



Employees' State Insurance Corporation, Hospital  
ESIC KK Nagar, Chennai – 78.  
ISO 9001:2015 Certified



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No. 512/U/P&B/Lab Investigation Tenders/ 14-15/Vol III

Date: 26.02.2019

**E - TENDER FOR CARRYING OUT LABORATORY INVESTIGATIONS  
UNDER RATE CONTRACT FOR THE YEAR 2019 -21**

E – tenders are invited under Two Bid system through e-procurement solution from reputed laboratories for laboratory investigations for two years. The Tenders will be opened online on **12.03.2019 at 2.30 P.M** in presence of the tenderers.

Date of Start of Download	: <b>26.02.2019</b>
Last date of submission of e-tender	: <b>12.03.2019 up to 02: 00 PM</b>
Time & Date of opening of e-tender	: <b>12.03.2019 up to 02:30 PM</b>
Earnest Money	: RS. 75,000/- ( Seventy Five Thousand Only)

Tenders documents are available online at [www.esic.nic.in](http://www.esic.nic.in), <https://esictenders.eproc.in> & <https://eprocure.gov.in>

DEAN  
ESIC Hospital, KK Nagar, Chennai.

### **Important Instructions for Bidders regarding Online Payment**

All bidders/contractors are required to procure Class-IIIB Digital Signature Certificate (DSC) with Both DSC Components I.e. Signing & Encryption to participate in the E- Tenders.

Bidders should get Registered at <https://esictenders.eproc.in>.

Bidders should add the below mentioned sites under Internet Explorer Tools Internet Options Security Trusted Sites of Internet Explorer:

<https://esictenders.eproc.in> <https://www.tpsl-india.in> <https://www4.ipg-online.com>

Also, Bidders need to select “Use TLS 1.1 and Use TLS 1.2” under Internet Explorer Tools Internet Options Advanced Tab Security.

Bidder needs to submit Bid Processing Fee charges of Rs. 2495/- (non-refundable) in favor of M/s. C1 India Pvt. Ltd., payable at New Delhi via Online Payment Modes such as Debit Card, Credit Card or Net-Banking for participating in the Tender.

Bidders can contact our Helpdesk at <https://esictenders.eproc.in/html/Support.asp>

## EXPRESSION OF INTEREST FOR LAB INVESTIGATIONS

The DEAN, ESIC Hospital, KK Nagar, Chennai – 78. invites e-tenders from reputed laboratories / pathology investigation centers for lab investigations for period of Two year at CGHS rates on 24 x 7 and 365 days' basis.

### Eligibility Criteria:

1. Agencies/Establishments must have at least three years of experience in respective field. Evidence like experience certificate, registration certificate etc. to this effect should be submitted as a part of technical bid.
2. The diagnostic laboratory should have been accredited by National Accreditation Board for testing and Calibration Laboratories (NABL). However, the diagnostic laboratories which are not accredited by NABL may also apply for empanelment but their empanelment shall be provisional till they are accredited for NABL certificate, which may be done preferably within a period of 6 months but not later than one year from the date of empanelment.

### GENERAL CONDITIONS

3. Each tenderer must submit earnest money deposit Rs.75,000/- by means of a Demand Draft drawn in favor of ESIC FUND, Account No. 1, payable at Chennai and the D.D should accompany the tender.
4. The contract will normally be valid for two years. The DEAN, ESIC Hospital, Chennai reserves the right to terminate the contract at any time, before the expiry of 2 year, by giving one Month notice. The contract can be extended up to a maximum period of one year beyond this period, on the same terms and conditions.
5. The selected tenderer should deposit an amount of Rs. 2,50,000/- as Security Deposit within 7 days. It shall be refunded after satisfactory completion of contract without any interest. The tenderer should have valid PAN Number and copy of the same should be attached with the tender document.
6. Payment of bill as per CGHS / AIIMS rates. If both rates are not available than the payment will be given as per laboratory center rate. In such investigation empaneled laboratory should give 15% discount.
7. Document Acceptance: EMD may be dropped either in the tender box earmarked for the purpose or be sent by Registered post. Document received after the scheduled date and time shall be rejected out rightly.
8. CONDITION FOR OPENING OF DOCUMENTS / BIDS / EOI Document will be out rightly rejected if any technical condition is not fulfilled. Photocopy of necessary certificates should be submitted online along with technical bid. Participants will be informed about date and time of inspection of their Centre by a duly Constituted Committee on the address given in Document form.
9. In addition to online submission of e-tender, bidders are also required to submit hard copy of EMD: -
  1. Envelop A: Containing Earnest Money Deposit (EMD) of Rs. 75,000/- in the form of Demand Draft/ Pay Order in favor of ESIC Fund Account No.1, payable at Chennai.

The EMD should be submitted in One sealed envelope, inscribed – TENDER FOR Lab Investigation and shall be dropped in the BOX kept near Room No. 125 (Purchase Branch), ESIC, KK Nagar, Chennai. EMD received after closing date and time shall not be accepted under any circumstances if received even by post.

10. **CONDITIONS FOR AWARD OF CONTRACT:** Award of contract will be considered to only L-1 (Vendor who is offering maximum discount on Non - CGHS rates bidder selected through Two bid tender process after inspection by the technical committee constituted by the DEAN ESIC Hospital Chennai. In case if more than two bids are received from NABL / Non NABL pathology lab the maximum discount offered will be awarded the contract. In case of tie, i.e. if two bidders offering same discounts the decision of DEAN shall be final. However, the DEAN, ESIC Hospital Chennai reserves the right to accept or reject any or all the expression of interest(s) without assigning any reason thereof.
11. Award of contract may be given to one or more participants for which decision of DEAN will be final.
12. Forms may be downloaded from ESIC website ([www.esic.nic.in](http://www.esic.nic.in) / [www.eprocurement.gov.in](http://www.eprocurement.gov.in)).
13. The applications, if received, from the Institution which was de-empaneled by ESIC/ESIC Hospital, Chennai shall be taken/not be taken into consideration (as per Hqrs. verdict in the matter). Final decision of DEAN, ESIC Hospital, Chennai shall be binding on the Institution.
14. The successful participants shall have to sign an agreement on Non – Judicial Stamp paper of Rs. 100/- and incidental charges related to agreement shall be borne by the Empaneled center. Agreement will be effective i.e. date of signing of the agreement.
15. The Expression of Interest will be rejected out rightly if the same is not submitted in accordance with the terms and conditions of the EOI
16. Contract could be terminated by ESIC if in house Laboratory facility at ESIC Hospital, Chennai starts in future, after giving one-month advance notice, similarly, the lab may terminate contract after serving three months' notice in advance prior to closure of services.
17. In case of urgent requirement of reports the lab shall give the reports within a specified time frame / or as asked for by treating doctors.
18. **PROCEDURE FOR SUBMISSION OF TENDERS/BIDS:**  
The tender should be submitted online in Two BID System. All required documents should be properly signed, scanned and uploaded while submitting technical/financial bid.

