

EASTERN RAILWAY WORKSHOP HOSPITAL
LILUAH

No - HE/Tie-up /EOI/LLH/2022
EOI (Expression of Interest)

Liluah, dtd. 19.07.2022

"CMS /ER/LLH invites EOI (Expression of Interest) towards entering into tie-up with CGHS/ECHS / ESI empaneled private hospital and other private hospital / Diagnostic centers in and around Liluah and Howrah to perform different eye investigations & emergency eye treatment, USG & other related investigations, Special Blood & other investigations and Dialysis of Railway patients at per CGHS Kolkata 2021 rate or less through MOU on Bill payment system for two years from the day of commencement.

Scope of work/terms/conditions and CGHS/ Kolkata rate 2021 may be collected from the office of the CMS/ER Hospital/LLH or the same may be downloaded from the website; **er.indianrailways.gov.in**

The responses may be submitted to the office of the CMS/LLH within 15 days either by hand or Post.

For any further clarification the CMS /LLH may be contacted ([email-cmsllher@gmail.com](mailto:cmsllher@gmail.com)& Ph.033-26545386)"

Chief Medical Superintendent
Eastern Railway Hospital, Liluah

Scope of work / terms and condition of (EOI-Expression of Interest)
Ref No.HE/Tie-up /EOI/LLH/2022

Sub: EOI (Expression of Interest) towards entering into tie-up with CGHS/ECHS/ESI empaneled private hospital and other private hospital / diagnostic centers (NABH/NABL/Non-NABH/Non-NABL) in and around Liluah and Howrah at CGHS rates for eye investigations and emergency eye treatment, USG & other related investigations, Special Blood and other investigations and Dialysis through MOU on Bill payment system for two years from the day of commencement.

1. Following investigations / procedures (details placed in Annexure A to F) are needs to be performed for Railway Beneficiaries of Liluah Railway Hospital by CGHS/ECHS/ESI empaneled private hospital and other private hospital / diagnostic centers in and around Liluah and Howrah at per CGHS rate or less rate. If any rate is not available in CGHS Rate list of Kolkata, the interested firm may submit their **own Hospital rate with offered discount on rate**, if any.

- A) Dialysis of Railway Beneficiaries (both sero positive and sero negative) including preparation of channels as required.

Note: The CKD patients will be sent to the center for dialysis (Hemodialysis) by Railway Hospital authority after initial treatment/diagnosis /recommended by nephrologist of Railway Hospital. All the cases both sero-positive and sero-negative should be accepted by the center. There should be provision of channel preparation and other procedures as required. Suitable date and time as per the patient's demand may be fixed as far as possible.

- B) Ophthalmic investigations like OCT, Automated Perimetry, biometry & Specular Microscopy, Pachymetry, Keratometry, UBM, A-B-Scan, Corneal Topography, FFA, VEP etc. and also emergency ophthalmic surgeries.

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Above mentioned ophthalmic investigations has to be done by the center. The Railway Authority also asking for emergency eye surgery require for the patients, mainly due to any accidental incidence.

- C) USG -all parameters and Technetium (Tc 99m) pertechnetate thyroid scan and other allied investigations.
 - D) Mammography
 - E) Echocardiography, TMT and other Cardiological investigations
 - F) Essential blood investigations and other pathological investigations like Anti TPO, HLA B27, ANA profile, Anti CCP, Anti TPO ect.
 - G) Some ENT investigations like Pure tone Audiometry, Tympanometry, Speech Audiometry, BERA / ABR, ECOCHG, ENG, Video Stroboscope, etc.
(details are available in Annexure A to F)
2. Offered rates should be at per with CGHS Kolkata 2021 Rate or less. If any rate is not available in CGHS Rate list of Kolkata, the interested firm may submit their **own Hospital rate with offered discount on rate**, if any.
 3. There may more than one / Hospital /diagnostic Hospital for each type of investigations. Or same hospital may enter into tie up for different type of investigations.
 4. Inspection of the Hospital / Diagnostic center by Medical team of Railway Hospital Liluah shall be done prior to finalized of the contract.
 5. The patient sent for treatment / investigations from Eastern Railway Hospital/Liluah should be attended and necessary instruction to be given to the concerned patients /patient party in regards to the procedure / timing of the tests /investigations/ required to be done. (In case of Emergency eye surgery, the patients to be admitted in the hospital at any hour without prior appointment on being referred by the competent authority nominated by CMS/ER Hospital/Liluah.)
 6. The Hospital / diagnostic center will provide phone numbers / mobile numbers along with nominated official so that, the necessary appointment regarding investigations may be fixed.
 7. Rates for nature of procedure is same as latest CGHS rate for Kolkata indicating the details of facility available with the conditions (NABH/NABL/Non-NABH/Non-NABL)

