



KERALA MEDICAL SERVICES CORPORATION LIMITED

(A Government of Kerala Undertaking)

Thycaud P.O, Thiruvananthapuram, KERALA 695 014

INVITATION OF EXPRESSION OF INTEREST

for

EMPANELMENT OF NABL APPROVED DRUGS TESTING LABORATORIES (2025-27)

EOI No: KMSCL/QC/EOI/2025/01 dated 19.06.2025

Name of EOI Responder:

Address:

Last date and time for the receipt of EOI Response: 21.07.2025. 02.30pm

For details;

www.kmscl.kerala.gov.in

Email: qc.kmscl@kerala.gov.in

Table of Contents

Sl. No.	DESCRIPTION		PAGE NO.
1	SECTION – I	Invitation of Expression of Interest (EOI)	1
2	SECTION – II	EOI Schedule	2
3	2.1	Important details of the EOI	2
4	2.2	Important Dates	2
5	SECTION – III	Specific Conditions of EOI	3
6	3.1	Time Limits Prescribed	3
7	3.2	Prequalification Criteria	4
8	SECTION – IV	General Conditions of Contract	5
9	4.1	EOI Document	5
10	4.2	Earnest Money Deposit (EMD)	7
11	4.3	Empanelment policy	8
12	4.4	Contents of the EOI documents	9
13	4.5	Evaluation of EOI	11
14	4.6	Inspection of Testing Facilities of the Laboratory	12
15	4.7	Acceptance / Rejection of offers	13
16	4.8	Award of Contract	14
17	4.9	Testing & Reporting Conditions	15
18	4.10	Payment Provisions	17
19	4.11	Saving Clause	18
20	4.12	Applicable Law & Jurisdiction of Courts	18
21	4.13	Corrupt or Fraudulent Practices	19
22	4.14	Force Majeure	20
23	4.15	Procedure for Blacklisting	21
24	4.16	Provisions for Appeal	21
25	4.17	Termination of Contract	22

Sl. No.	DESCRIPTION		PAGE NO.
26	Annexure – I	Checklist	24
27	Annexure – II	Details of Analytical Laboratory	26
28	Annexure – III	List of Sophisticated Analytical Drugs Equipments /Apparatus Available in the Laboratory	28
29	Annexure –IV	Proforma for performance statement	29
30	Annexure – V	Annual Turnover Statement	30
31	Annexure –VI	Declaration	31
32	Annexure –VII	Consent Letter of the Offerer	32
33	Annexure – VIII	Format of Bank guarantee for Security Deposit	33
34	Annexure -IX	Agreement Format	35
35	Annexure -X	Format of bank details	40
36	Appendix I-A	List of items with pre-fixed Lab rates for testing.	41
37	Appendix I-B	List of items for which testing rates are to be offered by the Laboratories.	86

SECTION I

INVITATION OF EXPRESSION OF INTEREST

- 1.1 The Kerala Medical Services Corporation Limited - hereinafter mentioned in this document as KMSCL or the Corporation - is a fully owned Government of Kerala company set up in 2007 for providing services to the various health care institutions under the Department of Family Welfare and Health. One of the key objectives of the KMSCL is to act as the central procurement agency for all essential drugs, other consumables and equipments for all health care institutions under the above said Department.
- 1.2 The Corporation invites applications in the form of Expression of Interest - EOI in short- for Empanelment of Drugs Testing Laboratories for the Analysis of Drugs, Medical Devices, Supplies, Surgical Sutures etc more specifically mentioned in Appendix for a period of two years from the Date of Acceptance. The Managing Director of the Corporation is the Expression of Interest Inviting Authority for this purpose.
- 1.3 Laboratories which are willing to undertake complete testing and analysis of the drugs, other medical supplies and consumables at the rates prescribed in the Appendix I-A and offer rates for complete testing of the items in Appendix I-B and willing to accept the terms and conditions as prescribed under the EOI document are eligible to be selected as the “Empanelled Drugs Testing Laboratory of KMSCL”.
- 1.4 The rates specified for the test/ analysis in this document are the final rates, that include all costs of chemicals, reagents, other supplies and consumables, capital investments in equipments, infrastructure, and all overheads for performing tests/ analysis as per the standards applicable analysis and for furnishing test reports together with all relevant protocols to KMSCL. The offerers shall be willing to undertake the tests/analysis subscribing to terms and conditions of this EOI document at these pre-fixed rates.
- 1.5 Performance of the tests/analysis strictly in accordance with the official/ recognized parameters of standards and delivery of test/ analysis reports in time and consistency of the analysis results are the most important factors to be adhered to by the NABL approved Empanelled Laboratories.
- 1.6 The period of contract shall be two years from the date specified in the agreement to be executed for the purpose of the contract. The EOI Offerer shall give firmness of the rate prescribed and agreed upon for a period of two years from the date of agreement.

SECTION II

EOI SCHEDULE

2.1 Important details of the EOI:

1.	<i>EOI No.</i>	KMSCL/QC/EOI/2025/01
2.	<i>Cost of EOI Document</i>	Rs.1000/-+GST@18%
3.	<i>Earnest Money Deposit</i>	Rs.25,000/- (refundable)
4.	<i>Form of Earnest Money Deposit</i>	Demand Draft
5.	<i>Validity of EMD</i>	180 days from the date of opening of technical document
6.	<i>Performance Security Deposit</i>	Rs.50,000/-
7.	<i>Validity of Performance Security deposit</i>	30 months from the date of execution of agreement

2.2 Important Dates:

Sl.No	Particulars	Date and time	Venue
1.	<i>Date and time of commencement of sale of EOI document</i>	19.06.2025 2.30 pm	Head Office, KMSCL.
2.	<i>Date and time of Pre- offer meeting</i>	26.06.2025 11 am	
3.	<i>Last date and time of receipt of offers</i>	21.07.2025 2.30 pm	
4.	<i>Date and time of opening of the offers</i>	21.07.2025 3.00 pm	

SECTION – III
SPECIFIC CONDITIONS OF EOI

3.1 Time Limits:

The Empanelled NABL Approved Drugs Testing Laboratories shall furnish test reports at the Corporation with in the time limit specified below:			
Category	Permitted from the date of receipt of sample	Penalty for delayed reporting	
		Step -I	Step –II*
All non-sterile preparations	15 days	@ 0.5% per day of the delayed reporting upto a max of 15% (30 days) Note-from 16 th to 45 th day.	@ 1% /day of the delayed reporting upto a max of 45% (30 days) Note- from 46 th to 75 th day
All sterile preparations	30 days	@ 0.5% /day of the delayed reporting upto a max of 15% (30 days) Note -from 31 st to 60 th day	@ 1% /day of the delayed reporting upto a max of 45% (30 days) Note-from 61 st to 90 th day

Note: 1. The time period shall be calculated from the date noted in the proof of delivery (POD) submitted by the couriers, which shall be binding on the NABL approved empanelled lab.

