

CEYMED HEALTH CARE SERVICES (PVT) LTD.

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BIMAL

LABORATORY PRICE LIST

CENTER : CC 07 CEY-LAB KALUBOWILA

Test ID	Description	Doctor Charges	Hospital Charges	Othe Charges
32		0.00	0.00	0.00
525	5 HIAA	0.00	4500.00	0.00
6	A & B HAEMOLYSIN TEST	0.00	1760.00	0.00
7	A.B.S.T	0.00	400.00	0.00
10	ACE-ANGIOTENSIN CONVERTING EN.	0.00	7860.00	0.00
11	ACETAMINOPHEN (PARACITAMOL)	0.00	4380.00	0.00
12	ACID PHOSPATASE-	0.00	1620.00	0.00
13	ACTIVATED PARTIAL THROMBOPLASTIN TIME	0.00	550.00	0.00
528	ADA LEVEL	0.00	1850.00	0.00
15	AFB SMEAR	0.00	420.00	0.00
16	ALBUMIN	0.00	320.00	0.00
522	ALBUMIN CORRECTED CALCIUM	0.00	600.00	0.00
17	ALBUMIN/GLOBULIN	0.00	550.00	0.00
18	ALDOLASE	0.00	860.00	0.00
19	ALDOSTERONE-SERUM	0.00	5550.00	0.00
21	ALKALINE PHOSPHATASE	0.00	380.00	0.00
22	ALPHA 1 ANTI-TRYPSIN	0.00	4770.00	0.00
23	ALPHA FETO PROTEIN	0.00	2150.00	0.00
24	AMIKACIN	0.00	7700.00	0.00
25	AMINO ACIDS-SERUM	0.00	11000.00	0.00
26	AMINO ACIDS-URINE	0.00	0.00	0.00
27	AMMONIA	0.00	2780.00	0.00
28	AMOEBIC ANTIBODY	0.00	3300.00	0.00
29	AMYLASE PANCREATIC FRACTION	0.00	2700.00	0.00
30	AMYLASE URINE	0.00	650.00	0.00
31	ANTI CARDIOLIPIN ANTIBODY	0.00	3080.00	0.00
524	ANTI CCP	0.00	6000.00	0.00
33	ANTI DS DNA	0.00	1230.00	0.00
34	ANTI HBSAG	0.00	4320.00	0.00
35	ANTI MITOCHONDRIAL ANTIBODY	0.00	3550.00	0.00
481	ANTI NEUTROPHIL CYTOPLASMIC ANTIBODY	0.00	3850.00	0.00
38	ANTI NUCLEAR FACTOR	0.00	1230.00	0.00
448	ANTI NUCLEAR FACTOR-IN DILUTION	0.00	3550.00	0.00
39	ANTI PARIETAL CELL ANTIBODY	0.00	4450.00	0.00
472	ANTI PHOSPOLIPID AB	0.00	6330.00	0.00
40	ANTI SKELETAL MUSCLE ANTIBODY	0.00	5480.00	0.00
41	ANTI SMOOTH MUSCLE ANTIBODY	0.00	3850.00	0.00
42	ANTI STREPTOLYSIN O ANTIBODY	0.00	440.00	0.00
43	ANTI THROMBIN 111.	0.00	2180.00	0.00
450	ASCITIC FLUID FOR ACID FAST BACILLI	0.00	420.00	0.00
45	ASCITIC FLUID FOR CULTURE	0.00	720.00	0.00
46	ASCITIC FLUID FOR CULTURE+ABST	0.00	1120.00	0.00
47	ASCITIC FLUID FOR CYTOLOGY	0.00	840.00	0.00
48	ASCITIC FLUID FOR FULL REPORT	0.00	1700.00	0.00
49	ASCITIC FLUID PROTEIN	0.00	550.00	0.00
50	ASCITIC FLUID SUGAR	0.00	200.00	0.00
51	ASPIRATION FLUID CULTURE ABST	0.00	1120.00	0.00
53	ASPIRATION FLUID FOR CYTOLOGY	0.00	840.00	0.00
52	ASPIRATION FLUID FOR FULL REPORT	0.00	1790.00	0.00

Find the required investigation by clicking Ctrl+F. Type full or part of the test in the search box.