**Special conditions for lab investigation**

1. The lab should have been recognized / approved by the competent authority as per existing Govt. rules and should have all the in- house facilities for testing the samples.
2. In case of a tie up arrangement, the lab should have been an authorized franchise of reputed laboratory for not less than a period of three years.
3. The Investigation Center will provide all the investigations on cashless basis to the ESI beneficiaries referred for tests/investigations by this hospital. No registration fee or other fee whatsoever will be charged by the center from these beneficiaries.
4. Result will be issued to ESI beneficiaries at the earliest In case of specialized investigation the report should be supplied within three days. In case of emergency the report should be given on the same day.
5. The lab shall be subject to inspection at the time of award of initial contract and subject to repeat inspections as desired by the Hospital authorities.
6. The Lab should strictly follow bio medical waste norms at their own cost and should have all the requisite equipment and man power required for testing as per statutory provision.
7. The lab shall post minimum one lab technician in the hospital in order to draw the sample, label, collect and transport the sample to lab.
8. Criteria of counting the firm as reputed lab is the sole right of DEAN,ESIC,

Chennai.

9. For laboratory investigation payment will be as per CGHS / RC rate offered by bidder in its financial bid and agreed by ESIC. If the investigation is new and CGHS rate is not available for the same, the payment will be as per laboratory rate of center. Centre has to give 15% discount in such case.
10. Bidder should sign each page of tender document.

Last date of receipt of online tender is 12.03.2019 up to 02: 00 PM
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Tender will be opened online on the same day at 2.30 P.M. The tenderers may remain present for the opening of the tender if they desire. If opening date is declared holiday for the office of this hospital, tenders will be received up to 02: 00 PM and opened at 2:30 P.M on the same day.

The DEAN, ESIC Hospital Chennai reserves the right to accept or reject the tender without assigning reason. Selected tenderer should sign an agreement with the DEAN specifying terms and conditions of contract before taking up the awarded work.

11. Current NABL Scope of test: Methodology, Schedule, TAT(Turn Around Time)with cost should be listed clearly for each investigations, if accredited.
12. Long term user list with quality certificate of service provided
13. Any other investigation not listed can be sent to the laboratory when necessary, with the prior approval of the DEAN.

**DEAN**  
ESIC Hospital, KK Nagar, Chennai.

**PAYMENT PROCEDURE: -**

As per ESIC Head Quarter instructions, all referral / payment has to be processed online accordingly the empaneled laboratory is required to make necessary arrangement for the processing of online bill processing as follows:

A. The empaneled centers shall acknowledge the referral from ESIC Hospital/institution online.

B. The empaneled laboratory on admission of an ESI Hospital/institution Beneficiary shall intimate online to BPA the complete details of the patient, proposed line of treatment, proposed duration of treatment with Clinical History within 24 hours of admission.

C. After the patient is discharged, the hospital will upload the claim related documents as per SOP and ESIC policy viz Referral letter, Bills, Lab reports, Discharge Summary, Doctors report, indoor papers etc. to BPA through the web based application within seven (7) working days.

D. The hard copies of the claim will be delivered /dispatched to the concerned referring ESI Hospital/institution within seven (7) working days but not later than 30 days.

E. The empaneled centers shall submit all the medical reports in digital form as well as in physical form as per ESIC policy and SOP.

F. The empaneled centers agree that the actual processing shall start when physical copies of the bills submitted by the empaneled centers to the concerned referring ESIC/ESIS Hospital, are verified by them on behalf of respective ESIC/ESIS Hospital. Counting of days shall start from such date for the purpose of TAT. In case of query raised on the bills the TAT for the purpose of BPA shall start from the date of reply to the last query raised by the Tie-up Hospital.

G. In case of absence of certain physical documents, the "Need More Information" (NMI) status will be raised by the Verifier of the respective ESIC/ESIS Hospital, BPA or Medical processing team of respective ESIC Hospital/SMC office to the empaneled hospital/diagnostic center for the missing/ambiguous physical documents (As per SOP). Empaneled hospitals/diagnostic centers shall have to submit the clarifications/information inter-alia for all bills returned online at any level under "Need for more Info" category (NMI), within 15 days failing which these claims will be processed by the respective levels and BPA on the basis of available documents without any further intimation and such bills/claims will be closed not to be opened further.

H. The BPA will audit the medical claims of the ESI Hospital/institution Beneficiaries in respect of the treatment taken by them in the empaneled hospital and make recommendations for onward payment to ESIC Hospital/SMC Office in a time bound manner within a period of 30 working days from the date of submission of bills in physical format or reply to last query, whichever is later.

I. The empaneled hospitals shall have the necessary IT infrastructure for interaction with BPA such as Desktop PC with internet connectivity features, High Speed High resolution multi page Document Scanner, Printers, etc.

J. In case of some mistakes in the scrutiny of claims recommendations thereto by BPA

resulting in excess payment to the empaneled hospital by ESIC Hospital/SMC Office the excess amount shall be recovered from the future bills of the empaneled hospital.

K. Subject to BPA rendering bill-processing services as per terms and conditions of this agreement, the empaneled hospitals/diagnostic centers/claimants shall pay to the BPA, the service fees and service tax/GST/any other tax by any name called as applicable on per claim basis, as detailed below, through ESIC.

L. The amount deducted towards fee and service tax/GST/any other tax by any name called from the payable claims of hospitals/diagnostic centers shall be forwarded by ESIC to BPA simultaneously along with the payments to empaneled hospital/centers through ECS or any other mode of money transfer, as decided by ESIC.

M. The processing fee admissible to BPA will be at the rate of 2% of the claimed amount of the bill submitted by the empaneled hospital/diagnostic center (and not on the approved amount) and service tax/GST/any other tax by any name thereon. The minimum admissible amount shall be Rs.12.50 (exclusive of service tax/GST/any other tax by any name, which will be payable extra) and maximum of Rs. 750/- (exclusive of service tax/GST/any other tax by any name, which will be payable extra) per individual bill/claim. The fee shall be auto-calculated by the software and prompted to the ESI Hospital/SMC Office by the system at the time of generation of settlement ID.

N. The fee shall also mean to include any additional payment of Service Tax, GST or any other taxes by whatever name called as applicable on such fee amount admissible to BPA.

O. If the claim is rejected or results into non-payment to the empaneled hospital/diagnostic center, ESIC Hospital/SMC Office shall recover the service charge and service tax/GST/any other tax by any name due to the BPA from the subsequent claims of the respective empaneled hospital/diagnostic center and shall pay to the account of the BPA.

P. MEDICAL AUDIT OF BILLS: There shall be continuous medical audits of the services provided / claims raised by the empaneled centers by ESIC / BPA.

IN WITNESS WHEREOF the parties have caused this Agreement/MOU to be signed  
Executed on the day, month and year first above-mentioned.

Signed by (Authority of ESI Institution)

In presence of

(Witnesses)

1

2

Signed by (For and behalf of (empaneled hospital/diagnostic center name) duly Authorized vide  
resolution No. \_\_\_\_\_ Dated \_\_\_\_\_

In the presence of

(Witnesses)

1

2

**Annexure-A**

**TECHNICAL BID FOR LABORATORY**

S:No	PARTICULARS	SUBMITTED (YES/NO)
1	<b>Upload Scanned copy of Name of Lab / Investigation Center, address, email address and Contact no.</b>	
2	<b>Upload Scanned copy of PAN/GST</b>	
3	<b>Upload Scanned copy of ITR of Last Three Years (AY 2015-16, 2016-17 and 2017-18)</b>	
4	<b>Upload Scanned copy of Lab License Registration</b>	
5	<b>Upload Scanned copy of Shop and establishment registration certificate</b>	
6	<b>Upload Scanned copy of Biomedical Waste License</b>	
7	<b>Upload Scanned copy of ESIC Code No. (Employer Code No.) (if any)</b>	
8	<b>Upload Scanned copy of EPFO No. (if any)</b>	
9	<b>Upload Scanned copy of Proof of existing empaneled organizations/institutions</b>	
10	<b>Upload Scanned copy of List of Availability of full time specialist along with their Degrees/certificates for which center is going to empaneled</b>	
11	<b>Upload Scanned copy of List of Available equipment i.e. name and year of mfg./installed</b>	
12	<b>Upload Scanned copy of List of all doctors, paramedical and non-medical Staff</b>	
13	<b>Upload Scanned copy of Daily and monthly no. of patient's investigation last six month</b>	
14	<b>Upload Scanned copy of Proof of Category of the Laboratory (As per CGHS) NABL, NON-NABL.</b>	
15	<b>Upload Scanned copy of Undertaking as per Annexure I</b>	



16	Upload Scanned copy of Undertaking as per Annexure II	
17	Upload Scanned Copy of tender document (Blank Technical and Financial Bid) signed and stamped on each page by authorized signatory.	

Signature of the vendor

Name & Address of the Vendor & Telephone No.

Annexure-I

**UNDERTAKING**

I/We \_\_\_\_\_ (name of proprietor) have carefully gone through and understood the contents of the Document form and I/We undertake to abide myself/ourselves by all the terms and conditions set forth. I/We are legally bound to provide services to ESIC Beneficiaries as per rates/terms and conditions of Tender documents failing which DEAN ESIC Hospital Chennai is liable to take action as deemed fit. I/We undertake to provide uninterrupted services or alternative arrangement will be made at the risk of our institute. We undertake that the information submitted along with document and annexure I is correct and also fully understand in case of default security money will be forfeited.

Dated

Place:

Signature(s) Authorized Signatory

Name Designation  
(With seal/rubber  
stamp)

### Arbitration clause

In the event of any dispute or difference arising under these conditions or any special conditions or contract or in connection with this contract, except as to any matters the decision on which is specially provided for by these or special conditions the same shall be referred to the sole arbitration of the DEAN, ESIC Model Hospital, Chennai or some other person appointed by him/her. There shall be no objection that the arbitrator is a Government/Corporation servant and that he had to deal with matters to which Contract relates or that in the course of his duties as Govt. / Corporation servant he had expressed views on all or any of the arbitration disputes or differences.

The award of the arbitrator shall be final and binding on the parties to this contract.

Terms of Arbitration: -

a) If the arbitrator be the DEAN, ESIC Model Hospital, Chennai.

i. In the event of his being transferred or vacating his office by resignation or otherwise, it shall be lawful for his successor in office either to proceed with the reference himself, or to appoint another person as arbitrator; or

ii. In the event of his becoming unable to act, for any reason, it shall be lawful for the DEAN, ESIC Model Hospital, Chennai to appoint another person as arbitrator.

b) If the arbitrator be a person, appointed by DEAN, ESIC Model Hospital, Chennai

i) In the event of his delaying, neglecting or refusing to act, being unable to act, for any reason, it shall be lawful for the DEAN, ESIC Model Hospital, Chennai, either to proceed with the reference himself or to appoint another person as arbitrator in place of the outgoing arbitrator. It is further to the terms of this contract that no person, other than the DEAN, ESIC Model Hospital, Chennai or the person appointed by him should act as arbitrator and that, if for any reason that is not possible, the matter is not to be referred to arbitrator at all. Upon every such reference, the assessment of the cost incidental to the reference and award 15 respectively shall be in the discretion of the arbitrator. The subject as aforesaid, the Arbitration Act, 1940 and the rules there under and any statutory modifications thereof for the time being in force shall be deemed to apply to the arbitration proceedings under this clause. Work under the contract signed at shall, if reasonably possible, continue during the arbitration proceedings and no payment due to or payable by the purchaser shall be with-held, on account of such proceedings.