2. if further delay occurs in submitting of that particular test report for more than the following days* that particular test reports will be rejected and action will be taken as per clause 4.9.15.

** i. Non- Sterile Preparations :- 75 days (ie: 15+30+30)*

**ii. Sterile Preparations:- 90days (ie: 30+30+30)*

- 3.1.1** If any of the test reports are cancelled/rejected due to delay or non submission of test reports, the expenditure and other losses sustained in the process, shall be recovered from the Security Deposit or performance guarantee or from any other money due and become due to the supplier/laboratory and in the event of such amount being insufficient, the balance will be recovered personally from the supplier/laboratory.

3.2 Prequalification Criteria:

- 3.2.1 The Laboratory presenting the EOI (Offerer) shall have valid Approval under the Drugs and Cosmetics Rules, 1945, valid Good Laboratory Practices (GLP) certificate issued by the competent authority under the Drugs and Cosmetics Rules and with valid NABL accreditation. No EOI shall be presented in respect of any drug or any other item in respect of which such approval/certificate/accreditation is not possessed by the Offerer.
- 3.2.2 The Offerer should have standing in the field of testing and analysis of drugs/consumables & other supplies in respect of which the EOI has been made for the last three years.
- 3.2.3 The Offerer shall have an average annual turnover of not less than Rs. 25 lakhs (Twenty five lakhs) for the last three consecutive years .i.e., 2021-2022, 2022-23 & 2023-24.
- 3.2.4 The Offerer should be one located anywhere in India and shall be a stand-alone laboratory i.e independent and not an in-house facility part of a manufacturing unit.
- 3.2.5 The Offerer should have undertaken analysis of drugs and supplies of similar nature for at least three Government departments/ institutions / reputed manufacturers of drugs & supplies during the last three years.
- 3.2.6 The EOI should not be submitted if the offerer stands blacklisted by KMSCL or blacklisted /debarred / disqualified/terminated /suspended by any other State/Central Government's organization or one whose approval had been suspended or revoked partially by any statutory authorities
- 3.2.7. The facilities availed/ offered for test/ analysis of drugs and other items shall be own and located in the premises in respect of which the EOI is made. Performance of tests/analysis partly in one place and partly in another place or fully in a place other than the one in respect of which the EOI is made will not be acceptable.

SECTION-IV

GENERAL CONDITIONS OF CONTRACT

4.1 EOI Document

- 4.1.1 The terms and conditions governing the Empanelment of laboratories are contained in this "EOI Document". The document can be downloaded from website www.kmscl.kerala.gov.in.
- 4.1.2 Failure to furnish any information/ document as required in this EOI document and submission of an offer not substantially responsive to it in every respect shall be at the Offerer's risk and would result in the rejection of the offer, without any notice.
- 4.1.3 It is mandatory to provide a check list as per Annexure I as the facing sheet for the EOI offer submitted so as to enable the Corporation to prima facie verify the compliance of submission of requisite documents at the time of opening of EOI. Failure to furnish the check list would make the offer deemed as non-responsive and open for summary rejection.
- 4.1.4 Language of EOI and other communications and signatories thereof: - The EOI submitted, all documents accompanying it presented thereof and all communications between the Offerer and the EOI Inviting Authority shall be in English language. Supporting documents in originals or copies as the case may be, issued by a statutory authority or court and furnished by the Offerer for the purposes of this EOI or for any purpose after empanelment, may in any other Indian language provided they are accompanied authenticated accurate translation of the relevant passages in the English language in which case, for purposes of interpretation of the offers, the English translation shall govern. Any communication from the Corporation made by an officer of the Corporation not below the rank of Quality Control Manager on behalf of the Managing Director shall be deemed as a communication by the EOI Inviting Authority and any communication/ correspondences made or any paper signed by an Authorized Signatory or (Specific) Power of Attorney (POA) Holder for the purposes of this EOI shall be deemed as communication/ correspondence made by the Offerer provided such POA has been presented along with the EOI in such manner as specified.
- 4.1.5 The EOI and accompanying documents once submitted shall not be altered in manner and should not have any scope of ambiguity, cutting, pasting, overwriting, masking, alteration etc. Modification of the offer, of the nature and to the extent provided in this document prior to the time and date set for

submission will, however, be entertained. Any overwriting / cutting/ correction otherwise of inadvertent error in the EOI made before its presentation it must be one authenticated with signature of the Offerer in full and such modifications as above that are not duly authenticated would necessitate summary rejection of the EOI. No such correction or modification as above in the accompanying document will be considered and documents with corrections would make the EOI defective/ non-responsive.

- 4.1.6 The documentary evidences submitted along with the EOI shall be produced duly attested by the Offerer on every page and serially numbered.
- 4.1.7 A copy of the complete EOI document duly signed on every page by the Offerer or the authorized representative shall be enclosed as part of the EOI as a proof of having read and accepted the terms and conditions of the EOI document.
- 4.1.8 The EOI shall be a computer typed one and signed by the Offerer or person(s) duly authorized to bind the Offerer to the Contract with Corporation. The person signing the documents shall have due Power of Attorney made by the Board of Directors/Partnership/Proprietor/Society/ Trust etc in cases where person other than the Managing Director/Managing Partner/ President or Chairman of the Society/ Trust etc or sole Proprietor signs the document. The photo of the person authorized to sign the document shall be affixed to the Power of Attorney with due authentication. Where the Managing Director/Managing Partner or other such person as mentioned above or the sole Proprietor signs the EOI and accompanying documents a notarized document attesting the signature of the person shall be furnished. The Power of Attorney shall be in non-judicial stamp paper duly notarized.
- 4.1.9 An offer submitted in vague/ ambiguous terms and the like, shall be termed as non-responsive and shall be summarily rejected.
- 4.1.10 At any time prior to the dead line for submission of the EOI, the EOI Inviting Authority may, for any reason, modify the EOI document by amendment. The amendment will be published in the website of the Corporation and shall be binding all prospective Offerers.
- 4.1.11 Pre-offer meeting will be held by the Corporation to explain briefly about the requirements as well as the terms and conditions of the EOI document and to get the views of the prospective Offerers, as part of ensuring transparency in the EOI process. Failure to attend the pre-offer meeting will not be a disqualification, but will be a loss of opportunity for the prospective Offerer to understand the EOI terms & conditions. Date of pre-offer meeting is mentioned in Section II. Filled up EOI will be accepted only after the date of pre offer meeting.

4.1.12 The EOI shall remain firm and valid for two years. An offer for a shorter period shall be rejected by the Corporation as non-responsive.