Test ID	Description	Doctor Charges	Hospital Charges	Othe Charges
54	AUTO ANTIBODY PROFILE	0.00	9400.00	0.00
55	AUTO HAEMOLYSIS	0.00	720.00	0.00
56	BACTERIAL ANTIGEN TEST (CSF)	0.00	8210.00	0.00
57	BETA 2 MICROGLOBULIN	0.00	5690.00	0.00
467	BILE ACID	0.00	2920.00	0.00
58	BILIRUBIN-DIRECT	0.00	600.00	0.00
59	BILIRUBIN-TOTAL	0.00	340.00	0.00
60	BIOPSY	0.00	2490.00	0.00
530	BIOPSY (LARGE)	0.00	5360.00	0.00
61	BIOPSY X2	0.00	3460.00	0.00
62	BIOPSY X3	0.00	4000.00	0.00
63	BIOPSY X4	0.00	4620.00	0.00
64	BLEEDING TIME	0.00	260.00	0.00
65	BLEEDING TIME CLOTTING TIME	0.00	320.00	0.00
518	BLOOD ALCOHOL	0.00	1740.00	0.00
66	BLOOD CULTURE	0.00	720.00	0.00
67	BLOOD CULTURE + ABST	0.00	1120.00	0.00
68	BLOOD FILM FOR PARASITE	0.00	230.00	0.00
69	BLOOD GLUCOSE - GLUCOMETER	0.00	260.00	0.00
72	BLOOD GLUCOSE - POSTPANDIAL	0.00	200.00	0.00
73	BLOOD GLUCOSE - RANDOM (RBS)	0.00	200.00	0.00
501	BLOOD GLUCOSE CONSUMMATION TEST	0.00	260.00	0.00
1	BLOOD GLUCOSE FASTING	0.00	200.00	0.00
70	BLOOD GLUCOSE PROFILE	0.00	1200.00	0.00
71	BLOOD GLUCOSE PROFILE -GLUCOMETER	0.00	1580.00	0.00
74	BLOOD GROUPING AND RH	0.00	380.00	0.00
464	BLOOD PICTURE	0.00	1130.00	0.00
77	BLOOD UREA	0.00	340.00	0.00
78	BLOOD UREA NITROGEN (BUN)	0.00	340.00	0.00
79	BONE MARROW	0.00	6590.00	0.00
80	BONE MARROW WITH TRIPHINE	0.00	9960.00	0.00
81	BRONCHIAL WASHING CULTURE	0.00	720.00	0.00
82	BRONCHIAL WASHING CULTURE + ABST	0.00	1120.00	0.00
83	BRONCHIAL WASHING FOR ACID FAS	0.00	420.00	0.00
84	BRUCELLA ANTIBODY	0.00	550.00	0.00
85	C 3C	0.00	2850.00	0.00
86	C REATIVE PROTEIN (CRP)	0.00	490.00	0.00
124	C-PEPTIDE	0.00	3390.00	0.00
87	C.E.A	0.00	3000.00	0.00
534	C.P.K.(CREATININE PHOSPHOKINASE)	0.00	450.00	0.00
89	C.S.F.CELLS	0.00	600.00	0.00
92	C.S.F.CULTURE	0.00	400.00	0.00
459	C.S.F.CULTURE & ABST	0.00	800.00	0.00
93	C.S.F.PROTEIN	0.00	400.00	0.00
91	C.S.F.SUGAR	0.00	200.00	0.00
94	C1 ESTERASE INHIBITOR	0.00	2600.00	0.00
95	C4	0.00	2850.00	0.00
96	C5	0.00	2480.00	0.00
97	C6	0.00	2480.00	0.00
98	CA 125	0.00	3500.00	0.00
99	CA 15.3	0.00	8250.00	0.00
101	CA 19.9	0.00	8250.00	0.00
102	CA 72.4	0.00	7590.00	0.00
103	CALCITONIN	0.00	7270.00	0.00
104	CALCIUM-IONIZED	0.00	400.00	0.00