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8. Patients sent from ER Hospital/Liluah should be given priority basis and should never be refused on the ground of non-availability / inability of conduction of test.
9. Contract period should be of two years subject to satisfactory performance and as per the CGHS Kolkata 2021 rates or less and terms and conditions.
10. However same may be extended for another one years with same rate & terms and conditions with mutual consent between competent Railway authority and the competent authority of the Hospital / Diagnostic center/ Firm.
11. In case of any change of rates by CGHS Board, same rate will be considered with the date of implementation of rate after entering into fresh agreement.
12. Each patient will be sent with referral letter from CMS/ Liluah or his nominated officials.
13. The agreement between firm and Railway will remain in force for two years. It should be open to both parties to terminate this agreement any time during its currency by giving one months' notice in advance to other party in writing.
14. Utmost care should be given during investigations of the patient.
15. Payments will be made through electronic mode made.
16. Any dispute difference arising out of said agreement shall be referred to GM/ER in terms of provisions under Arbitration and Conciliation Act 1996.
17. Bill will be submitted in triplicate to this CMS/Liluah's office with supporting documents.
18. Exhaustive lists of tests required along with CGHS Kolkata 2021rate is placed at Annexure "A" to Annexure F" rates.
19. Firms are requested to collect scope of work from Hospital from 11.00 hrs to 16.00 hrs on Monday to Friday and 11.00 hrs to 13.00 hrs on Saturday except holidays or may download from Railway web site: **er.indianrailways.gov.in** and after duly filled up the rates and other conditions if any, will submit to CMS/Liluah Office with in 15 days from the dated of publication of EOI
20. Signature and office seal must be on the pages of terms and condition and respective annexure.

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Eligibility Criteria:

1. Diagnostic center / Hospital should be NABL/ Non-NAB/ NABH/Non-NABH with good reputation.
2. Should have all proper license to operate from the competent authority.
3. The Hospital / Diagnostic center should have at least five years establishment with good credential and should be well equipped.
4. Preferably service should be available round the clock.
5. No refusal of the patient.

for the behalf of the President of India

EASTERN RAILWAY
MEDICAL DEPARTMENT HOSPITAL, LILUAH

EOI No. -HE/Tie-up/EOI/LLH/2022

Dated 19.07.2022

NAME OF WORK:- DIFFERENT INVESTIGATION REQUIRED BY EASTERN RAILWAY HOSPITAL, LILUAH.

SCHEDULE OF WORK:- AS PER TERMS AND CONDITIONS:

Annexure-"A"

