

## RATE LIST (PATHOLOGY)

S. No.	TEST NAME* (Description)	PRICE (RS.)
<b>PROFILES</b>		
1	ADRENAL PROFILE	2000
2	ANEMIA PROFILE COMPREHENSIVE	3350
3	ANEMIA SCREENING PROFILE	950
4	ANEMIA HEMOLYTIC PROFILE	1950
5	ANEMIA MEGALOBlastic PROFILE	1800
6	ANTENATAL PROFILE	1050
7	ANTENATAL PROFILE & TRIPLE TEST	3450
8	ANTI PHOSPHOLIPID PROFILE	2500
9	ARTHRITIS PROFILE	3450
10	CARDIAC INJURY PROFILE	1700
11	CBC/ HEMOGRAM + ESR (25 parameter)	330
12	CBC/ HEMOGRAM (25 parameter)	290
13	COAGULATION PROFILE	1400
14	COAGULATION PROFILE EXTENDED	2300
15	DIABETES PROFILE EXTENDED	2600
16	DIABETES PROFILE	1700
17	DIALYSIS PROFILE	1000
18	FEMALE INFERTILITY PROFILE	3450
19	FEVER PROFILE BASIC	480
20	FEVER PROFILE EXTENDED.	4200
21	HEPATITIS B PROFILE	2500
22	HEPATITIS B PROFILE with VIRAL LOAD	7000
23	HEPATITIS PROFILE (A/B/C/E)	3900
24	HYPERTENSION PROFILE	3900
25	HIRSUTISM PROFILE	2400
26	IRON PROFILE	700
27	LIPID PROFILE SCREENING (With C-LDL)	300

S. No.	TEST NAME* (Description)	PRICE (RS.)
28	LIPID PROFILE BASIC (With D-LDL)	500
29	LIPID PROFILE EXTENDED (ApoA, ApoB, Lpa)	1600
30	LIPID PROFILE COMPREHENSIVE (ApoA, ApoB, Lpa, Homocystein)	2500
31	LIVER PROFILE/ L.F.T	550
32	MALE INFERTILITY PROFILE	1600
33	OBESITY PROFILE	1650
34	OSTEOPOROSIS PROFILE	2500
35	PITUITARY PROFILE	2250
36	P.U.O. PROFILE	4600
37	PSA PANEL	1100
38	RECURRENT ABORTION PROFILE	3400
39	RENAL PROFILE / R.F.T	650
40	THALASSEMIA PROFILE	2100
41	THYROID FREE PROFILE	600
42	THYROID TOTAL PROFILE	300
43	TORCH IgG PROFILE	1200
44	TORCH IgM PROFILE	1200
45	PCOD PROFILE	2600
46	VIRAL MARKER PROFLE	1450
47	PLATELET PANEL	320
48	RETICULOCYTE PANEL (AUTOMATED)	350
49	HEPATITIS 'C' VIRUS PANEL	5000
50	CYTOMEGALOVIRUS (CMV) PANEL	4500
<b>HAEMATOLOGY</b>		
51	ABNORMAL HAEMOGLOBIN VARIANT ANALYSIS	850
52	ABSOLUTE EOSINOPHIL COUNT	120
53	ABSOLUTE LYMPHOCYTE COUNT	120
54	ABSOLUTE NEUTROPHIL COUNT	120

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S. No.	TEST NAME* (Description)	PRICE (RS.)
55	BLOOD GROUP/ Rh	110
56	BLOOD SMEAR FOR MICROFILARIA	250
57	BONE MARROW WITH ASPIRATION	2500
58	BONE MARROW SLIDE FOR REVIEW	650
59	BUFFY COAT FOR LD BODIES	260
60	DIFFERENTIAL LEUCOCYTE COUNT	120
61	COOMBS TEST - DIRECT	350
62	COOMBS TEST DIRECT ANTIBODY TYPING	1900
63	COOMBS TEST - INDIRECT	400
64	ERYTHROCYTE SEDIMENTATION RATE(AUTOMATED)	80
65	G6PD (QUANTITATIVE)	600
66	GENERAL BLOOD PICTURE	200
67	GLYCOSYLATED HAEMOGLOBIN (HbA1c)	400
68	HEMATOCRIT	100
69	HEMOGLOBIN	80
70	MALARIAL PARASITE	100
71	MEAN CORPUSCULAR HAEMOGLOBIN	80
72	MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	80
73	MEAN CORPUSCULAR VOLUME	80
74	PACKED CELL VOLUME (See Hematocrit)	100
75	PAROXYSMAL NOCTURNAL HAEMOGLOBINUREA	1000
76	PERIPHERAL BLOOD SMEAR	200
77	PLATELET COUNT	120
78	RED CELL DISTRIBUTION WIDTH	80
79	RETICULOCYTE COUNT	250
80	Rh ANTIBODY TITRE	400
81	TOTAL LEUCOCYTE COUNT	80
82	TOTAL RED BLOOD CELL COUNT	80

S. No.	TEST NAME* (Description)	PRICE (RS.)
	<b>COAGULATION HEMATOLOGY</b>	
83	ACTIVED PARTIAL THROMBOPLASTIN TIME (APTT/ PTTK)	300
84	D DIMER	1200
85	LUPUS ANTICOAGULANT-SCREENING	1100
86	LUPUS ANTICOAGULANT -CONFIRMATORY	1500
87	PROTHROMBIN TIME WITH INR	300
88	THROMBIN TIME	600
	<b>BIOCHEMISTRY</b>	
89	ALANINE TRANSFERASE (SGPT)	130
90	ASPARTATE TRANSFERASE (SGOT)	130
91	ADA - MTB (ADENOSINE DEAMINASE)	700
92	ALBUMIN	100
93	ALKALINE PHOSPHATASE	130
94	AMMONIA *	900
95	AMYLASE	300
96	AMYLASE P	450
97	ANGIOTENSIN CONVERTING ENZYME*	950
98	ANION GAP (AGP) (within Na/ K/ CO3)*	900
99	APO LIPOPROTEIN B	400
100	APOLIPOPROTEIN A-1	400
101	ANTISTREPTOLYSIN O TITRE	400
102	BICARBONATE	500
103	BILIRUBIN (DIRECT)	120
104	BILIRUBIN (INDIRECT)	0
105	BILIRUBIN (TOTAL)	120
106	BILIRUBIN NEONATAL	150
107	BLOOD UREA NITROGEN*	100
108	CALCIUM	120