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Test ID	Description	Doctor Charges	Hospital Charges	Othe Charges
105	CALCIUM-URINE	0.00	400.00	0.00
106	CARBAMEZAPIN	0.00	2510.00	0.00
107	CARDIAC ENZYME	0.00	2510.00	0.00
523	CARDIAC MARKER	0.00	2000.00	0.00
108	CEREBRO SPINAL FLUID FOR FR.	0.00	960.00	0.00
109	CERULOPLASMIN	0.00	4940.00	0.00
490	CERVICAL SWAB FOR CULTURE	0.00	400.00	0.00
491	CERVICAL SWAB FOR CULTURE + ABST	0.00	800.00	0.00
489	CERVICAL SWAB FOR FULL REPORT	0.00	550.00	0.00
478	CHIKUNGUNYA ANTIBODY IGM	0.00	1260.00	0.00
498	CHLAMYDIA ANTIGEN	0.00	2700.00	0.00
112	CHLORIDE-SERUM	0.00	400.00	0.00
113	CHLORIDE-URINE	0.00	400.00	0.00
114	CHOLINESTERASE	0.00	780.00	0.00
571	CKMB	0.00	850.00	0.00
116	CLOT CUITURE	0.00	720.00	0.00
117	CLOT CUITURE + ABST	0.00	1120.00	0.00
120	COOMBS-DIRECT	0.00	400.00	0.00
121	COOMBS-INDIRECT	0.00	540.00	0.00
122	COPPER	0.00	2200.00	0.00
123	CORTISOL	0.00	1900.00	0.00
125	CREATININE CLEARANCE	0.00	800.00	0.00
126	CRYOGLOBULIN	0.00	1070.00	0.00
127	CYFRA 21	0.00	6070.00	0.00
499	CYTOMEGOLO VIRUS ANTIBODY IGM	0.00	2020.00	0.00
131	DENGUE ANTIBODY	0.00	2300.00	0.00
526	DENGUE ANTIGEN	0.00	1980.00	0.00
132	DHEAS	0.00	2700.00	0.00
133	DIGOXIN	0.00	4540.00	0.00
470	DOUBLE MARKER	0.00	9020.00	0.00
134	EAR SWAB CULTURE	0.00	400.00	0.00
135	EAR SWAB CULTURE + ABST	0.00	800.00	0.00
136	EAR SWAB FULL REPORT	0.00	550.00	0.00
451	ELECTROLYTES-24H URINE EXCRETION	0.00	1020.00	0.00
138	ELECTROLYTES-SERUM	0.00	650.00	0.00
139	ELECTROLYTES-URINE	0.00	960.00	0.00
144	ELECTROPHORESIS - PROTEIN	0.00	2220.00	0.00
145	ELECTROPHORESIS - URINE	0.00	2790.00	0.00
143	ELECTROPHORESIS HAEMOGLOBIN	0.00	4030.00	0.00
146	EPSTEIN-BARR VIRUS ANTIBODY	0.00	4150.00	0.00
147	ERYTHROCYTE SEDIMENTATION RATE	0.00	220.00	0.00
149	ESTRADIOL(E2)	0.00	1980.00	0.00
150	ESTROGEN	0.00	1980.00	0.00
152	EYE SWAB CULTURE	0.00	400.00	0.00
151	EYE SWAB CULTURE + ABST	0.00	800.00	0.00
515	EYE SWAB FULL REPORT	0.00	550.00	0.00
153	F.N.A.B.	0.00	1650.00	0.00
154	F.S.H.	0.00	1350.00	0.00
155	FACES CULTURE	0.00	650.00	0.00
157	FACES FOR WORM (FLOTATION METH)	0.00	320.00	0.00
158	FACTOR V LEIDEN(APC).	0.00	13060.00	0.00
159	FACTOR V111 & 1X.	0.00	6500.00	0.00
458	FAECES CULTURE + ABST	0.00	1050.00	0.00
160	FAECES FOR CRYPTOSPORIDIUM	0.00	740.00	0.00
161	FAECES FOR FAT GLOBULES	0.00	300.00	0.00