Hemodialysis and allied investigations: -

Sl. No	CGHS SL. No	NAME OF INVESTIGATION	CGHS RATES (Non NABL) (Rs.)	CGHS RATES (NABL) (Rs.)	Offer rate of the firm/ Remarks
01	822	Arteriovenous Fistula for Haemodialysis	2300	2645	
02	823	Arteriovenous Shunt for Haemodialysis	3500	4025	
03	824	Jugular Catheterization for Haemodialysis	1500	1725	
04	825	Subclavian Catheterization for Haemodialysis	2250	2588	
05	826	One sided (single Lumen) Femoral Catheterization for Haemodialysis	1000	1150	
06	827	Bilateral (single Lumen) Femoral Catheterization for Haemodialysis	1500	1725	
07	828	Double Lumen Femoral Catheterization for Haemodialysis	1850	2128	
08	829	Permcath Insertion	2800	3220	
09	830	Arterio venous Prosthetic Graft	1850	2128	
10	831	Single lumen Jugular Catheterization	1500	1725	
11	832	Single lumen Subclavian Catheterization	1700	2000	
12	833	Plasma Exchange/ Plasmapheresis	1725	1984	
13	834	Continuous Ambulatory Peritoneal Dialysis (CAPD) catheter insertion- Open method	3500	4025	
14	835	Continuous Ambulatory Peritoneal Dialysis (CAPD) catheter insertion- Schlendinger/ Seldinger method	3500	4025	
15	836	Sustained low efficiency haemodialysis / hemodialysis	1250	1438	
16	837	Continuous Veno venous/Arteriovenous Haemofiltration / Hemofiltration	2250	2588	
17	838	Haemodialysis / Hemodialysis for Sero negative cases	1400	1610	
18	839	Haemodialysis / Hemodialysis for Sero Positive cases	1650	1898	
19	840	Acute Peritoneal Dialysis	1450	1668	
20	841	Fistulogram for Arteriovenous Fistula	2500	2875	

Annexure -“ B”

Blood and other body fluid / parts related Tests and investigations:

Sl. No	CGHS SL. No	NAME OF INVESTIGATION	CGHS RATES (Non NABL) (Rs.)	CGHS RATES (NABL) (Rs.)	Offer rate of the firm /Remarks
01	1388	Serum Analysis	35	40	
02	1396	Reticulocyte count	48	55	
03	1397	Absolute eosinophil count	48	55	
04	1402	Osmotic fragility test	50	58	
05	1403	Bone marrow smear examination	70	81	
06	1404	Bone marrow smear examination with iron stain	250	288	
07	1405	Bone marrow smear examination & cytochemistry	440	506	
08	1406	Activated partial thromboplastin time	102	117	
09	1408	WBC cytochemistry for leukemia – complete panel	110	127	
10	1409	Bleeding disorder panel – PT, APTT, Thrombin time fibrinogen, D-Dimer/FDP	400	460	
11	1410	Factor assays-factor VIII	720	828	
12	1411	Factor assays-factor IX	680	782	
13	1412	Platelet function test	50	58	
14	1413	Tests for hypercoagulable states-Protein C, Protein S, Antithrombin	400	460	
15	1414	Tests for lupus anticoagulant	150	173	
16	1415	Teste for antiphospholipid antibody IgG, IgM (for cardiolipin and B2 Glycoprotein 1)	500	575	
17	1416	Thalassemia studies (Red Cell indices and HB HPLC)	560	644	
18	1417	Testes for sickling/(HB HPLC)	77	89	
19	1420	Coomb’s test- direct	90	104	
20	1421	Coomb’s test- Indirect	100	115	
21	1422	3 cell panel-antibody screening for pregnant female	170	196	
22	1428	RH antibody titer	80	92	
23	1432	Routine – H & E	90	104	
24	1433	Special stain	65	75	
25	1438	Body fluid for malignant cells	150	173	
26	1439	FNAC	200	230	
27	1440	Leukemia panel / lymphoma panel	1536	1766	

