



Chief Medical Superintendent
Divisional Railway Hospital,
Sabarmati, Ahmedabad.

No. MD/SBI/173/ LAB

Dtd: 28/03/2025

Sr. DSTE –ADI


**Sub: Uploading of Medical Department's EOI No. No. MD/SBI/173/LAB Vol.IV
Pathological investigation in the Railway website.**

Ref:-EOI dated 28/03/2025

With reference to the above, invited the EOI for Recognition/Empanelment of CGHS empanelled Private Laboratory for Pathological investigations of Railway beneficiaries

The EOI is sent herewith for uploading the same on website www.wr.indianrailways.gov.in on page of Ahmedabad division.

The last date of submission of EOI to this office on **01/05/2025** at **12.00hrs** and opening of EOI on 01/05/2025 at **15.30** hrs.


For Divisional Railway Manager (MD)
Western Railway, Sabarmati, Ahmedabad.



Chief Medical Superintendent
Divisional Railway Hospital
Sabarmati, AHMEDABAD-19.

No. MD/SBI/173/LAB Vol. IV

Dtd: 28.03.2025

To,

Sub: Recognition/Empanelment of CGHS empanelled Private Laboratory for Pathological investigations of Railway beneficiaries.

Ref: EOI Dtd: 28.3.2025

The undersigned is interested to have a tie up with your Laboratory for performing the pathological investigations/tests for Railway beneficiaries as given in the enclosed Annexure-I & Annexure II as and when required.

Terms & Conditions:

1. The diagnostic centres/laboratory should be **empanelled with CGHS-Ahmedabad.** A copy of the MoU & certificate issued by CGHS-Ahmedabad should be enclosed with the offer.
2. The pathological laboratory should be **NABL Accredited.** The accreditation should be valid for the period of MOU & a copy of the certificate should be **enclosed** with the offer.
3. Laboratories that have initiated the CGHS empanelment and NABL accreditation process can also submit their Expression of Interest (EOI) with proof of their CGHS empanelment process and NABL accreditation. They will be considered accordingly, pending accreditation. However, the Memorandum of Understanding (MOU) will be signed only after finalization of CGHS empanelment and NABL accreditation.
4. The pathological laboratory should be independent & should not be part of any hospital.
5. **The lab should be under direct control of a Pathologist.**
6. **A technician should be deputed to Divisional Railway hospital, Sabarmati to collect blood samples on a daily basis except holidays.**
7. **All tests should be done in-house only i.e. exclusively done at Ahmedabad.**
8. The rates quoted will be **valid for a period of two years from the date of signing MOU.** **Rates applicable will be that of CGHS-Ahmedabad rates as given in Annexure-I as prevailing on the date of signing of MOU, which will be inclusive of collection of samples & delivery of report charges.**
9. **An undertaking (to be enclosed with the offer) to be submitted by the participating laboratory for acceptance of the rates for the entire period of two years.**
10. Rates quoted should be inclusive of collection and **& delivery of report charges.**
11. All bacteriology culture tests rates to be quoted for Bactec method or best suitable method, wherever applicable.
12. The rates for culture should be inclusive of MIC testing, wherever applicable.
13. Report should be submitted preferably in 24 hrs of collection of sample, where ever feasible.
14. **No tests should be conducted without referral letter from Chief Medical Superintendent-Ahmedabad.**
15. Copy of the referral letter should be enclosed along with the monthly bill for cross verification.
16. Mode of payment will be through NEFT/ECS.
17. No additional charges will be paid for investigation, if done in emergency.

18. TDS will be deducted from the bill amount as per extant rules.
19. The centre should fulfill all the criteria mentioned below for the list of pathological investigations given in **Annexure I & II**
20. **As per recent guidelines of Railway Board, Health Care organizations that are recommended for empanelment after the initial assessment shall have to furnish a Performance Bank Guarantee (hospitals/Cancer units-Rs.10.00 lac, single speciality hospitals-Rs.2.00 lac, Diagnostic centres-Rs.2.00 lac) valid for the period of 30 months i.e. six months beyond empanelment period to ensure efficient service and to safeguard against any default. PBG for charitable organizations would be 50% of the above amount. Submit consent letter for PBG for Diagnostic centres of Rs.2 lakhs.**
21. **The laboratory in-charge/owner has to submit a declaration with the EOI, stating that the firm in-charge/ owner is related or not to any Railway official.**
22. Incomplete application/format without mandatory enclosures/documents will summarily be rejected. All annexure/documents should be duly countersigned by the designated signatory with your offer for EOI
23. **Annexure II is attached herewith, for investigations not covered under CGHS-Ahmedabad.**
24. **Rates offered by the participating laboratories (Annexure II) are evaluated by the competent authority. Rate fixation will be considered after opening the Expression of Interest (EOI). The decision will be taken in accordance with the extant rules for empanelment/recognition of laboratories for pathological investigations**