4.1.13 The EOI shall be sent in sealed envelope by registered post or by courier to the following address:

The Managing Director
Kerala Medical Services Corporation Ltd
Thycaud P.O, Thiruvananthapuram -14.
Kerala- 695014.

Phone No: 0471- 2945646, 2945600

E-mail: qc.kmscl@kerala.gov.in

4.1.14 The envelope containing the EOI document is to be super scribed with the title **"EXPRESSION OF INTEREST FOR EMPANELMENT OF NABL APPROVED DRUGS TESTING LABORATORIES No KMSCL/QC/EOI/2025/01 DATED 19.06.2025 FOR THE YEAR 2025-27"**

4.1.15 EOI sent by telex or fax or email is void. The EOI may be presented in person also in sealed envelope, addressed and super scribed as above before the time and date specified.

4.1.16 If the EOI is sent by Registered post or by Courier, it should reach the above office on or before the time and date stipulated in Section II. The Corporation shall not be held liable for the delay in transit.

4.1.17 The Offerer may modify or withdraw its offer, after the EOI submission, provided that written notice of the modification or withdrawal is received by the Corporation before the date of opening of the EOI. The Offerer's modification or withdrawal notice shall be signed by the Offerer or his / her authorized representative, who have signed the original EOI documents. A withdrawal notice may also be sent by fax or email but should necessarily be followed by a signed confirmation copy to be received at the head office of the Corporation before the date of opening of the technical document.

4.1.18 The offerer shall submit RTGS details duly endorsed by the banker and a cancelled cheque. Bank details in the format prescribed in Annexure X.

4.2 Earnest Money Deposit (EMD):

4.2.1 The EOI shall be accompanied by the EMD as prescribed. Non-submission of sufficient EMD as mentioned in Section II along with the Technical document shall result in summary rejection of the EOI.

- 4.2.2 The EMD shall be in the form of demand draft drawn in favour of Managing Director, Kerala Medical Services Corporation Limited, payable at Thiruvananthapuram.
- 4.2.3 Cheque, Cash payment, Money Order, Fixed deposit, Bank Guarantee etc will not be accepted as EMD and in such cases the EOI offer will be rejected.
- 4.2.4 Laboratories fully owned by the Government / PSUs and reputed Research & Development Laboratories attached to scientific / research institutions are exempted from remittance of EMD subject to submission of valid documents.
- 4.2.5 EMD of unsuccessful offerers will be discharged / returned as soon as possible within thirty days after publishing of the final list of successful EOIs by the Corporation.
- 4.2.6 The successful Offerers' EMD will be discharged upon the Offerer signing the contract and furnishing the performance security. The EMD of the successful Offerer may be adjusted towards the performance security payable.
- 4.2.7 No interest will be paid for the EMD.
- 4.2.8 The EMD will be forfeited, if an Offerer;
- 4.2.8.1 Misrepresents facts or submit false / fake documents during the EOI process.
- 4.2.8.2 If the Offerer willfully violates any terms and conditions of the EOI documents.
- 4.2.8.3 If the Offerer withdraws its bid after the opening of EOI document.
- 4.2.8.4 A successful Offerer fails to sign the contract after issuance of Letter Of Intent.
- 4.2.8.5. If the EOI offer is rejected on the basis of the non-satisfactory inspection report of the Quality control facilities of the firm.

4.3 Empanelment policy:

- 4.3.1 The list of drugs/supplies for which rates to be finalized for complete Laboratory testing is attached as Appendix I-A & I-B.

i) **Appendix I-A**

The final rate for testing of samples of each item is pre-fixed and are mentioned in column 7 of Appendix I-A. The Laboratories interested to perform the tests for the items at these rates can make offer for that item in the format specified in Annexure-VII (Consent letter of the Offerer).

ii) **Appendix I-B**

The rates for testing of the items in this list are not fixed. The Testing Laboratories can offer the rates at which the complete testing of the items are performed and the rate for testing shall be filled by the Offerer in column 5 in Appendix I-B in the format specified in Annexure-VII (Consent letter of the

Offerer). The offered rates shall be inclusive of cost of chemicals, reagents, other consumables, cost and depreciation of value of equipments, infrastructure, labour charges, other overheads and expenses and incidentals to the furnishing of reports. The EOI offering minimum rate for testing will be selected for testing that item.

- 4.3.2 The EOI Inviting Authority has every right to fix the final testing rate of item comparing with the testing rates for similar products, rates offered by other labs etc.
- 4.3.3 The EOI Inviting Authority will publish the final testing rate(s) of items in Appendix I-B in the website of the Corporation permitting the other qualified laboratories to match with the final testing rate(s). The Corporation will empanel such laboratories also who have given the consent in writing for testing the items in the final rate(s).

4.4 Contents of the EOI documents:

- 4.4.1 The EOI must be accompanied by the following documents in the sealed cover submitted. The documents shall be in the format prescribed.

	Documents to be submitted	Format prescribed
1.	Checklist (Annexure –I) for the EOI and the list of documents enclosed, with their page numbers marked. The EOI and the documents should be serially numbered and arranged as per Annexure–I. The page number(s) of each document shall be shown in the checklist.	PDF format in DVD & Hard Copy
2.	The Earnest Money Deposit, IF NOT EXEMPTED, shall be Rs. 25,000/-. The Earnest Money Deposit shall be paid in the form of Demand Draft favouring Managing Director, Kerala Medical Services Corporation Limited, payable at Thiruvananthapuram. IF EXEMPTED as per clause 4.2.4 valid documentary evidence to prove the claim shall be furnished.	Hard Copy

3.	Copy of notarized Documentary evidence for the constitution of the company /concern such as Memorandum and Articles of Association, list of names and addresses of the Directors, along with notary attested copies of Form 32 whenever there is a change of Directors, current Partnership deed (Notary attested copy) etc, Name and address of the Chairman/ President/ Managing Trustee, Secretary etc in the case of societies, trusts etc details of the Name, Address, Telephone Number, Fax Number, e-mail address of the firm and of such Managing Director / Partners / Proprietor/ others responsible for the conduct of business and operation of the laboratory.	PDF format in DVD & Hard Copy
4.	Annual turnover statement (Original) certified by the auditors for last three years i.e., 2021-2022,2022-2023 & 2023-24 as in Annexure-V	PDF format in DVD & Hard Copy
5.	Notary Attested Photocopy of approval for testing of Drugs and the list of drugs approved for testing in the laboratory issued by the Drugs Control Authority and valid renewal with list of approved products for testing.	PDF format in DVD & Hard Copy
6.	Notary Attested Photocopy of valid GLP Certificate issued by the Drugs Control Authority and valid renewal.	PDF format in DVD & Hard Copy
7.	Notary Attested Photocopy of NABL accreditation certificate and its valid renewal.	PDF format in DVD & Hard Copy
8.	GST Registration Certificate issued by the concerned authority and attested copy of certificate of registration.	PDF format in DVD & Hard Copy

