



CARDIOVASCULAR UNIT

Contact Number: 320-2431 local 636

Mobile Number: 09082365503

PROCEDURES	PRICE	PROFESSIONAL FEE	TOTAL
ECG	500.00	100.00	600.00
2-D ECHOCARDIOGRAM	2,800.00	1,200.00	4,000.00
CAROTID AND VERTEBRAL DUPLEX SCAN	2,700.00	1,800.00	4,500.00
VENOUS DUPLEX STUDY	3,200.00	1,800.00	5,000.00
ARTERIAL DUPLEX STUDY	3,200.00	1,800.00	5,000.00
TRANSCRANIAL DUPLEX SCAN	3,000.00	3,000.00	6,000.00
STRESS TEST	1,500.00	1,500.00	3,000.00
STRESS ECHOCARDIOGRAPHY	4,800.00	3,200.00	8,000.00
24 HOURS HOLTER MONITORING	2,000.00	1,000.00	3,000.00

REQUIREMENTS FOR ECG:

1. Official result of Chest X-ray taken within 5 days until day of procedure with normal result.
2. Negative RT PCR taken within 5 days until day of procedure
3. Triage slip from Clean ER
4. SCHEDULE OF PROCEDURE: 8:00am – 4:00pm daily including holidays

REQUIREMENTS FOR OTHER PROCEDURES:

1. **NEGATIVE RT PCR taken within 72 HOURS UNTIL DAY OF PROCEDURE EXCEPT HOLTER MONITORING.**
2. For patients with guarantee letter complete the necessary documents prior to schedule of procedure. Secure copy of requirements from Social Service Unit.
3. NO WALK-IN PATIENTS ALLOWED unless there is available slot.
4. Triage slip from CLEAN ER.
5. Procedures will be performed with confirmed slot and all requirements are completed.
6. For Holter Monitoring a negative RT PCR taken within 36 hours until the time of procedure.

Prices may be changed at any time without further notice.



DIAGNOSTIC IMAGING DEPT. (CT SCAN)

PROCEDURE	PROF.FEE	PAY RATE Inclusive of PF	SERVICE RATE
TEMPORAL BONE/ MASTOIDS	1,125.00	5,000.00	3,875.00
NECK	1,075.00	5,000.00	3,925.00
ORBITS	1,125.00	5,000.00	3,875.00
BRAIN/CRANIAL	1,075.00	5,000.00	3,925.00
EMERGENCY (STAT FEE 1,000.00)	1,075.00	6,200.00	5,125.00
WHOLE ABDOMEN	2,225.00	9,400.00	7,175.00
UPPER ABDOMEN	1,075.00	5,000.00	3,925.00
LOWER ABDOMEN	1,075.00	5,000.00	3,925.00
SILLA/PITUITARY	1,125.00	5,000.00	3,875.00
NASOPHARYNX	1,125.00	5,000.00	3,875.00
MAXILLA	1,125.00	5,000.00	3,875.00
FACIAL BONES	1,125.00	5,000.00	3,875.00
PELVIS	1,075.00	5,000.00	3,925.00
EXTREMITIES LONG/SHORT	1,375.00	6,000.00	4,625.00
MANDIBLE	1,075.00	5,000.00	3,925.00
CHEST for HRCT (add 1500)	1,125.00	5,000.00	3,875.00
CERVICAL SPINE	1,075.00	5,000.00	3,925.00
THORACIC/ CHEST	1,125.00	5,000.00	3,875.00
LUMBAR SPINE	1,125.00	5,000.00	3,875.00
SACRAL SPINE	1,125.00	5,000.00	3,875.00
CERVICO-THORACIC	1,875.00	8,000.00	6,125.00
THORACO-LUMBAR	1,875.00	8,000.00	6,125.00
LUMBO-SACRAL	1,875.00	8,000.00	6,125.00
WHOLE SPINE	2,750.00	12,500.00	9,750.00
CT ANGIOGRAM(EXTREMITIES)	2,750.00	13,000.00	10,250.00
CT ANGIOGRAM(BRAIN) Add Scan (3000)	2,750.00	12,000.00	9,250.00
PNS (CORONAL/AXIAL)	2,500.00	6,000.00	3,500.00
BIOPSY	4,500.00	7,000.00	2,500.00
STONOGRAM	2,000.00	8,000.00	6,000.00
ADD SLICE FOR CONTRAST		1,500.00	