The venue of the arbitration shall be ESIC, KK Nagar, Chennai,

**FINANCIAL BID****(to be supplied on official letter head)****LIST OF LABORATORY INVESTIGATIONS WITH RATES****Price Bid Format:**

<b><u>Name of the Test</u></b>	<b><u>Sample Type</u></b>	<b><u>Method</u></b>	<b><u>Schedule</u></b>	<b><u>TAT</u></b>	<b><u>Equipment Used</u></b>	<b><u>Department</u></b>	<b><u>Cost(NABL/Non – NABL)</u></b>
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<b>Sr. No.</b>	<b>Test Name-include NABL/JCI/CAP Scope</b>
1	ACE-Angiotensin Converting Enzyme
2	Amniocentesis/Cordocentesis Reporting +/- procedure
3	Acid phosphatase Total and prostate fraction
4	Adenosine Deaminase (ADA)
5	Adrenaline (Epinephrine) PLASMA/24 HOURS URINE
6	AFP-Alpha Feto Protein csf/serum/amniotic fluid
7	AFP-Alpha Feto Protein-tissue Immunohistochemistry
8	Alpha-1-antitrypsin serum/Tissue
9	Amino acids (Qualitative)serum/urine/csf
10	Anti-thrombin III antigen and Activity functional.
11	APC-Activated protein C resistance test
12	ASAB – Anti Sperm Antibody (Tot-SERUM/SEMEN)
13	bcr-abl gene rearrangement (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- microglobullin urine spot/csf/serum
17	BNP (B Type Natriuretic Peptide)

18	<b>Brucella-IgM antibody</b>
19	<b>C3 – Complement 3, serum</b>
20	<b>C4 – Complement 4, serum</b>
21	<b>CAH (Congenital Adrenal Hyperplasia) Panel (Androstenedione, 17 OH progesterone, Total Testosterone, Cortisol, Aldosterone)</b>
22	<b>Calculus(Stone) analysis by automated FTIR</b>
23	<b>CD4/CD8 Counts.</b>
24	<b>CEA-Carcino Embryonic Antigen(Serum, Body Fluid, Tissue)</b>
25	<b>Ceruloplasmin (Copper Oxidase)</b>
26	<b>Chikungunya test</b>
27	<b>Chromogranin A</b>
28	<b>Chromosomal Analysis (Giemsa banding) (G banding) (For numerical and structural abnormalities) cell culture/ blood/ cord blood bone marrow amniotic fluid</b>
29	<b>Chylomicron Qualitative SERUM/SPOT URINE</b>
30	<b>Chyluria</b>
31	<b>Cold agglutinin</b>
32	<b>Copper AAS serum/saliva/spot24 hrs.</b>
33	<b>Cortisol serum/saliva/urine 24 hrs.</b>
34	<b>C-Peptide (Insulin Suppression test)</b>
35	<b>C-Peptide (Glucagon Stimulation test)</b>
36	<b>C-Peptide (Fasting sample with Insulin CLIA</b>
37	<b>Cryoglobulins (Qualitative)</b>
38	<b>Cryptococcus Antigen, Qualitative/Quantitative (SERUM/CSF)</b>
39	<b>Drug toxicity assays- specify available drug list- quantification assays only</b>
40	<b>Down's Syndrome Screen-1<sup>st</sup> trimester (Triple test) (Down's syndrome screening through analysis of Free HCG-beta, PAPPa and statistical risk factor calculation)</b>
41	<b>Down's Syndrome Screen-2<sup>nd</sup> (Down's syndrome screening through analysis of Free HCG-beta, AFP, uE3 and statistical risk factor calculation)</b>
42	<b>Erythropoietin 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 activity 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 glut amyl transferase GGT</b>
58	<b>GnRH (LHRH) Stimulation test (Basal and 30-60-90-120 minutes sample after iv GnRH injection for FSH &amp; LH tests) (Dose = 2.5jg/kg of body weight)</b>
59	<b>H1 N1 –nasal swab PCR</b>
60	<b>Hemophilia profile (Factor VIII, Factor IX)</b>
61	<b>Ham’s test (PNH confirmatory test)</b>
62	<b>Hb electrophoresis immune fixation quantitative</b>
63	<b>HBV-DNA Detection (Qualitative)</b>
64	<b>HBV-DNA Quantification (Viral load)</b>
65	<b>HCV-Serotyping/Genotyping</b>
66	<b>HCV-Genotyping</b>
67	<b>HCV-RNA Quantification (Viral load)</b>
68	<b>HDV-Total antibodies to Hepatitis Delta Virus</b>
69	<b>HIV-1-RNA Detection (Qualitative)</b>
70	<b>HIV -1-RNA Quantification (Viral Load)</b>
71	<b>HLA-B27</b>

72	<b>Homocysteine PLASMA/URINE SPOT</b>
73	<b>HPV-DNA</b>
74	<b>HPV-Human papilloma Virus Screening (Includes HPV-DNA and Pap smear</b>
75	<b>HSV 1&amp;2 IgG antibodies to Herpes Simplex Virus 1&amp;2 SERUM/CSF</b>
76	<b>HSV 1&amp;2 IgM antibodies to Herpes Simplex Virus 1&amp;2 SERUM/CSF</b>
77	<b>HSV-DNA detection for type 1 and 2 virus CSF/BLISTER FLUID/ ULCER SWAB</b>
78	<b>IGF BP-3</b>
79	<b>IGF-1 (Somatomedin C)</b>
80	<b>Immunofixation, Quantitative(Protein electrophoresis SERUM,CSF,URINE</b>
81	<b>Immunoglobulin profile (IgG, IgM, IgA) Immunotrubidimetry</b>
82	<b>Kappa and Lambda light chains, freelite Immunotrubidimetry</b>
83	<b>Kappa/Lambda light chains tissue immunohistochemistry</b>
84	<b>Kappa/Lambda/CD19 (B Cell light chain marker) blood by FCM</b>
85	<b>LAC ( Lupus Anticoagulants) (screening and confirmation)</b>
86	<b>Lead (Blood/Urine sopt/Urine 24hours) AAS</b>
87	<b>Lead poisoning tests (ALA &amp; PBG) (Urine spot, urine 24 hours)</b>
88	<b>Leucocyte Alkaline Phosphatase (LAP) score</b>
89	<b>Lipoprotein Electrophoresis IF</b>
90	<b>Lipoprotein(a)</b>
91	<b>Lithium level</b>
92	<b>LKM1-Antibodies to Liver Kidney Microsomes (Qualitative)</b>
93	<b>LKM1-Antiodies to Liver Kidney Microsomes in dilutions</b>
94	<b>Measles (Rubella)-IgG antibodies (SERUM, CSF)</b>
95	<b>Measles (Rubella)-IgM antibodies (SERUMM CSF)</b>
96	<b>Metabolic Disorder Panel GCMS – confirmatory</b>
97	<b>Metabolic screen (Amino acids- Qualitative, Reducing substances, DNPH test, Fecl2 test, Nitrosonaphthol, Nitroprusside, Silver nitroprusside tests tests)</b>
98	<b>Mixing studies – coagulation disorders</b>
99	<b>Multiple Sclerosis profile (Albumin-CSF &amp; serum, Myelin Basic Protein, CSF</b>

