



ESIC PGIMSR AND MODEL HOSPITAL  
EMPLOYEES STATE INSURANCE CORPORATION  
K.K.NAGAR ASHOK PILLAR ROAD, CHENNAI -78

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**TENDER NOTICE**

**Tender No. 006/Scan & Lab Investigation 2014 date 04.03.2014**

The Medical Superintendent, ESIC Hospital, K.K.Nagar, Chennai-78 invites sealed tenders from reputed institutions to carry out Scan & Lab Investigations to patients referred by this hospital .

Detailed information regarding, Tender form/List of Scan & Lab Investigations/ Terms and Conditions are given in the Tender document available in the Web site [www.esichennai.org/www.esipgimsrchennai.org/www.esic.nic.in](http://www.esichennai.org/www.esipgimsrchennai.org/www.esic.nic.in). The application forms can be downloaded and the EMD amount should be kept in a separate cover and enclosed along with the Tender Document.

Last Date for submission of Tender for Lab Investigations - 26 /3/2014 -11.00 AM  
Date & Time of opening of Tender - 26/3/2014 - 11.30 AM

Last Date for submission of Scan Investigations - 27/ 3/2014 - 11.00 AM  
Date & Time of opening of Tender - 27/3/2014 -11.30 AM

If the date of opening of the tender happens to be a holiday, the tender will be opened on the next working day.

Tender documents duly completed should be dropped on or before the stipulated date mentioned above, in the Tender Box kept at the first floor of this Hospital.

The undersigned reserves the right to accept or reject any or all the bids without assigning any reason at any stage.

MEDICAL SUPERINTENDENT

**TENDER FOR CARRYING OUT SCAN AND OTHER DIAGNOSTIC INVESTIGATIONS TO  
THE PATIENTS OF E.S.I.C. HOSPITAL, K.K. NAGAR, CHENNAI – 78.**

***From***

***To  
The Medical Superintendent,  
ESIC Hospital,  
K.K. Nagar,  
Chennai – 78.***

***Sir,***

***Sub: Tenders for carrying out scan and other  
diagnostic investigations – reg.***

***\*\*\*\*\****

***We have pleasure in submitting our tenders for carrying out scan and other diagnostic  
investigations as per the annexure enclosed.***

***We enclose herewith a DEMAND DRAFT No..... dated .....***

***Rs. drawn in favour of the THE MEDICAL SUPERINTENDENT, ESIC HOSPITAL,  
K.K. NAGAR, CHENNAI – 78, towards EARNEST MONEY DEPOSIT.***

***We bind ourselves to the conditions prescribed in the Tender Notification.***

***We agree to have the Earnest money forfeited in case of our failure in full or part to  
undertake the contract upon the acceptance of this tender.***

***The terms and conditions relevant to this tender is enclosed herewith.***

***OFFICE SEAL:***

***SIGNATURE:***

***:Designation***

**TERMS AND CONDITIONS FOR CARRYING OUT SCAN INVESTIGATIONS TO THE PATIENTS OF E.S.I.C. HOSPITAL, K.K. NAGAR, CHENNAI – 78.**

**1. Sealed Tenders are invited for Scan & Lab Investigations from Govt./reputed Pvt. Institutions, as per specifications given below:**

**Last Date for Receipt of Lab Investigations Tender: 26/3/14 - 11.00AM**

**Date of opening of tender: 26/3/14 - 11.30 AM.**

**Last Date for Receipt of Scan related Investigations Tender: 27/3/14 - 11.00AM**

**Date of opening of tender: 27/3/14 -11.30 AM.**

**2. The Sealed envelope containing the completed tender in the prescribed forms should be superscribed as “Tender for carrying out Lab/ Scan Investigations.” and should be submitted in separate envelopes.**

**3. Sealed envelope should be addressed to the Medical Superintendent, ESIC Hospital, K.K. Nagar, Chennai – 78 The tender should be dropped in the Tender Box kept in the first floor of this hospital.**

**4. Postal delays, if any, will not be condoned.**

**5. Tenders will be opened in the presence of the tenders on the day and time as given above.**

**6. EARNEST MONEY DEPOSIT:**

**Each Tender must be accompanied by a E.M.D of Rs. 10,000/- (Rupees ten thousand only) by way of D.D to be drawn in favour of the Medical Superintendent, ESIC Hospital, K.K. Nagar, Chennai-78 payable at Chennai. The tenders not accompanied by EMD is liable for rejection. Advance stamp receipt for refund of EMD should be enclosed.**