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DIAGNOSTIC IMAGING DEPT. (MRI)

MRI PLAIN	PROCEDURE	PF	TOTAL
CERVICAL SPINE , PLAIN	6056.25	2,018.75	8,075
CERVICO-THORACIC ,PLAIN	12,1845	4,061.50	16,246
CERVICO-THORACIC-LUMBAR ,PLAIN	17,723.25	5,907.75	23,631
CHEST ,PLAIN	6,348.75	2,118.75	8,465
ELBOW UNILATERAL ,PLAIN	5,634.75	1,878.25	7,513
FOOT BILATERAL ,PLAIN	10,807.50	3,602.50	14,410
HEAD - NASOPHARYNX ,PLAIN	5,834.25	1,944.75	7,779
HEAD - ORBITS ,PLAIN	5,834.25	1,944.75	7,779
HEAD - PARANASAL SINUSES ,PLAIN	5,950.50	1,983.50	7,934
HEAD - POSTERIOR FOSSA ,PLAIN	5,950.50	1,983.50	7,934
HEAD - SELLA TURCICA ,PLAIN	5,950.50	1,983.50	7,934
HEAD - TEMPORO-MANDIBULAR JT. ,PLAIN	5,950.50	1,983.50	7,934
HEAD - ,PLAIN	5,406.00	1,802.00	7,208
HIP ,PELVIS PLAIN	5,634.75	1,878.25	7,513
KIDNEYS ,PLAIN	5,661.75	1,887.25	7,549
KNEE,LEG,THIGH BILATERAL ,PLAIN	10,807.50	3,602.50	14,410
KNEE,LEG,THIGH UNILATERAL ,PLAIN	5,634.75	1,827.25	7,513
LOWER ABDOMEN ,PLAIN	6,348.75	2,118.75	8,465
MRA CAROTIDS & CIRCLE OF WILLIS ,PLAIN	9,519.00	3,162.00	12,681
MRI & MRA BRAIN PACKAGE ,PLAIN	10,807.50	3,602.50	14,410
NECK ,PLAIN	6,056.25	2,018.75	8,075
SHOULDER BILATERAL ,PLAIN	10,699.50	3,566.50	14,266
SHOULDER UNILATERAL ,PLAIN	5,406.00	1,802.00	7,208
THORACIC SPINE ,PLAIN	6,056.25	2,018.75	8,075
UPPER ABDOMEN ,MRCP PLAIN	8778.75	2,926.25	11,705
WHOLE ABDOMEN ,PLAIN	11,412.00	3,804.00	15,216
WRIST BILATERAL ,PLAIN	10,807.50	3,602.50	14,410
WRIST UNILATERAL ,PLAIN	5,634.75	1,827.25	7,513
FOOT/ANKLE UNILATERAL	5,403.75	1,801.25	7,205
ADD SCAN FOR CONTRAST			2,000

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DIAGNOSTIC IMAGING DEPT. (ULTRASOUND)