28	1441	PNH panel- CD55, CD59	1000	1150	
29	1442	Karyotyping	800	920	
30	1443	FISH	500	575	
31	1456	Serum Bilirubin total & direct	80	92	
32	1457	Serum Iron	90	104	
33	1464	Total iron binding capacity	80	92	
34	1468	Serum phosphorus	60	69	
35	1470	Immunoglobulin G (IgG)	250	288	
36	1471	Immunoglobulin M (IgM)	250	288	
37	1472	Immunoglobulin A (IgA)	250	288	
38	1473	Antinuclear antibody (ANA)	200	230	
39	1474	Anti-double Stranded DNA (anti-Ds DNA)	350	403	
40	1478	Serum Lipase	130	150	
41	1479	Serum lactate	72	83	
42	1480	Serum magnesium	100	115	
43	1481	Serum sodium	50	58	
44	1482	Serum potassium	50	58	
45	1483	Serum Ammonia	100	115	
46	1485	Serum testosterone	150	173	
47	1488	Glucose tolerance test (GTT)	90	104	
48	1489	Triple marker	800	920	
49	1491	FoetalHaemoglobin (HbF)	85	98	
50	1493	L.D.H.	100	115	
51	1495	Acid phosphatase	78	90	
52	1500	Glucose phosphatedehydrogenase(G6PD)	100	115	
53	1501	Lithium	130	150	
54	1502	Dilantin (phenytoin)	400	460	
55	1503	Carbamazepine	400	460	
56	1504	Valproic acid	300	345	
57	1505	Ferritin	100	115	
58	1506	Blood gas analysis	120	138	
59	1507	Blood gas analysis with electrolytes	460	529	
60	1509	Tests for antiphospholipid antibodies syndrome	280	322	
61	1518	Vic B 12 essay	250	288	
62	1516	Total iron binding capacity	80	92	
63	1519	Folic acid essay	300	345	
64	1520	Extended lipid profile. (Total cholesterol, LDL, HDL triglycerides. Apo A1, Apo B, Lp (a))	595	684	
65	1526	LDL	62	71	
66	1527	Homocysteine.	400	460	
67	1528	HB Electrophoresis.	77	89	
68	1529	Serum Electrophoresis.	220	253	

69	1530	Fibrinogen	165	190	
70	1533	GGTP	90	104	
71	1534	Lipase	239	275	
72	1535	Fructosamine	200	230	
73	1536	Beta 2 microglobulin	90	104	
74	1537	Catecholamines	1050	1208	
75	1538	Creatinine clearance	80	92	
76	1539	PSA - total	312	359	
77	1540	PSA - free	375	431	
78	1541	AFP	300	345	
79	1542	HCG	289	332	
80	1543	CA. 125	391	450	
81	1544	CA 19,9	616	708	
82	1545	CA 15.3	560	644	
83	1546	Vinyl Mandelic Acid (VMA)	350	403	
84	1547	Calcitonin	500	575	
85	1548	Carcio embryonic antigen (CEA)	340	391	
86	1549	Immunofluorescence	150	173	
87	1551	Indirect (antides DNA Anti Smith ANCA)	425	489	
88	1552	Vit. D3 assay	550	633	
89	1553	Serum Protein electrophoresis with immunofixation electrophoresis (IFE)	300	345	
90	1554	BETA 2 Microglobulin Assay	90	104	
91	1555	Anti-Cyclic-citrullinated peptide (anti CCP)	450	518	
92	1556	Anti-tissue transglutaminase antibody	425	489	
93	1558	ACTH	500	575	
94	1559	T3, T4, TSH	200	230	
95	1560	T3	64	74	
96	1561	T4	64	74	
97	1562	TSH	90	104	
98	1563	LH	150	173	
98	1564	FSH	150	173	
99	1565	Prolactin	150	173	
100	1566	Cortisol	250	288	
101	1567	PTH (Paratharmone)	500	575	
102	1568	C-Peptide	330	380	
103	1569	Insulin	150	173	
104	1570	Progesterone	225	259	
105	1571	17 - DH Progesterone	440	506	
106	1572	DHEAS	440	506	
107	1573	Androstendione	600	690	
108	1574	Growth Hormone	340	391	
109	1575	TPO	300	345	