CRITERIA FOR TIE-UP FOR PATHOLOGICAL INVESTIGATIONS

Minimal Criteria of the Pathology laboratory for the purpose are as under:-

1) Laboratories (Clinical Pathology):

- Space:

Adequate space for collection of samples and dispatch of reports.

Waiting space -Minimum for 10 patients.

- Equipment:

Microscope, fully automatic hematology cell counter, incubator, centrifuge machine, fridge (300 liters), Automated Electrophoresis apparatus, Automated Coagulation apparatus, Cytology and histopathology related set up, Needle Destroyer, Trolley for waste disposal with Bags.

- Manpower with Qualification:

MD or DNB Pathology or Diploma in Clinical Pathology (DCP).

Technician - Diploma in MLT and adequate experience of handling pathology specimens including Cytology and Histopathology.

Facilities for Waste Management: Provision for waste management as per the Biomedical waste Act, 1998 or as per extant rules.

- Quality Control:

Internal and external quality control.

- The set up should be able to handle the workload with adequate staff and equipments. ----
Reports should be available at the earliest depending on the test.

- Backup of Generator, UPS, Emergency light

- General requirements for Pathological Diagnostic Centers:

-Minimum workload of 40-50 samples per day (not tests).

-Slides for Histopathology / Cytology should be preserved for a reasonable period.

-Records of patients /investigation should be well maintained and updated.

-Fire fighting system should be in place wherever it is necessary.

2) Laboratory (Biochemistry):-

- Reception and sample collection should have an area for at least 10 patients to sit.
- Laboratory (Preferably air-conditioned)
- Washing area/waste disposal.

- Equipment:

Refrigerator, Water-bath, Hot-air oven, Centrifuge machine, Photo-electric calorie meter or Spectrophotometer or semi-auto-analyzer/auto analyzer, Flame Photometer or ISE Analyzer, Micro-pipettes, All related Lab glassware and reagents, needle destroyer, standard balance etc.

- Manpower with qualification:

MD/Ph. D/M.Sc. in clinical Biochemistry
MD Pathology/Diploma in Clinical Pathology
Technician with DMLT.

- Provision for waste management as per the Biomedical waste Act, 1998 or as per extant rules.

- Quality Control:

- Should be internal as well as external
- Backup of Generator, UPS, Emergency light, 24 hours supply of water, provision for toilet.
- In addition to the criteria written above the following additional equipment will be required-Blood Gas analyzer, Elisa Reader, HPLC and Electrophoresis app.,

3) Laboratory (Microbiology):

- Minimum space

Receiving samples & labeling, sorting, registration, minimum waiting space for 10 patients and dispatch area.

Media room (autoclave, hot air oven, pouring hood) Area required minimum 6x4 ft.

Processing of samples – staining, cultures etc.

- Equipment:

Non-expendable – Autoclave, Hot Air oven, water bath, incubator, centrifuge, microscopes, vortex, ELISA reader.

Expendable – Chemicals, media, glassware, stationery etc.

- Manpower with qualification:

The lab should be under direct control of a Pathologist.
Doctor (MD in Microbiology)/M. Sc. in Medical Microbiology
Technician – DMLT

- Provision for waste management as per the Biomedical waste Act, 1998 or as per extant rules.

- Quality control:

- Internal
- Backup of Generator, UPS, Emergency light.

If interested, please submit your sealed Expression of Interest (EOI) for the investigations mentioned in **Annexure I and Annexure II in a sealed cover superscribed "EOI for Pathological Investigations - Annexure I"** to the undersigned. Please include your acceptance of terms and conditions and rates for Annexure II.

The submission should reach the office of the Chief Medical Superintendent, Sabarmati, Ahmedabad by 12:00 hours on 1st May 2025. The EOI will be opened on the same day at 15:30 hours.