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S. No.	TEST NAME* (Description)	PRICE (RS.)
109	CALCIUM-IONIC* #	450
110	CHLORIDE	120
111	CHOLESTEROL-TOTAL	120
112	CHOLESTEROL-HDL	180
113	CHOLESTEROL-LDL	200
114	CHOLESTROL-VLDL	150
115	CPK-MB	380
116	CREATINE KINASE	250
117	CREATININE	120
118	C-REACTIVE PROTEIN (QUANTITATIVE)	350
119	C-REACTIVE PROTEIN (HIGH SENSITIVITY)	400
120	CYSTATIN C	700
121	GAMMA GLUTAMYL TRANSFERASE	160
122	GLOBULIN	0
123	GLUCOSE FASTING	70
124	GLUCOSE PP	70
125	GLUCOSE RANDOM	70
126	GLUCOSE TOLERANCE TEST- Non Pregnant Patients	400
127	GLUCOSE TOLERANCE TEST- Pregnant Patients	250
128	GLUCOSE CHALLENGE TEST	150
129	IRON	250
130	LACTATE DEHYDROGENASE	280
131	LIPOPROTEIN (a)	700
132	LIPASE	450
133	MAGNESIUM	450
134	PHOSPHORUS INORGANIC	120
135	POTASSIUM	140
136	RHEUMATOID FACTOR	350

S. No.	TEST NAME* (Description)	PRICE (RS.)
137	SODIUM	140
138	TOTAL PROTEIN	100
139	TRIGLYCERIDES	150
140	TRANSFERRIN SATURATION INDEX	500
141	Unsaturated Iron-Binding Capacity (UIBC)	250
142	UREA	100
143	URIC ACID	120
144	CHOLINESTERASE *	750
145	LACTATE *	750
146	Pro BNP, Serum	1650
147	Ethanol (Alcohol)	1400
<b>URINE BIOCHEMISTRY- 24 hrs Urine</b>		
148	URE 24 HRS MICROALBUMIN	450
149	URE 24 HRS ALBUMIN	200
150	URE 24 HRS CALCIUM	200
151	URE 24 HRS CREATININE	200
152	URE 24 HRS PHOSPHORUS	200
153	URE 24 HRS URIC ACID	200
154	URE 24HRS VANILYLMANDELICACID*	2500
155	URE 24HRS MICROALBUMIN : CREATININE RATIO	500
156	URE 24HRS ALBUMIN: CREATININE RATIO	500
157	URE CREATININE CLEARANCE TEST (24 HRS)	500
<b>URINE BIOCHEMISTRY- Spot Urine</b>		
158	URE SPOT ALBUMIN	180
159	URE SPOT AMYLASE	350
160	URE SPOT CREATININE	200
161	URE SPOT MICROALBUMIN	450
162	URE SPOT URIC ACID	180
163	URE SPOT ETHANOL (ALCOHOL)	1400

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S. No.	TEST NAME* (Description)	PRICE (RS.)
164	URE SPOT ALBUMIN/ CREATININE RATIO	500
165	URE SPOT MICROALBUMIN/ CREATININE RATIO	500
<b>SEROLOGY</b>		
166	ALDEHYDE CHOPRA TEST FOR KALA AZAR	200
167	ANTIBODY TO BRUCELLA	700
168	ANTIBODY TO CHIKUNGUNYA (IgM)	900
169	ANTI - CCP	1500
170	ANTI CARDIOLIPIN ANTIBODIES (IgG,IgM,IgA)	1200
171	ANTIBODY TO LEISHMANIA	1400
172	ANTIBODY TO LEPTOSPIRA IgG/IgM	1350
173	ANTIBODY H. PYLORI (IgG/ IgM)	1200
174	ANTIBODY TO FILARIA	900
175	ANTIBODY TO SYPHILIS/ TPHA	500
176	ANTI THYROID ANTIBODIES	1800
177	ANTI THYROGLOBULIN ANTIBODY (Anti TG) *	950
178	ANTI THYROID PEROXIDASE ANTIBODY (Anti TPO) *	950
179	ANTIBODY IgG/IgM/IgA to RICKETTSIA TSUTSUGAMASHI *	900
180	ANTIBODY TO TTG IgA *	800
181	ANTIBODY BETA 2 GLYCOPROTEIN *	1200
182	DENGUE IgM, IgG & NS1	900
183	IgM ANTIBODIES TO EPSTEIN-BARR VIRUS (CAPSID ANTIGEN)	1100
184	INFLUENZA A & B VIRUS ANTIGEN *	1450
185	MALARIA ANTIGEN (P.V./ P.F.)	500
186	QUANTIFERON TB GOLD *	2300
187	V. D. R. L	120
188	WEIL FELIX TEST *	700
189	CHLAMYDIA ANTIGEN *	700
190	ANTIBODY to HANTAAN VIRUS *	700

S. No.	TEST NAME* (Description)	PRICE (RS.)
191	CHOLERA ANTIGEN *	700
192	ANTIBODY to JAPANESE ENCEPHALITIS VIRUS (JEV) *	700
193	ROTA VIRUS ANTIGEN *	800
194	C Difficile Antigen *	1850
<b>IMMUNOLOGY</b>		
195	ANTI-ds DNA ANTIBODY-IF *	1150
196	ANTI-ds DNA ANTIBODY- IF(IN DILUTION) *	2250
197	ANTI NUCLEAR ANTIBODY - IF	1150
198	ANTINUCLEAR ANTIBODY- IF (IN DILUTION)	2100
199	LIVER AI PROFILE	2200
200	ANA ANTIBODY (LIA) PROFILE	2200
201	COELIAC DISEASE AI PROFILE	2200
202	GASTRO LIA PROFLE	2200
203	VASCULITIS PROFILE	2200
204	SLE/AUTOIMMUNE PROFILE	3850
<b>HEPATITIS PROFILE</b>		
205	ANTI HAV IgM	990
206	ANTI HBe	800
207	ANTI HB Surface Ag	850
208	ANTI HB CORE IgM	950
209	HBe ANTIGEN	800
210	HBs ANTIGEN	300
211	HBs ANTIGEN - CONFIRMATORY *	600
212	ANTIBODY TO HEPATITIS "C" VIRUS	900
213	ANTIBODY TO HEPATITIS "E" VIRUS (IgM)	1500
<b>TESTS FOR HIV</b>		
214	HIV Antibody + P24 Antigen	350
215	WESTERN BLOT FOR HIV 1 & 2	2500