110	1576	Thyroglobulin	300	345	
111	1577	Hydatic Serology	318	366	
112	1578	Anti-Sperm antibodies	380	437	
113	1582	HPV serology	218	251	
114	1583	Rota Virus serology	130	150	
115	1584	PCR for TB	900	1035	
116	1585	PCR for HIV	600	690	
117	1586	Chlamydae antigen	850	978	
118	1587	Chlamydae antibody	238	274	
119	1588	Brucella serology	230	265	
120	1589	Influenza A serology	943	1084	
121	1627	Intravenous pyelography (IVP)	1190	1369	
122	1715	Dexa Scan Bone Densitometry Whole body	2450	2818	
123	1716	EEG	298	343	
124	1717	EMG (Electro Myography)	638	734	
125	1718	Nerve condition velocity	638	734	
126	1722	Poly somnography	638	734	
127	1728	Serum ceruloplasmin	450	518	
128	1729	Urinary copper	500	575	
129	1731	Serum valproate level	315	362	
130	1738	PCR for tuberculosis/Herpes simplex	1200	1380	
131	1740	Mycobacterial culture & sensitivity	200	230	
132	1741	Fungal culture	128	147	
133	1743	Anti-measles antibody titre	890	1024	
134	1744	Viral culture	255	293	
135	1747	Myelin basic protein	1871	2152	
136	1749	Cryptococcal antigen	1138	1309	
137	1756	UrinaryvanillyImandelicacid(VMA)	1500	1725	
138	1757	Urinary metanephrine / Normetanephrine	1138	1309	
139	1758	Urinary free catecholamine	1690	1944	
140	1759	Serum catecholamine	3400	3910	
141	1760	Serum aldosterone	1125	1294	
142	1761	24 hr urinary aldosterone	920	1058	
143	1762	Plasma rennin activity	1000	1150	
144	1763	Serum aldosterone/rennin ratio	1200	1380	
145	1766	Urinary sodium	80	92	
146	1767	Urinary chloride	43	49	
147	1768	Urinary potassium	80	92	
148	1769	Urinary calcium	80	92	
149	1770	Thyroid binding globulin	510	587	
150	1771	24 hoururinary free cortisole	200	230	

151	1772	Islet cell antibody	750	863	
152	1773	GAD antibody	1330	1530	
153	1774	Insulin associated antibody	449	516	
154	1775	Insulin-like growth factor(IGF-1)	1500	1725	
155	1776	Insulin-like growth factor binding protein(IGF - BP3)	1650	1898	
156	1777	Sex hormone binding globulin	1333	1533	
157	1778	USG guided FNAC thyroid gland	387	445	
158	1779	Estradiol (E2)	208	239	
159	1780	Thyroglobulin antibody	587	675	

Annexure "C"

Ophthalmic investigations:-

Sl. No	CGHS SL. No	NAME OF INVESTIGATION	CGHS RATES (Non NABL) (Rs.)	CGHS RATES (NABL) (Rs.)	Rate offered by the firms
01	34	Conjunctival wound repair or exploration following blunt trauma.	3300	3795	
02	38	Corneal grafting—Penetrating keratoplasty	5750	6613	
03	39	Corneal grafting—Lamellar keratoplasty	5000	5750	
04	42	Scleral grafting or conjunctival flap for corneal perforation	2300	2645	
05	51	DALK- Deep anterior lamellar keratoplasty	17250	19838	
06	53	DSAEK- Descemet's stripping automated endothelial keratoplasty	16675	19176	
07	70	Perimetry/field test - automated	144	166	
08	71	Fluorescein angiography for fundus or iris	920	1058	
09	72	Ultrasound A- Scan	863	992	
10	73	Ultrasound B- Scan	230	265	
11	74	Fundus Photo Test	200	230	
12	76	Corneal endothelial cell count with specular microscopy	230	265	
13	77	Corneal topography	331	381	
14	78	Corneal Pachymetry	230	265	
15	79	Auto/refraction	35	40	

16	83	OCT–Optical Coherence Tomography	2125	2444	
17	89	IOP measurement with applanation Tonometry	50	58	
18	92	Gonioscopy	58	67	
19	114	Evisceration with orbital implants and artificial prosthesis	5693	6547	
20	121	Retinal detachment surgery (RDS)	11500	13225	
21	122	Retinal detachment surgery (RDS) with scleral buckling	13800	15870	
22	124	Silicone oil removal	2800	3220	
23	146	Vitrectomy- pars plana	11500	13225	
24	158	Secondary IOL implantation- AC IOL PC IOL or scleral fixated IOL	6900	7935	