MANOJKUMAR
KULANAND DEO
Digitally signed by
MANOJKUMAR KULANAND
DEO
Date: 2025.03.28 12:42:39
ACMS-NF-HAG Ahmedabad.

Encl: Annexure I & Annexure II

LIST OF PATHOLOGICAL INVESTIGATIONS AS PER CGHS AHMEDABAD
UPDATED RATE LIST-AUGUST-2024

CGHS-A'BAD SR No	LABORATORY MEDICINE / CLINICAL PATHOLOGY	NON-NABH RATE Rs.	NABH/NABL Rate Rs.
1383	Urine routine- pH, Specific gravity, sugar, protein and microscopy	35	40
1384	Urine-Microalbumin	70	81
1385	Stool routine	35	40
1386	Stool occult blood	24	28
1387	Post coital smear examination	30	35
1388	Semen analysis	35	40
	LABORATORY MEDICINE /HAEMATOLOGY		
1389	Haemoglobin (Hb)	18	21
1390	Total Leucocytic Count (TLC)	31	36
1391	Differential Leucocytic Count (DLC)	31	36
1392	Erythrocyte Sedimentation Rate (ESR)	25	29
1393	Total Red Cell count with MCV,MCH,MCHC,DRW	32	37
1394	Complete Haemogram/CBC, Hb, RBC count and indices, TLC, DLC, Platelet, ESR, Peripheral smear examination	135	155
1395	Platelet count	48	55
1396	Reticulocyte count	48	55
1397	Absolute Eosinophil count(AEC)	48	55
1398	Packed Cell Volume (PCV)	13	15
1399	Peripheral Smear Examination	43	49
1400	Smear for Malaria parasite	41	47
1401	Bleeding Time	35	40
1402	Osmotic fragility Test	50	58
1403	Bone Marrow Smear Examination	70	81
1404	Bone Marrow Smear Examination with iron stain	250	288
1405	Bone Marrow Smear Examination and cytochemistry	440	506
1406	Activated partial Thromboplastin Time (APTT)	102	117
1407	Rapid test for malaria(card test)	44	51
1408	WBC cytochemistry for leukemia-Complete panel	110	127
1409	Bleeding Disorder panel- PT, APTT, Thrombin Time Fibrinogen, D-Dimer/ FDP	360	414
1410	Factor Assays-Factor VIII	720	828
1411	Factor Assays-Factor IX	680	782
1412	Platelet Function test	50	58

1413	Tests for hypercoagulable states- Protein C, Protein S, Antithrombin	400	460
1414	Tests for lupus anticoagulant	150	173
1415	Tests for Antiphospholipid antibody IgG, IgM (for cardiolipin and B2 Glycoprotein 1)	500	575
1416	Thalassemia studies (Red Cell indices and Hb HPLC)	560	644
1417	Tests for Sickling / Hb HPLC)	77	89
	LABORATORY MEDICINE / BLOOD BANK		
1418	Blood Group & RH Type	30	35
1419	Cross match	50	58
1420	Coomb's Test Direct	90	104
1421	Coomb's Test Indirect	100	115
1422	3 cell panel- antibody screening for pregnant female	153	176
1423	11 cells panel for antibody identification	170	196
1424	HBs Ag	102	117
1425	HCV	128	147
1426	HIV I and II	150	173
1427	VDRL	43	49
1428	RH Antibody titer	72	83
1429	Platelet Concentrate	56	64
1430	Random Donor Platelet (RDP)- (Select CGHS rate code 1828 for approved rate)	400	400
1431	Single Donor Platelet (SDP- Apheresis) – (Select CGHS rate code 1830 for approved rate)	11000	11000
	LABORATORY MEDICINE /HISTOPATHOLOGY		
1432	Routine-H & E	90	104
1433	special stain	65	75
1434	Immunohistochemistry (IHC)	750	863
1435	Frozen section	780	897
1436	Paraffin section	343	394
	LABORATORY MEDICINE / CYTOLOGY		
1437	Pap Smear	150	173
1438	Body fluid for Malignant cells	150	173
1439	Fine Needle Aspiration Cytology (FNAC)	200	230
	NAME OF INVESTIGATION / FLOW CYTOMETRY		
1440	Leukemia panel /Lymphoma panel	1536	1766
1441	PNH Panel-CD55,CD59	1000	1150
	LABORATORY MEDICINE / CYTOGENETIC STUDIES		
1442	Karyotyping (Select CGHS rate code 677 for approved rate)	800	920
1443	Fluorescent in situ hybridization (FISH)	500	575