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S. No.	TEST NAME* (Description)	PRICE (RS.)
<b>TORCH PROFILE</b>		
216	TOXOPLASMA IgM	450
217	TOXOPLASMA IgG	450
218	RUBELLA IgM	450
219	RUBELLA IgG	450
220	CMV IgM	450
221	CMV IgG	450
222	HSV 1&2 IgM	500
223	HSV 1 & 2 IgG	500
224	CMV IgG AVIDITY TEST*	650
225	RUBELLA IgG AVIDITY TEST *	650
226	TOXOPLASMA IgG AVIDITY TEST *	650
<b>TEST FOR TYPHOID</b>		
227	SALMONELLA TYPHI IgG/ IgM	320
228	WIDAL TEST (SLIDE METHOD)	180
<b>ENDOCRINOLOGY &amp; METABOLISM</b>		
229	ANTI MULLERIAN HORMONE	1900
230	CORTISOL ( MORNING )	480
231	CORTISOL ( EVENING )	480
232	CORTISOL- DEXAMETHASONE SUPPRESSION TEST	550
233	DIHYDROEPIANDROSTENEDION SULPHATE	850
234	ESTRADIOL (E2)	500
235	ESTRIOL UNCONJUGATED (E3)	1100
236	FOLLICLE STIMULATING HORMONE	400
237	INSULIN	700
238	LUTEINISING HORMONE	400
239	PARATHORMONE INTACT	1400

S. No.	TEST NAME* (Description)	PRICE (RS.)
240	PROGESTRONE	500
241	PROLACTIN	450
242	TESTOSTERONE TOTAL	550
243	T3 FREE	200
244	T4 FREE	200
245	T4 TOTAL	150
246	T3 TOTAL	150
247	TSH THIRD GENERATION	200
248	FERRITIN	600
249	FOLIC ACID	950
250	RED BLOOD CELL FOLATE*	1850
251	HOMOCYSTEINE	800
252	VITAMIN B12	950
253	VITAMIN D TOTAL (25-OH) *	1500
254	TROPONIN - T	1000
<b>DRUG ASSAY</b>		
255	LITHIUM	350
256	PHENYTOIN *	750
257	CARBAMEZEPINE	750
258	VALPROIC ACID *	750
<b>CANCER MARKER</b>		
259	ALPHA FETO PROTEIN	650
260	BETA - HCG	600
261	C A 125	1050
262	C A 15.3	1050
263	C A 19.9	1050
264	CARCINO EMBRYONIC ANTIGEN	600

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S. No.	TEST NAME* (Description)	PRICE (RS.)
265	FREE PSA	750
266	PAPP-A	1000
267	FREE BETA-HCG	850
268	TOTAL PSA	600
<b>ALLERGY *</b>		
269	IgE TOTAL	600
270	ALLERGY ALATOP INFANT - Below 5 YRS.	600
271	ALLERGY ALATOP ADULT - Above 5 YRS.	600
272	IgE + ALATOP - INFANT	1080
273	IgE + ALATOP - ADULT	1080
<b>ALLERGY PROFILES</b>		
274	ALLERGY COMPREHENSIVE PROFILE (IgE+ Alatop+Eczema+Asthma/Rhinitis+Food)	14000
275	ALLERGY COMPREHENSIVE ECZEMA PROFILE	4900
276	ALLERGY COMPREHENSIVE ASTHMA/RHINITIS PROFILE	5950
277	ALLERGY COMPREHENSIVE FOOD PROFILE	5950
278	ALLERGY VEG-FOOD PROFILE	3800
279	ALLERGY NON VEG-FOOD PROFILE	3800
<b>ALLERGY PANELS</b>		
280	ALLERGY DUST PANEL	2400
281	ALLERGY FRUIT PANEL	2400
282	ALLERGY ANIMAL PANEL	2400
283	ALLERGY GRASS PANEL	2400
284	ALLERGY MOLD PANEL	2400
<b>INDIVIDUAL ALLERGENS</b>		
285	ALLERGY IND. BERMUDA GRASS	1100
286	ALLERGY IND. COCKROACH	1100
287	ALLERGY IND. ASPERGILLUS FUMIGATUS	1100
288	ALLERGY IND. CODFISH	1100

S. No.	TEST NAME* (Description)	PRICE (RS.)
289	ALLERGY IND. DERMATOPHAGOIDES FARINAE	1100
290	INDIVIDUAL ALLERGENS*	1100
<b>DOWN'S SYNDROME SCREENING PANEL</b>		
291	FIRST TRIMESTER SCREENING +NUCHAL TRANSCULENCY (DUAL TEST)*	2300
292	SECOND TRIMESTER SCREENING (TRIPLE TEST)	2300
293	QUADRUPLE TEST	3200
<b>ELECTROPHORESIS</b>		
294	PROTEIN ELECTROPHORESIS	650
295	IMMUNOFIXATION ELECTROPHORESIS	4900
<b>CLINICAL PATHOLOGY</b>		
<b>URINE EXAMINATION</b>		
296	URINE ROUTINE	100
297	URINE BILIRUBIN	50
298	URE BILE PIGMENT (BP)	50
299	URE BILE SALTS (BS)	50
300	URINE UROBILINOGEN	50
301	URINE KETONE	50
302	URINE GLUCOSE	50
303	URINE PROTEIN/ ALBUMIN	50
304	URINE HEMOGLOBIN	50
305	URINE PH	50
306	URINE NITRATE	50
307	URINE SPECIFIC GRAVITY	50
308	URINE PHASE CONTRAST	300
309	URINE BENCE JONES PROTEIN	200
310	URINE CHYLE	200
311	URINE FOR PREGNANCY	100
312	URINE PORPHOBILINOGEN	150

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S. No.	TEST NAME* (Description)	PRICE (RS.)
313	URINE DRUGS OF ABUSE (10 Drugs)	2200
314	URINE DRUGS OF ABUSE (6 Drugs)	1500
<b>STOOL EXAMINATION</b>		
315	STOOL ROUTINE	150
316	STOOL OCCULT BLOOD	100
317	STOOL PH *	50
318	STOOL REDUCING SUGAR	50
319	STOOL FOR HANGING DROP *	200
320	STOOL FOR CRYPTOSPORIDIUM *	400
<b>BODY FLUIDS</b>		
321	FLUID - USG GUIDED TAP	600
322	FLUID EXAMINATION	300
323	FLUID ASCITIC FOR AMYLASE	250
324	FLUID ASCITIC FOR CHYLE	250
325	FLUID SYNOVIAL FOR POLARISING MICRO/CRYSTALS	400
326	FLUID LIVER ABSCESS CYTOLOGY	300
327	GASTRIC ASPIRATE : OCCULT BLOOD	200
328	MENINGITIS-BACTERIAL IDENTIFICATION *	2800
<b>SEMEN ANALYSIS</b>		
329	SPERM QUALITY ANALYSIS	400
330	SEMEN FRUCTOSE	750
<b>MICROBIOLOGY</b>		
<b>BLOOD CULTURE *</b>		
331	CULTURE BLOOD & SENSITIVITY AEROBIC - (1-VIAL)	750
332	CULTURE BLOOD & SENSITIVITY AEROBIC - (1-SET/ 2 VIAL)	1400
333	CULTURE BLOOD - (2 SET/ 4 VIAL)	2200
<b>AEROBIC CULTURE SENSITIVITY (AUTOMATED)</b>		
334	AUTO CULTURE AEROBIC - CSF	600