Annexure- "D"

USG, Cardiological Investigations and others special investigations:

Sl. No	CGHS SL. No	NAME OF INVESTIGATION	CGHS RATES (Non NABL) (Rs.)	CGHS RATES (NABL) (Rs.)	Rate offered by the firms/ Remarks
01	406	Gastroscopy	1725	1984	
02	586	Holter analysis	850	978	
03	592	2 D echocardiography	1200	1380	
04	1281	Upper G.I. Endoscopy + Lower G.I. Endoscopy	1725	1984	
05	1375	TMT (TreadmillTest)	489	562	
06	1590	USG for Obstetrics - Anomalies scan	770	886	
07	1591	Abdomen USG	323	371	
08	1592	Pelvic USG (prostate, gynae, infertility etc)	265	305	
09	1593	Small parts USG (scrotum, thyroid, parathyroid etc)	349	401	
10	1594	USG -Neonatal head (Tranfontanellar USG)	425	489	
11	1595	USG Neonatal spine	500	575	
12	1596	Contrast enhanced USG	900	1035	
13	1597	USG Breast	349	401	
14	1598	USG Hysterosalpingography (HSG)	255	293	
15	1599	Carotid Doppler	850	978	
16	1602	Colour Doppler, renal arteries/any other organ	800	920	
17	1603	USG guided intervention - FNAC	490	564	
18	1604	USG guided intervention - biopsy	720	828	
19	1624	ERCP (endoscopic retrograde cholangio - pancreatography)	2500	2875	
20	1627	Intravenous pyelography (IVP)	1190	1369	
21	1628	Micturating cystourethrography (MCU)	680	782	
22	1635	X-ray mammography	315	362	
23	1658	C.T guided intervention - FNAC	1200	1380	
24	1659	C.T guided tru-cut Biopsy	1200	1380	
25	1714	Dexa scan bone densitometry - three sites (Spine, Hip & Extremity)	2000	2300	
26	1716	EEG	298	343	
27	1717	EMG (Electro Myography)	638	734	
28	1718	NCV (nerve conducting velocity) (AT LEAST TWO LIMBS	638	734	

Annexure "E"**ENT investigation:**

Sl. No	CGHS SL. No	NAME OF INVESTIGATION	CGHS RATES (Non NABL) (Rs.)	CGHS RATES (NABL) (Rs.)	Rate offered by the firms
01	232	Pure Tone Audiogram	172	198	
02	233	Impedence with stepedeal reflex (Tympanometry)	330	380	
03	234	Short Increment sensitivity Index (SISI) Tone Decay	132	152	
04	235	Multiple hearing assessment test to Adults	115	132	
05	NA	TDT	NA	NA	
06	NA	ABLB	NA	NA	
07	NA	ABR	NA	NA	
08	NA	Speech Audiometry	NA	NA	
09	NA	BERA	NA	NA	
10	NA	ECOCHG,	NA	NA	
11	NA	ENG	NA	NA	
12	NA	Video Stroboscope	NA	NA	

Annexure-“ F ”**Other Special Investigations: -**

Sl. No	CGHS SL. No	NAME OF INVESTIGATION	CGHS RATES (Non NABL) (Rs.)	CGHS RATES (NABL) (Rs.)	Rate offered by the firms
01	9	Pericardial Aspiration	380	437	
02	10	Joints Aspiration	317	365	
03	11	Biopsy skin	230	265	
04	381	Tru-cut needle biopsy	1550	1783	
05	382	Percutaneous Kidney Biopsy	1470	1691	
06	384	Muscle biopsy	383	440	
07	567	Ambulatory BP Monitoring	587	675	
08	579	CT Guided biopsy	1265	1455	
09	889	Uroflow study (Uroflometry)	450	518	
10	1316	Ultrasound guided FNAC	575	661	
11	1341	OPG X-ray	196	225	
12	1575	Thyroid peroxidase antibody (TPO)	300	345	
13	1599	Carotid Doppler	850	978	
14	1602	Colour Doppler, renal arteries/any other organ	800	920	
15	1718	Nerve condition velocity (NCV)(at least 2 limbs)	638	734	
16	1728	Serum ceruloplasmin	450	518	
17	1780	Thyroglobulin antibody	587	675	
18	N/A	Noninvasive parenteral Screening (NIPT)	N/A	N/A	
19	N/A	Anti-Mullerian Hormone Test (AMH)	N/A	N/A	
20	406	Gastroscopy	1725	1984	
21	407	Gastric & Duodenal Biopsy	1950	2243	
22	566	Diagnostic Electrophysiological Studies Conventional	4550	5233	
23	586	Holter analysis	850	978	
24	591	HUTT	2200	2530	
25	593	3D echocardiography	1403	1613	
26	595	2 D TEE	1403	1613	

27	597	Stress Echo – exercise	1500	1725	
28	598	Stress echo - pharmacological	2500	2875	
29	599	Stress MPI – exercise	1955	2248	
30	600	Stress MPI – pharmacological	2500	2875	
31	602	CT coronary angiography	6030	6935	
32	604	Cardiac MRI	2444	2811	
33	606	MR angiography	5635	6480	
34	822	Arteriovenous Fistula for haemodialysis	2300	2645	
35	842	Ultrasound guided kidney Biopsy	850	978	
36	889	Uroflow study	450	518	
37	894	Voiding–cysto – urethrogram and retrograde urethrogram(nephrostogram)	414	476	
38	939	Nerve Biopsy	6900	7935	
39	1281	Upper G.I. Endoscopy + Lower G.I. Endoscopy	1725	1984	
40	1297	Double balloon enteroscopy	3500	4025	
41	1316	Ultrasound guided FNAC	575	661	
42	1317	Ultrasound guided abscess Drainage	720	828	
43	1335	Fecal fat test/fecal chymotrypsin/ fecal elastase	350	403	
45	1336	Breath tests	300	345	
46	1338	Liver biopsy	1380	1587	
47	1341	OPG X-ray	196	225	
48	1344	Whole body bone scan with SPECT	3421	3934	
49	1357	Dynamic renography with captopril	1960	2254	
50	1359	Thyroid Uptake measurements with 131-Iodine.	1564	1799	
51	1360	Thyroid scan with technetium 99m pertechnetate	1466	1686	
52	1376	TEE	489	562	
53	1498	Troponin I	100	115	
54	1739	Bacterial culture and sensitivity	200	230	

55	1752	Breath tests	300	345	
56	1782	Serum IGE Level	300	345	
57	1790	HLA B27 (PCR)	500	575	
58	1791	Mantoux Test	175	200	
59	1792	Procalcitonin	1800	2070	
60	1793	TORCH Test	1120	1288	
61	1796	Anti -Smooth Muscle Antibody Test (ASMA)	1241	1460	
62	1803	Faecal calprotectin (fecal calprotectin)	2320	2730	
63	1804	C3-COMPLEMENT	552	650	
64	1805	C4-COMPLEMENT	552	650	
65	1818	Typhidot IgM	340	400	
66	1822	Free Thyroxine (FT4)	106	125	
67	1833	Interleukin 6 (IL 6)	1360	1600	
68	N/A	non-invasive prenatal testing (NIPT)	N/A	N/A	
69	N/A	anti-mullerian hormonetest(AMH)	N/A	N/A	
70	N/A	Karyotyping	N/A	N/A	
71	N/A	Urine albumin to creatinine ratio (ACR)	N/A	N/A	
72	N/A	USG guidedfolliculometry	N/A	N/A	

Chief Medical Superintendent

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Signature/s of the Proprietor/s

Hospital/Diagnostic Center
 Name(s) in full _____
 Name of the Firm _____
 Full postal Address _____
 Dist. _____ P.S. _____ Pin _____
 Tel. No. _____ Fax _____
 Mobile No. _____
 e-mail _____
 Date _____