EXAMINATIONS	SERVICE RATE	PROF.FEE {INCLUSIVE OF PF}	TOTAL PAY RATE
WHOLE ABDOMEN	1,580.00	720.00	2,300.00
LOWER ABDOMEN	930.00	470.00	1,400.00
UPPER ABDOMEN	930.00	470.00	1,400.00
HBTP	800.00	400.00	1,200.00
KUBP/KUB	930.00	470.00	1,400.00
PROSTATE	800.00	400.00	1,200.00
LIVER	800.00	400.00	1,200.00
INGUINO SCROTAL	930.00	470.00	1,400.00
ANTERIOR NECK	930.00	470.00	1,400.00
CRANIAL	870.00	430.00	1,300.00
BREAST	800.00	650.00	1,450.00
FETAL AGING/TRANSABD/BPP	900.00	500.00	1,400.00
TRANSVAGINAL	900.00	500.00	1,400.00
TRANSRECTAL	900.00	500.00	1,400.00
KIDNEYS	800.00	400.00	1,200.00
CHEST	800.00	400.00	1,200.00
OCULAR	800.00	400.00	1,200.00
UPPER EXTREMITIES	800.00	400.00	1,200.00
LOWER EXTREMITIES	800.00	400.00	1,200.00
DOPPLER STUDIES	1,150.00	1,350.00	2,500.00
PTBD	900.00	5,000.00	5,900.00
THYROID	800.00	400.00	1,200.00
VASCULAR DOPPLER	900.00	5,000.00	5,900.00
GUIDED BIOPSY	1,400.00	4,500.00	5,900.00
GUIDED IJ CATHETER INSERTION	1,400.00	4,500.00	5,900.00
GUIDED LIVER ASPIRATION BIOPSY	1,400.00	4,500.00	5,900.00
GUIDED FINE NEEDLE THYROID ASPIRATION BIOPSY (FNAB)	1,400.00	4,500.00	5,900.00
GUIDED NEPHROSTOMY TUBE INSERTION	1,400.00	4,500.00	5,900.00
GUIDED PROSTATE BIOPSY	1,400.00	4,500.00	5,900.00
GUIDED BREAST NEEDLE LOCALIZATION	1,400.00	4,500.00	5,900.00
GUIDED ARTHROCENTESIS	1,400.00	4,500.00	5,900.00
GUIDED THORACENTESIS	1,400.00	4,500.00	5,900.00
GUIDED PARACENTESIS	1,400.00	4,500.00	5,900.00
PTBD (Special procedure done in the OR by a trained interventional radiologist)	1,400.00	40,000.00	41,400.00
GUIDED PANCREAS BIOPSY (special procedure done in the OR by a trained interventional radiologist)	1,400.00	7,000.00	8,400.00
SALINE INFUSION SONO-SALPINGOGRAPHY	1,200.00	1,500.00	2,700.00
STAT FEE (After five PM -5:00 pm)		2,000.00	

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DIAGNOSTIC IMAGING DEPT. (RADIOLOGIC EXAMINATIONS)

PROCEDURES	SERVICE RATE	PROF. FEE	PAY RATE (inclusive of PF)
CHEST EXAMINATIONS			
CHEST PA	240	60	300
CHEST PA/LATERAL	480	120	600
APICOLORDOTIC	240	60	300
LATERAL VIEW	240	60	300
LATERAL DECUBITUS	240	60	300
CHEST BUCKY	240	60	300
STERNUM RAO/LATERAL	410	120	530
UPPER EXTREMITIES EXAMINATIONS			
DIGITS PA/OBLIQUE/LATERAL	205	60	265
HAND PA/OBLIQUE	235	60	295
HAND PA/OBLIQUE/LATERAL	240	60	300
WRIST PA/LATERAL	205	60	265
FOREARM APL	240	60	300
ELBOW APL	205	60	265
JONES VIEW	205	60	265
HUMERUS APL	240	60	300
LAWRENCE (TRANSTHORACIC)	205	60	265
SHOULDER AP/SCAPULAR Y	410	120	530
CLAVICLE AP/TANGENTIAL	410	120	530
SCAPULA AP	205	60	265
WEST POINT VIEW	205	60	265
STRESS VIEW (ACROMIO-CLAVICULAR VIEW)	240	60	300
STRYKER NOTCH VIEW	205	60	265
LOWER EXTREMITIES EXAMINATIONS			
ANKLE MORTISE AND LATERAL	205	60	265
DIGITS PA/OBLIQUE/LATERAL	205	60	265
FOOT AP/OBLIQUE	235	60	295
FOOT AP/OBLIQUE/LATERAL	440	60	500
CALCANEUS AXIAL/LATERAL	205	60	265
LEG APL	240	60	300
KNEE APL	235	60	295
KNEE WEIGHT BEARING	240	60	300
SUNRISE VIEW	205	60	265

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WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER

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“PhilHealth Accredited Health Care Provider”