**7. The successful tenderer should furnish Performance Security Rs.1,00,000/- refundable after the contract period.**

**8. E.M.D shall not be accepted in the shape of cash/Postal orders/cheques. Tenders not accompanied by the E.M.D shall be rejected. E.M.D will be returned to the unsuccessful Tenderer on demand by making a claim in this regard. Government institutions are exempted from the payment of E.M.D.**

**9. The tenders should be typewritten and every correction in the Tender should invariably be attested by full signature by the tenderer with date before submission of the tenders to the authorities concerned failing which the tender will be liable to be rejected.**

**10. Rate should be quoted separately for each item in the annexure. No tenders with the Remarks “AT CURRENT MARKET RATES” shall be accepted, and tender in which the rates be quoted for the investigation other than the one asked for shall not be considered.**

**11. The rates should be valid up to TWO YEARS from the date of approval of Tender by the competent authority.**

**12. Successful tenderer shall not be entitled to any rate revision of price for any reason except that allowed by Government of India.**

- 13. One copy containing terms and conditions and Schedule of this tender should be signed by the tenderer at the bottom of each page with the office seal duly affixed and returned along with the tender.***
- 14. Medical Superintendent, ESIC Hospital, K.K. Nagar, Chennai reserves to herself the right to reject the tenders or to accept the tenders for any one or more of the items tendered for in a tender without assigning any reason for doing so.***
- 15. Declaration form and institutions profile formats enclosed must be filled in and signed by the tenderer, and enclosed along with the tender. Tenders received without the declaration form shall not be considered.***
- 16. Medical Superintendent, ESIC Hospital, K.K. Nagar, Chennai – 78 will be at liberty to terminate without assigning any reason therefor the contract either wholly or in part within a period of three months from the date of commencement of contract or one month notice. The tenderer will not be entitled for any compensation whatsoever in respect of such termination.***
- 17. No investigation test should be carried out to the patient except on requisition in writing signed by the Medical Superintendent or by an Officer authorized by him in writing to do so.***
- 18. The Investigation report should be submitted to the HOD furnishing all the facts requested by the HOD. The copy of report should also be enclosed with the bill. Failing which the bill will be rejected.***
- 19. Bills are to be submitted giving the consolidated lists of cases investigated. Settlement of the bills will be done within 4 to 6 weeks.***
- 20. The contract should not be sublet without the prior written permission of the Medical Superintendent.***
- 21. The agency is fully responsible for the reliability and authenticity of the reports.***

***MEDICAL SUPERINTENDENT***

***The above conditions are accepted unconditionally.***

**SIGNATURE OF THE TENDERER.**

**TENDER FOR INVESTIGATIONS DONE THROUGH PVT INSTITUTIONS**

**SPECIFICATIONS REQUIRED**

**COMMON SPECIFICATIONS:**

1	The Centre must be near the Hospital for easy access.	Yes	Distance in Km	Travel Time
2	The Centre should have enough waiting area with toilet facilities		Yes	No
3	Ambulance facility should be available to pick up the patients from the hospital and drop back		Yes	No
4	Sample collection and online reporting facility for urgent reports		Yes	No
5	Both MRI & CT - In emergency cases( like head injury or Trauma) report should be given within one hour.		Yes	No
6	Minimum waiting time must be ensured.		Yes	No

**THE MACHINES :**

1	The machine must be 5 years or less old. (proof of purchase, manufacture and year of installation to be produced)	Yes	No
2	Should have Genset backup facility during E.B power failure	Yes	No
3	In the event of machine break-down, alternate arrangements to be made. immediately by the tenderer. Provide details of backup equipments.	Yes	No
4	Round the clock service with qualified Radiologist to be available.(list of Radiologists with qualification and experience to be furnished.)	Yes	No
5	Image storage facility to keep the data of the patients for at least one year to be available. Centres with ISO Certification will be given preference. The details of equipment used for procedures (CT, USG etc) and the qualifications of reporting authority should be mentioned	Yes	No

**C.T.Scan**

1	Multi-slice Spiral C.T	Yes	No
2	Ultra Sound back up facility for confirmation of the lesion, if necessary	Yes	No
3	C.T Angio facility, C.T Pulmonary Angio, 3D Reconstruction facility for some lesions	Yes	No

4	For contrast scan only Non Ionic contrast media must be used.	Yes	No

**M.R.I. SCAN :**

1	1.5 Tesla	Yes	No
2	MRI Spectroscopy facility	Yes	No
3	MRI Angio and MRCP facilities to be available	Yes	No

