



**PRICE SCHEDULE – PART 1**

**TENDER FOR THE PROVISION OF LABORATORY SERVICES TO NKF**

**Laboratory Service – Routine**

Description of Test	Unit Price (exclusive of GST)						
	2 Monthly Pre-dialysis Test	2 Monthly Post-dialysis Test	3 Monthly Test	4 Monthly Test		6 Monthly Test	Once Yearly Test
				Non-Diabetic	Diabetic		
Routine Test Panels, please refer to <b>Annex A</b> for details of test panels	\$	\$	\$	\$	\$	\$	\$

**Delivery of Service**

1. Please indicate the average turnaround time for delivery of urgent request: \_\_\_\_\_
2. Please indicate the average turnaround time for delivery of routine test: \_\_\_\_\_

**Accepted By:**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signatory Name: \_\_\_\_\_ Signatory Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Vendor's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Vendor's Stamp: \_\_\_\_\_

**PRICE SCHEDULE – PART 2**

**TENDER FOR THE PROVISION OF LABORATORY SERVICES TO NKF**

**Laboratory Service – Random Blood Test**

Test	Price (exclusive of GST)
ALT/SGPT	\$
AST/SGOT	\$
CMV IgG Antibody	\$
CMV IgM Antibody	\$
Full Blood Count	\$
Liver Profile (total protein, Alb, Glb, A/G ratio, total bilirubin, ALT, AST, ALP, GGT)	\$
Hep Bs Antigen	\$
Hep Bs Antibody	\$
Hep B Core (total)	\$
HBV DNA	\$
HCV RNA RT PCR	\$
HCV Antibody	\$
Stool VRE	\$
HIV Viral Load	\$
Vancomycin Trough	\$
Cytotoxic Antibody	\$
24 Hours Creatinine Clearance	\$

**Accepted By:**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signatory Name: \_\_\_\_\_ Signatory Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Vendor's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Vendor's Stamp: \_\_\_\_\_