

Medical College & MBS Hospital, Kota

Paid Investigation Request Form

Patient Name Age Sex Date

Referred by Dr. OPD/Ward Unit Bed No.

PROVISIONAL DIAGNOSIS :-

S. No.	Name of Paid Investigation	Rate	S. No.	Name of Paid Investigation	Rate			
1	Cultures	Throat Culture	70	35	ICU	ABG	300	
2		Automated Blood Culture	400	36		VBG	300	
3		Fungus/AFB Culture	80	37	Miscellaneous	Ferritin	150	
4		Pus/Fluid/Swab	70	38		Vitamin B	300	
5	Cardiology	Echocardiography	550	39		Folate	300	
6	Endoscopy	Gastroscopy	220	40		CFA	200	
7		Colonoscopy	330	41		Alpha Feto Protein (AFP)	200	
8	ENT	Audiometry	55	42		CA-125	320	
9		Tympanometry	90	43		PSA (Third Generation)	200	
10		BERA	500	44		Total IgE	250	
11	Hormones	LH	150	45		Vitamin D	1000	
12		FSH	150	46		Neurology	NCV	500
13		Prolactin	150	47	EMG		500	
14		T3	100	48	RNS		500	
15		T4	100	49	VEP		500	
16		TSH	100	50	BAER		500	
17		Anti TPO Ab	250	51	SSEP		500	
18		Beta HCG	200	52	P-300		500	
19		Testosterone	200	53	Digital EEG		400	
20		Cortisol	200	54	Pathology		Histopathology	75/150
21		Growth Hormone (HGH)	200	55			FNAC	55
22		PTH	400	56		Pap's Smear	45	
23		Insulin	200	57		Reticulocyte Count	45	
24	Immunology	Toxoplasma IgG/IgM	150	58	Bone Marrow	45		
25		Rubella IgG/IgM	150	59	USG Guided FNAC	500		
26		CMV IgG/IgM	150	60	Radiology	Colour Dopler Small Part	220	
27		Herpes Simplex IgG/IgM	150	61		Colour Dopler Vascular	550	
28		Anti HBs IgG/IgM	300	62		X- Ray Barium /Film	125	
29		HBc Antigen	300	63		IVP/Film	125	
30		Anti HAV/ Anti Hbe IgM	300	64		HSG/Film	125	
31		Chalmydia Ab IgG/IgM	100	65		X-Ray Dental	30	
32		Chikungunia	450	66	TMT	TMT	385	
33		Scrub Typhus	350	67	Urology	Cystoscopy	220	
34		H1N1 (Swine Flu) RT PCR	1000					

OTHER TEST.....

**Mention S. No. of
The Advised Test**

**Signature
MO/Consultant**