	LABORATORY MEDICINE / BIO-CHEMISTRY		
1444	Blood Glucose Random	24	28
1445	24 hrs urine for Proteins, Sodium, creatinine	50	58
1446	Blood Urea Nitrogen	54	62
1447	Serum Creatinine	55	63
1448	Urine Bile Pigment and Salt	25	29
1449	Urine Urobilinogen	20	23
1450	Urine Ketones	30	35
1451	Urine Occult Blood	35	40
1452	Urine total proteins	18	21
1453	Rheumatoid Factor test/Rh Factor test	90	104
1454	Bence Jones protein	47	54
1455	Serum Uric Acid	55	63
1456	Serum Bilirubin total & direct	80	92
1457	Serum Iron	90	104
1458	C-reactive protein (CRP).	100	115
1459	C-reactive protein (CRP) Quantitative	160	184
1460	Body fluid (CSF/Ascitic Fluid etc.) Sugar, Protein etc.	90	104
1461	Albumin.	18	21
1462	Creatinine clearance.	80	92
1463	Serum Cholesterol	62	71
1464	Total Iron Binding Capacity (TIBC)	80	92
1465	Glucose (Fasting & PP)	47	54
1466	Serum Calcium –Total	60	69
1467	Serum Calcium –Ionic	44	51
1468	Serum Phosphorus	60	69
1469	Total Protein Alb/Glo Ratio	50	58
1470	Immunoglobulin G (IgG)	250	288
1471	Immunoglobulin M (IgM)	250	288
1472	Immunoglobulin A (IgA)	250	288
1473	Antinuclear antibody (ANA).	200	230
1474	Anti double stranded DNA (anti dsDNA.)	350	403
1475	Serum glutamic pyruvic transaminase (SGPT)/Alanine Aminotransferase (ALT)	55	63
1476	Serum Glutamic oxaloacetic transaminase ((SGOT)/Aspartate Aminotransferase (AST)	55	63
1477	Serum amylase	117	135
1478	Serum Lipase	130	150
1479	Serum Lactate	72	83
1480	Serum Magnesium	100	115

1481	Serum Sodium	50	58
1482	Serum Potassium	50	58
1483	Serum Ammonia	100	115
1484	Anemia Profile	204	235
1485	Serum Testosterone	150	173
1486	Imprint Smear From Endoscopy	216	248
1487	Triglyceride	75	86
1488	Glucose Tolerance Test (GTT)	90	104
1489	Triple Marker	800	920
1490	Creatine Phosphokinase (CPK)/Creatine Kinase (CK)	100	115
1491	Foetal Haemoglobin (HbF)	85	98
1492	Prothrombin Time (PT.)	110	127
1493	Lactate dehydrogenase (LDH.)	100	115
1494	Alkaline Phosphatase	60	69
1495	Acid Phosphatase	78	90
1496	CPK MB/CK MB	190	219
1497	CK MB Mass/CPK MB Mass	140	161
1498	Troponin I	100	115
1499	Troponin T	600	690
1500	Glucose Phosphate Dehydrogenase (G6PD)	100	115
1501	Lithium.	130	150
1502	Dilantin (phenytoin).	400	460
1503	Carbamazepine.	400	460
1504	Valproic acid.	300	345
1505	Ferritin. (Select CGHS rate code 1517 for approved rate)	100	115
1506	Blood gas analysis/Arterial Blood Gas (ABG)	120	138
1507	Blood gas analysis/Arterial Blood Gas (ABG) with electrolytes	414	476
1508	Urine pregnancy test	65	75
1509	Tests for Antiphospholipid antibodies syndrome.	280	322
1510	Glycosylated Haemoglobin (HbA1 C)	130	150
1511	Haemoglobin Electrophoresis/ Hb HPLC (Select CGHS rate code 1417 for approved rate)	77	89
1512	Kidney Function Test.(KFT)	225	259
1513	Liver Function Test.(LFT)	225	259
1514	Lipid Profile.(Total cholesterol, LDL, HDL, triglycerides)	200	230
	Nutritional Markers		
1515	Serum Iron	90	104
1516	Total Iron Binding Capacity (Select CGHS rate code 1464 for approved rate)	80	92
1517	Serum Ferritin	100	115

