

PRICE SCHEDULE – PART 1

REQUEST FOR PROPOSAL FOR THE PROVISION OF LABORATORY SERVICES TO NKF

Laboratory Service – Routine

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

Delivery of Service

1. Please indicate the turnaround time for delivery of random request: _____
2. Please indicate the turnaround time for delivery of routine / ad hoc test: _____
3. Please indicate the turnaround time for uploading of result on SFTP server: _____
4. No. of support personnel with contact number to support the dialysis centres for ease of communication. _____

REMARKS (if any): _____

Accepted By:

Authorized Signature: _____ Date: _____

Signatory Name: _____ Signatory Title: _____

Telephone Number: _____ Vendor's Name: _____

Email Address: _____ Vendor's Stamp: _____

Company's Stamp & Signature:

PRICE SCHEDULE – PART 2

REQUEST FOR PROPOSAL 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	\$
Haemoglobin (HB)	\$
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 (Quantitative)	\$
HCV Antibody	\$
Stool OB	\$
HIV Viral Load	\$
Vancomycin Trough	\$
FLOW PRA (HLA AB SCN FLOW)	\$
Lipid Profile (Total Cholesterol, HDL, LDL, Cholesterol/HDL Ratio, Triglycerides)	\$
24 Hours Creatinine Clearance	\$
24 Hours Urine Creatinine	\$
24 Hours Urine Urea	\$
PD Fluid Urea	\$
PD Fluid Creatinine	\$
PD Fluid Glucose	\$
PD Fluid Cell Count(Total White Cell Count and Neutrophils)	\$

Test	Price (exclusive of GST)
PD Culture & Sensitivity-General culture (T/K Exit Site Swab)	\$
Pre & Post Urea	\$
Pre & Post Creatinine	\$
Glucose	\$
Albumin	\$
CRP	\$
Beta2 Microglobulin	\$
Potassium	\$
IPTH	\$
Ferritin	\$
FBC with ESR	\$
Thyroid Screen (TFT)	\$
PT/PTT	\$
Anti factor- XA	\$
HIV Antibody Screen	\$
Bicarbonate	\$
CRP & Beta2 Microglobulin (Bundled)	\$

Accepted By:

Authorized Signature: _____ Date: _____

Signatory Name: _____ Signatory Title: _____

Telephone Number: _____ Vendor's Name: _____

Email Address: _____ Vendor's Stamp: _____

Company's Stamp & Signature: