

EOI (Expression of Interest)

For pathological tests/ investigation service provider for Railway Patients of Central Hospital, S.E. Railway, Garden Reach, Kolkata-700 043 through MOU(Memorandum of Understanding) for a period of Three (03) years.

Ref. No 2011/H/6-4/Policy dated 03/02/2015 (Ministry of Railways/Rail Board)

SOUTH EASTERN RAILWAY
Medical Director
Central Hospital, Garden Reach
Kolkata 700043

S. E. Railway Hospital is a well-reputed hospital of Kolkata. It is the zonal headquarter hospital of South Eastern Railway, consisting of 303 beds along-with modern and well-equipped ICCU, Surgical ICU, Operation Theatres, Dialysis Unit, X-ray, Ultrasonography & Pathology Units. On an average, about 5151 SPL. investigation of Railway patients are done every year for which **EOI** is being conducted.

S. E. Railway hereby invites "**Expression of Interest (EOI)**" from the interested and potential private centers for short-listing the interested parties to provide Spl. investigation facility of different types (as enclosed in **Annexure-A**) and to formulate a mutual agreement which will work on the basis of terms and condition (as enclosed in **Annexure-B**) of the **MOU (Memorandum of understanding)** immediately from the date of finalization of the MOU. **Two separate MOU** may be executed for tests of CGHS rate and Non CGHS rate (Table-I & Table-II respectively) depending on response. The minimum qualifying criteria and relevant terms and conditions are enclosed herewith (**Annexure-B**).

The responses on the prescribed format (as enclosed in **Annexure-A & B**) may be submitted to Medical Director, Central Hospital, S.E. Railway, Garden Reach on or before **09 February 2026**.

SOUTH EASTERN RAILWAY

OFFICE OF THE MEDICAL DIRECTOR, S.E. RAILWAY, KOLKATA

TERMS AND CONDITIONS FOR 'RATE CONTRACT' OF PATHOLOGY SPECIAL INVESTIGATIONS

The terms and conditions stipulated by Central Hospital, S.E. RAILWAY, Kolkata for entering into Rate Contract are as mentioned below: -

MINIMUM QUALIFYING CRITERIAS:

1. The Pathology Center/ Collection Centre should be located within 10 Kms to 12 Kms radius from Central Hospital/ S.E.Rly/Garden Reach.
2. The samples for the tests will be collected in vacutainer by your lab staff on three days in a week for two hours at Central Hospital, S.E.Rly/Garden Reach for special investigations. The timings and days will be specified at the time of final contract and may be changed as per the organizational requirements.
3. Emergency services for Collecting / processing should be available round the clock for emergency investigations by your staff from patients admitted at Central Hospital. Failure to collect the sample after receiving information will be liable for penalty of Rs.100/- on your lab and will be deducted from the bill submitted S.E.Rly/Garden Reach.
4. Hard copies of investigation reports in duplicate should be submitted within the stipulated time as specified in your quotation for the test. It should be ensured by your lab staff that receiving of sample and delivery of report (with time and date) is entered in the computer/register in Pathology Lab, Central Hospital, South Eastern Railway. This entry will be considered final.
5. In emergency cases provisional report should be intimated to referring doctor through SMS.
6. Testing centers must be NABL accredited and preferably having ISO 9001: 2008 certifications. Testing center should have all necessary valid documents issued by regulatory bodies to operate such centers.
7. The rate offered by the centers will be as per current revised **CGHS rate, Kolkata (NABL/NABH rates)** or by AIIMS rate/any other Govt. Hospital (incl. Railway) rate as per current revised rate available at AIIMS site for those tests which are not available in CGHS, Kolkata list or any other Govt. Medical College rate if AIIMS or CGHS rate not available or the centre's own rate when both CGHS Kolkata, AIIMS not available.
8. While deciding the quotation for lowest technically qualified (NABL or any other Accreditation body), the cost of each individual test as indicated against serial number of test shall be considered. Vendor should quote rates keeping this consideration.
9. In the test which is interdependent the vender should quote rates for all the tests individually as well as total cost. In such tests the both individual and total cost will be considered separately.

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 Kol.-43

OTHER CRITERIAS:

10. Preferably, a soft copy of the investigation report of day to day should also be forwarded to the email address of pathology dept/CH/S. E.Rly/Garden Reach.
11. The work will be done on BILL BASIS only and no provision for advance payment is permitted under any circumstances. No cash payment will be made. The bills of a particular month have to be submitted in quadruplicate by 7th of next month.
12. Necessary bill in this regard should be submitted monthly to Medical Director/CH/S.E Railway/GRC.
13. The Hard copy of reports of all the forms for Special Investigations claimed should be submitted along with the bills. Accession Number/Lab Number of each test should be provided in separate column in the bills. User-id and pass word to access the report online should also be provided by the vendors if direct access of report online facility is available.
14. Representatives from Railways will have the right to inspect the Pathology Lab / Collection Centre before finalization of 'Rate Contract' and any time during the contract period, if required.
15. Labs can provide the list of investigations they are performing in addition to the tests they have quoted (as in the Annexure 1). If they want to be considered for these extra tests which are needed occasionally under MSOP of MD/CH/SER for emergency investigations and offer the rebate they will give on their enclosed price list for those investigations which have not been enlisted in the EOI.
16. In case of failure of facilities for any particular period, it will be the responsibility of the centre to get the cases done from another reputed centre at no additional cost. In case the test is not done by the recognized centre due to whatsoever reason, S.E.Railway administration will have the right to get the test done from another centre enlisted in the EOI and the excess cost of same will be deducted from the subsequent bill of the approved centre.
17. To avoid any problem to the patients due to failure of one lab, two labs or more labs can be approved for each test depending on price quoted in tender.
18. **The period of contract will be for 3 years from date of acceptance of contract by the approved authority, and may be extended for a maximum of six months at the same rate and terms and conditions if the next contract is not finalized due to some unavoidable reason. Rates quoted by the Labs have to be 'inclusive of all taxes' and shall remain so fixed for entire period of contract and any extension of contract.**
19. In case of delay in submitting reports in definite period as per the contract, penalty of Rs. 50/day will be imposed for each test whose report is delayed.
20. In case of invalid /spurious reports etc. the payment for the investigation will not be approved and suitable penalty will be imposed on the firms as per Railway extent rules.
21. The Authorized signatory must sign on each page of the 'Request Form' submitted and the attached papers.
22. In case of dispute in any reports, repetition of test will be done without charges.
23. If the lab takes the sample and does not provide the report for whatsoever reason or loses the sample penalty of Rs. 200/- will be imposed. The lab should ensure before taking the sample that it is sufficient in quantity.
24. If the test is done from any other lab due to inability of the approved lab to do this test, the excess amount paid by the Railways over the approved rate for the test will also be added as penalty and deducted from the next bill.


03/12/2025
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25. All disputes and differences come under the **General conditions of contracts 2022** and with update amendment of general conditions of contract 2022, if any. In the event of any disputes arising between the parties hereto, such disputes and differences shall be removed by mutual consultation. If such resolution is not possible then the unresolved disputes and differences shall be referred for arbitration to an Arbitrator to be nominated by the General Manager/ S.E. Railway /Kolkata. The Arbitration Act (Latest) shall be applicable for the arbitration. The award of Arbitrator shall be binding upon all parties involved in the dispute.
26. All the disputes if any arises will come under the jurisdiction of the District and Subordinate Courts of Kolkata only.
27. All tests must be carried out by highest model & automated Instruments available in the market on date maintaining the quality controls. List of instruments available in the testing center may be submitted with EOI.
28. The services will be cashless for the patients duly referred by the Medical Director, Central Hospital, South Eastern Railway. Bills to be submitted every month along with a original copy of the referral letter & report. Payment will be arranged by the Railway administration through RTGS/NEFT. Details about the Bank's name, Account No., Branch, IFSC Code etc. to be provided for this purpose.
29. Name & educational qualifications of Doctors, Technicians etc. who are appointed/engaged at the testing center may be submitted with EOI.
30. During the subsistence of the contact, this agreement may be terminated by giving one calendar Month's Notice from either side in case of any breach of contract.
31. "Any dispute/difference arising out of operation of the contract between the parties the dispute may be referred to the General Manager, South eastern railway for appointment of arbitrator for adjudication of the dispute. The Arbitrator will adjudicate the dispute as per provision of Arbitration and Conciliation Act, 1996 as amended from time to time and relevant Railway rules"
32. **EMPANELLED HEALTH CARE ORGANISATION'S INTEGRITY AND OBLIGATION DURING AGREEMENT PERIOD:** The empanelled Hospitals is responsible for and obliged to conduct all contractors activities in accordance with the agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the performance abide by the directive used by the Railway. The Hospital is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanor, negligence, misconduct or deficiency in services, if any.
33. **FORFEITURE OF PERFORMANCE BANK GUARANTEE AND REMOVAL FROM LIST OF EMPANELLED ORGANISATIONS:**