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FEMUR APL	480	60	540
HIP APL	410	120	530
PELVIS AP/CROSSTABLE LATERAL	445	120	565
PELVIS INLET/OUTLET	480	120	600
FROG LEG (CLEAVES METHOD)	240	60	300
JUDET VIEW	480	120	600
SKULL EXAMINATIONS			
SKULL APL	410	120	530
SKULL SERIES (AP,LATERAL,TOWNE'S)	610	180	790
SKULL TANGENTIAL	205	60	265
TOWNE'S VIEW			
WATER'S VIEW	205	60	265
PARANASAL SERIES (CALDWELLS,LATERAL,WATER'S VIEW)	610	180	790
MASTOID SERIES (TOWNE'S,SCHULLER,MAYER'S VIEW)	610	180	790
MANDIBULAR SERIES PA/AXIOLATERAL VIEW (BILATERAL)	610	180	790
NASAL SERIES (WATER'S VIEW, SOFT TISSUE LATERAL)	410	120	530
NASAL BONE LATERAL (SOFT TISSUE)	205	60	265
SUBMENTO-VERTICO	205	60	265
TMJ SERIES (OPEN & CLOSE MOUTH BILATERAL)	410	120	530
ZYGOMATIC SERIES (TOWNE'S, SOFT TISSUE SMV)	410	120	530
VERTEBRAL SPINE EXAMINATIONS			
CERVICAL AP AXIAL/LATERAL	410	120	530
CERVICAL (BILATERAL OBLIQUE)	410	120	530
CERVICAL OPEN-MOUTH	205	60	265
SWIMMER'S VIEW (CERVICO-THORACIC)	205	60	265
THORACIC AP/LATERAL	480	120	600
LUMBAR APL	480	120	600
THORACO-LUMBAR APL	760	240	1000
SACRUM AP AXIAL/LATERAL	410	120	530
COCCYX AP AXIAL/LATERAL	410	120	530
ABDOMEN EXAMINATIONS			
PLAIN ABDOMEN	390	120	510
AP SUPINE/ AP ERECT	780	240	1020
AP/ SUPINE/ AP LATERAL	780	240	1020
IMAGE GUIDED PROCEDURES (5MINUTES)			
C-ARM GUIDED PROCEDURES			2000
MOBILE FEE	300		400

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DIAGNOSTIC IMAGING DEPT. (SPECIAL RADIOLOGIC EXAMINATIONS)

CODE	PROCEDURE	PROF. FEE	PAY RATE (inclusive of PF)	SERVICE RATE
1	ANTEGRADE PYELOGRAM	360	2230	1870
2	BARIUM ENEMA	390	2760	2370
3	BARIUM SWALLOW	360	2230	1870
4	BABYGRAM	120	510	390
5	ANGIOGRAM	400	3000	2600
6	COLONOGRAM	390	2760	2370
7	CYSTOGRAM	360	2230	1870
8	ERCP	390	2760	2370
9	FISTULOGRAM	390	2080	1690
10	HYSTEOSALPINGOGRAM	390	2080	1690
11	INTRA-OPERATIVE CHOLANGIOGRAM (IOC)	390	2760	2370
12	INTRAVENOUS PYELOGRAM (IVP)	390	2760	2370
13	MYELOGRAM	390	2080	1690
14	PACEMAKER		2000	
15	PELVIMETRY	120	800	680
16	RETROGRADE PYELOGRAM (RGP)	360	2230	1870
17	SCOLIOSIS SERIES	240	1200	960
18	SINUGRAM	390	2080	1690
19	T-TUBE CHOLANGIOGRAM	390	2080	1690
20	UPPER GASTROINTESTIAL SERIES (UGIS)	390	2760	2370
21	URETHROGRAM	390	2080	1690
22	VESICULO URETHROGRAM (VCUG)	390	2080	1690
23	SKELETAL SURVEY	480	2000	1520
24	SMALL INTESTINAL SERIES (SIS)	390	2760	2370

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HIMO FEES

Item	Existing Fee	Recommended Fee
BIRTH CERTIFICATE	50.00	100.00
REPRINTING OF BIRTH CERTIFICATE DUE TO ERRONOUS ENTRY	150.00	200.00
DEATH CERTIFICATE	50.00	100.00
MEDICAL CERTIFICATE WITH DRY SEAL	75.00	75.00
MEDICAL CERTIFICATE WITHOUT DRY SEAL	50.00	50.00
MEDICAL ABSTRACT	50.00	50.00
PHOTOCOPY	2.00/page	2.00/page 4.00 back to back
CERTIFIED TRUE COPY OF DISCHARGE SUMMARY	55.00/page	55.00/page
UNCERTAINED TRUE COPY OF DISCHARGE SUMMARY	50.00	50.00
CERTIFICATE OF CONFINEMENT	50.00	50.00
SSS, GSIS AND INSURANCE CLAIMS	50.00	100.00/set
DRY SEAL	25.00	25.00
UNRETURNED CHARTS ON DUE DATES	50.00/chart/day	50.00/chart/day
INSURANCE REPRESENTATIVES TO PROCESS CLAIMS	100.00/set	50.00/chart/day
CERTIFIED TRUE COPY OF OPERATIVE RECORD/ TECHNIQUE, DELIVERY ROOM RECORD AND OB COMPREHENSIVE HISTORY	55.00	55.00
PAYMENT FOR LOST CHART	3,000.00	3,000.00

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HISTOPATHOLOGY SECTION
PRICE LIST

Table with 5 columns: Service/Pay Processing Fee, Pay Professional Fee, Total, Pay Additional 15%. Rows include categories I. AUTOPSY, II. ROUTINE HISTOPATOLOGIC PROCCESSING, III. CYTOLOGY, IV. CELLBLOCK, V. FROZEN SECTION, VI. CRUSHED BIOPSY/ADEQUACY, and VII. SLIDE REVIEW.

- ❖ Only processing fees are paid for Service IN patients
❖ No professional fees are paid for Service IN patients.

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VIII. IMMUNOHISTOCHEMISTRY (IHC) ASSAY				
	Processing Fee	Professional Fee Pay Patients	Total	20% Discount for PWD/SC
ER/PR/HER2	5,800	1,500	7,300	6,670
ER/PR	4,300	1,500	5,800	4,945
ER	2,000	1,500	3,500	2,300
HER2	2,000	1,500	3,500	2,300
BCL2 ONCOPROTEIN	2,000	1,500	3,500	2,300
CALRETININ	1,800	1,500	3,300	2,070
CD3	2,000	700	2,700	2,300
CD20	2,000	700	2,700	2,300
CD30	1,800	1,500	3,300	2,070
CD45/LCA	1,800	1,500	3,300	2,070
CD99	1,800	1,500	3,300	2,070
CDX-2	1,800	1,500	3,300	2,070
CEA	2,000	1,500	3,500	2,300
CYTOKERATIN (CK)	1,800	1,500	3,300	2,070
CYTOKERATIN 5/6	1,800	1,500	3,300	2,070
CYTOKERATIN 7	1,800	1,500	3,300	2,070
CYTOKERATIN 20	1,800	1,500	3,300	2,070
DESMIN	1,800	1,500	3,300	2,070
MYOGENIN	1,800	1,500	3,300	2,070
P63 PROTEIN	1,800	1,500	3,300	2,070
S100	1,800	1,500	3,300	2,070
TTF-1	1,800	1,500	3,300	2,070

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LABORATORY DEPARTMENT

Contact Number (320-2431)	Main Laboratory	Drug Testing	Mol Diagnostic	Blood
Local numbers	108/138	Lab	Lab	Bank
		141	144	142

PRICE LIST HEMATOLOGY

PROCEDURES	Regular Rate	Service Rate (20% less)	Charge Rate (with 15% Additional Charge)
Blood Typing (ABO & Rh Typing)	140.00	112.00	161.00
Rh Typing	95.00	76.00	109.25
CTBT (DUKES Method)	100.00	80.00	115.00
Clotting Time	50.00	40.00	57.50
Bleeding Time	50.00	40.00	57.50
Complete Blood Count (CBC)	120.00	96.00	138.00
Hemoglobin	80.00	64.00	92.00
Hematocrit	80.00	64.00	92.00
Red Blood Cell Count (RBC Count)	100.00	80.00	115.00
White Blood Cell (WBC Count)	35.00	28.00	40.25
White Blood Cell & Differential Count	110.00	88.00	126.50
Platelet Count	120.00	96.00	138.00
Reticulocyte Count	105.00	84.00	120.75
Clot Retraction	105.00	84.00	120.75
Erythrocyte Sedimentation Rate (ESR)	105.00	84.00	120.75
Peripheral Blood Study (PBS) Processing Fee (no charge if with CBC)	120.00	96.00	138.00
Peripheral Blood Study (PBS) Professional Fee	375.00	free	375.00
LE Preparation	115.00	92.00	132.25
Lee White Clotting Time (LWCT)	100.00	80.00	115.00
Malarial Smear	230.00	184.00	264.50
Extraction Fee	20.00	16.00	23.00