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162	FAECES FOR FR.+ FLOTATION	0.00	430.00	0.00
163	FAECES FOR PH	0.00	200.00	0.00
164	FAECES FOR STERCOBILINOGEN	0.00	430.00	0.00
165	FASTING URINE SUGAR	0.00	180.00	0.00
166	FERRITIN	0.00	1000.00	0.00
167	FIBRINOGEN	0.00	730.00	0.00
468	FILARIA ANTIGEN	0.00	2210.00	0.00
168	FILARIAL ANTIBODY TEST [FAT]	0.00	420.00	0.00
169	FLUID FOR ACID FAST BACILLI	0.00	420.00	0.00
170	FLUID FOR AMYLASE	0.00	650.00	0.00
171	FLUID FOR CRYSTALS	0.00	200.00	0.00
172	FLUID FOR CYTOLOGY	0.00	840.00	0.00
173	FLUID FOR FULL REPORT	0.00	1700.00	0.00
174	FOLATE	0.00	4250.00	0.00
175	FOLATE -RBC	0.00	4560.00	0.00
176	FRUTOSAMINE	0.00	600.00	0.00
177	FSH/LH	0.00	2700.00	0.00
178	FSH/LH/PRL	0.00	4050.00	0.00
3	FULL BLOOD COUNT	0.00	380.00	0.00
543	FULL MEDICAL REPORT	0.00	0.00	0.00
179	FUNGAL FULL REPORT	0.00	1000.00	0.00
180	G.G.T.	0.00	420.00	0.00
181	G6PD	0.00	6360.00	0.00
182	GAD ANTIBODY TEST	0.00	7270.00	0.00
183	GASTRIN	0.00	4550.00	0.00
184	GLOBULIN	0.00	360.00	0.00
514	GLOMERULAR FILTRATION RATE	0.00	360.00	0.00
533	GLUCOSE SCREENING (OGT)	0.00	830.00	0.00
531	GLUCOSE TOLERANCE (2 SAMPLES)	0.00	600.00	0.00
186	GLUCOSE TOLERANCE (3 SAMPLES)	0.00	1080.00	0.00
185	GLUCOSE TOLERANCE (4 SAMPLES)	0.00	1200.00	0.00
187	GLUCOSE TOLERANCE (OGTT)	0.00	1320.00	0.00
189	GROUPING-BLOOD FOR R.ANTIGEN	0.00	7240.00	0.00
190	GROWTH HORMONE	0.00	1440.00	0.00
193	GROWTH HORMONE-1H INSULIN	0.00	1440.00	0.00
191	GROWTH HORMONE-1HAFTER GLUCOSE	0.00	1440.00	0.00
192	GROWTH HORMONE-1HAFTER INSULIN	0.00	1440.00	0.00
194	GROWTH HORMONE-2H AFTER GLUCOS	0.00	1440.00	0.00
195	H.BODIES	0.00	730.00	0.00
196	H.CO3-(B1 CARBONATE)	0.00	660.00	0.00
197	H.I.V 1 AND 2	0.00	1270.00	0.00
198	H.I.V-1 ANTIGEN	0.00	6590.00	0.00
199	H.INCLUSIONS	0.00	790.00	0.00
200	HAEMOGLOBIN	0.00	300.00	0.00
202	HAEMOGLOBIN A2	0.00	2910.00	0.00
201	HAEMOGLOBIN A1C [% HB A1C]	0.00	1200.00	0.00
203	HAEMOGLOBIN F	0.00	600.00	0.00
204	HAM S TEST	0.00	1160.00	0.00
5	HBDH	0.00	570.00	0.00
205	HELICOBACTER PYLORI ANTIBODY	0.00	2700.00	0.00
207	HEP B SURFACE ANTIGEN [HBS AG]	0.00	680.00	0.00
208	HEPATITIS A IGG ANTIBODY	0.00	1850.00	0.00
209	HEPATITIS A IGM ANTIBODY	0.00	1850.00	0.00
210	HEPATITIS B CORE IGM ANTIBODY	0.00	1850.00	0.00
211	HEPATITIS B CORE TOTAL ANTIBODY	0.00	1850.00	0.00

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212	HEPATITIS B E ANTIBODY	0.00	1850.00	0.00
532	HEPATITIS B E ANTIGEN	0.00	1850.00	0.00
213	HEPATITIS B PROFILE	0.00	8300.00	0.00
214	HEPATITIS C ANTIBODY	0.00	1850.00	0.00
215	HEPATITIS D ANTIBODY	0.00	2250.00	0.00
216	HEPATITIS E ANTIBODY	0.00	3050.00	0.00
217	HEPATITIS PROFILE A B C	0.00	8400.00	0.00
218	HEPATITIS PROFILE A B C E	0.00	10460.00	0.00
219	HEPTOGLOBIN	0.00	2790.00	0.00
220	HERPES SIMPLEX VIRUS-1 AND 2 IGG AB	0.00	2420.00	0.00
221	HERPES SIMPLEX VIRUS-1 AND 2 IGM AB	0.00	2420.00	0.00
222	HIGH VAGINAL S.CULTU. (B)	0.00	660.00	0.00
223	HIGH VAGINAL SWAB CULTURE	0.00	600.00	0.00
225	HIGH VAGINAL SWAB CULTURE + ABST	0.00	1000.00	0.00
496	HIGH VAGINAL SWAB FOR WET SMEAR	0.00	240.00	0.00
224	HIGH VAGINAL SWAB FULL REPORT	0.00	240.00	0.00
226	HLAB-27	0.00	550.00	0.00
227	HOMOCYSTINE	0.00	3070.00	0.00
228	IG E LEVEL	0.00	3600.00	0.00
229	IMMUNOGLOBULINS A	0.00	2130.00	0.00
465	IMMUNOGLOBULINS E	0.00	3600.00	0.00
230	IMMUNOGLOBULINS G	0.00	2140.00	0.00
231	IMMUNOGLOBULINS M	0.00	2140.00	0.00
232	IMMUNOGLOBULINS PATTERN	0.00	9700.00	0.00
233	INSULIN	0.00	2490.00	0.00
234	ISLET CELL ANTIBODY	0.00	6800.00	0.00
235	JO 1	0.00	2450.00	0.00
236	JOINT ASPIRATION FLUID FR	0.00	1700.00	0.00
237	KAPPA LIGHT CHAINS	0.00	2790.00	0.00
238	KLEIHAUER TEST	0.00	3000.00	0.00
492	KNEE JOINT ASPIRATION FLUID FR	0.00	1700.00	0.00
239	KNEE JOINT FLUID CULTURE	0.00	720.00	0.00
240	KNEE JOINT FLUID CULTURE+ABST	0.00	1120.00	0.00
241	L.E.CELLS	0.00	600.00	0.00
242	L.H	0.00	1420.00	0.00
243	LA(SSB)	0.00	2450.00	0.00
244	LACTATE LEVEL	0.00	3230.00	0.00
245	LAMDA LIGHT CHAINS	0.00	2820.00	0.00
246	LD 1	0.00	1100.00	0.00
247	LDH	0.00	530.00	0.00
248	LEAD	0.00	3210.00	0.00
249	LEGIONELLA (URINE)	0.00	8250.00	0.00
250	LEPTOSPIRA ANTIBODY	0.00	4170.00	0.00
251	LIPASE	0.00	1320.00	0.00
252	LIPID PROFILE	0.00	900.00	0.00
253	LITHIUM	0.00	1460.00	0.00
452	LIVER AND KINDNEYMICROSOMAL ANTIBODY	0.00	4380.00	0.00
512	LIVER ENZYME	0.00	1535.00	0.00
255	LIVER PROFILE	0.00	2000.00	0.00
460	LUPUS ANTICOAGULANT	0.00	6260.00	0.00
258	MAGNISIUUM	0.00	600.00	0.00
259	MALARIA ANTIGEN	0.00	1920.00	0.00
260	MALARIAL PARASITE FILM	0.00	270.00	0.00
261	MALIGNANT CELLS (SPUTUM)	0.00	830.00	0.00
262	METH.HEAMOGLOBIN	0.00	1540.00	0.00