9.	Notary attested copies of audited Balance Sheet and Profit and Loss account for the last three years i.e. 2021-2022,2022-2023 & 2023-24.	PDF format in DVD & Hard Copy
10	The list of qualified personnel employed in the laboratory (Employees name, Qualification and experience)	PDF format in DVD & Hard Copy
11.	The list of sophisticated analytical equipments & apparatus available in the laboratory as in Annexure III	PDF format in DVD & Hard Copy
12.	Duly filled performance statement in Annexure IV	PDF format in DVD & Hard Copy
13.	Declaration in the Proforma given in Annexure-VI duly signed and notarized	PDF format in DVD & Hard Copy
14.	Details of Analytical Laboratory in Annexure-II	PDF format in DVD & Hard Copy
15.	Consent letter of the offerer as in Annexure VII, giving the details of the Drug / items offered to be tested in compliance with the EOI conditions and the consent for testing the Drugs / items at the rates offered in Appendix I-A & I-B.	DVD in. xl format & Hard Copy
16.	EOI document signed by the offerer in all pages with office seal	Hard Copy
17.	Notary attested copy of PAN.	PDF format in DVD & Hard Copy
18	RTGS details duly endorsed by the banker and a cancelled cheque. Bank details in the format prescribed in Annexure X.	Hard Copy

4.5 Evaluation of EOI:

- 4.5.1 The opening of the EOI offer will be done by the Corporation in the presence of the Offerers or their representatives who choose to attend at the respective time and place mentioned in Section II.

- 4.5.2 In the event of the specified date for EOI submission/opening being declared holiday, the EOI submission/opening shall be at the appointed time and venue on the next working day.
- 4.5.3 The Offerer shall be responsible for properly super scribing and sealing the envelopes and the Corporation shall not be liable for inadvertent opening of the envelopes before the time appointed for opening of the offers.
- 4.5.4 The documents submitted as part of the offer shall be scrutinized by Committee constituted by the EOI Inviting Authority.
- 4.5.5 An EOI, at any stage of the evaluation process or thereafter, in the event of being found concealment or misrepresentation of facts, in respect of the claims of the offer, shall be rejected and is liable to be black listed for a period as decided by the EOI Inviting Authority.
- 4.5.6 The Corporation may waive any minor infirmity in an offer, which does not constitute a material deviation, provided that the same shall not prejudicially affect the interest of the other Offerers.
- 4.5.7 No EOI may be withdrawn in the interval after the opening and finalization of the EOIs. Withdrawal of an EOI during this interval will result in the forfeiture of its EMD and black listing of the Offerer for a period of 3 years immediately from the date of such order and the Offerer shall be ineligible to participate in any of the offers / tenders of the Corporation for a period of 3 years.

4.6 Inspection of Testing Facilities of the Laboratory:

- 4.6.1 Inspection of the testing facilities will be at the discretion of the EOI Inviting Authority. Such inspection may be at any stage before or after acceptance of the offer or Award of Contract/ empanelment.
- 4.6.2 All the testing facilities in the lab will be subjected to inspection / auditing, irrespective of the items in respect of which the EOI has been made/offered. i.e. if the Offerer has offered testing of only for tablets but is having the testing facilities of Injectables / Liquids / etc. all the sections will be subjected to inspection. The Offerer will have to provide necessary arrangements to conduct the inspection of all the sections and failure to co-operate with the inspection in showing the different facilities, will lead to disqualification. Entry to all the areas of testing including microbiological section of the lab shall be facilitated.
- 4.6.3 During inspection undue demands, demands beyond the scope of the this EOI etc made by the members of the Inspection team shall be immediately notified to the EOI Inviting Authority by the laboratory by fax/email, so that the disputes could be resolved before the Inspection Team left the laboratory. The recommendations of the Inspection team will not be communicated to the

Offerer at their site and shall be published on the later only. A summary of findings without stating the recommendations/ conclusions may, however, be furnished to the laboratory soon after the inspection.

- 4.6.4 The availability of technical experts, analytical facilities as claimed in the EOI offer along with the compliance of standard operating procedures adapted for each procedure including validation and calibration, shall be evaluated by the team for considering the eligibility of the lab. Claims of holding the valid NABL certification/valid approval/ GLP certificate will not be of any avail, if the procedures prescribed are not followed as per the standard operating procedures or if the available facilities are not in proper conditions or if contraventions of GLP norms are observed at the time of inspection. In the event of failure to facilitate inspection, obstruction to carry out the inspection, non-cooperation during the inspection, failure furnish any record needed for verification etc., the EOI offer will be rejected or agreement will be terminated, as the case may be.
- 4.6.5 The minimum number of samples that could be tested at a time will be one of the criteria for determining the acceptance/rejection of the lab. The Inspection team shall also verify the capability of the Offerer in fulfilling the requirement of the Corporation.
- 4.6.6 Copy of one full set of the EOI offer should be made available at the time of inspection.
- 4.6.7 Originals of all the documents submitted in the EOI offer should be produced for verification by the inspection team. Failure to produce any of the original documents will result in the rejection of the offer.
- 4.6.8 Key testing areas will be photographed by the inspection team. Denial of permission for photographing will result in the rejection of EOI offer.
- 4.6.9 Any of the Laboratories during the inspection, found not complying with the requirements, the offer of the firm will be rejected/agreement will be terminated. An inspection fee of Rs. 25,000/- will be deducted from the EMD/SD/any money due to the firm.

4.7 Acceptance / Rejection of offers:

- 4.7.1 Acceptance /rejection of the EOI offer will be based on the decisions taken on the evaluation of the submitted documents and inspection report from the expert committee.
- 4.7.2 At any point of time before or after the award of contract, the EOI Inviting Authority reserves the right to cancel or modify the contract in respect all or any

of the items of drugs or other consumables in respect of an EOI for breach of the terms and conditions of the EOI or of the agreement thereof.

- 4.7.3 The EOI Inviting Authority, or his authorized representative(s) has the right to inspect the labs of Offerers, before releasing any samples or at any point of time during the continuance of offer and also has the right to reject the offer or terminate / cancel the contract awarded and or to re-test, based on adverse reports brought out during such inspections. Retesting of samples may also be done by the EOI Inviting Authority at any stage before or during the operation of the contract, to evaluate the performance of the laboratory and the EOI Inviting Authority may initiate deterrent or punitive measures if the evaluation processes or the inspections so indicate or necessitate.