	<b>electrophoresis, Oligo clonal band and CSF Index</b>
100	<b>Mumps-IgG Antibodies (Serum, CSF)</b>
101	<b>Mumps-IgM Antibodies (SERUM,CSF)</b>
102	<b>Mycobacterium Tuberculosis (MTB),rRNA detection by TMA (US FDA approved method)</b>
103	<b>Neonatal screening, Advanced (G6PD, 17 OH progesterone, Phenyl alanine, Cystic Fibrosis Galactosemia, Toxoplasma)</b>
104	<b>Neonatal screening, Basic (G6PD and 17OH progesterone, phenyl Alanine)</b>
105	<b>Nor-Adrenaline (Nor-epinephrine) PLASMA/24 HOURS URINE</b>
106	<b>Osteoporosis profile-Ostase, Osteocalcin, PTH, DPD, E2 &amp; D3</b>
107	<b>Pancreatic Maker Profile (CEA, CA 19.9, Gastrin, Insulin)</b>
108	<b>PAPPA-Pregnancy associated plasma protein</b>
109	<b>Parathyroid PTH- intact CLIA</b>
110	<b>Protein C antigen, quantification</b>
111	<b>Protein free S antigen</b>
112	<b>Protein S antigen, Quantitative by Immunoturbidimetry</b>
113	<b>RA &amp; ASO –Quantitative by Immunoturbidimetry</b>
114	<b>Renin Activity, plasma (PRA)</b>
115	<b>Sweat chloride</b>
116	<b>TB Gold (Quantiferon) (Gamma Interferon for TB)</b>
117	<b>Testosterone profile (Total and free testosterone, SHBG, Free androgen Index, Calculations)</b>
118	<b>TORCH-4 IgM (IgM antibodies to Toxoplasma, CMV, Rubella, HSV-1 and 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 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	<b>Beta HCG Urine 24 H</b>
136	<b>Amino Acids Urine</b>
137	<b>GH-Growth Hormone</b>
138	<b>GH Stimulation Test Basal, 30 Min., 60Min.</b>
139	<b>Oxalate Serum/Urine 24H</b>
140	<b>Factor VII</b>
141	<b>Anti Mullerian Hormone Ab AMH</b>
142	<b>X Ray LS Spine Standing in Flexion/Extension</b>
143	<b>Sleep Study</b>
144	<b>ACTH.</b>
145	<b>ACTH Stimulation Test</b>
146	<b>Gastrin</b>
147	<b>Azar/Leishmania Ab IGG</b>
148	<b>Kala Azar/Leishmania Kala Aldehyde Chopra test</b>
149	<b>HBc IGM</b>
150	<b>Aldosterone</b>
151	<b>ADH/Vasopressin</b>
152	<b>APML Ra-T(15-17) Translocation Quantification</b>



153	<b>HTLV 1 Elisa</b>
154	<b>Platelet Ab</b>
155	<b>Scrub Typhus Ab IGM</b>
156	<b>Metanephrine Urine 24H</b>
157	<b>Parvo Virus B19 Ab IGG/IGM</b>
158	<b>Anti-Dnase Ab</b>
159	<b>Pterin Urine 24H</b>
160	<b>Tandem Mass Spectrometry Glutaric Acid</b>
161	<b>Tandem Mass Spectrometry Metabolic Screen</b>
162	<b>Intrinsic Factor Ab</b>
163	<b>Anti dsDNA FARR</b>
164	<b>TB DNA PCR</b>
165	<b>TB DNA PCR Tissues</b>
166	<b>HbA2</b>
167	<b>HBV Drug Resistance Study</b>
168	<b>Cytomegalovirus PCR Quantitative</b>
169	<b>BK Virus PCR Quantitative</b>
170	<b>Organic Aids Urine Quantitative Full Panel</b>
171	<b>Gastrin Stimulation by Secretin Test</b>
172	<b>Calcitonin</b>
173	<b>Coxsackie Ab IGG/IGM</b>
174	<b>EMA IGA</b>
175	<b>TTG IGA</b>
176	<b>H pylori PCR</b>
177	<b>Legionella Ag Urine</b>
178	<b>Fungal Panel-Serum/CSF</b>
179	<b>Prothrombin G20210A Gene Mutation</b>
180	<b>MTHFR Gene Mutation</b>

181	<b>Stone analysis Biliary</b>
182	<b>5 HIAA Urine 24H</b>
183	<b>HLA B27</b>
184	<b>Lysozyme</b>
185	<b>Choline Esterase Serum</b>
186	<b>HLA B5</b>
187	<b>HLA A29</b>
188	<b>Thyroid Binding Immunoglobulin</b>
189	<b>Acetyl Choline Receptor Ab</b>
190	<b>Thyroid Ab Stimulation</b>
191	<b>NDM-1, Gene Mutation PCR</b>
192	<b>Rabies Ab</b>
193	<b>Interleukin 6</b>
194	<b>Myelin Ab</b>
195	<b>TB Gene-XPRT Line Probe Assay</b>
196	<b>Myocelin/Optineurin Gene Mutation</b>
197	<b>Myoglobin Serum/Urine</b>
198	<b>CI Esterase Inhibitor Quantitative</b>
199	<b>Clostridium Difficile Toxin A&amp;B Stool</b>
200	<b>JAK Mutation Detection PCR</b>
201	<b>Hydroxy Progesterone.</b>
202	<b>Hydroxy progesterone Stimulation Test.</b>
203	<b>APML RARA Gene quantification</b>
204	<b>Neuron Specific Enolase</b>
205	<b>Glycine/Lactate CCF</b>
206	<b>Aquaphorin 4 Ab</b>
207	<b>Leptin, Adipoleptin</b>
208	<b>Estriol</b>

