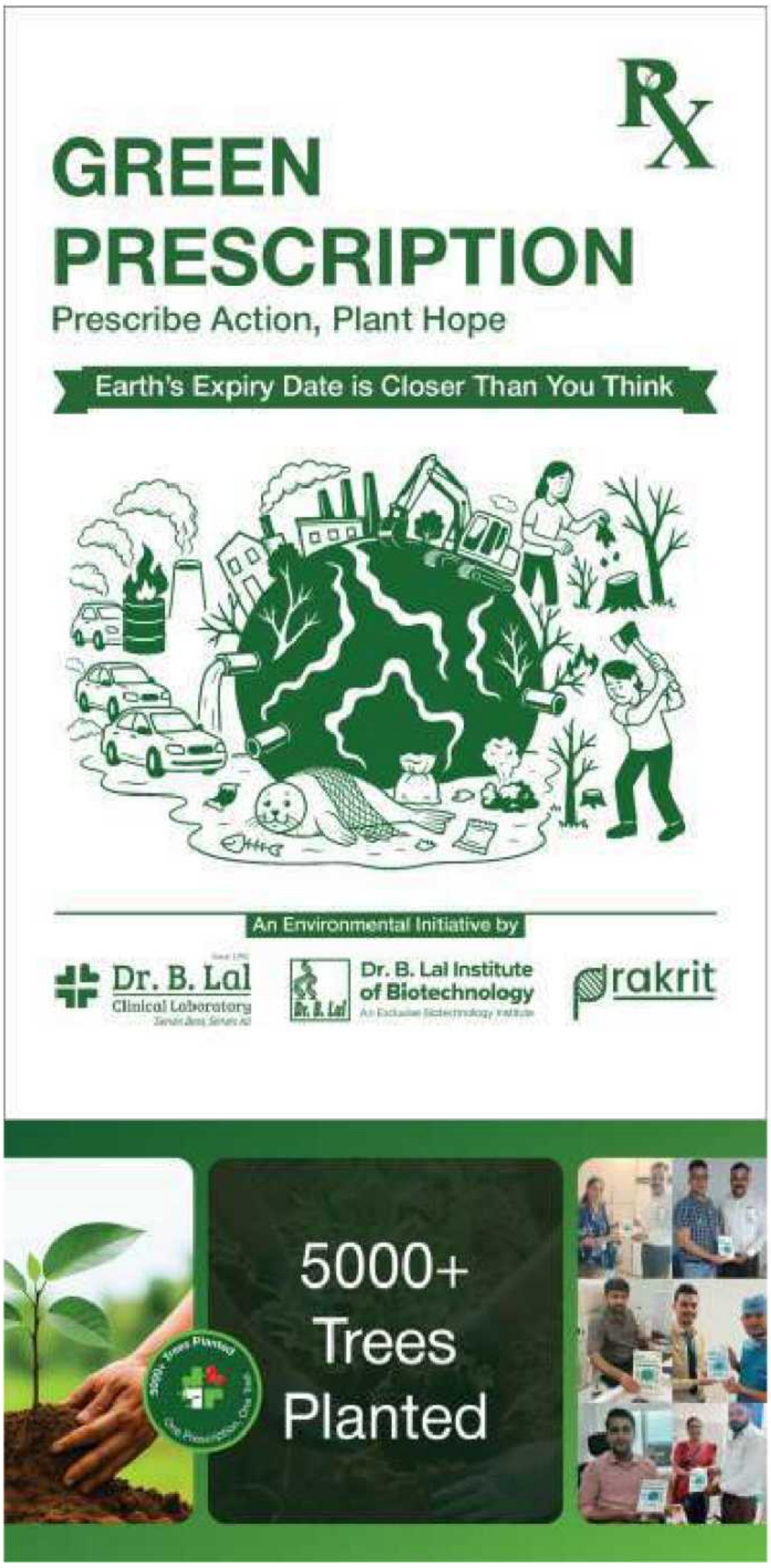
With **88 camps conducted within just 24 hours**, this stands as **one of the largest and most impactful single-day outreach efforts** in our journey. It reflects our ongoing commitment to bringing healthcare closer to people and empowering communities with the tools to take charge of their health.

5,000 Green Prescriptions. 5,000 Trees. One Green Step.