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Test ID	Description	Doctor Charges	Hospital Charges	Othe Charges
263	MICROFILARIA FILM	0.00	230.00	0.00
264	MONOSPOT	0.00	470.00	0.00
266	MUMPS IGG	0.00	740.00	0.00
267	MUMPS IGM	0.00	740.00	0.00
268	MYCOPLASMA ANTIBODY	0.00	4240.00	0.00
539	MYCOPLASMA IGM	0.00	2170.00	0.00
269	MYOGLOBIN	0.00	2470.00	0.00
270	N.A.P. SCORE	0.00	3520.00	0.00
271	NASAL SWAB CULTURE	0.00	400.00	0.00
272	NASAL SWAB CULTURE & ABST	0.00	800.00	0.00
273	OSMOLALITY- SERUM	0.00	1460.00	0.00
275	OSMOLALITY- SERUM & URINE	0.00	2850.00	0.00
274	OSMOLALITY- URINE	0.00	1460.00	0.00
276	OSMOTIC FRAGILITY	0.00	1310.00	0.00
277	P.S.A.	0.00	3500.00	0.00
278	P.S.A.-FREE	0.00	4780.00	0.00
279	PAP SMEAR	0.00	1850.00	0.00
477	PARATHYROID HORMONE	0.00	4300.00	0.00
466	PARVOVIRUS B 19 IGM	0.00	4100.00	0.00
502	PCR- DENGUE VIRUS	0.00	7700.00	0.00
509	PCR- NEISSERIA GONORRHOEA	0.00	7700.00	0.00
508	PCR- TB	0.00	7700.00	0.00
503	PCR-CHICKUNGUNYA VIRUS	0.00	7260.00	0.00
504	PCR-CYTOMEGALOVIRUS	0.00	6600.00	0.00
505	PCR-HEPATITIS B VIRUS	0.00	6160.00	0.00
506	PCR-HEPATITIS C	0.00	6050.00	0.00
507	PCR-PARVOVIRUS	0.00	3910.00	0.00
510	PCR-WUCHERERIA BANCROFTI	0.00	2750.00	0.00
281	PERITONEAL ASPIRATION F.C.ABST	0.00	1120.00	0.00
282	PERITONEAL ASPIRATION FLUID CEL	0.00	280.00	0.00
283	PERITONEAL ASPIRATION FLUID CUL	0.00	360.00	0.00
280	PERITONEAL FLUID FULL REPORT	0.00	1700.00	0.00
284	PHOSPHORUS INORGANIC	0.00	400.00	0.00
285	PHOSPHORUS INORGANIC-URINE	0.00	400.00	0.00
286	PLATELET COUNT	0.00	300.00	0.00
287	PLEURAL FLUID CELLS	0.00	340.00	0.00
288	PLEURAL FLUID CULTURE	0.00	720.00	0.00
289	PLEURAL FLUID CULTURE & ABST	0.00	1120.00	0.00
290	PLEURAL FLUID FOR FULL REPORT	0.00	1700.00	0.00
291	PLEURAL FLUID PROTEIN	0.00	550.00	0.00
292	PLEURAL FLUID SUGAR	0.00	200.00	0.00
293	PLT & PCV	0.00	360.00	0.00
295	POST PRANDIAL URINE SUGAR	0.00	170.00	0.00
296	POTASSIUM - SERUM	0.00	530.00	0.00
297	POTTASIUUM-URINE	0.00	530.00	0.00
469	PRODUCT OF CONCEPTION	0.00	26400.00	0.00
298	PROFILE BONE	0.00	1240.00	0.00
299	PROFILE CARDIAC	0.00	2510.00	0.00
301	PROFILE GENERAL	0.00	3200.00	0.00
300	PROFILE THYROID	0.00	3000.00	0.00
302	PROGESTERONE	0.00	1840.00	0.00
303	PROLACTIN	0.00	1350.00	0.00
304	PROTEIN C	0.00	7250.00	0.00
305	PROTEIN S	0.00	7250.00	0.00
306	PROTEIN TOTAL	0.00	550.00	0.00