209	<b>Russel Viper Test</b>
210	<b>HPV Liquid Based Cytology</b>
211	<b>Visual Evoked Potential</b>
212	<b>IMMUNO HISTO CHEMISTRY</b>
213	<b>Lymphoma panel-Hodgkins Non Hodgkins</b>
214	<b>Soft Tissue Panel</b>
215	<b>Melanoma Panel</b>
216	<b>TTF1</b>
217	<b>CK</b>
218	<b>Hep Par 1</b>
219	<b>ER</b>
220	<b>PR</b>
221	<b>HER 2 NEU</b>
222	<b>CD10</b>
223	<b>CEA</b>
224	<b>Alpha 1 Antitrypsin</b>
225	<b>PF 53</b>
226	<b>KI 67</b>
227	<b>CA 125</b>
228	<b>Alphafetoprotien</b>
229	<b>CA 15.3</b>
230	<b>Synaptophysin</b>
231	<b>Chromagranin</b>
232	<b>CA 19.9</b>
233	<b>HPV</b>
234	<b>Inhibin.</b>
235	<b>Kappa Chains</b>
236	<b>Lambda Chains</b>

237	<b>EMA.</b>
238	<b>Osteogenin</b>
239	<b>OsteoPontin</b>
240	<b>Napsin</b>
241	<b>CD 117</b>
242	<b>Betacaterin</b>
243	<b>CD 34</b>
244	<b>CD31</b>
245	<b>AMACR</b>
246	<b>EGFR</b>
247	<b>BRCA 1</b>
248	<b>BRCA 2 FISH</b>
249	<b>BCR ABL Gene rearrangement quantification</b>
250	<b>Gene Deletions/Microdeletions IIMMUNOFLORESC ENCE STUDY</b>
251	<b>Skin Biopsy</b>
252	<b>Kidney Biopsy FLOWCYTOMETRY</b>
253	<b>Leukemia</b>
254	<b>Lymphoma.</b>
255	<b>Endomycial Ab</b>
256	<b>Meth-Hemoglobin Level-Blood</b>
257	<b>Anti-Insulin Ab</b>
258	<b>FIPILI PDGFRA by PCR</b>
259	<b>IgG4 Level</b>
260	<b>Insulin Auto Antibody (IA-2)MCV-PP65 Antibody Assay</b>
261	<b>Parietal Cell Antibody.</b>
262	<b>D-Xylose Test.</b>
263	<b>Chorionic villous biopsy</b>

264	17 HYDROXY PROGESTERONE
265	24 HRS URINE PROTEIN ELECTROPHORESIS
266	ACETYL CHOLINE RECEPTOR BINDING ANTIBODY
267	ACTH
268	ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) CYTOGENETICS
269	ACUTE MYELOID LEUKEMIA (AML), CYTOGENETICS PANEL
270	ADENOSINE DEAMINASE ; ADA
271	AFB SENSITIVITY 5 DRUGS
272	AFB STAIN, MISCELLANEOUS
273	AFP (ALPHA FETOPROTEIN), TUMOR MARKER
274	ALDOSTERONE, SERUM
275	ALKALINE PHOSPHATASE, BONE-SPECIFIC; BSAP
276	ALPHA1 ANTITRYPSIN QUANTITATION
277	AMYLASE
278	ANCA (ANTINEUTROPHIL CYTOPLASMIC) IFA
279	ANCA MPO
280	ANCA MPO(pANCA); ANTI MYELOPEROXIDASE EIA
281	ANCA PR3
282	ANDROSTENEDIONE
283	ANGIOTENSIN CONVERTING ENZYME;
284	ANTI CYCLIC CITRULLINATED PEPTIDE
285	ANTI DNase B; ANTIDEOXYRIBONUCLEAS
286	Anti ds DNA (Qualitative - IF)
287	ANTI ds DNA ANTIBODY
288	ANTI MULLERIAN HORMONE
289	ANTI NMO ANTIBODY
290	ANTI NUCLEAR ANTIBODY / FACTOR (ANA)
291	ANTI THYROGLOBULIN ANTIBODY; ANTI TG

292	Anti Thyroid Peroxide
293	ANTINMO (NEUROMYELITIS OPTICA ) ANTIBODY
294	ANTITHROMBIN ACTIVITY, FUNCTIONAL
295	Aspergillus Ab
296	AUTOIMMUNE HEPATITIS PANEL
297	BCR-ABL QUANTITATIVE PCR
298	BENZODIAZEPINES URINE
299	BETA 2 GLYCOPROTEIN 1, IgG
300	BETA 2 GLYCOPROTEIN 1, IgM
301	BETA 2 MICROGLOBULIN
302	BRUCELLA ANTIBODY, IgM
303	C1 ESTERASE INHIBITOR, PROTEIN QUANTITATION
304	C3 and C4 COMPLEMENT PANEL
305	C3 COMPLEMENT
306	C4 COMPLEMENT
307	CA 125 ; OVARIAN CANCER MARKER
308	CA 15.3
309	CA 19.9 PANCREATIC
310	CALCITONIN
311	CALCIUM, 24 HOUR URINE
312	CARBOMEZAPHINA
313	CARDIOLIPIN ANTIBODIES IgA
314	CARDIOLIPIN ANTIBODIES PANEL *IgG *IgA *IgM
315	CARDIOLIPIN ANTIBODY, IgG
316	CARDIOLIPIN ANTIBODY, IgM
317	CATECHOLAMINES, 24HOUR URINE
318	CEA; CARCINO EMBRYONIC ANTIGEN
319	CERULOPLASMIN