4.8 Award of Contract:

- 4.8.1 The Corporation will notify the successful Offerer (s) in writing, by registered / speed post or by email that its/ their offer(s) for testing of drug(s)/ other items, which have been selected by the EOI Inviting Authority, has been accepted. This notification is made by issuing a **Letter of Intent** by the EOI Inviting Authority.
- 4.8.2 The successful Offerer, upon receipt of the Letter of Intent, shall execute an agreement in the format prescribed, in a non-judicial Kerala Stamp paper of value of Rs. 200/- or of such revised value as may be notified by the Government (stamp duty to be paid by the Offerer) within 15 days from the date of the intimation from Corporation that his offer has been accepted. The Specimen format of agreement is available in Annexure-IX.
- 4.8.3 There will be a performance security deposit amounting to Rs 50,000/- (Rs. Fifty Thousand only) which shall be submitted by the successful Offerer along with the agreement within 15 days from the date of issuance of Letter Of Intent, in the form of Demand Draft drawn in favour of the Managing Director, Kerala Medical Services Corporation Limited payable at Thiruvananthapuram/ Bank Guarantee in the format as given in Annexure VIII for a period of 30 months from the date of execution of the agreement.
- 4.8.4 If the successful Offerer fails to execute the agreement and / or to deposit the required performance security deposit within the time specified or withdraws his offer after opening of the bid, his award of contract will be cancelled and the Earnest Money Deposit of the firm shall stand forfeited, Corporation will initiate blacklisting process and the laboratory shall also be blacklisted for a period of three years immediately from the date of such order and the Offerer will be

ineligible to participate in any of the offers/EOI processes of the Corporation for a period of three years.

- 4.8.5 The Offerer shall not, at any time, assign, sub-let or make over the contract or the benefit in full or part thereof to any person or persons what so ever.
- 4.8.6 For infringement of the stipulations of the contract or for other justifiable reasons, the contract may be terminated by the EOI Inviting Authority, and the Offerer shall be liable for all losses sustained by the EOI Inviting Authority, in consequence of the termination which may be recovered personally from the Offerer or from his properties, as the case may be.
- 4.8.7 All notices or communications relating to arising out of this EOI/agreement or any of the terms there of shall be considered duly served on or given to the Offerer if delivered to him or left at the premises, places of business or abode. Any notice or other communication sent by e-mail or by any other electronic mode shall also be deemed to be due service of the notice/ communication.
- 4.8.8 In the event of any failure/blacklist/default/deviations from the terms and conditions of the EOI or the agreement thereof, of the successful tenderer with or without any quantifiable loss to the EOI Inviting Authority, the amount of the performance security is liable to be forfeited.
- 4.8.9 The EOI Inviting Authority will release the Performance Security without any interest to the successful Offerer on completion of all contractual obligations.
- 4.8.10 If the successful Offerer withdraws from the contract during the period of contract, his security deposit will be forfeited, the contract will be terminated, Corporation will initiate blacklisting process and the laboratory will be blacklisted for a period of three years immediately from the date of such order making them ineligible to participate in any of the offers / Tender of the Corporation.

4.9 Testing & Reporting Conditions:

- 4.9.1 On empanelment and entrustment of the job, the Analytical Laboratory shall furnish the test reports within
1. 15 days of receipt of the sample in case of all non-sterile preparations. Penalty @ 0.5% per day of the delayed reporting upto a max of 15% (30 days - from 16th to 45th day) and penalty @ 1% /day of the delayed reporting upto a max of 45% (30 days- from 46th to 75th day)
 2. 30 days of receipt of the sample in the case of sterile preparations. Penalty @ 0.5% /day of the delayed reporting upto a max of 15% (30 days- from 31st to 60th day) and penalty @ 1% /day of the delayed reporting upto a max of 45% (30 days -from 61st to 90th day)

If further delay occur in submitting of that particular test report for more than the following days that particular test reports will be rejected.*

** i. Non- Sterile Preparations: - 75 days (ie: 15+30+30)*

**ii. Sterile Preparations:- 90days (ie: 30+30+30)*

- 4.9.2 All the tests mentioned in IP/ BP/ USP/ BIS/In-house test procedure/Drugs & Cosmetics Rules. etc., (as the case may be) should be carried out for each and every sample. The actual test value obtained after analysis should be clearly mentioned in the report figures/& words in the report of test/ analysis. Amendments, Addendum, Corrigendum etc published to the reference monographs shall be taken in to account in the testing parameters time to time.
- 4.9.3 Mentioning the words, "COMPLIES" or "PASSES" in the result column of the report shall be treated as incomplete report. It is essential to express the value of test results in figures and the value of standard limits.
- 4.9.4 **Test report should be submitted as per Form 39 A of THE DRUGS RULES 1945. Every test report must have remarks (i.e.) Standard Quality or Not of Standard Quality with respect to official monograph/In-House test protocol.**
- 4.9.5 Reports should be in A4 size paper of good quality.
- 4.9.6 Reports should have Sl.No, Description of tests, Specifications, Results obtained and the reference monograph.
- 4.9.7 Protocols of test applied shall be furnished along with the test report. Spectra /Chromatography data sheets, where ever applicable shall also be furnished.
- 4.9.8 All test reports should be submitted to the KMSCL in triplicate. In case of failure of a sample, the result should be communicated immediately to the Managing Director through Phone/Fax/E-mail and the report should be sent with protocol.
- 4.9.9 If under any circumstances (like break down of instrument) the Analytical Laboratory is unable to undertake analysis for samples, the same should be reported within 24 hours of receipt of such samples by FAX or E-mail and the samples should be returned to the Quality Control Section, Kerala Medical Services Corporation Limited, Thiruvananthapuram. Return of samples under false claims of mal-operation of the functioning of equipment/ break-down of systems etc will be deemed as fraudulent practices and the contract will be liable to be terminated and the laboratory be black-listed without prejudice to criminal proceedings for breach of trust and other such offences.
- 4.9.10 Every care will be taken for proper packaging of the sample to ensure safe and intact delivery to the laboratory. If, however, any sample is received in a damaged condition by the laboratory, the sample should not be analyzed and the information should be sent immediately to the Quality Control Section,

Kerala Medical Services Corporation Limited, Thiruvananthapuram by FAX or E-mail. Deliberate attempt to damage or damaging of the package after receipt shall amount to fraudulent practice leading to termination of contract, black-listing and criminal proceeding for breach of trust, contract etc.

- 4.9.11 In the case of Non-Pharmacopoeial Products the Method of Analysis should be appended to the Report.
- 4.9.12 Test Results shall be sent through e-mail to **qcresults.kmscl@kerala.gov.in** followed by signed hardcopies and with authorized person's name & signature.
- 4.9.13 If submitted test reports is found to be incomplete / inconsistent / incorrect /unreliable, those test reports will not be considered as test reports and the payment regarding the same will be forfeited **including the material cost.**
- 4.9.14 Furnishing of incomplete/inconsistent/ incorrect/ unreliable test results for three times or more during the contract will lead to the termination of contract of the laboratory. Corporation will initiate blacklisting process and the lab will be blacklisted for a period of three years immediately from the date of such order and the Offerer will be ineligible to participate in any of the offers/tenders of the Corporation for a period of three years.
- 4.9.15 Furnishing of three or more delayed test reports occurred during the contract, such practices will be considered as default reporting and its lead to the termination of contract. Corporation will initiate blacklisting process and lab will be blacklisted for a period of three years from the date of such order making them ineligible to participate in any of the offers / Tender of the Corporation.
- 4.9.16 Any change/replacement of the authorized person/persons who is responsible for the signing of the test report should be intimated to the Corporation within 15 days. If no intimation received from the Laboratory, it will be considered as fraudulent practice and will initiate blacklisting process.
- 4.9.17 At any point of time during the period of contract /empanelment, if the NABL accreditation expired /suspended, the NABL approved empanelled lab should not carry out the test. If at all the test is being carried out, Corporation will not accept the report and will not make payment.

4.10 Payment Provisions:

- 4.10.1 No advance payments towards Analysis of drugs will be made.
- 4.10.2 Payments towards the Analysis of drugs will be made strictly as per terms and conditions laid down in the EOI document and the decisions of the EOI Inviting

Authority. All payments will be made only by way of electronic fund transfer in favour of the laboratory.

- 4.10.3 All bills / Invoices in triplicate is to be submitted directly to the Headquarters.
- 4.10.4 If at any time during the period of contract, the testing fee of any items is reduced by the Offerer himself or the taxes levied is brought down by any law or Act of the Central or State Government the Offerer shall be bound to inform Corporation immediately about such reduction in the contracted prices. The EOI Inviting Authority is empowered to unilaterally effect such reduction as is necessary in rates in case the Offerer fails to notify or fails to agree for such reduction of rates.
- 4.10.5 The Offerer shall be responsible for payment of any charges due to any statutory authorities such as Income Tax, Sales Tax, Service tax, and Customs Duties etc. In the event, if it is found that there is some statutory deduction to be made at the source, the Corporation will have the authority to do so. GST registration certificate should be incorporated.
- 4.10.6 If at any time during the operation of the contract, any new/ additional statutory tax or other levy is imposed to the testing of the drugs and other items or if the statutory taxes, levies, duties etc applicable are increased, if the documentary evidence for increase in the statutory taxes, levies, duties etc is produced, then the invoice amount with the enhanced rates will be admitted, after due verification.
- 4.10.7 The rates fixed by the Corporation shall be exclusive of GST and in any enhancement in GST by notification of the Government, the quantum of additional GST so levied will be allowed to be charged without any change in the basic price offered by the EOI inviting authority. For claiming additional cost on account of the increase in GST, the bidder should produce proof of the payment of additional GST on the services rendered to EOI inviting authority. If the documentary evidence for increase in GST is produced, then the invoice amount with the enhanced rates of GST will be admitted, after due verification.

4.11 Saving Clause:

- 4.11.1 No suit, prosecution or any legal proceedings shall lie against Corporation or any person for anything that is done in good faith or intended to be done in pursuance of tender.

4.12 Applicable Law & Jurisdiction of Courts:

- 4.12.1 The contract shall be governed by and interpreted in accordance with the laws of India for the time being in force.

- 4.12.2 Any and all disputes arising out of this EOI will be subject only to the jurisdiction of courts of law / tribunals situated in Thiruvananthapuram city or normally having territorial jurisdiction over Thiruvananthapuram city only or the High Court of Kerala as applicable. It is possible that jurisdiction to file disputes may be available before courts of law, including High Courts / Tribunals situated elsewhere. However, the Offerers should specifically agree and covenant not to file any legal proceedings before any such courts of law / tribunal and should undertake and bind themselves to initiate and carry on legal proceedings in respect of this EOI exclusively before the Courts of law /Tribunals situated in or normally having territorial jurisdiction over Thiruvananthapuram city, or the High Court of Kerala as applicable. Any offerer who violates these conditions will be held to have indulged in an unacceptable / unfair practice and will be deemed ineligible to participate in any of the offers/tenders of the Corporation for a period of two years from the date of the breach/violation of the aforesaid conditions.
- 4.12.3 The Offerers are also required to abstain from printing the words “subject to jurisdiction of Delhi Courts only’ etc from on the invoices submitted, which may force the Corporation to entertain the payment only after the Offerer undertakes in writing his/ her agreeing to the conditions above in respect of the jurisdiction of the courts of Kerala. Any such statement made in any of the document presented to the EOI Inviting Authority will be inconsistent with the terms and conditions of the EOI and the agreement thereof and the EOI Inviting Authority will not be party to the legal situations that might arise in pursuance of such statements.

4.13 Corrupt or Fraudulent Practices

- 4.13.1 It is required by all concerned namely the offerers / Successful offerers etc to observe the highest standard of ethics during the process, execution and operation of the contracts. In pursuance of this policy, the Corporation defines, for the purposes of this provision, the terms set forth below as follows:
- 4.13.2 “Corrupt practice” means the offering, giving, receiving or soliciting of anything of value to influence the action of a public official in the Quality control process or in contract execution and operation; and
- 4.13.3 “Fraudulent practice” means a misrepresentation of facts in order to influence a procurement process or the execution or operation of a contract to the detriment of the EOI Inviting Authority, and includes collusive practice among offerers (prior to or after EOI submission) designed to establish testing fees at artificial non-competitive levels and to deprive the Corporation of the benefits of fair offer. Such other acts termed as fraudulent practices elsewhere in this document or any act to deceive the Corporation or any of its employees or any

act adversely affecting or calculated to affect the normal/proper function or activities of the Corporation.

- 4.13.4 The EOI Inviting Authority will reject a proposal for award if it finds that the Offerer recommended for award has engaged in corrupt or fraudulent practices in fixing the testing fee and will declare a lab ineligible, either indefinitely or for a stated period of time, to be awarded a contract by the Corporation if it at any time determines that the lab has engaged in corrupt or fraudulent practices in fixing the testing fee, or in executing the contract.
- 4.13.5 No Offerer shall contact the Corporation or any of its officers or any officers of the Government on any matter relating to its offer so as to influence the members of various committees or the official(s) of EOI Inviting Authority. Any such act shall also constitute a fraudulent/ corrupt practice and would result in rejection of the EOI offer.
- 4.13.6 The Offerer shall not be in any way interested in or concerned directly or indirectly with, any of the officers, subordinates or servants of the Corporation in any trade or business or transactions nor shall the Offerer give or pay promise to give or pay any such officers, subordinates or servants directly or indirectly any money or fee or other considerations under designation of "Custom" or otherwise, nor shall the Offerer permit any person or persons whom so ever to interfere in the management or performance hereof under the power of attorney or otherwise without the prior consent in writing of the EOI Inviting Authority. Any such effort by the Offerer to influence the Corporation or its officers may result in rejection of the EOI offer. The terms 'Officers, subordinates or servant' shall include their family members or other associates also.
- 4.13.7 If it is revealed that the analytical Laboratory is involved in any form of fraud and collusion with the suppliers of Kerala Medical Services Corporation Limited, the analytical Laboratory will be blacklisted for a period of five years. The Offerer shall also be liable for action under criminal law and the matter will be notified to the concerned Director of Drugs Control for penal action against them.