**LAB INVESTIGATIONS :**

1	Current NABL Scope of test ; Methodology, Schedule, TAT (turn around time) with cost should be listed clearly for each investigation.	Yes	No
2	The Laboratory quoting for the Lab investigations has to be mandatorily accredited to JCI or NABL or CAP and the specific procedures adapted, the equipments used for each test with the qualification of reporting authority should be mentioned in the quote in the format provided Annexure – 1	Yes	No
3	Long team user list with quality certificate of service provided to be enclosed.	Yes	No
4	Soft copy CD of the filled format (annexure 1) in excel sheet to be submitted along with hard copy	Yes	No
5	Any other investigation not listed can be sent to the Laboratory when necessary, with the prior approval of the Medical Superintendent.	Yes	No
6	List of Authorized Signatory for each pf the above departments with their qualification and experience in the relevant field to be enclosed.		
7	List of clients with contact mail id & mobile numbers to the enclosed.		

**COMPANY PROFILE**

1. Name of the Firm :
2. Full Address :
3. Telegraphic Address :
4. Telephone No. :
5. Telex/Fax No. :
6. Working Hours :
7. Date of Establishment of firm :
8. Is your Institution registered under
- (a) Companies Act :
- (b) Any other Act (specify) :
9. Name & Address of your Bankers,
- stating the name in which the account stands :
10. Are you on the list of approved contractors
- of any other authority (If so please give
- details) :
11. Give details of any Government contract
- executed during the last 12 months :
12. Details of the Investigation equipments
- available with you (Give details of make and
- other specification of each equipment) :
13. Details of the qualification of persons
- handling the equipments :
14. Is your Institution certified by ISO?
15. Any other information which you consider
- necessary to furnish :
- DATE: SIGNATURE:

NAME & ADDRESS:

**DECLARATION FORM**

We ..... having our  
office at ..... do  
declare that we have carefully read all the conditions of Tender sent to us by the Medical  
Superintendent, E.S.I.C. Hospital, K.K. Nagar, Chennai – 78 for Tenders floated by him/her for  
carrying out scan an investigations due on .....till .....A.M.

We further declare that we ..... possess valid  
license bearing No..... valid upto  
.....

**DATE:**

**:SIGNATURE**

**NAME & ADDRESS:**

**SEAL:**





	(Philadelphia Ch by FISH) (t9:22 translocation)								
14	Bence Jones Proteins (Quantitative)								
15	Beta thalassemia, prenatal diagnosis (Complete set of 23 loci including HbS and HbE detection) amniotic fluid/ch villi/blood.								
16	Beta-2-microglobulin urine spot/csf/serum								
17	BNP (B Type Natriuretic Peptide)								
18	Brucella-IgM antibody								
19	C3 - Complement 3, serum								
20	C4 - Complement 4, serum								
21	CAH (Congenital Adrenal Hyperplasia) Panel (Androstenedione, 17 OH Progesterone, Total Testosterone, Cortisol, Aldosterone)								
22	Calculus(Stone) analysis by automated FTIR								
23	CD4/CD8 Counts.								
24	CEA-Carcino Embryonic Antigen(Serum, Body Fluid, Tissue)								
25	Ceruloplasmin (Copper Oxidase)								
26	Chikungunya test								
27	Chromogranin A								
28	Chromosomal Analysis (Giemsa								

	banding) (G banding) (For numerical and structural chromosomal abnormalities) cell culture/ blood /cord blood bone marrow amniotic fluid								
29	Chylomicron Qualitative SERUM/SPOT URINE								
30	Chyluria								
31	Cold agglutinin								
32	Copper AAS serum/urine/ spot / 24 hrs								
33	Cortisol serum/saliva/urine 24 hr								
34	C-Peptide (Glucagon Stimulation test) (Four samples)								
35	C-Peptide (Insulin Suppression test)								
36	C-Peptide (Fasting sample) with Insulin CLIA								
37	Cryoglobulins (Qualitative)								
38	Cryptococcus Antigen, Qualitative/Quantitative (SERUM/CSF)								
39	Drug toxicity assays -specify available drug list-quantification assays only								
40	Down's Syndrome Screen-1st trimester (Triple test) (Down's syndrome screening through analysis of Free HCG-beta, PAPPa and statistical risk								