In case of any violation of the provisions of the MOA by the health care Organizations empanelled under Railway such as:

- 1) Refusal of service.
- 2) Undertaking unnecessary procedures
- 3) Prescribing unnecessary drugs/tests
- 4) Over billing
- 5) Reduction in staff/infrastructure/equipment etc. after the hospital/has been empanelled.
- 6) Non submission of the report, habitual late submission of incorrect data in the report.
- 7) Refusal of credit to eligible beneficiaries and direct charging from them.
- 8) If not recommended by NABH/NABL/QCI at any stage with intimation on regular basis.
- 9) Discrimination against Railway beneficiaries vis-à-vis general patients.
- 10) De-empanelment by CGHS/ECHS/ESI


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The amount of Performance Bank Guarantee will be forfeited and the Railway shall have the right to de-recognize the Health Care Organisation as the case may be such action could be initiated on the basis of a complaint, medical audit or inspections carried out by Railway teams at random. The decision of the Railway will be final.

34. **INDEMNITY:** The empanelled Hospital shall at all times, indemnify and keep indemnified Railway/the Government and BPA against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Health Care Organisation in execution of or in connection with the services under this Agreement and against any loss or damage to Railway/the Government in consequence to any action or suit being brought against the Railway/the Government, along with (or otherwise), Health Care Organisation as a Party for anything done or purported to be done in the course of the execution of this Agreement. The Health Care Organisation will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the Railway from demands or responsibilities arising from accidents or loss of life, the cause or result which is the Hospital negligence or misconduct. The Health Care Organisation will pay all indemnities arising from such incidents without any extra cost to Railway and will not hold the Railway responsible or obligated. Railway/the Government may at its discretion and shall always be entirely at the cost of the Health Care Organisation defend such suit, either jointly with the Health Care Organisation enter or singly in case the latter chooses not to defend the case.
35. **TERMINATION FOR DEFAULT:** The Railway may, without prejudice to any other remedy for breach of Agreement by written notice of default sent to the Hospital terminate the Agreement in whole or part:

35.1) If the empanelled Hospital fails to provide any or all of the services for which it has been empanelled within the period(s) specified in the Agreement or within any extension thereof if granted by the Railway pursuant to Condition of Agreement or if the Health Care Organisation fails to perform any other obligation(s) under the Agreement.

35.2) If the Hospital in the judgment of the Railway has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.

35.3) In case of any wrong doings as specified in Memorandum of Agreement by one hospital Railway reserves the right to remove all empanelled hospitals of that particular group from its empanelled list of hospitals.

36. If more than one center is empanelled, each empanelled center will be allotted orders on rotation basis which will be intimated to the diagnostic center.

37. **Two separate MOU** will be executed for tests of CGHS rate and Non CGHS rate.

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service provider for Railway Patients of Central Hospital,
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PRESCRIBED FORMAT APPLICATION

1. NAME OF THE HOSPITAL, DIAGNOSTIC CENTRES/ORGANIZATION/ADDRESS/ TELEPHONE
NUMBER/E MAIL ID :

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2. EXPERIENCE OF WORKING IN THE MOU FORMAT IN PRIVATE SECTOR/GOVT SECTOR /
ATTACH DETAILS :

.....
.....

3 PROPOSED RATES FOR VARIOUS PATHOLOGICAL TEST/INVESTIGATION AS PER FOLLOWING
FORMAT With mentioning % of discount offered for items no covered under CGHS(NABL) Rate

Srl. No.	Name of the Test	CGHS(NABL)Rate	Institutional Rate	Rate CH/GRC	for

4. DETAILS OF THE MACHINES AVAILABLE WITH YOUR FACILITY :.....

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5. ANY SPECIAL TERMS & CONDITIONS FOR OPERATION OF THE PATHOLOGICAL
TESTS/INVESTIGATION FACILITY :.....

.....