4.14 Force Majeure

- 4.14.1 For purposes of this clause, Force Majeure means an event beyond the control of the successful Offerer and not involving the Empanelled laboratory's fault or negligence and which is not foreseeable and not brought about at the instance of, the party claiming to be affected by such event and which has caused the non – performance or delay in performance. Such events may include, but are not restricted to, acts of the Corporation either in its sovereign or contractual capacity, wars or revolutions, hostility, acts of public enemy, civil commotion, sabotage, fires, floods, explosions, epidemics, quarantine restrictions, strikes

excluding by its employees, lockouts excluding by the management, and freight embargoes. Scarcity of reagents, reference materials and power cut are not considered as force majeure.

- 4.14.2 If a Force Majeure situation arises, the NABL approved Empanelled laboratory shall promptly notify the Corporation in writing of such conditions and the cause thereof within ten days of occurrence of such event. The time for completing the reporting may be extended by the Corporation at its discretion for such period as may be considered reasonable.
- 4.14.3 In case due to a Force Majeure even if the Corporation is unable to fulfill its contractual commitment and responsibility, then it will notify the NABL approved Empanelled laboratory accordingly and subsequent actions taken on similar lines described in above sub-paragraphs.

4.15 Procedure for Blacklisting

- 4.15.1 For blacklisting a laboratory for defaulted reporting, a registered notice shall be issued to the laboratory calling for explanation within 15 days from the date of receipt of notice. On receipt of the explanation from the Laboratory, the EOI inviting Authority, may take appropriate action on merits of the case and impose blacklisting of the particular laboratory by passing appropriate orders.
- 4.15.2 If any NABL lab, at any stage of EOI process or thereafter in the event of being found after verification by the EOI Inviting Authority / award of contract, to indulge in fraudulent practices or concealment or misrepresentation of facts, in respect of the claims of the offer, shall be rejected, the agreement will be terminated and the bidder is liable to be blacklisted.
- 4.15.3 If the empanelled NABL lab is terminated / blacklisted / debarred/disqualified by any other State/Central Govt. organization after EOI submission/award of contract/execution of agreement, the NABL lab will be liable for Blacklisting/Termination of contract.
- 4.15.4 Failure to inform the termination/blacklisting / debarring/disqualifying by any other State/Central Govt. organization during the empanelment with KMSCL within a period of 30 days of such order, Corporation will blacklist the empanelled NABL lab for a period up to 3 years from the date of such order.

4.16 Provisions for Appeal

- 4.16.1 A laboratory which has been blacklisted by the Corporation may, within 15 days from the date of receipt of such order, appeal to the State Government. The State Government after such enquiry into the matter, as is considered necessary, and after giving the said supplier an opportunity for representing his views, may pass such order in relation thereto as it thinks fit.

4.17 Termination of Contract

- 4.17.1 Termination for default: - The Corporation without prejudice to any other contractual rights and remedies available to it (the EOI Inviting Authority), may, by written notice of default sent to the successful offerer (NABL approved Empanelled laboratory), terminate the contract in whole or in part, if the successful offerer fails to perform any other contractual obligation(s) within the time period specified in the contract.
- 4.17.2 Unless otherwise instructed by the EOI Inviting Authority, the successful Offerer (NABL approved Empanelled laboratory) shall continue to perform the contract to the extent not terminated.
- 4.17.3 Termination for insolvency: If the successful offerer becomes bankrupt or otherwise insolvent, the Corporation reserves the right to terminate the contract at any time, by serving written notice to the successful Offerer without any compensation, whatsoever, to the successful Offerer (NABL approved Empanelled laboratory), subject to further condition that such termination will not prejudice or affect the rights and remedies which have accrued and / or will accrue thereafter to the EOI Inviting Authority.
- 4.17.4 Termination for convenience: - The Corporation reserves the right to terminate the contract, in whole or in part for its (EOI Inviting Authority's) convenience, by serving written notice on the successful Offerer (NABL approved Empanelled laboratory) at any time during the currency of the contract. The notice shall specify that the termination is for the convenience of the EOI Inviting Authority. The notice shall also indicate interalia, the extent to which the successful offerers performance under the contract is terminated, and the date with effect from which such termination will become effective.
- 4.17.5 Termination due to change of ownership, constitution, suspension/ cancellation of statutory approval/ certification, accreditation etc.
- 4.17.6 Where there is a change of ownership (in the case of sole proprietorship unit) of the NABL approved Empanelled laboratory under contract, the contract will stand automatically terminated. The owner of the NABL approved Empanelled laboratory shall inform the change of ownership to the EOI Inviting Authority as soon as the change takes place. The new owner will be eligible for a fresh contract for the remaining period of the earlier contract with the former owner under the same terms and conditions on deposit of the performance security amount. Inspection of the unit will be the discretion of the EOI Inviting Authority.

- 4.17.7. Where there is a change of constitution of the firm running the NABL approved Empanelled Laboratory, the contract will stand terminated from the date of change of constitution if the person(s) responsible for the firm for the contract and its day-to-day operations change. In such an event the new firm will be eligible for further fresh contract for the remaining period of the earlier contract with the firm under the same terms and conditions. The performance security deposited earlier may be adjusted for the fresh contract on mutual agreement.
- 4.17.8. Where there is temporary or permanent suspension/ cancellation/ withdrawal/ revoking of the statutory approval/ certification/ accreditation on the basis of which the laboratory was empanelled and contract was awarded, the contract will stand terminated from the date of such action coming into force. Such termination may, however, be withdrawn if the action is cancelled or stayed by any competent forum. It will be onus of the NABL approved Empanelled laboratory to report any such action taken against it.