1518	Vitamin B12 assay.	250	288
1519	Folic Acid assay.	300	345
1520	Extended Lipid Profile.(Total cholesterol, LDL, HDL, triglycerides, Apo A1,ApoB,Lp(a))	595	684
1521	Apolipoprotein A1 (ApoA1).	200	230
1522	Apolipoprotein (Apo B.)	199	229
1523	Lipoprotein /Lp A	401	461
1524	CD 3,4 and 8 counts	170	196
1525	CD 3,4 and 8 percentage	170	196
1526	Low Density lipoprotein (LDL).	62	71
1527	Homocysteine.	400	460
1528	Haemoglobin (Hb) Electrophoresis (Select CGHS rate code 1417 for approved rate).	77	89
1529	Serum Electrophoresis.	220	253
1530	Fibrinogen.	165	190
1531	Chloride.	60	69
1532	Magnesium.	150	173
1533	Gamma-Glutamyl Transpeptidase (GGTP)	90	104
1534	Lipase.	239	275
1535	Fructosamine.	180	207
1536	Beta 2 microglobulin (B2M)/β2 microglobulin	90	104
1537	Catecholamines.	1050	1208
1538	Creatinine clearance.	120	138
	NAME OF INVESTIGATION / TUMOUR MARKERS		
1539	Prostate Specific Antigen (PSA)- Total.	312	359
1540	Prostate Specific Antigen (PSA)- Free.	375	431
1541	Alpha Fetoprotein (AFP.)	300	345
1542	Human chorionic gonadotropin (HCG).	275	316
1543	Cancer Antigen 125 (CA. 125)	391	450
1544	Cancer Antigen 19.9 (CA 19,9).	616	708
1545	Cancer Antigen 15.3 (CA 15.3)	560	644
1546	Vanillylmandelic Acid (VMA)	350	403
1547	Calcitonin	500	575
1548	Carcinoembryonic antigen(CEA)	340	391
	OTHERS		
1549	Immunofluorescence	150	173
1550	Direct(Skin and kidney Disease)	425	489
1551	Indirect (anti ds DNA Anti Smith ANCA)	425	489
1552	Calcidiol/25 /hydroxycholecalciferol/Vitamin D3 assay (Vit D3)	550	633
1553	Serum Protein electrophoresis with immunofixation	300	345

	electrophoresis (IFE)		
1554	BETA-2 Microglobulin assay (Select CGHS rate code 1536 for approved rate)	90	104
1555	Anti cyclo Citrullinated peptide (Anti CCP)	450	518
1556	Anti tissue transglutaminase antibody (Anti TTG Antibody)	425	489
	HORMONES		
1557	Serum Erythropoetin	425	489
1558	Adrenocorticotrophic Hormone (ACTH)	500	575
1559	T3, T4, TSH	200	230
1560	Triiodothyronine-T3	64	74
1561	Tetraiodothyronine-T4	64	74
1562	Thyroid stimulating hormone (TSH)	90	104
1563	Luteinizing hormone (LH)	150	173
1564	Follicle stimulating hormone (FSH)	150	173
1565	Prolactin	150	173
1566	Cortisol	250	288
1567	PTH (Paratharmone)	500	575
1568	C-Peptide.(C-peptide/Connecting Peptide)	330	380
1569	Insulin.	150	173
1570	Progesterone.	225	259
1571	17-Hydroprogesterone (17 OH Progesterone)	440	506
1572	Dehydroepiandrosterone sulfate (DHEAS).	440	506
1573	Androstendione.	600	690
1574	Growth Hormone.	340	391
	LABORATORY/MEDICINEN/CLINICAL PATHOLOGY		
1575	Thyroid peroxidase antibody (TPO).	300	345
1576	Throglobulin.	300	345
1577	Hydatic Serology.	318	366
1578	Anti Sperm Antibodies.	380	437
1579	Hepatitis B Virus (HBV) DNA Qualitative.	2000	2300
1580	Hepatitis B Virus (HBV) Quantitative.	1500	1725
1581	Hepatitis C Virus (HCV) Qualitative.	1691	1945
1582	Human papillomavirus (HPV) serology	218	251
1583	Rota Virus serology	130	150
1584	PCR for Tuberculosis (TB)	900	1035
1585	PCR for Human immunodeficiency virus (HIV)	600	690
1586	Chlamydae antigen	800	920
1587	Chlamydae antibody	238	274
1588	Brucella serology	230	265
1589	Influenza A serology	943	1084