S. No.	TEST NAME* (Description)	PRICE (RS.)
335	AUTO CULTURE AEROBIC - DISCHARGE ASPIRATE	600
336	AUTO CULTURE AEROBIC - EAR	600
337	AUTO CULTURE AEROBIC - EYE	600
338	AUTO CULTURE AEROBIC - BODY FLUID	600
339	AUTO CULTURE AEROBIC - MILK	600
340	AUTO CULTURE AEROBIC - OTHERS	600
341	AUTO CULTURE AEROBIC - PUS	600
342	AUTO CULTURE AEROBIC - SEMEN	600
343	AUTO CULTURE AEROBIC - SPUTUM	600
344	AUTO CULTURE AEROBIC - STOOL	600
345	AUTO CULTURE AEROBIC - THROAT SWAB	600
346	AUTO CULTURE AEROBIC - URINE	600
347	AUTO CULTURE AEROBIC - VAGINAL SWAB	600
348	URINE CULTURE (RAPID/ 1 DAY)	600
<b>ANAEROBIC CULTURE &amp; IDENTIFICATION*</b>		
349	ANAEROBES CULTURE & IDENTIFICATION-BODY FLUID	880
350	ANAEROBES CULTURE & IDENTIFICATION-PUS	880
351	ANAEROBES CULTURE & IDENTIFICATION-STOOL	880
352	ANAEROBES CULTURE & IDENTIFICATION-VAGINAL DISCHARGE	880
<b>WATER CULTURE</b>		
353	DRINKING WATER	600
354	TAP WATER	600
355	SWIMMING POOL WATER	1800
<b>FOOD MICROBIOLOGY *</b>		
356	CANNED FOOD (Single Sample)	400
357	RAW / PREPARED FOOD (Single Sample)	550
<b>AFB CULTURE (Bactalert 3D) *</b>		
358	AFB CULTURE RAPID *	900

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359	AFB CULTURE RAPID- BLOOD *	900
360	AFB CULTURE RAPID - CSF *	900
361	AFB CULTURE RAPID-ENDOMETRIUM *	900
362	AFB RAPID CULTURE - PUS *	900
363	AFB CULTURE RAPID- SEMEN *	900
364	AFB CULTURE RAPID- SPUTUM *	900
365	AFB CULTURE RAPID- SWAB/ OTHERS *	900
366	AFB CULTURE RAPID- URINE *	900
<b>AFB - Z. N. STAIN*</b>		
367	Z.N.STAIN - AQUEOUS	150
368	Z.N.STAIN - ASCITIC FLUID	150
369	Z.N.STAIN - BRONCHIAL SECRETIONS	150
370	Z.N.STAIN - CSF	150
371	Z.N.STAIN - OTHERS	150
372	Z.N.STAIN - PERICARDIAL FLUID	150
373	Z.N.STAIN - PLEURAL FLUID	150
374	Z.N.STAIN - PUS	150
375	Z.N.STAIN - SPUTUM	150
376	Z.N.STAIN - SWAB	150
377	Z.N.STAIN - TRACHEAL ASPIRATES	150
378	Z.N.STAIN - THROAT SWAB	150
379	Z.N.STAIN - SYNOVIAL FLUID	150
380	Z.N.STAIN - URINE	150
381	Z.N.STAIN - VITREOUS	150
<b>AFB-Immunofluorescence (AURAMINE RHODAMINE)</b>		
382	A.R.STAIN - AQUEOUS	250
383	A.R.STAIN - ASCITIC FLUID	250
384	A.R.STAIN - BRONCHIAL SECRETIONS	250

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385	A.R.STAIN - CSF	250
386	A.R.STAIN - OTHERS	250
387	A.R.STAIN - PERICARDIAL FLUID	250
388	A.R.STAIN - PLEURAL FLUID	250
389	A.R.STAIN - PUS	250
390	A.R.STAIN - SPUTUM	250
391	A.R.STAIN - SWAB	250
392	A.R.STAIN - TRACHEAL ASPIRATES	250
393	A.R.STAIN - THROAT SWAB	250
394	A.R.STAIN - SYNOVIAL FLUID	250
395	A.R.STAIN - URINE	250
396	A.R.STAIN - VITREOUS	250
<b>GRAM STAIN *</b>		
397	GRAM STAIN - AQUEOUS	150
398	GRAM STAIN - ASCITIC FLUID	150
399	GRAM STAIN - BRONCHIAL SECRETIONS	150
400	GRAM STAIN - CSF	150
401	GRAM STAIN - OTHERS	150
402	GRAM STAIN - PERICARDIAL FLUID	150
403	GRAM STAIN - PLEURAL FLUID	150
404	GRAM STAIN - PUS	150
405	GRAM STAIN - SPUTUM	150
406	GRAM STAIN - SWAB	150
407	GRAM STAIN - TRACHEAL ASPIRATES	150
408	GRAM STAIN - THROAT SWAB	150
409	GRAM STAIN - SYNOVIAL FLUID	150
410	GRAM STAIN - URINE	150
411	GRAM STAIN - URETHRAL SMEAR	150

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412	GRAM STAIN - VITREOUS	150
413	THROAT SWAB FOR K.L.B	150
	<b>FUNGUS *</b>	
414	FUNGUS IDENTIFICATION - AQUEOUS FLUID	300
415	FUNGUS IDENTIFICATION - BODY FLUID	300
416	FUNGUS IDENTIFICATION - CSF	300
415	FUNGUS IDENTIFICATION - HAIR	300
416	FUNGUS IDENTIFICATION - NAIL	300
417	FUNGUS IDENTIFICATION - SKIN	300
418	FUNGUS IDENTIFICATION - SPUTUM	300
419	FUNGUS IDENTIFICATION - THROAT SWAB	300
420	FUNGUS IDENTIFICATION - TRACHEAL ASPIRATE	300
421	FUNGUS IDENTIFICATION - URINE	300
422	FUNGUS IDENTIFICATION - VITREOUS FLUID	300
	<b>FUNGAL CULTURE *</b>	
423	FUNGAL CULTURE & IDENTIFICATION	750
424	FUNGAL CULTURE, ID & SENSITIVITY	3000
<b>MOLECULAR DIAGNOSTIC ASSAYS *</b>		
425	PCR Mycobacterium Tuberculosis *	1650
426	PCR (DNA) Hepatitis 'B' Virus (Quantitative) *	5500
427	PCR (DNA) Hepatitis 'B' Virus (Qualitative) *	3500
428	PCR (DNA) HLA B-27 *	2200
429	PCR (DNA) Human Papilloma Virus *	1700
430	PCR HEPATITIS 'C' VIRUS-RNA (QUANTITATIVE)	6500
431	PCR (DNA) CYTOMEGALOVIRUS (CMV)	3500
432	PCR (DNA) Bcr-Abl; T(9;22)	3300
<b>MYCOBACTERIAL DRUG SENSITIVITY (HAIN'S)</b>		
433	AFB - ID & SENS. to R/INH by molecular genotyping	1600

