



# 2<sup>nd</sup> Hands-on Workshop on FISH

20<sup>th</sup> & 21<sup>st</sup> December, 2018

Organized By :  
Department of Anatomy  
All India Institute of Medical Sciences  
Jodhpur (Rajasthan)



Venue: Cytogenetic Lab & Lecture Theatre-1  
Ground Floor, Medical College Building  
All India Institute of Medical Sciences, Jodhpur

Dear Colleague,

In continuation with the series of Hands-on workshop, Department of Anatomy, AIIMS, Jodhpur takes great pleasure in inviting you to 2nd Hand-on workshop on FISH. This workshop aims at guiding medical professionals to gain medical perspective as well as hands-on experience and use this knowledge for both research and diagnosis of various genetic disorders, hemolytic malignancies and solid tumors.

FISH is a simple, yet effective technique which has revolutionized cytogenetics and has become well established in its potential as diagnostic and discovery tool of genetic abnormalities.

#### DAY 1 (20<sup>th</sup> December 2018 - Thursday)-

|                     |  |
|---------------------|--|
| 09:00 am - 09:30 am | Registration   |
| 09:30 am - 09:45 am | Welcome note   |
| 09:45 am - 10:30 am | Basic Introduction to FISH<br>by Mr. Sunil Vats<br>(Product Manager, DSS Imagetech)  |
| 10:30 am - 05:00 pm | Hands-on Workshop in Laboratory<br>Coordinators-<br>Mr. Sunil Vats (Product Manager, DSS Imagetech)<br>Mr. Vipin Singh (Application Specialist, DSS Imagetech) |

#### Lab Schedule-

| Time                | Group –A  | Group- B  |
|---------------------|---|---|
| 10:30 am - 12:30 pm | Solid tumor processing till protease treatment and slide denaturation | Setting up blood/Bone marrow sample, Harvesting                       |
| 12:30 pm -01:00 pm  | Probe addition for hybridization                                      | Slide making  |
| 01:00 pm - 02:00 pm | Lunch   |   |
| 02:00 pm – 03:30 pm | Setting up blood/Bone marrow sample, Harvesting                       | Solid tumor processing till protease treatment and slide denaturation |
| 03:30 pm – 04:00 pm | Tea   |   |
| 04:00 pm – 04:30 pm | Slide making  | Probe addition for hybridization                                      |
| 04:30 pm – 05:00 pm | Probe addition and setting for Hybridization (Blood/BM)               |   |

#### DAY 2 (21<sup>st</sup> December 2018 - Friday)

| Time               | Group – A   | Group- B |
|--------------------|---|----------|
| 09:00am – 10:15am  | FISH in Hematological Malignancies & Solid Tumour –<br>by Dr. Mayur Parihar,<br>(Consultant, Cytogenetics, Tata Memorial Center, Kolkata) |          |
| 10:15am – 01:30pm  | Post-hybridization wash<br>Slide viewing<br>FISH Analysis & Interpretation  |          |
| 01:30 pm- 02:30 pm | Lunch   |          |

# Organizing Committee

## Patron

Prof. Sanjeev Misra

## Chairperson

Prof. Surajit Ghatak

## Treasurer

Dr. Shilpi Gupta Dixit

## Organizing Secretaries

Dr. Renu Gupta

Dr. Dushyant Agrawal

Dr. Ashish Kumar Nayyar

## Scientific Committee

Dr. Pushpa Potaliya

Dr. Sonali Adole

| Registration   | Amount   |
|--|----------|
| Early Bird Registration<br>(on or before 30th November 2018) | ₹ 4000/- |
| Late Registration<br>(after 30th November 2018)              | ₹ 5000/- |

### Bank Account Details :

Name of Account : Academic Account of Department of Anatomy

Account No. : 18720100023012

Name of Bank : Bank of Baroda, M.I.A., Basni, Jodhpur

IFSC Code : BARBOINDJOD (Fifth letter is Zero)

### For any Enquiry Please Contact :

Dr. Dushyant Agrawal

Associate Professor

Department of Anatomy, AIIMS, Jodhpur

Mobile : +91-8003996944

Email : cytogeneticsaiimsjodhpur@gmail.com

PREFERRED HOTEL :

**ZONE BY THE PARK, JODHPUR**

Contact Person - BLESSEN VARGHESE

Contact Number - 7340112222

MAIL ID - blessen.varghese@zonebythepark.com

# REGISTRATION FORM

## (2<sup>nd</sup> Hands-on Workshop on FISH)

Name : .....

Age : ..... Gender : .....

Designation : .....

Institute : .....

Address : .....

.....

Phone : (O) ..... (M) .....

Mode of Payment : Cash / Cheque / DD/ NEFT / IMPS : .....

DD/Cheque/NEFT/IMPS No : ..... Date : .....

Bank Name : ..... Branch : .....

For Rs. : .....

Rupees (in words) : .....

Signature

**Only 30 seats are available on first-come first-served basis**

Submit filled Registration form to : [cytogeneticsaiimsjodhpur@gmail.com](mailto:cytogeneticsaiimsjodhpur@gmail.com)

For an extra registration photocopy the form