	NEUROLOGICAL INVESTIGATIONS AND PROCEDURES		
1724	Muscle biopsy	383	440
1725	Acetylcholine receptor (AChR) antibody titre	1848	2125
1726	Anti-muscle specific receptor tyrosine kinase (Anti MuSK) antibody titre	2340	2691
1727	Serum Copper	500	575
1728	Serum ceruloplasmin	450	518
1729	Urinary copper	500	575
1730	Serum homocystine	450	518
1731	Serum valproate level	315	362
1732	Serum phenobarbitone level	350	403
1733	Coagulation profile	553	636
1734	Protein C, Protein S, Anti thrombin – III (Select CGHS rate code 1413 for approved rates)	400	460
1735	Serum lactate level (Select CGHS rate code 1479 for approved rates)	72	83
	CSF		
1736	Basic studies including cell count, protein, sugar, gram stain, India Ink preparation and smear for AFP	240	276
1737	Special studies	1000	1150
1738	PCR for tuberculosis/ Herpes simplex	1200	1380
1739	Bacterial culture and sensitivity	200	230
1740	Mycobacterial culture and sensitivity	200	230
1741	Fungal culture	128	147
1742	Malignant cells	64	74
1743	Anti measles antibody titre (with serum antibody titre)	801	921
1744	Viral culture	255	293
1745	Antibody titre (Herpes simplex, cytomegalo virus, flavivirus, zoster varicella virus)	684	787
1746	Oligoclonal band	1200	1380
1747	Myelin Basic protein	1871	2152
1748	Lactate (Select CGHS rate code 1479 for approved rates)	72	83
1749	Cryptococcal antigen	1024	1178
	TESTS IN GASTRO-ENTEROLOGY		
1750	D-xylase test	765	880
1751	Fecal fat test/ fecal chymotrypsin/ fecal elastase (Select CGHS rate code 1335 for approved rates)	350	403
1753	H pylori serology for Coeliac diseases/Celiac disease	500	575
1754	HBV genotyping	2250	2588
1755	HCV genotyping	4388	5046

	TESTS IN ENDOCRINOLOGY (IN ADDITION TO THOSE INCLUDED UNDER HORMONES)		
1756	Urinary vanillylmandelic acid (VMA)	1350	1553
1757	Urinary metanephrine/Normetanephrine	1024	1178
1758	Urinary free catecholamine	1690	1944
1759	Serum catecholamine	3400	3910
1760	Serum aldosterone	1125	1294
1761	24 Hr urinary aldosterone	920	1058
1762	Plasma renin activity	1000	1150
1763	Serum aldosterone/renin ratio	1200	1380
1764	Osmolality urine	128	147
1765	Osmolality serum	128	147
1766	Urinary sodium	80	92
1767	Urinary Chloride	43	49
1768	Urinary potassium	80	92
1769	Urinary calcium	80	92
1770	Thyroid binding globulin	500	575
1771	24 hr. urinary free cotisole	200	230
1772	Islet cell antebody	750	863
1773	Glutamic Acid Decarboxylase Autoantibodies test (GAD antibodies)	1330	1530
1774	Insulin associated antibody	449	516
1775	Insulin like growth Factor-I (IGF-1)	1500	1725
1776	Insulin like growth factor binding protein 3 (IGF-BP3)	1650	1898
1777	Sex hormone binding globulin	1333	1533
1778	USG guided FNAC thyroid gland	387	445
1779	Estradiol (E2)	208	239
1780	Thyro globulin antibody	587	675
	ADDED W.E.F 14/01/2020		
1781	Kappa Lambda light chains, Free Serum/Serum free light chains (SFLC)	3500	4025
1782	Serum IGE level	300	345
1783	NT-Pro BNP	1800	2070
1786	HCV RNA Quantitative	1500	1725
1787	Tacrolimus	2300	2645
1788	Protein Creatinine Ratio, Urine	120	138
1789	Fibroscan liver	1000	1150
1790	HLA B27 (PCR)	500	575
1791	Mantoux Test	175	200
1792	Procalcitonin	1800	2070
1793	TORCH Test	1120	1288