	<b>factor calculation)</b>								
41	<b>Down's Syndrome Screen-2nd trimester (Down's syndrome screening through analysis of HCG-beta, AFP, uE3 and statistical risk factor calculation)</b>								
42	<b>Erythropoetin CLIA</b>								
43	<b>Factor II (Prothrombin) mutation detection</b>								
44	<b>Factor II, activity (functional)</b>								
45	<b>Factor IX activity (functional)</b>								
46	<b>Factor V , Activity (functional)</b>								
47	<b>Factor V leiden, mutant detection</b>								
48	<b>Factor VIII (v/W factor)</b>								
49	<b>Factor VIII activity</b>								
50	<b>FDP &amp; D DIMER -Qualitative and Quantitative</b>								
51	<b>FENa</b>								
52	<b>Ferric Chloride test/phenyl ketonuria</b>								
53	<b>Fetal fibronectin</b>								
54	<b>Fibrinogen</b>								
55	<b>Free Testosterone &amp; Total Testosterone</b>								
56	<b>G6PD-Quantitative</b>								
57	<b>Gamma glutamyl transferase GGT</b>								
58	<b>GnRH (LHRH)Stimulation test (Basal and 30-</b>								

	<b>60-90-120 minutes sample after iv GnRH injection for FSH &amp; LH tests) (Dose = 2.5ug/Kg of body weight)</b>								
59	H1 N1 -nasal swab PCR								
60	Haemophilia profile (Factor VIII, Factor IX)								
61	Ham's test (PNH confirmatory test)								
62	Hb electrophoresis immuno fixation quantitative								
63	HBV-DNA Detection (Qualitative)								
64	HBV-DNA Quantification (Viral load)								
65	HCV- Serotyping /Genotyping								
66	HCV-Genotyping								
67	HCV-RNA Quantification (Viral load)								
68	HDV-Total antibodies to Hepatitis Delta Virus								
69	HIV-1-RNA Detection (Qualitative)								
70	HIV-1-RNA Quantification (Viral Load)								
71	HLA-B27								
72	Homocysteine PLASMA/URINE SPOT								
73	HPV-DNA								
74	HPV-Human Papilloma Virus Screening (Includes HPV-DNA and Pap smear)								

75	HSV 1&2 IgG antibodies to Herpes Simplex Virus 1 & 2 SERUM/CSF								
76	HSV 1&2 IgM antibodies to Herpes Simplex Virus 1 & 2 SERUM/CSF								
77	HSV-DNA detection for type 1 and 2 virus CSF/ BLISTER FLUID /ULCER SWAB								
78	IGF BP-3								
79	IGF-1 (Somatomedin C)								
80	Immunofixation, Quantitative (protein electrophoresis) SERUM,CSF,URINE								
81	Immunoglobulin profile (IgG, IgM, IgA) Immunoturbidimetry								
82	Kappa and Lambda light chains, free Immunoturbidimetry								
83	Kappa/Lambda light chains tissue immunohistochemistry								
84	Kappa/Lambda/CD19 (B Cell light chain marker) blood by FCM								
85	LAC (Lupus Anticoagulants) (screening and confirmation)								
86	Lead (Blood/Urine spot/Urine 24hours) AAS								
87	Lead poisoning tests (ALA & PBG) (Urine spot, urine 24 hours)								
88	Leucocyte Alkaline Phosphatase (LAP) score								

89	Lipoprotein Electrophoresis IF								
90	Lipoprotein(a)								
91	Lithium level								
92	LKM1-Antibodies to Liver Kidney Microsomes (Qualitative)								
93	LKM1-Antibodies to Liver Kidney Microsomes in dilutions								
94	Measles (Rubeola) -IgG antibodies (SERUM, CSF)								
95	Measles (Rubeola) -IgM antibodies (SERUM , CSF)								
96	Metabolic Disorder Panel GCMS -confirmatory								
97	Metabolic screen (Aminoacids- Qualitative, Reducing substances, DNPH test, Fecl2 test, Nitrosonaphthol, Nitroprusside, Silver nitroprusside tests)								
98	Mixing studies - coagulation disorders								
99	Multiple Sclerosis Profile (Albumin-CSF & serum, IgG-CSF & Serum, Myelin Basic Protein, CSF electrophoresis, Oligoclonal band and CSF Index)								
100	Mumps-IgG Antibodies (Serum,CSF)								
101	Mumps-IgM Antibodies (SERUM,CSF)								
102	Mycobacterium Tuberculosis (MTB), rRNA detection by TMA								