S. No.	TEST NAME* (Description)	PRICE (RS.)
434	AFB - ID & SENS. To Second Line Drugs (MDR)	1600
435	AFB - ID & SENS. To First & Second Line Drugs	3900
	<b>CYTOLOGY</b>	
436	ORAL SCRAPINGS FOR MALIGNANT CELLS	350
437	BRUSH CYTOLOGY	450
438	CERVICAL/VAGINAL SMEAR (CONVENTIONAL)	400
439	NIPPLE DISCHARGE	350
440	MALIGNANT CELL-BODY FLUID	300
441	URINE FOR CYTOLOGY	300
442	MALIGNANT CELL (LBC)	800
443	HEMORRHAGIC FLUID FOR CYTOLOGY (LBC)	800
444	FNAC ASPIRATE FOR CYTOLOGY (LBC)	800
445	BAL FOR CYTOLOGY (LBC)	800
446	URINE FOR CYTOLOGY(LBC)	800
447	CERVICAL/VAGINAL SMEAR (LBC)	1100
	<b>FNAC</b>	
448	FNAC - Any Site	500
449	FNAC :- TESTIS/SCROTUM	600
450	FNAC :- U/S GUIDED	1000
451	FNAC :-CT GUIDED	2000
452	FNAC-CT GUIDED (If CT done Outside)	3000
453	FNAC-CELL BLOCK FOR IHC	1000
	<b>CYTOGENETICS &amp; FISH*</b>	
454	KARYOTYPING on Venous Blood	3200
455	KARYOTYPING on Venous Blood - for Couple	5500
456	KARYOTYPING on Cord Blood	3200
457	KARYOTYPING on Bone Marrow	4000
458	KARYOTYPING on Amniotic Fluid	7000

## RATE LIST (PATHOLOGY)

S. No.	TEST NAME* (Description)	PRICE (RS.)
459	KARYOTYPING on CVS	7000
460	KARYOTYPING on Product of Conception (POC)	6000
461	KARYOTYPING on Product of Conception (POC) with Couple karyotype	11000
462	KARYOTYPING on Leukemia Blood	6000
463	Bcr-Abl (Philadelphia); t(9;22): by FISH, BLOOD	3500
464	Bcr-Abl (Philadelphia); t(9;22): by FISH, BONE MARROW	3500
465	Trisomy (Aneuploidy) for Chromosome 13, 18, 21, X, Y By FISH, BLOOD	7000
466	Trisomy (Aneuploidy) for Chromosome 13, 18, 21, X, Y By FISH, POC	7000
467	Trisomy (Aneuploidy) for Chromosome 13, 18, 21, X, Y By FISH, Cord Blood	7000
468	Trisomy (Aneuploidy) for Chromosome 13, 18, 21, X, Y By FISH, Amniotic Fluid	7000
469	Trisomy (Aneuploidy) for Chromosome 13, 18, 21, X, Y By FISH, Chorionic Villus	7000
<b>HISTOPATHOLOGY</b>		
470	HISTOPATHOLOGY SMALL	600
471	HISTOPATHOLOGY LARGE	750
472	HISTOPATHOLOGY BONE	750
473	HISTOPATHOLOGY BRAIN	900
474	HISTOPATHOLOGY (RAPID)	800
475	HISTOPATHOLOGY (2ND OPINION)	500
476	HISTOPATHOLOGY (EXTRA BLOCK)	250
477	HISTOPATHOLOGY (EXTRA SLIDE)	250
<b>IMMUNOHISTOCHEMISTRY*</b>		
478	IHC PANEL-BREAST-I (ER & PR)	2000
479	IHC PANEL-BREAST-II (ER, PR & Her2Neu)	3000
480	IHC PANEL-Metastatic Carcinoma with Unknown Primary (Markers will be done)	6500
481	IHC PANEL-Metastatic Germ Cell Tumour (AFP, PLAP, B-HCG, CD117, CD30,	6500
482	IHC PANEL-Lymphnode Reactive v/s Lymphoma (CD3, CD5, CD10, CD20,	8500
483	IHC PANEL-BRAIN TUMOUR (GFAP, EMA, VIMENTIN, S-100,	7300
484	IHC PANEL-LYMPHNODE (Lymphoma v/s Metastasis) - (LCA, CK, Vimentin, EMA,	6500

S. No.	TEST NAME* (Description)	PRICE (RS.)
485	IHC SINGLE MARKER-CD45 (LCA)	1500
486	IHC SINGLE MARKER-CEA	1500
487	IHC SINGLE MARKER-Her 2/neu	1500
488	IHC SINGLE MARKER-Cytokeratin 20	1500
489	IHC SINGLE MARKER-Cytokeratin 7	1500
490	IHC SINGLE MARKER-Epithelial Membrane Antigen (EMA)	1500
491	IHC SINGLE MARKER-Estrogen Receptor (ER)	950
492	IHC SINGLE MARKER-GFAP	1500
493	IHC SINGLE MARKER-HPV16	1500
494	IHC SINGLE MARKER-Ki67	1500
495	IHC SINGLE MARKER-Pankeratin [AE1/AE3]	1500
496	IHC SINGLE MARKER-Progesterone Receptor (PR)	950
497	IHC SINGLE MARKER-Prostate Specific Antigen (PSA)	1500
498	IHC SINGLE MARKER-S100 PROTEIN	1500
499	IHC SINGLE MARKER-Synaptophysin	1500
500	IHC SINGLE MARKER-Vimentin	1500
<b>MISCELLANEOUS TESTS</b>		
501	MANTOUX TEST *	150
502	NASAL SMEAR FOR EOSINOPHILS *	400
503	TZANCK SMEAR *	400

\* Rates may be amended from time to time as per the discretion of dapic.