6. ANY OTHER USEFUL INFORMATION THE TESTING CENTRE WANTS TO DECLARE
REGARDING OPERATION OF PATHOLOGICAL TESTS/INVESTIGATION :

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7. APPROXIMATE DISTANCE FROM THE CENTRAL HOSPITAL/GARDENREACH. (KM)

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SIGNATURE
HEAD OF THE INSTITUTION.
ADDRESS/PHONE NUMBER/ E MAIL ID/SEAL/STAMP

CGHS ITEM

ANNEXURE - 'A'

(TABLE - I)

Sr.No	CGHS Sr.No	Name of Investigation	Expected no. of Test per month	Expected no. of Test per year	Offered rate as per Latest CGHS Rate (NABL/ NABH)	Total Rate per Year
1	24	Osmotic Fragility Test	0.5	6		
2	26	Bone Marrow Smear Examination with Iron Stain	0.5	6		
3	27	Bone Marrow Smear Examination and Cytochemistry	0.5	6		
4	31	Factor Assays-Factor VIII	0.5	6		
5	32	Factor Assays-Factor IX	0.5	6		
6	33	Platelet Function Tests	0.5	6		
7	34	Antithrombin	0.5	6		
8	35	Tests for Lupus Anticoagulant	0.5	6		
9	36	Tests for Antiphospholipid Antibody IgG, IgM (for Cardiolipin and B2 Glycoprotein 1)	0.5	6		
10	57	CD59	0.5	6		
11	59	24 Hrs Urine for Proteins, Sodium, Creatinine	0.5	6		
12	60	Blood Urea Nitrogen (BUN) / Urea	0.5	6		
13	62	Urine Bile Pigment and Salt	0.5	6		
14	63	Urine Urobilinogen	0.5	6		
15	66	Urine Total Proteins	0.5	6		
16	71	Serum Iron	4	48		
17	76	Creatinine Clearance	1	12		
18	78	Total Iron Binding Capacity (TIBC)	4	48		
19	81	Serum Calcium - Ionic	0.5	6		
20	84	Immunoglobulin G (IgG)	0.5	6		
21	85	Immunoglobulin M (IgM)	0.5	6		
22	86	Immunoglobulin A (IgA)	0.5	6		
23	87	Antinuclear Antibody (ANA)	4	48		
24	88	Anti-double stranded DNA (anti-dsDNA)	4	48		
25	92	Serum Lipase	2	24		
26	93	Serum Lactate	1	12		
27	94	Serum Magnesium	2	24		
28	98	Serum Bicarbonate	0.5	6		
29	99	Serum Ammonia	0.5	6		

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Sr.No	CGHS Sr.No	Name of Investigation	Expected no. of Test per month	Expected no. of Test per year	Offered rate as per Latest CGHS Rate (NABL/ NABH)	Total Rate per Year
30	101	Serum Testosterone	0.5	6		
31	104	Glucose Tolerance Test (GTT)	0.5	6		
32	105	Triple Marker Test (AFP,HCG,UE3)	0.5	6		
33	106	Creatine Phosphokinase (CPK)/Creatine Kinase (CK)	0.5	6		
34	111	Acid Phosphatase	0.5	6		
35	112	CPK MB/CK MB	0.5	6		
36	116	Glucose-6-Phosphate Dehydrogenase (G6PD)	0.5	6		
37	117	Lithium	0.5	6		
38	118	Dilantin (Phenytoin)	0.5	6		
39	119	Carbamazepine.	0.5	6		
40	120	Cyclosporine	0.5	6		
41	121	Valproic acid.	0.5	6		
42	122	Blood gas analysis / Arterial Blood Gas (ABG)	0.5	6		
43	133	Apolipoprotein A1 (ApoA1)	0.5	6		
44	134	Apolipoprotein B (Apo B)	0.5	6		
45	135	Lipoprotein A / Lp A	0.5	6		
46	136	CD 3,4 and 8 Counts	0.5	6		
47	137	CD 3,4 and 8 Percentage	0.5	6		
48	139	Homocysteine	0.5	6		
49	141	Fibrinogen	0.5	6		
50	142	Gamma-Glutamyl Transpeptidase (GGTP)	0.5	6		
51	143	Fructosamine	0.5	6		
52	144	Beta 2 microglobulin (B2M) /β2 microglobulin	2	24		
53	147	Alpha Fetoprotein (AFP)	2	24		
54	148	Human Chorionic Gonadotropin (HCG)/ Beta HCG	2	24		
55	149	Cancer Antigen 125 (CA 125)	2	24		
56	150	Cancer Antigen 19.9 (CA 19.9)	2	24		
57	151	Cancer Antigen 15.3 (CA 15.3)	2	24		
58	152	Vanillylmandelic Acid (VMA)	2	24		
59	153	Calcitonin	2	24		