	(US FDA approved method)								
103	Neonatal screening, Advanced (G6PD , 17OH progesterone, Phenyl alanine, Cystic Fibrosis, Galactosemia, Toxoplasma)								
104	Neonatal screening, Basic (G6PD and 17OH progesterone, Phenyl Alanine)								
105	Nor-Adrenaline (Nor-epinephrine) PLASMA/ 24 HOURS URINE								
106	Osteoporosis profile-Ostase, Osteocalcin, PTH,DPD,E2 & D3								
107	Pancreatic Marker Profile (CEA, CA 19.9, Gastrin, Insulin)								
108	PAPPa-Pregnancy associated plasma protein								
109	Parathyroid PTH-intact CLIA								
110	Protein C antigen, quantification								
111	Protein S antigen, free								
112	Protein S antigen, Quantification								
113	RA & ASO -Quantitative by immunoturbidimetry								
114	Renin Activity, plasma (PRA)								
115	Sweat chloride								
116	TB Gold (Quantiferon) (Gamma Interferon for TB)								
117	Testosterone profile (Total and free testosterone,								



	<b>SHBG,Free androgen Index, Calculations)</b>								
118	<b>TORCH-4 IgM (IgM antibodies to Toxoplasma, CMV, Rubella, HSV-1/2 combi) SERUM/CSF</b>								
119	<b>TORCH-5 IgG (IgG antibodies to Toxoplasma, CMV, Rubella, HSV-1 and HSV-2) SERUM/CSF</b>								
120	<b>Typhoid DNA PCR</b>								
121	<b>Varicella (Herpes) Zoster-IgG antibodies SERUM/CSF</b>								
122	<b>Varicella (Herpes) Zoster-IgM antibodies SERUM/CSF</b>								
123	<b>Vitamin D2 (1,25 Dihydroxy Cholecalciferol)</b>								
124	<b>Vitamin D3 (25 Hydroxy Cholecalciferol)</b>								
125	<b>VMA- Vanillylmandelic Acid</b>								
126	<b>vW (Von Willebrand) Factor (Factor VIII) PLASMA/TISSUE</b>								
127	<b>Weil Felix Test</b>								
128	<b>Zinc AAS/serum/24 hr and spot urine Pyruvate/Lactate</b>								
129	<b>Pyruvate/Lactate</b>								
130	<b>Ammonia</b>								
131	<b>Tacrolimus</b>								
132	<b>Cysticercal Ab-IGG, IGM</b>								
133	<b>Platelet Aggregation</b>								
134	<b>Aspergillus Ab-Serum/Tissue IGG/IGM</b>								

135	Heavy Metals								
136	Beta HCG Urine 24H								
137	Amino Acids Urine								
138	GH-Growth Hormone								
139	GH Stimulation Test- Basal,30Min.,60Min.								
140	Oxalate Serum/Urine 24H								
141	Factor VII								
142	Anti Mullerian Hormone Ab AMH								
143	GAD 65 Ab								
144	X Ray LS Spine Standing in Flexion/Extension								
145	Sleep Study								
146	ACTH.								
147	ACTH Stimulation Test								
148	Gastrin								
149	Kala Azar/Leishmania Ab IGG								
150	Kala Azar/Leishmania Aldehyde Chopra Test								
151	HBc IGM								
152	Aldsterone								
153	ADH/Vasopressin								
154	APML Ra-T(15- 17)Translocation Quantification								
155	HTLV 1 Elisa								
156	Platelet Ab								
157	Scrub Typhus Ab IGM								
158	Metanephrine Urine 24H								

159	Parvo Virus B19 Ab IGG/IGM								
160	Anti Dnase Ab								
161	Pterin Urine 24H								
162	Tandem Mass Spectrometry Glutaric Acid								
163	Tandem Mass Spectrometry Metabolic Screen								
164	Intrinsic Factor Ab								
165	Anti dsDNA FARR								
166	TB DNA PCR Blood/Fluids								
167	TB DNA PCR Tissues								
168	HbA2								
169	HBV Drug Resistance Study								
170	Cytomegalovirus PCR Quantitative								
171	BK Virus PCR Quantitative								
172	Organic Acids Urine Quantitative Full Panel								
173	Gastrin Stimulation by Secretin Test								
174	Calcitonin								
175	Coxsackie Ab IGG/IGM								
176	EMA IGA								
177	TTG IGA								
178	H pylori PCR								
179	Legionella Ag Urine								
180	Fungal Panel- Serum/CSF								
181	Prorhrombin G20210A Gene Mutation								
182	MTHFR Gene Mutation								