320	CHIKUNGUNYA VIRUS ANTIBODY, IgM
321	CHIKUNGUNYA VIRUS, PCR QUALITATIV
322	CHROMOGRANIN A; CGA
323	CHROMOSOME ANALYSIS (KARYOTYPE)
324	CITRATE, 24HOUR URINE
325	COPPER, 24HOUR URINE
326	COPPER, SERUM
327	CORTISOL, SERUM (EVENING SAMPLE)
328	CORTISOL, SERUM (MORNING SAMPLE)
329	C-PEPTIDE FASTING, SERUM
330	C-PEPTIDE, POST PRANDIAL, SERUM
331	CPK; CREATINE KINASE
332	CPK-MB MASS
333	CREACTIVE PROTEIN ; CRP
334	C-REACTIVE PROTEIN, CARDIO;hsCRP
335	CRYPTOCOCCUS ANTIGEN, CSF
336	CSF & SERUM PROTEIN ELECTROPHORE
337	CULTURE & SENSTIVITY ,URINE
338	CULTURE, AFB (MYCOBACTERIUM), RAPID
339	CRYOGLOBULINS QUALITATIVE TEST
340	CYSTICERCOSIS ( TAENIA SOLIUM), IgG
341	CYTOLOGY (PAP SMEAR) EXAMINATION
342	CYTOLOGY (PAP SMEAR), GENITAL, FEMALE, LIQUID BASED
343	CYTOMEGALOVIRUS (CMV) ANTIBODIES PANEL IgG & IgM
344	CYTOMEGALOVIRUS (CMV) PCR QUALITATIVE
345	D – DIMER, QUANTITATIVE
346	DHEA SULPHATE; DEHYDROEPIANDROSTERONE SULPHATE
347	ENDOMYSIAL ANTIBODY, IgA, IFA

348	EPSTEIN BARR VIRUS
349	ERYTHROPOIETIN; EPO
350	ESTRADIOL
351	ESTRIOL
352	EXTRACTABLE NUCLEAR ANTIGENS (ENA), QUALITATIVE PROFILE
353	EXTRACTABLE NUCLEAR ANTIGENS (ENA), QUANTITATIVE PROFILE
354	FACTOR VIII INHIBITOR
355	FACTOR 5
356	FACTOR IX, FUNCTIONAL
357	FACTOR V LEIDEN MUTATION ANALYSIS
358	FACTOR VIII FUNCTIONAL
359	FASTING (F), GLUCOSE
360	FECAL ELASTASE
361	FERRITIN
362	FIBRINOGEN DEGRADATION PRODUCTS(FDP) BLOOD
363	FIBRINOGEN, CLOTTING ACTIVITY
364	FISH 22q deletion or LSI Di George / VCFS
365	FISH for BCR / ABL or Philadelphia translocation
366	FISH HER2 (ERBB2) amplification
367	FISH Prader WILLI SYNDROME SNRPN
368	Flow Cytometry, "CD 19 (Pan B cell marker)
369	Flow Cytometry, "CD 20 ( Pan B cell marker)
370	FLOW CYTOMETRY, CD 38
371	FLOW CYTOMETRY, CD 5
372	FLOW CYTOMETRY, TdT
373	FLOW CYTOMETRY, ZAP70
374	FLT3 GENE MUTATION
375	FOLATE (FOLIC ACID), SERUM



376	FRAGILE X (FMR1) MUTATION SCREEN
377	FREE BETA HCG QUANTITATIVE
378	FREET4
379	FSH
380	FSH LH PROLACTIN
381	G6PD, QUANTITATIVE
382	GAD65 (GLUTAMIC ACID DECARBOXYLASE) IgG
383	GeneXpert MTB WITH RIFAMPICIN RESISTANCE
384	GLIADIN ANTIBODY, IgA
385	GROWTH HORMONE STIMULATION TEST
386	GROWTH HORMONE SUPPRESSION BY G, GLUCOSE
387	GROWTH HORMONE; GH
388	HAM TEST
389	HAPTOGLOBIN
390	HBV DRUG RESISTANCE & GENOTYPING
391	HBV GENO,DRUG RES,QNT.PCR
392	HCG BETA
393	HCV RNA QUALITATIVE
394	HELICOBACTER PYLORI ANTIBODIES PANEL IGA & IGG
395	HELICOBACTER PYLORI, IgG
396	HEMOGLOBIN HPLC/ELECTROPHORESIS
397	HEPATITIS A ANTIBODY (AntiHAV), IgG
398	HEPATITIS A ANTIBODY (AntiHAV), IgM
399	HEPATITIS B CORE ANTIBODY (AntiHBC) IGM
400	HEPATITIS B CORE ANTIBODY (AntiHBC) TOTAL
401	HEPATITIS B SURFACE ANTIBODY; ANTI HBs; HBsAb
402	HEPATITIS B VIRAL DNA (HBV DNA) QUANTITATIVE
403	HEPATITIS B VIRUS, PCR, QUALITATIVE; HBV DNA PCR, QUALITATIVE

404	HEPATITIS Be ANTIGEN; HBeAg
405	HEPATITIS DELTA ANTIBODY (Anti-HDV), IgM
406	HEPATITIS C VIRAL RNA (HCV RNA) QUANTITATIVE
407	HEPATITIS C VIRAL RNA (HCV RNA) QUANTITATIVE, ULTRA
408	HEPATITIS C VIRAL RNA, GENOTYPE
409	HEPATITIS E ANTIBODY (AntiHEV),IGM
410	HERPES SIMPLEX VIRUS (HSV) TYPE 1 & 2 PCR QUALITATIVE
411	HISTOPATHOLOGY SMALL
412	HIV 1 and 2 ANTIBODYS
413	HIV 1 RNA ,QUANT WITH CD3,CD4,CD8
414	HIV RNA QUANTITATIVE WITH CD3/CD4
415	HIV WESTRONBLOT
416	HLA B27, FLOW CYTOMETRY
417	HLA B5 (51 / 52)
418	HOMOCYSTEINE, QUANTITATIVE,
419	HOMOVANILLIC ACID (HVA), RANDOM URINE
420	IGF BINDING PROTEIN 3 IGFBP 3
421	IGF I SOMATOMEDIN C
422	IMATINIB RESISTANCE MUTATIONAL ANALYSIS
423	IMD PANEL, QUANTITATIVE, BLOOD
424	IMMUNE DEFICIENCY PANEL 1
425	IMMUNE DEFICIENCY PANEL 2
426	IMMUNOFIXATION ELECTROPHORESIS
427	IMMUNOGLOBULIN IgA, SERUM
428	IMMUNOGLOBULIN IgE, SERUM
429	IMMUNOGLOBULIN IGG SUBCLASS 4
430	IMMUNOGLOBULIN IgG, Serum
431	IMMUNOGLOBULIN PROFILE, SERUM