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Sr.No	CGHS Sr.No	Name of Investigation	Expected no. of Test per month	Expected no. of Test per year	Offered rate as per Latest CGHS Rate (NABL/ NABH)	Total Rate per Year
90	196	Acetylcholine receptor (AChR) antibody titre	0.5	6		
91	197	antibody titre	1	12		
92	198	Serum Copper	1	12		
93	199	Serum Ceruloplasmin	1	12		
94	200	Urinary copper	1	12		
95	201	Serum phenobarbitone level	0.5	6		
96	203	D-Dimer	1	12		
97	205	PCR for Herpes simplex	0.5	6		
98	208	Mycobacterial culture and sensitivity	0.5	6		
99	209	Fungal culture	1.5	18		
100	210	Anti measles antibody titre (with serum antibody titre)	0.5	6		
101	211	Viral culture	0.5	6		
102	212	Antibody titre (Herpes simplex, cytomegalovirus, flavivirus, zoster varicella virus)	0.5	6		
103	213	Oligoclonal bands (OCBs)	0.5	6		
104	214	Myelin basic protein (MBP)	0.5	6		
105	215	Cryptococcal antigen	0.5	6		
106	216	D Xylose test	0.5	6		
107	217	Faecal / Faecal fat test/ faecal chymotrypsin/ faecal elastase	1	12		
108	218	H pylori serology for Coeliac disease / Celiac disease	1	12		
109	219	HBV genotyping	0.5	6		
110	220	HCV genotyping	0.5	6		
111	221	Urinary Vanillylmandelic Acid (VMA)	1	12		
112	222	Urinary metanephrine/ Normetanephrine	1	12		
113	223	Urinary free catecholamine	1	12		
114	224	Serum aldosterone	1	12		
115	225	24 Hr urinary aldosterone	1	12		
116	226	Plasma renin activity	1	12		
117	227	Serum aldosterone/renin ratio	1	12		
118	228	Osmolality urine	1	12		


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Sr.No	CGHS Sr.No	Name of Investigation	Expected no. of Test per month	Expected no. of Test per year	Offered rate as per Latest CGHS Rate (NABL/ NABH)	Total Rate per Year
149	264	Anti HAV IgM	4	48		
150	266	Typhidot IgM	0.5	6		
151	267	Hepatitis B Core Antibody (HBcAb) Level (Hepatitis B Core IgM Antibody)	4	48		
152	268	Hepatitis B surface antibody (anti HBs)	4	48		
153	274	Interleukin 6 (IL 6)	4	12		
154	275	Covid Antibody Test	1	12		
155	276	Cryoglobulins	1	12		
156	277	Cytogenetics	2	24		
157	278	Plasma Free Normetanephrine	0.5	6		
158	279	Plasma Metanephrines	0.5	6		
159	280	PLA2 receptor antibody quantitative	0.5	6		
160	281	Allergic Bronchopulmonary Aspergillosis (ABPA) Panel	1	12		
161	283	AMA (Anti Mitochondrial Antibody)	2	24		
162	284	AMH (Anti- Mullerian Hormone)	2	24		
163	285	ANA BLOT	1	12		
164	286	ANA Profile	4	48		
165	287	Anti GBM (Glomerular Basement Membrane) Antibody	1	12		
166	288	Anti LKM (Liver Kidney Microsome) Ab	1	12		
167	289	Anti Parietal Cell Antibodies	1	12		
168	290	Anti Intrinsic Factor Antibodies	1	12		
169	292	Aspergillus Fumigatus Specific IgE	1	12		
170	293	Autoimmune Encephalitis Panel	1	12		
171	294	Autoimmune Hepatitis Profile	1	12		
172	298	Double Marker (Beta-hCG, PAPP-A)	2	24		
173	299	Quadruple test (AFP, HCG, UE3, Inhibin A)	2	24		
174	300	HBeAb (Hepatitis B envelope Antibody)	4	48		
175	301	HBeAg (Hepatitis B envelope Antigen)	4	48		
176	303	HIV Viral Load by PCR	1	12		
177	306	IgG4	1	12		
178	307	Inhibin A	1	12		