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<b>dr. ahujas' pathology &amp; imaging centre</b> (DEPARTMENT OF RADIODIAGNOSIS & IMAGING)		Issue No.: 01
		Issue Date: 01.11.2014
		Amend No.: 01
<b>DIRECTORY OF SERVICES (RADIOLOGY)</b>		Amend Date: 01.03.2016
TEST NAME* (Description)	PRICE (RS.)	REPORTING SCHEDULE *
<b>ULTRASOUND</b>		
BETA SCAN/ U/S ORBITAL	1600	Daily
U/S WHOLE ABDOMEN (Abd + Pelvis)	1200	Daily
U/S PELVIS	1200	Daily
U/S ABDOMEN	1200	Daily
U/S BREAST	1800	Daily
U/S FOLLICULAR STUDY	3000	Daily
U/S FOLLICULAR STUDY (SINGLE DAY)	1600+500 per day	Daily
U/S SCROTUM	2000	Daily
U/S SOFT TISSUE	1600	Daily
U/S THYROID	1600	Daily
U/S TRUS	1800	Daily
U/S CHEST	1600	Daily
FNAC-USG GUIDED	1500+FNAC	Daily
ABSCISS DRAINAGE - USG GUIDED	6000	Daily
USG TVS	1600	Daily
USG ABDOMEN + TVS	2200	Daily
U/S OTHERS (Small Parts, Superficial)	1600	Daily
U/S FOLLICULAR STUDY (SINGLE DAY)	500	Daily
<b>OBSTETRIC ULTRASOUND</b>		
OBSTETRIC ULTRASOUND	1400	Daily
3D / 4D ULTRASOUND	3500	Daily
3D / 4D ULTRASOUND - TWINS	4500	Daily
FETAL COLOUR DOPPLER/ DOPPLER FOR PREGNANCY	3000	Daily
FETAL COLOUR DOPPLER/ DOPPLER FOR PREGNANCY - TWINS	4500	Daily
LEVEL II USG FOR FETAL WELLBEING	3000	Daily
U/S OBSTETRIC TVS STUDY	1600	Daily
U/S OBSTETRIC WITH WHOLE ABDOMEN	2500	Daily
USG BIOPHYSICAL PROFILE	3000	Daily
USG TWINS	2000	Daily
ANOMALY SCAN	3000	Daily
<b>X RAY (DIGITAL)</b>		
XRAY BARIUM ENEMA	2500	Daily
XRAY BARIUM MEAL	2500	Daily
XRAY BARIUM MEAL FOLLOW THRU.	3500	Daily

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<b>dr. ahujas' pathology &amp; imaging centre</b> (DEPARTMENT OF RADIODIAGNOSIS & IMAGING)		Issue No.: 01
		Issue Date: 01.11.2014
		Amend No.: 01
<b>DIRECTORY OF SERVICES (RADIOLOGY)</b>		Amend Date: 01.03.2016
TEST NAME* (Description)	PRICE (RS.)	REPORTING SCHEDULE *
XRAY BARIUM SWALLOW	2000	Daily
XRAY CERVICAL SPINE AP/ LATERAL VIEWS	700	Daily
XRAY CERVICAL SPINE AP VIEW	350	Daily
XRAY CERVICAL SPINE LATERAL VIEW	350	Daily
XRAY CERVICAL SPINE OBLIQUE VIEW	350	Daily
XRAY DORSAL SPINE AP/ LATERAL VIEWS	700	Daily
XRAY DORSAL SPINE OBLIQUE VIEW	350	Daily
XRAY DORSAL SPINE AP VIEW	350	Daily
XRAY DORSAL SPINE LATERAL VIEW	350	Daily
XRAY LS SPINE LATERAL VIEW	350	Daily
XRAY L.S SPINE AP/ LATERAL VIEWS	700	Daily
XRAY LUMBAR SPINE AP VIEW	350	Daily
XRAY LUMBAR SPINE OBLIQUE VIEW	350	Daily
XRAY CHEST P.A	350	Daily
XRAY CHEST LATERAL VIEW	350	Daily
XRAY CHEST AP VIEW	350	Daily
XRAY RIBS - AP VIEW	350	Daily
XRAY CHEST DECUBITUS VIEW	350	Daily
XRAY FISTULOGRAM / SINOGRAM	2000	Daily
XRAY H S G	2500	Daily
XRAY I V P	2500	Daily
XRAY T TUBE CHOLANGIOGRAM	2000	Daily
XRAY MCU	2000	Daily
XRAY RGU	2000	Daily
MCU + RGU	3500	Daily
XRAY KUB	350	Daily
XRAY ABDOMEN ERECT VIEW	350	Daily
XRAY ANKLE - AP & LATERAL VIEWS	700	Daily
XRAY ANKLE - AP VIEW	350	Daily
XRAY ANKLE - LATERAL VIEW	350	Daily
XRAY SHOULDER - AP & LATERAL VIEWS	700	Daily
XRAY SHOULDER - AP VIEW	350	Daily
XRAY SHOULDER - LATERAL VIEW	350	Daily
XRAY WHOLE SPINE	700	Daily
XRAY TM JOINTS - RIGHT OBLIQUE VIEW	350	Daily
XRAY TM JOINTS - LEFT OBLIQUE VIEW	350	Daily

<b>RADIOLOGY (Management)</b>		Doc. No.: RAD-229 FA
<b>dr. ahujas' pathology &amp; imaging centre</b> (DEPARTMENT OF RADIODIAGNOSIS & IMAGING)		Issue No.: 01
		Issue Date: 01.11.2014
		Amend No.: 01
<b>DIRECTORY OF SERVICES (RADIOLOGY)</b>		Amend Date: 01.03.2016
TEST NAME* (Description)	PRICE (RS.)	REPORTING SCHEDULE *
XRAY SACROILIAC JOINTS - AP VIEW	350	Daily
XRAY SACROILIAC JOINTS - RIGHT OBLIQUE VIEW	350	Daily
XRAY SACROILIAC JOINTS - LEFT OBLIQUE VIEW	350	Daily
XRAY WRIST JOINT AP & LATERAL VIEWS	700	Daily
XRAY WRIST JOINT - AP VIEW	350	Daily
XRAY WRIST JOINT - LATERAL VIEW	350	Daily
XRAY PELVIS - AP & LATERAL VIEWS	700	Daily
XRAY PELVIS AP VIEW	350	Daily
XRAY PELVIS LATERAL VIEW	350	Daily
XRAY PNS-WATER'S VIEW/CALDWELL'S VIEW	350	Daily
XRAY NASAL BONE LATERAL VIEW	350	Daily
XRAY SKULL AP & LATERAL VIEWS	700	Daily
XRAY SKULL AP VIEW	350	Daily
XRAY SKULL LATERAL VIEW	350	Daily
XRAY SACROCOCCYX AP & LATERAL VIEWS	700	Daily
XRAY SACROCOCCYX AP VIEW	350	Daily
XRAY SACROCOCCYX LATERAL VIEW	350	Daily
XRAY ARM/ FOREARM - AP & LATERAL VIEWS	700	Daily
XRAY ARM/ FOREARM - AP VIEW	350	Daily
XRAY ARM/ FOREARM - LATERAL VIEW	350	Daily
XRAY ELBOW - AP & LATERAL VIEWS	700	Daily
XRAY ELBOW AP VIEW	350	Daily
XRAY ELBOW LATERAL VIEW	350	Daily
XRAY HAND - AP & LATERAL VIEWS	700	Daily
XRAY HAND - AP VIEW	350	Daily
XRAY HAND - LATERAL VIEW	350	Daily
XRAY BOTH HIP JOINT - AP VIEW	350	Daily
XRAY HIP JOINT - LATERAL VIEW	350	Daily
XRAY HIP JOINT - OBLIQUE VIEW	350	Daily
XRAY HIP - AP VIEW	350	Daily
XRAY HIP - LATERAL VIEW	350	Daily
XRAY HIP - OBLIQUE VIEW	350	Daily
XRAY THIGH/ LEG - AP & LATERAL VIEWS	700	Daily
XRAY THIGH/ LEG - AP VIEW	350	Daily
XRAY THIGH/ LEG - LATERAL VIEW	350	Daily
XRAY KNEE JOINT AP & LATERAL VIEWS	700	Daily
XRAY KNEE JOINT AP VIEW	350	Daily

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		Issue Date: 01.11.2014
		Amend No.: 01
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TEST NAME* (Description)	PRICE (RS.)	REPORTING SCHEDULE *
XRAY KNEE JOINT LATERAL VIEW	350	Daily
XRAY BOTH KNEES SKYLINE VIEW	700	Daily
XRAY FOOT AP & LATERAL VIEWS	700	Daily
XRAY FOOT AP VIEW	350	Daily
XRAY FOOT LATERAL VIEW	350	Daily
XRAY MASTOIDS (BOTH) SHULLER'S VIEW	700	Daily
XRAY STYLOID PROCESS	350	Daily
<b>ECHO &amp; COLOUR DOPPLER</b>		
ECHOCARDIOGRAPHY - COLOUR DOPPLER	2500	Daily
PENILE DOPPLER	3000	Daily
COLOUR DOPPLER (ARTERY) - ONE LEG	2500	Daily
COLOUR DOPPLER (ARTERY) - BOTH LEG	4000	Daily
COLOUR DOPPLER (VENOUS) - ONE LEG	2500	Daily
COLOUR DOPPLER (VENOUS) - BOTH LEG	4000	Daily
COLOUR DOPPLER (ARTERY/VENOUS) - ONE LEG	4000	Daily
COLOUR DOPPLER (ARTERY/VENOUS) - BOTH LEG	6000	Daily
<b>MAMMOGRAPHY</b>		
MAMMOGRAM (BOTH BREASTS )	2000	Daily
MAMMOGRRAM (ONE BREAST)	1200	Daily
<b>OPG</b>		
ORTHO PANTOMOGRAPH	600	Next Day
CEPHALOGRAM	600	Next Day
TEMPORO MANDIBULAR JOINT	600	Next Day
SUBMENTOVERTEX	600	Next Day
REVERSE TOWNE'S VIEW	600	Next Day
OBLIQUE LATERAL - BODY	600	Next Day
<b>CT SCAN</b>		
<b>HEAD</b>		
HEAD (PLAIN)	2200	Daily
HEAD (CONTRAST)	2700	Daily
+. ANY SCREENING (e.g. PNS)	1200 EXTRA	Daily
HEAD - CV JUNCTION	3000	Daily
HEAD - SELLA TURCICA-AXIAL /or CORONAL (EACH)-PLAIN	3200	Daily
HEAD - SELLA TURCICA-AXIAL /or CORONAL (EACH)-CONTRAST	4000	Daily

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		Amend No.: 01
		Amend Date: 01.03.2016
<b>DIRECTORY OF SERVICES (RADIOLOGY)</b>		
TEST NAME* (Description)	PRICE (RS.)	REPORTING SCHEDULE *
HEAD - SELLA TURCICA-AXIAL + CORONAL - PLAIN	3200	Daily
HEAD - SELLA TURCICA-AXIAL+ CORONAL -CONTRAST	4000	Daily
<b>EAR</b>		
EAR + HRCT - PLAIN	5000	Daily
EAR + HRCT - CONTRAST	5500	Daily
<b>ORBIT</b>		
ORBIT AXIAL & CORONAL (CONTRAST)	4000	Daily
<b>FACE</b>		
FACE (PLAIN)	4500	Daily
FACE (CONTRAST)	4500	Daily
PNS - AXIAL /or/ CORONAL (EACH) - PLAIN	3000	Daily
PNS - AXIAL /or/ CORONAL (EACH) - CONTRAST	4000	Daily
PNS - AXIAL & CORONAL - PLAIN	3500	Daily
PNS - AXIAL & CORONAL - CONTRAST	4500	Daily
<b>DENTAL</b>		
DENTA SCAN (PLAIN)	5000	Daily
<b>NECK</b>		
NECK (PLAIN)	3500	Daily
NECK (CONTRAST)	4500	Daily
NECK & UPPER CHEST (PLAIN)	4500	Daily
NECK & UPPER CHEST (CONTRAST)	5500	Daily
<b>CHEST</b>		
CHEST - HRCT (PLAIN)	5000	Daily
CHEST - THORAX (CONTRAST)	5000	Daily
CHEST WITH PULMONARY ANGIO (PLAIN)	7000	Daily
CHEST WITH PULMONARY ANGIO (CONTRAST)	9000	Daily
CHEST - LOWER CHEST & UPPER ABDOMEN (PLAIN)	5500	Daily
CHEST - LOWER CHEST & UPPER ABDOMEN (CONTRAST)	6500	Daily
CHEST + PULMONARY ANGIO + HRCT CHEST (PLAIN)	10000	Daily
CHEST + PULMONARY ANGIO + HRCT CHEST (CONTRAST)	12000	Daily
CHEST - HRCT + CECT + BRONCHOSCOPY (PLAIN)	10000	Daily
CHEST - HRCT + CECT + BRONCHOSCOPY (CONTRAST)	11000	Daily

dr. ahujas' pathology & imaging centre  
11000 -B, Astley Hall, Dehra  
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<b>dr. ahujas' pathology &amp; imaging centre</b> (DEPARTMENT OF RADIODIAGNOSIS & IMAGING)		Issue No.: 01
		Issue Date: 01.11.2014
<b>DIRECTORY OF SERVICES (RADIOLOGY)</b>		Amend No.: 01
		Amend Date: 01.03.2016
TEST NAME* (Description)	PRICE (RS.)	REPORTING SCHEDULE *
<b>SPINE</b>		
SPINE - CERVICAL (CONTRAST)	5000	Daily
SPINE - DORSAL (CONTRAST)	5000	Daily
SPINE - DORSO LUMBAR (PLAIN)	5000	Daily
SPINE - DORSO LUMBAR (CONTRAST)	6000	Daily
SPINE - LUMBO SACRAL (LS) - CONTRAST	5000	Daily
SPINE - SACROILIAC JOINTS	4000	Daily
<b>ABDOMEN</b>		
ABDOMEN - UPPER (CONTRAST)	5000	Daily
ABDOMEN - LOWER (CONTRAST)	5000	Daily
ABDOMEN - WHOLE ABDOMEN (CONTRAST)	7000	Daily
ABDOMEN - WHOLE ABDOMEN WITH UROGRAPHY	8000	Daily
ABDOMEN - WHOLE ABDOMEN WITH RENAL ANGIO (CONTRAST)	10000	Daily
ABDOMEN - WHOLE ABDOMEN WITH ABDOMINAL ANGIOGRAPHY (CONTRAST)	10000	Daily
ABDOMEN - UPPER ABDOMEN WITH BI-PHASIC/TRIPHASIC LIVER (CONTRAST)	10000	Daily
ABDOMEN - WHOLE ABDOMEN WITH BI-PHASIC/TRIPHASIC LIVER (CONTRAST)	11000	Daily
ABDOMEN - WHOLE ABDOMEN WITH ABDOMINAL ANGIO (CONTRAST)	15000	Daily
<b>EXTREMITIES</b>		
EXTREMITIES AND JOINTS (PLAIN)	4000	Daily
EXTREMITIES AND JOINTS (CONTRAST)	5000	Daily
EXTREMITIES - MUSCULOSKELETAL (PER REGION) - PLAIN	4500	Daily
EXTREMITIES - MUSCULOSKELETAL (PER REGION) - CONTRAST	5000	Daily
<b>ANGIOGRAPHY</b>		
ANGIOGRAPHY - CEREBRAL (Brain)/NECK/ PULMONARY/ AORTIC/ ABDOMEN/ RENAL (PLAIN)	10000	Daily
ANGIOGRAPHY - CEREBRAL (Brain)/NECK/ PULMONARY/ AORTIC/ ABDOMEN/ RENAL (CONTRAST)	10000	Daily
ANGIOGRAPHY - ANGIO BRAIN & NECK (PLAIN)	10000	Daily
ANGIOGRAPHY - ANGIO BRAIN & NECK (CONTRAST)	15000	Daily

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		Issue Date: 01.11.2014
		Amend No.: 01
<b>DIRECTORY OF SERVICES (RADIOLOGY)</b>		Amend Date: 01.03.2016
TEST NAME* (Description)	PRICE (RS.)	REPORTING SCHEDULE *
ANGIOGRAPHY - PERIPHERAL ANGIOGRAPHY (LOWER LIMB)-CONTRAST	12000	Daily
ANGIOGRAPHY - PERIPHERAL ANGIOGRAPHY (UPPER LIMB)-CONTRAST	10000	Daily
ANGIOGRAPHY - RENAL ANGIOGRAPHY + UROGRAPHY (CONTRAST)	10000	Daily
ANGIOGRAPHY - CORONARY	15000	Daily
<b>OTHERS</b>		
VIRTUAL COLONOSCOPY (PLAIN)	8000	Daily
VIRTUAL COLONOSCOPY (CONTRAST)	9000	Daily
VIRTUAL BRONCHOSCOPY (PLAIN)	8000	Daily
VIRTUAL BRONCHOSCOPY (CONTRAST)	9000	Daily
CT BONY PART WITH 3-D RECONSTRUCTIONS	4500	Daily
3-D RECONSTRUCTIONS	2000	Daily
VISIPAQUE CONTRAST	1500	-
<b>DEXA-BONE DENSITOMETRY</b>		
DEXA - TWO SITES	2000	Daily
DEXA - THREE SITES	2500	Daily
WHOLE BODY DEXA including BODY FAT ANALYSIS	3000	Daily
<b>M.R.I.</b>		
MRI HEAD PLAIN	6000	Daily
MRI SCREENING	3000	Daily
MRI ANGIOGRAPHY (MRA)	4500	Daily
MRI ORBITS	6000	Daily
MRI CP & IAM	6000	Daily
MRI - NECK	6000	Daily
MRI + MRA	9000	Daily
MR VENOGRAPHY	4000	Daily
MRI + MR VENOGRAPHY	9000	Daily
MRI PITUITARY GLAND	6000	Daily

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	Issue Date: 01.11.2014
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<b>DIRECTORY OF SERVICES (RADIOLOGY)</b>	Amend Date: 01.03.2016

TEST NAME* (Description)	PRICE (RS.)	REPORTING SCHEDULE *
MRI CERVICAL SPINE	6000	Daily
MRI DORSAL SPINE	6000	Daily
MRI LUMBOSACRAL SPINE	6000	Daily
MRI CERVICODORSAL SPINE	7000	Daily
MRI DORSO LUMBOSACRAL SPINE	7000	Daily
MRI WHOLE SPINE	13000	Daily
MRI CHEST	6000	Daily
MRI UPPER ABDOMEN	6000	Daily
MRI LOWER ABDOMEN	6000	Daily
MRI WHOLE ABDOMEN	8000	Daily
MRCP	5000	Daily
MRI T.M. JOINT	6000	Daily
MRI WRIST JOINT	6000	Daily
MRI KNEE JOINT	6000	Daily
MRI SHOULDER JOINT	6000	Daily
MRI HIP JOINT	6000	Daily
MRI FOOT	6000	Daily
MRI LEG	6000	Daily
MRI THIGH	6000	Daily
MRI ARM	6000	Daily
MRI FOREARM	6000	Daily
MRI ORBIT	6000	Daily
MRI NECK	6000	Daily
MRI PELVIS	6000	Daily
MRI TEMPORAL BONE (EAR)	6000	Daily
MRI ANESTHESIA/ SEDATION	3500	Daily
MRI WHOLE SPINE SCREENING	8000	Daily
MRI SI JOINT	6000	Daily

<b>AMBULANCE CHARGES (free for CT/ MRI)</b>		
AMBULANCE CHARGES (3-5 kms) For other Investigations	350	
AMBULANCE CHARGES (5-10 kms) For other Investigations	600	
AMBULANCE CHARGES (10-15 kms) For other Investigations	700	
EMERGENCY CHARGE (CT/ MRI/ USG) For other Investigations	500	

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		Issue Date: 01.11.2014
		Amend No.: 01
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TEST NAME* (Description)	PRICE (RS.)	REPORTING SCHEDULE *
<b>MISCELLANEOUS</b>		
APPOINTMENT CHARGES For other Investigations	100	
CONTRAST CHARGES	2000	
<b>FINE NEEDLE ASPIRATION</b>		
FNAC-CT GUIDED	2500	
FNAC-CT GUIDED (If CT done outside)	3500	
LIVER ABSCESS DRAINAGE	4000	
FLUID PIGTAIL DRAINAGE	4000	
THERAPEUTIC FLUID DRAINAGE	4000	
REMOVAL OF INDWELLING DRAIN	300	
COPY OF FILM ON COMPACT DISC/DVD	200	
<b>* We use only Non Ionic I.V. Contrast</b>		

\* 'Daily' - Studies completed by 4:00 pm, reports same day