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BODY FLUIDS

PROCEDURES	Regular Rate	Service Rate (20% less)	Charge Rate (with 15% Additional Charge)
CSF CELL COUNT/DIFFL. COUNT	150.00	120.00	172.50
PELLICLE FORMATION	100.00	80.00	115.00
SEMINAL FLUID ANALYSIS	200.00	160.00	230.00
SUGAR/PROTEIN	200.00	160.00	230.00

CHEMISTRY

PROCEDURES	Regular Rate	Service Rate (20% less)	Charge Rate (with 15% Additional Charge)
Akaline Phosphatase	215.00	172.00	247.25
Amylase	400.00	320.00	460.00
Activated Partial Thromboplastin Time (APTT)	500.00	400.00	575.00
Bilirubin	235.00	188.00	270.25
Blood Urea Nitrogen (BUN)	130.00	104.00	149.50
Calcium	220.00	176.00	253.00
Chloride	195.00	156.00	224.25
Creatinine	110.00	88.00	126.50
Blood Sugar			
Fasting Blood Sugar (FBS) (Fasting)	85.00	68.00	97.75
Random Blood Sugar (RBS)	85.00	68.00	97.75
Post Prandial Blood Sugar (PPBS)	85.00	68.00	97.75
Hemoglobin A1C (HbA1C)	900.00	720.00	1,035.00
Gamma Glutamyl Transferase (GGT)	700.00	560.00	805.00
Plasma Lactate	380.00	304.00	437.00
Lactate Dehydrogenase (LDH)	400.00	320.00	460.00
LIPID PROFILE (Fasting)	525.00	420.00	603.75
Cholesterol	150.00	120.00	172.50
Triglycerides	185.00	148.00	212.75
High-Density Lipoprotein (HDL)	195.00	156.00	224.25
Magnesium	450.00	360.00	517.50
Phosphorus	400.00	320.00	460.00
Potassium	225.00	180.00	258.75

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Protine	290.00	232.00	333.50
SGOT/ AST	200.00	160.00	230.00
SGPT/ALT	200.00	160.00	230.00
Sodium	225.00	180.00	258.75
Total Protein, Albumin Ratio (TPAG) (Fasting)	320.00	256.00	368.00
Total Protein	190.00	152.00	218.50
Albumin	130.00	104.00	149.50
Uric Acid (Fasting)	140.00	112.00	161.00

Requirements for Fasting Blood

Specimens:

- 1. No food or fluid/water intake at least 8 to 10 hours after the last meal.**
- 2. Time of Blood Extraction - 6 am to 8 am at the OPD Building Entrance.**



MICROSCOPY

PROCEDURES	Regular Rate	Service Rate (20% less)	Charge Rate (with 15% Additional Charge)
Bence Jones Protein	100.00	80.00	115.00
Fecalysis (Direct Smear)	80.00	64.00	92.00
Fecalysis (Concentration Method)	125.00	100.00	143.75
Ketones	55.00	44.00	63.25
Urine Albumin Creatinine Ratio (UACR)	1,100.00	880.00	1,265.00
Microalbumin	900.00	720.00	1,035.00
Creatinine	350.00	280.00	402.50
Occult Blood (Hexagon)	400.00	320.00	460.00
Pregnancy Test (serum)	200.00	160.00	230.00
Urinalysis	75.00	60.00	86.25
Protein	60.00	48.00	69.00
Bilirubin	55.00	44.00	63.25
Leucocyte Esterase	55.00	44.00	63.25
Sugar	60.00	48.00	69.00
Urobilinogen	40.00	32.00	46.00
Specific Gravity	40.00	32.00	46.00
Ph Strip	40.00	32.00	46.00

How to collect specimen for Urinalysis.

1. Collect at least 60 ml of urine on a sterile specimen cup.
2. Submit for examination within 2 hours after collection.

How to collect stool / feces for fecalysis.

1. Collect a pea-sized stool sample on a sterile container.
2. Close the lid tightly.
3. Submit for examination within 2 hours after collection.