183	Stone Analysis Biliary								
184	5 HIAA Urine 24H								
185	HLA B27								
186	Lysozyme								
187	Choline Esterase Serum								
188	HLA B5								
189	HLA A29								
190	Thyroid Binding Immunoglobulin								
191	Acetyl Choline Receptor Ab								
192	Thyroid Stimulating Ab								
193	NDM-1, Gene Mutation PCR								
194	Rabies Ab								
195	Interleukin 6								
196	Myelin Ab								
197	TB Gene-XPRT Line Probe Assay								
198	Myocelin/Optineurin Gene Mutation								
199	Myoglobin Serum/Urine								
200	CI Esterase Inhibitor Quantitative								
201	Clostridium Difficile Toxin A&B Stool								
202	JAK 2 Mutation Detection PCR								
203	Hydroxy Progesterone .								
204	Androstenedione								
205	HydroxyProgesterone Stimulation Test.								
206	APML RARAGene Quantification								

207	Neuron Specific Enolase								
208	Biotinidase								
209	CSF Glycine/Lactate								
210	Aquaporin 4 Ab								
211	Leptin, Adipoleptin								
212	Estriol								
213	Russel Viper Test								
214	HPV Liquid Based Cytology								
215	Viual Evoked Potential								
216	IMMUNO HISTO CHEMISTRY.								
217	Lymphoma Panel- Hodgkins/ Non Hodgkins								
218	Soft Tissue Panel								
219	Melanoma Panel								
220	TTF 1								
221	CK								
222	Hep Par 1								
223	ER								
224	PR								
225	HER 2 NEU								
226	CD 10								
227	CEA								
228	Alpha 1 Antitrypsin								
229	PF 53								
230	KI 67								
231	CA 125								
232	Alphafetoprotien								
233	CA 15.3								
234	Synaptophysin								

235	Chromagranin								
236	CA 19.9								
237	HPV								
238	Inhibin .								
239	Kappa Chains								
240	Lambda Chains								
241	EMA .								
242	Osteogenin								
243	OsteoPontin								
244	Napsin								
245	CD 117								
246	Betacaterin								
247	CD 34								
248	CD 31								
249	AMACR								
250	EGFR								
251	BRCA 1								
252	BRCA 2								
	FISH								
253	BCR ABL Gene Rearrangement quantification								
254	Gene Deletions/Microdeletions								
	IIMMUNOFLORESCENCE STUDY								
255	Skin Biopsy								
256	Kidney Biopsy								
	FLOWCYTOMETRY								
257	Leukemia								
258	Lymphoma.								
259	Endomycial Ab								
260	Meth-Hemoglobin Level-Blood								

261	Anti Insulin Ab								
262	FIPLI PDGFRA by PCR								
263	IgG4 Level								
264	Insulin Auto Antibody (IA-2) MCV-PP65 Antibody Assay								
265	Parietal Cell Antibody.								
266	D-Xylose Test.								
267	Chorionic villous biopsy								

**List of Scan related Investigations.**

<b>SL.No.</b>	<b>Name of the Investigations</b>		<b>Remark</b>
<b>I</b>	<b>CT Head</b>	<b>1.Brain</b> Without contrast With & without contrast	
		<b>2. PNS (Axial&amp; coronal cuts)</b> Without contrast With & without contrast	
		<b>3. Brain with Pitutary</b> Without contrast With & without contrast	
		<b>4.Orbits</b> Without contrast With & without contrast	
		<b>5.HRCT Temporal bones/Mastoids</b> Without contrast With & without contrast	
		<b>6.Facial bones</b> Without contrast With & without contrast	
		<b>7. Mandible /TM Joint</b> Without contrast With & without contrast	
		<b>8 Others (specific area in Head)</b> Without contrast With & without contrast	
		<b>9. 3D CBCT Skull / 3D CBCT Jaw</b>	
<b>II</b>	<b>CT BODY</b>	<b>1.Neck</b> Without contrast With & without contrast	
		<b>2.Chest</b> Without contrast With & without contrast	
		<b>3. HRCT Chest</b> Without contrast With & without contrast	