	ADDED W.E.F 05/06/2020		
1796	Anti smooth muscle antibody test (ASMA)	1241	1460
1797	C ANCA-IFA	1275	1500
1798	P ANCA-IFA	1275	1500
1799	Angiotensin converting enzyme (ACE)	850	1000
1801	Extractable Nuclear Antigens (ENA) Quantitative	3910	4600
1802	Chromogranin A	4250	5000
1803	Faecal Calprotectin (fecal calprotectin)	2320	2730
1804	C3-COMPLEMENT	552	650
1805	C4-COMPLEMENT	552	650
1806	Genexpert test	880	1035
1813	H1 N1 (RT-PCR)	921	1084
1814	Erythropoietin level (Select CGHS rate code 1557 for approved rates)	425	489
1815	Anti HEV IgM	850	1000
1816	Anti HAV IgM	637	750
1817	HbsAg quantitative	552	650
1818	Typhidot IgM	340	400
1819	Hepatitis B Core Antibody HBcAb level (Hepatitis B Core IgM antibody)	408	480
1820	Anti HBs	552	650
	ADDED vide clause 2,5,&6 of OM F No S-11045/36/2012-CGHS (HEC) dated 26/11/2014		
1821	Free Triiodotyronine (FT3)	106	125
1822	Free Thyroxine (FT4)	106	125
1823	Widal Test	60	70
1824	Dengue serology	510	600
	ADDED W.E.F 07/02/2021		
1833	Interleukin (IL 6)	1360	1600

- We are willing to accept the CGHS Ahmedabad rates for the above listed Procedures.

[Signature of the authorised signatory of the centre]

Stamp/seal of the centre

Annexure II is attached herewith for investigations not covered under CGHS-Ahmedabad.

Annexure-II

LIST OF OTHER PATHOLOGICAL INVESTIGATIONS
NOT COVERED UNDER CGHS-AHMEDABAD

SN	NAME OF INVESTIGATION	Rate offered by laboratory Rs.	Rate offered by laboratory Rs.
		NON NABL RATES	NABL RATES
1	ANA Profile		
2	AMA		
3	BCR -ABL-T (9022) Quantitative-Real time PCR Major/Minor		
4	C/S Anaerobic		
5	C/S Aerobic		
6	C/S Ascitic Fluid		
7	C/S BAL		
8	C/S Blood		
9	C/S Breast Fluid		
10	C/S CSF		
11	C/S Drain		
12	C/S EPS		
13	C/S ET		
14	C/S Fungal		
15	C/S OT/ICU SWAB		
16	C/S Pus-Fluid for AFB		
17	C/S Semen		
18	C/S Sputum		
19	C/S Stool		
20	C/S Sputum AFB		
21	C/S Throat SWAB		
22	C/S TIP		
23	C/S Urine		
24	Chromosomal analysis		
25	COVID ANTIBODY (IgM & IgG)		
26	Dengue IgG IgM (by ELISA method)		
27	Dengue Ns1Ag (by ELISA method)		
28	DENGUE PCR		
29	Drug allergy		
30	Endomysial Antibodies		
31	Factor V Leiden		
32	Fluid Adenosine Deaminase (ADA)		

33	HCV RNA qualitative		
34	HCO3 (BICARBONATE)		
35	HEPATITIS A antibody IgG IgM		
36	Hepatitis B Anti HbS antibody IGM		
37	Hepatitis B surface antigen (Hbs Ag)/ Australia Antigen (by CLIA/ELISA method)		
38	HS CRP		
39	HSV antibodies		
40	IBGF BP 3		
41	JAK 2 V617F Mutation Analysis		
42	Leptospirosis IgM IgG Antibody		
43	Mycobacterium Tuberculosis (DNA PCR)		
44	Mono spot test for infectious mononucleosis		
45	NMO IgG (Aquaparin 4 Antibody)		
46	NTM/MOTT Drug Sensitivity		
47	PCR based test for ZIKA		
48	PCR for Chikangunya		
49	S. Acetone		
50	S. AMH levels		
51	S. Allergy panel inhalant		
52	S. Allergy panel non-vegetarian		
53	S. Allergy panel vegetarian		
54	S. Amoebiasis Antibody		
55	S. Anti HBC (IgM)		
56	S. Anti HBe Ag		
57	S. Anti MICROSOMAL Antibody		
58	S. Alpha Fetoprotein		
59	S. Anti cardialipin AB(IgGIgM)		
60	S. Anti HCV Antibody		
61	S. ASO Titer		
62	S. ASCA IgG		
63	S. BNP		
64	S. Creatinine Phosphokinase Total		
65	S. Chicken gunia IgG IgM		
66	S. Cyclosporin level		
67	S. Digoxin level		
68	S. Estradiol		
69	S. Estrogen levels		
70	S. Everolimus level		
71	S. Sirolimus		
72	S. Phenytoin Level		
73	S. Protein electrophoresis		