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Test ID	Description	Doctor Charges	Hospital Charges	Othe Charges
307	PROTHROMBIN TIME AND INR	0.00	700.00	0.00
308	PTH	0.00	4510.00	0.00
310	PUS CULTURE	0.00	400.00	0.00
309	PUS CULTURE + ABST	0.00	800.00	0.00
311	R.N.P	0.00	2290.00	0.00
312	RENAL PROFILE	0.00	2500.00	0.00
313	RENIN	0.00	15250.00	0.00
314	RETICULOCYTE COUNT	0.00	550.00	0.00
315	RETRO VIRUS TEST	0.00	1270.00	0.00
316	RHESUS ANTIBODIES	0.00	740.00	0.00
317	RHESUS ANTIBODIES & UNEXPECTE	0.00	6080.00	0.00
318	RHESUS GENOTYPING	0.00	6080.00	0.00
319	RHEUMATOID FACTOR	0.00	380.00	0.00
320	RO(SSA)	0.00	2290.00	0.00
321	RUBELLA IGG	0.00	1480.00	0.00
322	RUBELLA IGM ANTIBODY	0.00	1480.00	0.00
323	S.G.O.T./AST	0.00	360.00	0.00
453	S.G.P.T /ALT	0.00	360.00	0.00
325	SCL-70	0.00	2300.00	0.00
486	SCRAPING SAMPLE FOR FULL REPORT	0.00	2300.00	0.00
326	SEMINAL FLUID ANALYSIS (AUTOMATED)	0.00	900.00	0.00
327	SEMINAL FLUID CULTURE	0.00	400.00	0.00
328	SEMINAL FLUID CULTURE + ABST	0.00	800.00	0.00
329	SERUM AMYLASE	0.00	650.00	0.00
330	SERUM BETA HCG	0.00	1600.00	0.00
331	SERUM BILIRUBIN -TOTAL AND DIRECT	0.00	780.00	0.00
332	SERUM CALCIUM	0.00	400.00	0.00
333	SERUM CHOLESTEROL- HDL	0.00	330.00	0.00
334	SERUM CHOLESTEROL- LDL	0.00	450.00	0.00
335	SERUM CHOLESTEROL- TOTAL	0.00	260.00	0.00
336	SERUM CREATININE	0.00	360.00	0.00
516	SERUM CREATININE WITH GFR	0.00	360.00	0.00
337	SERUM IRON	0.00	650.00	0.00
454	SERUM IRON & TIBC	0.00	1100.00	0.00
340	SEX HORMONE BINDING GLOBULIN	0.00	2840.00	0.00
341	SICKING TEST (SCREENING)	0.00	540.00	0.00
342	SM	0.00	2190.00	0.00
488	SMEAR FOR G.C.	0.00	550.00	0.00
343	SMEAR FOR GRAM STAIN	0.00	550.00	0.00
344	SODIUM SERUM	0.00	530.00	0.00
345	SODIUM URINE	0.00	530.00	0.00
474	SPECIMEN FOR TB CULTURE	0.00	2620.00	0.00
346	SPECIMEN FOR AFB	0.00	420.00	0.00
347	SPECIMEN FOR CELLS	0.00	340.00	0.00
348	SPECIMEN FOR CULTURE	0.00	400.00	0.00
349	SPECIMEN FOR CULTURE + ABST	0.00	800.00	0.00
350	SPECIMEN FOR CYTOLOGY	0.00	1000.00	0.00
500	SPECIMEN SUGAR	0.00	200.00	0.00
351	SPECIMEN-PROTEIN	0.00	550.00	0.00
353	SPUTUM CULTURE	0.00	400.00	0.00
352	SPUTUM CULTURE + ABST	0.00	800.00	0.00
354	SPUTUM FOR AFB	0.00	420.00	0.00
355	SPUTUM FOR EOSINOPHILS	0.00	250.00	0.00
356	SPUTUM FOR FULL REPORT	0.00	550.00	0.00
357	SPUTUM FOR GRAM STAIN	0.00	550.00	0.00

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Test ID	Description	Doctor Charges	Hospital Charges	Othe Charges
358	SPUTUM FOR MALIGNANT CELLS	0.00	970.00	0.00
359	SPUTUM FOR TB CULTURE	0.00	2620.00	0.00
360	STONE ANALYSIS	0.00	2670.00	0.00
361	STOOL FOR OCCULT BLOOD	0.00	520.00	0.00
364	STOOL FOR REDUCING SUBSTANCES	0.00	240.00	0.00
362	STOOL FOR ROTAVIUS SCREENING	0.00	1100.00	0.00
365	STOOL FOR UREA	0.00	600.00	0.00
363	STOOLS FOR FULL REPORT	0.00	240.00	0.00
483	SWAB FOR CULTURE	0.00	400.00	0.00
484	SWAB FOR CULTURE + ABST	0.00	800.00	0.00
367	SWAB FOR FULL REPORT	0.00	550.00	0.00
497	SWAB FOR WET SMEAR	0.00	240.00	0.00
368	SYPHILIS ANTIBODY TEST-REPID	0.00	700.00	0.00
369	T3-	0.00	1000.00	0.00
370	T4	0.00	1000.00	0.00
476	TACROLIMUS PROGRAF	0.00	10230.00	0.00
371	TB ANTIBODY	0.00	920.00	0.00
461	TEST1	0.00	3850.00	0.00
372	TESTOSTERONE	0.00	2050.00	0.00
373	TESTOSTERONE-FREE	0.00	4030.00	0.00
374	THEOPHYLLINE	0.00	10500.00	0.00
375	THROAT SWAB CULTURE	0.00	400.00	0.00
376	THROAT SWAB CULTURE + ABST	0.00	800.00	0.00
377	THROAT SWAB FULL REPORT	0.00	550.00	0.00
378	THROMBIN TIME	0.00	1130.00	0.00
379	THYROGLOBULIN	0.00	3480.00	0.00
380	THYROID ANTIBODY	0.00	5160.00	0.00
381	THYROID ANTIBODY MICROSOMAL	0.00	2830.00	0.00
382	THYROID ANTIBODY THYROGLOBULIN	0.00	2830.00	0.00
383	TORCH SCREEN	0.00	6630.00	0.00
517	TOXOCARA ANTIBODY	0.00	3170.00	0.00
384	TOXOPLASMA IGG ANTIBODY (E.M)	0.00	1550.00	0.00
385	TOXOPLASMA IGM ANTIBODY (E.M)	0.00	1550.00	0.00
386	TOXOPLASMA TOTAL ANTIBODY (LAT)	0.00	1380.00	0.00
387	TRANSFERRIN	0.00	3040.00	0.00
455	TREPONEMA PALLIDUM HEAMAGGLUTINATION ASSAY	0.00	1170.00	0.00
389	TRIGLYCERIDES	0.00	400.00	0.00
475	TRIPLE MARKER	0.00	7300.00	0.00
390	TROPONIN I	0.00	1700.00	0.00
391	TROPONIN T.(QUANTITATIVE ANALYSIS)	0.00	2500.00	0.00
456	TRYPANOSOMA-FILM	0.00	260.00	0.00
520	TSH	0.00	850.00	0.00
521	TSH (3RD GENERATION)	0.00	1000.00	0.00
527	ULTRA SENS. CRP	0.00	1270.00	0.00
394	UMBILICAL SWAB CULTURE	0.00	400.00	0.00
395	UMBILICAL SWAB CULTURE+ABST	0.00	800.00	0.00
485	UMBILICAL SWAB FOR FULL REPORT	0.00	550.00	0.00
396	UNEXPECTED RBC ANTIBODY TE + RHA	0.00	5770.00	0.00
397	UREA - URINE	0.00	400.00	0.00
398	UREETHRAL SMEAR FULL REPORT	0.00	550.00	0.00
399	URETHRAL CULTURE + ABST	0.00	800.00	0.00
400	URETHRAL SMEAR - GRAM STAIN	0.00	550.00	0.00
487	URETHRAL SMEAR FOR G.C.	0.00	550.00	0.00
401	URIC ACID	0.00	400.00	0.00
402	URIN 24 HOURS CALCIUM EXCRETION	0.00	740.00	0.00

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403	URINE 24 H COPPER EXCRETION	0.00	3050.00	0.00
404	URINE 24 H POTASSIUM EXCRETION	0.00	750.00	0.00
405	URINE 24 H SODIUM EXCRETION	0.00	750.00	0.00
406	URINE 24 H UREA EXCRETION	0.00	880.00	0.00
407	URINE 24 H URIC ACID EXCRETION	0.00	750.00	0.00
408	URINE ABUSED DRUGS SCREENING	0.00	9530.00	0.00
519	URINE ABUSED DRUGS SCREENING (MEDIICAL)	0.00	4620.00	0.00
409	URINE ACID FAST BACILLI	0.00	480.00	0.00
554	URINE ALBUMIN / URINE CREATININE	0.00	750.00	0.00
411	URINE BILE	0.00	180.00	0.00
412	URINE CHYLE	0.00	400.00	0.00
413	URINE CREATININE	0.00	360.00	0.00
415	URINE CULTURE	0.00	400.00	0.00
8	URINE CULTURE & ABST	0.00	800.00	0.00
414	URINE CULTURE -BOTTLE	0.00	50.00	0.00
511	URINE DEPOSIT FOR SPERMATOZOA	0.00	260.00	0.00
417	URINE DEPOSITS	0.00	200.00	0.00
482	URINE DEPOSITS FOR GRAM STAIN	0.00	550.00	0.00
418	URINE DIMORPIC RBC	0.00	220.00	0.00
419	URINE EOSINIPHILS	0.00	240.00	0.00
420	URINE FOR CYTOLOGY	0.00	1000.00	0.00
9	URINE FULL REPORT	0.00	240.00	0.00
421	URINE HGB	0.00	530.00	0.00
422	URINE KETON BODIES	0.00	200.00	0.00
423	URINE LYMPHOCYTES	0.00	240.00	0.00
424	URINE MICRO ALBUMIN	0.00	760.00	0.00
462	URINE MICRO ALBUMIN\ CREATININE	0.00	760.00	0.00
425	URINE OCCULT BLOOD	0.00	520.00	0.00
471	URINE PH	0.00	200.00	0.00
426	URINE PHENYL KETONURIA	0.00	460.00	0.00
2	URINE PREGNANCY TEST	0.00	350.00	0.00
427	URINE PREGNANCY TEST IN DILUTION	0.00	970.00	0.00
428	URINE PROPHOBILINOGEN	0.00	600.00	0.00
429	URINE PROPHYRINES	0.00	480.00	0.00
430	URINE PROTEIN (ALBUMIN)	0.00	200.00	0.00
546	URINE PROTEIN / URINE CREATININE	0.00	750.00	0.00
431	URINE RED CELLS	0.00	200.00	0.00
432	URINE S.G	0.00	200.00	0.00
433	URINE SUGER	0.00	200.00	0.00
434	URINE UROBILNOGEN	0.00	200.00	0.00
435	URINE V.M.A	0.00	5130.00	0.00
436	URINE-24 H CALCIUM EXCRETION	0.00	590.00	0.00
437	URINE-24 H PHOSPHORUS EXCRETION	0.00	700.00	0.00
438	URINE-24 H PROTEIN EXCRETION	0.00	850.00	0.00
439	URINE-HAEMOSIDERIN	0.00	1100.00	0.00
440	V.D.R.L	0.00	300.00	0.00
494	VAGINAL SWAB CULTURE	0.00	400.00	0.00
495	VAGINAL SWAB CULTURE+ABST	0.00	800.00	0.00
493	VAGINAL SWAB FULL REPORT	0.00	550.00	0.00
441	VITAMIN B 12	0.00	3550.00	0.00
4	WBC/DC	0.00	300.00	0.00
442	WEIL-FELIX	0.00	690.00	0.00
443	WIDAL [SAT]	0.00	400.00	0.00
444	WIDAL [SAT]-TUBE METHOD	0.00	1500.00	0.00
446	WOUND SWAB CULTURE	0.00	400.00	0.00

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<u>Test ID</u>	<u>Description</u>	<u>Doctor Charges</u>	<u>Hospital Charges</u>	<u>Othe Charges</u>
445	WOUND SWAB CULTURE + ABST	0.00	800.00	0.00
447	WOUND SWAB FULL REPORT	0.00	550.00	0.00