Over 5,000 trees. Thousands of voices. One united vision for a healthier planet.: This World Environment Day, **Dr. B. Lal Clinical Laboratory went beyond symbolic gestures with Prakrit and Dr. B. Lal Institute of Biotechnology** turning awareness into action with **thousands of Green Prescriptions** that empowered both doctors and patients to take part in environmental stewardship.

Each prescription became a catalyst for change, sparking a ripple effect far beyond clinic walls. Doctors became change makers, patients became advocates, and together, they made sustainability personal. This reflects a belief that true healthcare extends beyond diagnostics – that clean air, fertile soil, and green spaces are essential for prevention and well-being.

With over 5,000 trees already planted, Dr. B. Lal Clinical Lab continues to nurture a promise - not just to patients, but to the planet itself.



Proud Achievements

Accredation and Certification!

NABL Audit Successfully Concluded at Jaipur Central Lab: The Central Lab in Jaipur have undergone the **NABL audit on 21st and 22nd June, 2025**. The audit was completed successfully. 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.

NABL Accredited

MC-2866

Great Place to Work® Certified- 3rd time in a row: Dr. B. Lal Clinical Laboratory has been awarded the **Great Place to Work® India** certification for the **third consecutive year**, reflecting a culture of **trust, collaboration, and people-first leadership**. With an impressive **Statement Score of 94** and **an average score of 92**, this recognition underscores the lab's commitment to **employee well-being, growth** and **a supportive work environment**, setting new benchmarks in the healthcare diagnostics sector.

Great Place To Work. Certified MAY 2025-MAY 2026 INDIA

Dr. B. Lal Clinical Laboratory Serves Best, Serves All

has been certified as a

GREAT PLACE TO WORK

for 3rd time in a row!

Ranked Among India's Top 100 Mid-Size Workplaces: Dr. B. Lal Clinical Laboratory has proudly secured the **68th position nationally** in the **Great Place To Work® India rankings,** reaffirming its commitment to a culture built on **care, trust, innovation, and purpose**.

This recognition celebrates a workplace where **people-first values, genuine empathy,** and **compassion-driven innovation** thrive — making it not just a place to work, but a place to truly belong.

Great Mid-size Workplaces 2025

RECOGNITION FOR BEING AMONG INDIA'S GREAT MID-SIZE WORKPLACES

Dr. B. Lal Clinical Laboratory Private Limited

Rank 68

For inspiring **Trust** *among your people, instilling* **Pride** *in them, creating an environment that promotes* **Camaraderie**, *and delivering a great workplace experience* **for all** *your employees, making your organization one of* **India's Great Mid-size Workplaces.**

Great Place To Work.

Balbir Singh
Chief Executive Officer
Great Place To Work® India

Hospital Lab Management (HLM)

Empowering Diagnostic Excellence at Amar Jain Hospital, Jaipur: Dr. B. Lal Clinical Laboratory has extended its trusted diagnostic services to **Amar Jain Hospital, Jaipur**. The **new 24x7 Central Lab and Collection Center** is equipped with advanced technology and a team of skilled professionals, ensuring continuous access to reliable testing. With **round-the-clock service and a focus on timely results**, this facility is a significant step forward in making quality healthcare more accessible to the community - exactly when it's needed most.

Delivering 24x7 Diagnostic Excellence at Global Hospital, Ahmedabad: Dr. B. Lal Clinical Laboratory has expanded its footprint to **Global Hospital, Ahmedabad**, with a fully equipped **24x7 Central Lab and Collection Center.** This move marks a significant step toward strengthening access to reliable, round-the-clock diagnostic services in the region. In moments of uncertainty, timely testing can make all the difference. That's why this advanced facility is built to ensure patients receive **accurate results - faster, and without delays**. Backed by modern diagnostic technology and a team of skilled healthcare professionals, the lab is committed to supporting clinical decisions with precision and care - every hour of the day.

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

Awarded as

EXCELLENCE IN PATHOLOGY SERVICES

by First India News

Recognized as

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

Recognized as

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Received

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certification

3rd Time in a Row!

Awarded as

EMERGING LEADER IN DIAGNOSTIC

by Voice of Healthcare

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

30 Lakh+
Lakh Test
Every Year

150+
Collection
Centers

600+
Team of Qualified
Healthcare
Professionals

1500+
Wide Range
of Test Menu

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