74	S. Transferion		
75	Stool for Modified Z N Stain		
76	Stool for Calprotectin		
77	T B Gold		
78	TTG Iga		
79	Double Marker		
80	CMV viral load quantitative		
81	HEV viral load quantitative		
82	Anti LKM-1		
83	FTA-ABS for Treponema		
84	Taxo plasma IgG		
85	Taxo plasma IgM		
86	Aspergillus IGE		
87	Covid-19 RT PCR		
88	NIPT		
89	S.Typhi PCR		
90	Hypersensitivity pneumonitis Panned		
91	IGRA		

[Signature of the authorised signatory of the centre]

Stamp/seal of the centre

Format for Diagnostic Services

1. Name of the Diagnostic Centre:

2. Address:

3. Ownership:

4. Name of Parent Organization:

(If part of any other organization)

Telephone No. Fax No/e-mail

5. Name on Certificate if NABL Accreditation is granted:

6. Contact person(s):

Chief Executive Officer/Head of Department/equivalent:

Designation:

Contact number:

Email id:

7. Whether the Diagnostic Service is registered with Local Authorities: (Wherever applicable as per the State or Central Norms)

8. List of other relevant legal documents applicable:

License certificate	Number and date	Valid upto	Remarks (if any)
General			
Biomedical waste management and handling authorization			
PAN/TAN			
Registration of company			
Registration under clinical establishment ac (or similar)			
Registration with local authorities			
Facility management			
Building occupancy /completion certificate			
Fire (NOC)			
License for diesel storage			
License for electrical installations			
License to store compressed gas			
Sanction for lifts			
Prevention & control of Pollution Act			
Pharmacy			
Drugs bulk license			
Drugs retail license			
License for possession and use of methylated spirit, denatured spirit,			

methyl alcohol and ethyl alcohol			
Narcotic license			
Nuclear medicine and radiation therapy			
Authorisation to use radiopharmaceuticals in humans			
Authorization for radionuclide imaging			
NOC for procurement of radiopharmaceuticals			

Note: Please submit scanned copies of all the statutory requirements

9. Staff Information:

Details with educational qualification and experience of all Pathologists/technicians

SN	Name	Designation	Qualification	Experience in Pathological Services (yrs)

10. Equipment:

SN	Name of Equipment	Make/ Model	Date of Installation	AMC/CMC status	Average patient load

***Note: Each equipment should be listed separately.**

[Signature of the authorised signatory of the centre]

Stamp/seal of the centre

DECLARATION

I am / we are not related to any employee in any capacity on the Western Railway.

OR

I/We draw attention to the fact that I/We are related to the following employees of the Western Railway.

Sr. No	Name of the employee	Department	Degree of relationship

[Signature of the authorised signatory of the centre]

Stamp/seal of the centre

CHECKLIST FOR EOI

S N	DETAILS	If attached, State YES/NO
1	Statutory and legal obligation as applicable with date, number & validity of registrations/license (attach the Photocopies of all legal documents)	
2	Mention if the organization is a public/government or a independent private sector provider	
3	Specify e.g. clinical establishment, shop, etc,	
4	Indicate if there are individuals holding recognized degrees managing the department. Please mention full time and part time consultants separately	
5	List of Doctors and technical staff with credentials and privileges	
6	NABL accreditation, if any	
7	Staff documents	
8	Equipment details	
9	Declaration	
10	CGHS Empanelled or not	

Note: Checklist should be duly filled& complete in all respect with all annexures/documents duly countersigned by the designated signatory with your offer for EOI.

[Signature of the authorised signatory of the centre]

Stamp/seal of the centre