		<b>4. Whole Abdomen</b> Without contrast With & without contrast	
		<b>5. Lower Abdomen/Pelvis</b> Without contrast With & without contrast	
		<b>6 KUB plain scan with 3D Reconstruction (PLAIN)</b>	
		<b>7 KUB with CT Urogram &amp; 3D reconstruction (plain &amp; contrast)</b> Without contrast With & without contrast	
		<b>8. Whole abdomen &amp; Pelvis</b> Without contrast With & without contrast	
		<b>9. Others (Any specific part in body)</b> Without contrast With & without contrast	
<b>III</b>	<b>CT SPINE</b>	<b>1. C Spine</b> Without contrast With & without contrast	
		<b>2. D Spine</b> Without contrast With & without contrast	
		<b>3. L.S Spine</b> Without contrast With & without contrast	
		<b>4. L.S Spine with SI Joint</b> Without contrast With & without contrast	
		<b>5. Sacrum/Coccyx/SI Joint</b> Without contrast With & without contrast	
		<b>6. Bony Pelvis/Hip Joint</b> Without contrast With & without contrast	
		<b>7. Extremities/Joints (any one Region)</b> Without contrast With & without contrast	
		<b>8. Small Parts (any one area/joint)</b> Without contrast With & without contrast	
<b>IV</b>	<b>CT ANGIO</b>	<b>1. Cranium circle of willis</b>  With & without contrast	
		<b>2. Neck Vessels</b>  With & without contrast	
		<b>3. Pulmonary Vessels/Abdominal Angio(Any specific)</b>  With & without contrast	
		<b>4. Peripheral Angio</b>	

		With & without contrast	
		5. Cardiac CT(in 64 /128 slice scan)CT coronary Angio With & without contrast	
<b>V</b>	<b>Interventional Procedure</b>	1.CT guided aspiration Without contrast With & without contrast	
		2.CT guided biopsy Without contrast With & without contrast	
		3USG guided aspiration Without contrast With & without contrast	
		4. USG guided biopsy Without contrast With & without contrast	
<b>VI</b>	<b>MRI- HEAD</b>	1Brain Without contrast With & without contrast	
		2Brain with diffusion /MRA&MRV Without contrast With & without contrast	
		3.Brain with Pituitary Without contrast With & without contrast	
		4. Orbits Without contrast With & without contrast	
		5.Inner Ear/Cochlea Without contrast With & without contrast	
		6TM Joint Without contrast With & without contrast	
		7. Others(Specific area in head) Without contrast With & without contrast	
		8. MR Spectroscopy Without contrast With & without contrast	
		9.Brain with Spine screening Without contrast With & without contrast	
		10. Brain any other part head/neck Part screening Without contrast With & without contrast	
<b>VII</b>	<b>MRI BODY</b>	1. Neck Without contrast With & without contrast	
		Neck for Brachial plexus Without contrast With & without contrast	

		<b>2.Chest</b> Without contrast With & without contrast	
		<b>3.Upper Abdomen</b> Without contrast With & without contrast	
		<b>4.Lower Abdomen/Pelvis</b> Without contrast With & without contrast	
		<b>5.Whole Abdomen</b> Without contrast With & without contrast	
		<b>6.MRI Rectum with rectal coil</b>	
		<b>7.MRCP</b>	
		<b>8.MR Fistulogram / Sinogram</b>	
		<b>9.MR Urogram</b>	
		<b>10.Cardiac MRI</b>	
<b>VIII</b>	<b>MRI SPINE</b>	<b>1.whole spine screening</b> Without contrast With & without contrast	
		<b>2. C-Spine only</b> Without contrast With & without contrast	
		<b>3. C-Spine with Brachial Plexus</b> Without contrast With & without contrast	
		<b>4.D-Spine only</b> Without contrast With & without contrast	
		<b>5. L.S.spine only</b> Without contrast With & without contrast	
		<b>6.C.Spine with other spine screening</b> Without contrast With & without contrast	
		<b>7.D spine with other spine screening</b> Without contrast With & without contrast	
		<b>8. L. S. Spine with other spine screening</b> Without contrast With & without contrast	
		<b>9. L .S. spine with SI joint &amp; Hip Joint screening</b> Without contrast With & without contrast	
<b>IX</b>	<b>JOINTS</b>	<b>1Rt. or Left Shoulder</b> Without contrast With & without contrast	
		<b>Rt. or Left Shoulder with Brachial plexus</b> Without contrast With & without contrast	
		<b>2.Elbow joint</b> Without contrast	