432	INHIBIN B
433	INSULIN, FASTING
434	INTRINSIC FACTOR ANTIBODY
435	IRON STUDIES
436	JAK 2 MUTATION DETECTION, QUALITATIVE PCR
437	KAPPA / LAMBDA LIGHT CHAINS, FREE, SERUM
438	KRAS AND NRAS MUTATIONAL ANALYSIS PANEL
439	KRAS MUTATION,CODON 12,13
440	LACTATE, PLASMA
441	LDH (LACTATE DEHYDROGENASE), FLUID
442	LEAD, BLOOD
443	LEPTIN
444	LEPTOSPIRA IGG, IGM
445	LEUCOCYTE ALKALINE PHOSPHATASE SCORE
446	LEUKEMIA DIAGNOSTIC PANEL: ACUTE LEUKEMIA-T B OR MYELOID
447	LEUKEMIA DIAGNOSTIC PANEL: AML CHARACTERIZ
448	LH; LUTEINISING HORMONE
449	Lipase
450	Lipid Profile
451	LIVER KIDNEY MICROSOMAL (LKM) ANTIBODY
452	LUPUS ANTICOAGULANT BY DRVVT
453	MATERNAL SERUM SCREEN 2; DUAL TEST2
454	MATERNAL SERUM SCREEN 3; TRIPLE TEST
455	MATERNAL SERUM SCREEN 4 ;QUADRUPLETEST
456	METABOLIC SCREEN, COMPREHENSIVE, URINE
457	METANEPHRINES, 24HOUR URINE
458	MITOCHONDRIAL ANTIBODY (AMA), IFA
459	MUMPS VIRUS ANTIBODY, IgG

460	MUSK (MUSCLE SPECIFIC KINASE) ANTIBODY
461	MYCOBACTERIUM TUBERCULOSIS, TB PCR
462	MYOGLOBIN, SERUM
463	NPM1 GENE MUTATION
464	NRAS MUTATION, CODON 12, 13 & 61
465	OLIGOCLONAL BANDS
466	ORGANIC ACIDS, QUANTITATIVE, RANDOM URINE
467	OSMOTIC FRAGILITY TEST; RBC FRAGILITY TEST
468	OXALATE, 24 HOUR URINE
469	P1NP (PROCOLLAGEN TYPE 1 AMINO TERMINAL
470	PAPP-A
471	PARIETAL CELL ANTIBODY
472	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA(P1N1)
473	PARTIAL THROMBOPLASTIN TIME, ACTIVA
474	PHENYTOIN
475	PHOSPHOLIPID ANTIBODY, IgG
476	PHOSPHOLIPID ANTIBODY, IgM
477	PHOSPHORUS, 24HOUR URINE
478	PML RARA T(15;17)(Q22;Q12) GENE REA QUALITATIVE PCR
479	PML RARA T(15;17)(Q22;Q12) GENE REA QUANTITATIVE PCR
480	PLASMA RENIN DIRECT
481	PROGESTERONE
482	PROLACTIN
483	PROTEIN C
484	PROTEIN CREATININE RATIO, URINE
485	PROTEIN ELECTROPHORESIS, SERUM
486	PROTEIN S
487	PSA

488	PTH (PARATHYROID HORMONE), INTACT
489	PYRUVATE; PYRUVIC ACID
490	QUANTIFERON TB GOLD
491	RHEUMATOID FACTOR (RA), SERUM
492	RUBELLA (GERMAN MEASLES) ANTIBODY, IgG
493	RUBELLA (GERMAN MEASLES) ANTIBODY, IgM
494	Serum Electrolytes
495	Sm (SMITH) ANTIBODY, IgG
496	SMOOTH MUSCLE ANTIBODY (ASMA), IFA
497	STONE ANALYSIS WITH PICTURE
498	T4, FREE & TSH; FT4 & TSH
499	TACROLIMUS; FK506
500	TESTOSTERONE, FREE
501	TESTOSTERONE, TOTAL
502	THYROGLOBULIN; Tg Cancer Marker
503	THYROID PROFILE, FREE *Free T3 *Free T4 *TSH, Ultrasensitive
504	THYROID PROFILE, TOTAL (T3,T4,TSH)
505	Tissue Transglutaminase Antibody IgA
506	TISSUE TRANSGLUTAMINASE (tTG) ANTIBODY
507	TORCH PANEL, IGG
508	TORCH PANEL, IGG & IGM
509	TORCH PANEL, IgM *Toxoplasma * Rubella * Cytomegalovirus *Herpes Simplex 1+2
510	TSH
511	TSH (THYROID STIMULATING HORMONE), ULTRASENSITIVE
512	TSH RECEPTOR ANTIBODY
513	TYPHIDOT
514	VALPROIC ACID; VALPROATE
515	VARICELLA ZOOSTER VIRUS DETECTION PCR

516	VARICELLA ZOSTER VIRUS (VZV) ANTIBODY IgG
517	VARICELLA ZOSTER VIRUS (VZV) ANTIBODY,IgM
518	VITAMIN B12
519	VITAMIN D 25 HYDROXY
520	VMA (VANILMANDELIC ACID), 24HOUR URINE
521	VMA (VANILMANDELIC ACID), RANDOM URINE
522	von WILLEBRAND FACTOR ANTIGEN; Vwf
523	Malaria
524	Influenza

Note: Above Annexure IV is only for record purpose, the same will not be considered for evaluation purpose/award of contract.

Authorized Signature (With Stamp)

(ANNEXURE-II)

**UNDERTAKING**

1) I/We (name).....contractor/ partner/ sole proprietor (strike out whichever is not applicable) of (firms)

..... solemnly affirm to the fact that the individual firm/ companies are not blacklisted/terminated/debarred by any organization/body or any partner or shareholder thereof and are not directly or indirectly connected with or has any subsisting interest in business of my/our firm.

2) I/We hereby undertake that none of my/our family member/(s) is/are employed/working in ESI Corporation.

3) I/We hereby undertake that rates/discount quoted shall be valid and binding upon me/us for the entire period of contract.

4) I/We hereby undertake that no vigilance /C.B. I /court case is pending against the firm.

Date:

Place:

**Authorized Signatory (with stamp)**