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Sr.No	CGHS Sr.No	Name of Investigation	Expected no. of Test per month	Expected no. of Test per year	Offered rate as per Latest CGHS Rate (NABL/ NABH)	Total Rate per Year
179	308	Inhibin B	1	12		
180	309	Scrub Typhus IgM	2	24		
181	310	Interferon Gamma Release Assay (IGRA)	2	24		
182	312	Serum AMA M2 (IFA Method)	1	12		
183	313	Serum Gastrin	1	12		
184	314	Serum Haptoglobin Levels	1	12		
185	316	Myositis Profile (Up to 16 Antigens)	0.5	6		
186	317	Paraneoplastic Panel	0.5	6		
187	318	TSH Receptor Antibody	0.5	6		
188	319	Anti-Nuclear Antibodies - IFA	0.5	6		
189	320	Autoimmune Liver Diseases Profile	1	12		
190	321	Citrate Urine 24 Hour	0.5	6		
191	323	Comprehensive Myeloma Protein Panel	2	24		
192	326	Galactomannan	1.5	18		
193	327	SCL 70 Antibody	1	12		
194	328	Serum Chromogranin A	1	12		
195	329	SSA- Antibody Ro Serum Test	1	12		
196	330	SSB- Antibody La Serum Test	1	12		
197	335	Leptospira Ig M	1	12		
198	336	Chikungunya Ig M	1	12		
199	522	Muscle Biopsy	1	12		
200	532	ABL Kinase Domain Mutation for Chronic Myeloid leukemia (TKI Resistance, Imatinib Resistance)	1	12		
201	533	ABL Kinase Domain Mutation for Ph Positive Acute Lymphoblastic leukemia (TKI Resistance, I	1	12		
202	534	Acute Leukemia karyotyping	1	12		
203	535	Acute Leukemia mutation detection (per gene)ASXL1 /c- KIT/DNMT3A/ IDH1 and IDH2 /K RAS and N RAS mutation detection	1	12		
204	544	ALK rearrangement: 2p23	0.5	6		
205	547	BCOR alteration	0.5	6		

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Sr.No	CGHS Sr.No	Name of Investigation	Expected no. of Test per month	Expected no. of Test per year	Offered rate as per Latest CGHS Rate (NABL/ NABH)	Total Rate per Year
206	548	BCR/ABL (Ph) duplication, trisomy 8, trisomy 21, TP53 deletion	0.5	6		
207	549	BCR/ABL Ph: t(9;22)	0.5	6		
208	550	BCR-ABL by PCR-Quantitative	0.5	6		
209	551	BRAF	0.5	6		
210	560	Chronic Lymphocytic Leukemia (CLL) Panel	2	24		
211	570	Combined High Sensitivity JAK2 V617F and Exon12 Mutation Detection	2	24		
212	573	Constitutional karyotyping	1	12		
213	574	Custom Sequencing Assay	1	12		
214	575	DICER1 Mutation	1	12		
215	577	EGFR Mutation DETECTION	1	12		
216	582	Factor V Leiden Mutation Detection	1	12		
217	584	FISH FOR HER2 Neu	2	24		
218	592	FISH PANEL FOR MYELOMA	1	12		
219	601	Hematolymphoid Malignancy At Diagnosis- Cancer Cytogenetics Testing	1	12		
220	628		1	12		
221	632	Lymphoma Panel	2	24		
222	633	Lymphoplasmacytic Leukemia / Waldenstroms Macroglobulinemia Mutation (MYD88 L265P) Detection	1	12		
223	634	MDS Panel	1	12		
224	640	Monosomy 5/deletion 5q	1	12		
225	641	Monosomy 7/deletion 7q	1	12		
226	642	MPN (Myelo Proliferative Neoplasm) PANEL	1	12		
227	644	Multigene NGS Germline Panel	1	12		
228	645	Multiple Myeloma (MM) Panel	1	12		
229	649	Myelodysplastic Syndromes karyotyping	1	12		
230	659	PDGFR (4q12), PDGFRB (5q33), FGFR1 (8p11.2) rearrangement	1	12		
231	666	PIK3CA GENE MUTATION	1	12		
232	683	Slide / Images for Second Opinion- Cancer Cytogenetics	2	24		


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15	TRANSFERRIN	10	120				
	HCV COMBO (HCV RNA quantitative by real time PCR + HCV (GENOTYPE)	1	12				
16	Kidney Stone Analysis without picture	1	12				
17	DNA based mutation Detection in Thalassemia	0.5	6				
18	GROWTH DISORDER PANEL (BASAL, IGF -1, IGF - BP3)	2	24				
19	CHROMOSOME ANALYSIS, POC	0.5	6				
20	Microsatellite Instability Index by PCR	0.5	6				
21	CENTROMERE AB.	0.5	6				
22	UIRNP AB.	0.5	6				
23	FISH Panel for urinary bladder cancer	4	48				
24	HBsAg Quantitative						
25							


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