		<b>With &amp; without contrast</b>	
		<b>3.Wrist Joint Without contrast With &amp; without contrast</b>	
		<b>Wrist Joint with Hand Without contrast With &amp; without contrast</b>	
		<b>4.Both Hip Joint Without contrast With &amp; without contrast</b>	
		<b>5. Both SI Joint Without contrast With &amp; without contrast</b>	
		<b>6. Knee Joint Without contrast With &amp; without contrast</b>	
		<b>7.Ankle Joint Without contrast With &amp; without contrast</b>	
		<b>8.Extremities-Any specific part in extremities /soft tissues/musculo skeletal region Without contrast With &amp; without contrast</b>	
		<b>Both Hands or Feet Without contrast With &amp; without contrast</b>	
<b>X</b>	<b>MR Angio</b>	<b>MRA &amp; MRV ( Head)</b>	
		<b>Neck Vessels MRA</b>	
		<b>Abdomen / Renal MRA</b>	
		<b>MRA Peripheral Vessels ( right/ left/ upper/ lower limb )</b>	
		<b>MRV Peripheral Vessels ( right/ left/ upper/ lower limb )</b>	
<b>XI</b>	<b>MAMMOGRAM</b>	<b>1. Digital X-Ray mammogram Right Left Both</b>	
		<b>3. Digital Mammogram &amp; sonogram (USG&amp; X-Ray) Right Left Both</b>	
		<b>4. MRI mammogram Right Left Both</b>	
		<b>5. MRI mammogram with contrast Right Left Both</b>	
<b>XII</b>	<b>ULTRASONOGRAM</b>	<b>1.Abdomen &amp; Pelvis Routine</b>	
		<b>2.Pelvis (Gynae) Routine</b>	
		<b>3.Pelvis (Gynae)Transvaginal</b>	

		<b>4KUB</b>	
		<b>5Anamoly scan</b>	
		<b>6Trans rectal Ultra Sound</b>	
		<b>7Trans rectal Ultra Sound with Biopsy</b>	
		<b>8.Neonatal Brain</b>	
<b>XIII</b>	<b>DOPPLER SCAN-ARTERIES</b>	<b>1.Upper limb Right Left Both</b>	
		<b>2.Lower Limb Right Left Both</b>	
	<b>VEINS</b>	<b>1.Upper limb Right Left Both</b>	
		<b>2.Lower Limb Right Left Both</b>	
	<b>ARTERIES</b>	<b>Carotid &amp; Vertebral</b>	
	<b>ARTERIES &amp;VEINS</b>	<b>1.Abdominal Aorta &amp;IVC &amp; Iliac vessels /Mesentric</b>	
	<b>SCROTUM</b>	<b>.Scrotum USG&amp; Doppler</b>	
	<b>FIBROID</b>	<b>Uterine Fibroid</b>	
	<b>OBS</b>	<b>Foetal Doppler</b>	
		<b>Foetal Echo Cardiography</b>	
		<b>Amniocentesis/ Chorionic villi Biopsy</b>	
	<b>CRANIAL</b>	<b>Trans cranial Doppler</b>	
		<b>Penile Doppler</b>	
	<b>AXILLA</b>	<b>Arteries &amp; Veins</b>	
		<b>Right</b>	
		<b>Left</b>	
		<b>both</b>	
<b>XIV</b>	<b>CARDIOLOGY</b>	<b>1. Echo cardiogram</b>	
		<b>2.TMT</b>	
		<b>3. 24 hrs ECG(Holter)</b>	
<b>XV</b>	<b>NEURO /NERVE CONDUCTION STUDY</b>	<b>Upper limb Right Left both</b>	
		<b>Lower Limb Right Left Both</b>	
		<b>EMG</b>	

		<b>DIGITAL EEG</b>	
	<b>X-RAY STUDY</b>	<b>OPG X-RAY ORTHOPANTOGRAM</b>	
		<b>Full length weight bearing X-ray from hip to ankle</b>	
<b>XVI</b>	<b>NUCLEAR SCAN</b>	<b>DMSA</b>	
		<b>HIDA Scan</b>	
		<b>Radio active Iodine Thyroid Scan</b>	
		<b>Iodine-131 MIBG Scan</b>	
		<b>IDAD scan</b>	
		<b>DTPA Scan</b>	
		<b>PTH Sestambi Scan</b>	
		<b>Technicium scan</b>	
		<b>Thallium scan</b>	
		<b>Pertechnate scan</b>	
		<b>Gallium scan</b>	
		<b>Technicium-99 Labelled Sulphur Colloid to Detect Bleeding Site</b>	
<b>XVII</b>	<b>PET SCAN</b>		
	<b>DEXA</b>	<b>Whole Body Bone Scan</b>	
	<b>Fluroscopy</b>	<b>1. IVU</b>	
		<b>2.MCU</b>	
		<b>3.AScending Urethrogram</b>	
		<b>4.Barium Meal Series</b>	
		<b>5.Barium Enema</b>	
		<b>6.ERCP</b>	
		<b>7.Small Bowel Enema</b>	
		<b>8.Barium Swallow</b>	
		<b>9.Sinogram</b>	
		<b>10.Fistulogram.</b>	

**Note: Provision for CD recording- Optional and additional charge to be mentioned.**