BACTERIOLOGY

PROCEDURES	Regular Rate	Service Rate (20% less)	Charge Rate (with 15% Additional Charge)
Acid Fast Bacilli (AFB)	110.00	88.00	126.50
Culture and Sensitivity Test	2,000.00	1,600.00	2,300.00
Culture only	1,900.00	1,520.00	2,185.00
Gram Stain	110.00	88.00	126.50
India Ink	110.00	88.00	126.50
KOH	110.00	88.00	126.50
Simple Stain	60.00	48.00	69.00

How to collect sputum for examination.

1. Rinse mouth with water after waking up in the morning. (Do not use mouthwash)
2. Cough off sputum from the lungs and spit directly on sterile collection cup.
3. Cover tightly and submit for examination not later than 10 AM.

IMMUNOLOGY/SEROLOGY

PROCEDURES	Regular Rate	Service Rate (20% less)	Charge Rate (with 15% Additional Charge)
Anti-HAV IgM (Qualitative)	950.00	760.00	1,092.50
Alpha-Feto Protein (AFP)	1,200.00	960.00	1,380.00
Anti-HBs (Quantitative)	1,000.00	800.00	1,150.00
βHCG (Quantitative)	900.00	720.00	1,035.00
CA 125	1,350.00	1,080.00	1,552.50
CEA	1,130.00	904.00	1,299.50
CKMB	1,200.00	960.00	1,380.00
D-Dimer	1,200.00	960.00	1,380.00
Ferritin	1,300.00	1,040.00	1,495.00
FT4 (FreeT4)	850.00	680.00	977.50
Total PSA	1,185.00	948.00	1,362.75
T3	700.00	560.00	805.00
T4	550.00	440.00	632.50
T3,T4	900.00	720.00	1,035.00

Prices may be changed at any time without further notice.



TSH	900.00	720.00	1,035.00
Troponin I	1,100.00	880.00	1,265.00
Procalcitonin	2,500.00	2,000.00	2,875.00
ASO-Titer	205.00	164.00	235.75
C3 Determination	550.00	440.00	632.50
C-Reactive Protein (CRP semi-quantitative method)	220.00	176.00	253.00
C-Reactive Protein (CRP quantitative method)	1,000.00	800.00	1,150.00
SARS-CoV 2 Rapid Antigen Test	960.00	768.00	1,104.00
COVID 19 Rapid Antibody Test	1,000.00	800.00	1,150.00
Dengue NS1 Antigen	1,400.00	1,120.00	1,610.00
Rheumatoid Factor (RF)	200.00	160.00	230.00
Tubex	850.00	680.00	977.50
Widal's Test	190.00	152.00	218.50

IMMUNOLOGY/SEROLOGY

PROCEDURES	Regular Rate	Service Rate (20% less)	Charge Rate (with 15% Additional Charge)
Crossmatching	500.00	400.00	575.00
Reverse Crossmatching	200.00	160.00	230.00
Coomb's Test	500.00	400.00	575.00
HBsAg (Qualitative)	400.00	320.00	460.00
Anti-HCV (Hepa C - Qualitative)	600.00	480.00	690.00
Anti-HIV/ Lab Test (Qualitative)	550.00	440.00	632.50
Anti-TP	300.00	240.00	345.00
RPR (Qualitative)	250.00	200.00	287.50
RPR (Semi-Quantitative)	575.00	460.00	661.25
Blood Bags			
Single	200.00	160.00	230.00
Double	350.00	280.00	402.50
Storage Fee/ unit (all blood/ blood components issued including those received from other blood centers)	200.00	160.00	230.00

Prices may be changed at any time without further notice.



DRUG TESTING

PROCEDURES	Regular Rate	Service Rate (20% less)	Charge Rate (with 15% Additional Charge)
DRUG TEST	250.00	250.00	250.00

MOLECULAR DIAGNOSTIC LABORATORY

PROCEDURES	Regular Rate	Service Rate (20% less)	Charge Rate (with 15% Additional Charge)
rt-PCR Test (Effective September 6, 2021)	2,077.00	2,077.00	2,077.00

This rate for rt-PCR test is subject to change until further notice.

Prices may be changed at any time without further notice.