(Sd/-)

Managing Director, KMSCL
&
(EOI Inviting Authority)

CHECK LIST

Name of the Laboratory : _____

Address : _____

Sl. No	Documents to be submitted	Page No
1.	Checklist (Annexure –I) for the list of documents enclosed with their page Nos. The documents should be serially numbered and arranged as per Annexure–I.	
2.	EOI Document Cost in the form of DD shall be kept in an envelope. DD No & date: Bank & branch: Amount in Rs:	
3.	Earnest Money Deposit the form of DD shall be kept in an envelope, IF NOT EXEMPTED , DD No & date: Bank & branch: Amount in Rs: IF EXEMPTED as per clause 4.2.4 valid documentary evidence to prove the claim.	
4.	Copy of notarized Documentary evidence for the constitution of the company /concern such as Memorandum and Articles of Association, along with notary attested copies of Form 32 whenever there is a change of Directors, Latest Partnership deed (Notary attested copy), Bye law in the case of society, trust etc. with details of the Name, Address, Telephone Number, Fax Number, e-mail address of the firm and of the Managing Director / Partners / Proprietor/ other responsible persons/ office bearers. The list of present MD & Directors of the firm shall also be furnished	

Sl. No	Documents to be submitted	Page No
	separately.	
5.	Annual turnover statement certified by the auditors for last three years i.e., 2021-2022,2022-2023&2023-24 as in (Annexure-V)	
6.	Notary Attested Photocopy of approval for testing of Drugs and the list of drugs approved for testing in the laboratory issued by the Drugs Control Authority and valid renewal with list of approved products for testing.	
7.	Notary Attested Photocopy of valid GLP Certificate issued by the Drugs Control Authority and valid renewal.	
8.	Notary Attested Photocopy of NABL accreditation certificate and its valid renewal.	
9.	GST Registration Certificate issued by the concerned authority and attested copy of certificate of registration.	
10.	Notary attested copies of audited Balance Sheet and Profit and Loss account for the last three years i.e. 2021-2022,2022-2023& 2023-24.	
11.	The list of qualified personnel employed in the laboratory (Employees name, Qualification and experience)	
12.	The list of sophisticated analytical equipments & apparatus available in the laboratory. [Annexure III]	
13.	Duly filled performance statement in Annexure IV.	
14.	Declaration in the Proforma given in Annexure-VI duly signed and notarized	
15.	Details of Analytical Laboratory in Annexure-II.	
16.	Consent letter of the offerer as in Annexure VII.	
17.	EOI document signed by the offerer in all pages with office seal	
18.	Notary attested copy of PAN.	
19.	RTGS details duly endorsed by the banker and a cancelled cheque. Bank details in the format prescribed in Annexure X.	

ANNEXURE – II

DETAILS OF ANALYTICAL LABORATORY

Sl.No.	Particulars	Details (To be filled in by the EOI Responder)
1.	Name of the Organization	
2.	Address(Regd. Office): Telephone: Fax: E-mail: Website:	
3.	Address(Laboratory Premises)* Telephone: Fax: E-mail: Website: (* If testing of the items are performed in more than one premises, details of all such units shall be furnished.)	
4.	Name of the Contact Person: Designation Telephone: Mobile: E-mail ID:	
5.	Type of the Organization (Public Sector/Limited/ Private Limited/Partnership/ Proprietary/Any Other):	
6.	Date of inception of the firm	
7.	Chief Officer of the Organization: Designation: E-mail ID: Telephone:	
8.	Registration No. & Date of Incorporation of Company:	
9.	License No. issued by the Drugs	

Sl.No.	Particulars	Details (To be filled in by the EOI Responder)
	Control Dept. of the state for conducting the Analysis. Date of issue and current validity of the license period shall also be specified.	
10.	PAN no:	
11.	List of minimum 3 Clients as per clause No.3.2.5 (Provide number of samples, type, contact details like Address, Contact Person, e-mail ID, Telephone)	
12.	Total No. of Employees: 1. Technical Staff 2. Non-Technical Staff(Details of qualified personnels for testing of drugs/supplies)	
13.	Authorized Person/Persons responsible for signing the test report: 1. No: of Person/Persons 2. His/Her Name & Designation	
14.	Whether the License/Approval/ accreditation of the laboratory was cancelled / suspended by the authority in the past, if yes give details.	
15.	Whether any prosecution action is in progress or pending against the laboratory or any of its. Furnish details of past conviction(s), if any.	

Date:

Seal:

Authorized Signatory:

ANNEXURE- III

LIST OF SOPHISTICATED ANALYTICAL EQUIPMENTS &
APPARATUS AVAILABLE IN THE LABORATORY

Name of the Laboratory : _____

Address : _____

Name of the Equipment/ Instruments/Apparatus	Name & Description	Date of Installation	Working Conditions
<u>FACILITIES IN THE MICROBIOLOGICAL SECTION</u>			
List of Equipments / Apparatus Available with Date of Installation (eg. Incubators, Autoclave etc.)			

Date: Seal: Authorized Signatory:

PROFORMA FOR PERFORMANCE STATEMENT

(for a period of last 3 years)

Name of the Laboratory : _____

Address : _____

Types of Samples Analyzed		No. of Samples Analyzed during		
		2021-22	2022-23	2023-24
1	Tablets / Capsules			
2	Injectable			
3	Liquid Orals			
4	Ointments / Creams / Gels			
5	Surgicals (Specify item names)			
6	Sutures (Specify types)			
7	Other Categories (Specify)			
8	Other Categories (Specify)			

Signature :

Date :

Name of the Lab :

Office Seal :

ANNUAL TURN OVER STATEMENT

I hereby certify that M/s _____ (Name & address _____) who is participating in the **EOI No. KMSCL/QC/EOI/2025/01 DATED 19.06.2025** of KMSCL is having the following annual turnover and the statement is true and correct.

Sl. No.	Year	Turnover (Rs.)
1.	2021 - 2022	
2.	2022 - 2023	
3.	2023 - 2024	
Total (Rs.)		
Average turnover per annum (Rs.)		

Date:

Signature of Auditor/

Chartered Accountant

(Name in Capital) :

Name of firm :

Reg. No. :

Seal:

ANNEXURE-VI

DECLARATION

I / We (Name of
the laboratory) having our office at
.....
.....

Lababoratory at
..... do declare that I / We have carefully read all the
conditions of **EOI No. KMSCL/QC/EOI/2025/01 DATED 19.06.2025** of Kerala
Medical Services Corporation Ltd., Thiruvananthapuram, for the EOI floated
for empanelment of analytical testing laboratories for the analysis of drugs and
supplies, for a period of two years from the date of acceptance and abide by
all conditions set forth therein. I/We do accept(s) all the terms and conditions of
the above EOI document including amendments of the tender, if any, published by
the Corporation.

Signature :
Date :
Name of the Lab :

Office Seal :

ATTESTED BY NOTARY PUBLIC

CONSENT LETTER OF THE OFFERER**From**

Name of the Laboratory.....

Address

To

The EOI Inviting Authority

Sir,

Sub: Consent for performing complete analysis of drugs/supplies.**Ref : EOI No. KMSCL/QC/EOI/2025/01 DATED 19.06.2025**

With reference to the EOI for the empanelment of drugs testing laboratories, we here by submit our consent to perform the complete analysis of the following items of drugs/supplies in Appendix I-A & Appendix I-B of the EOI document at the rates offered in column 6 of the following tables and as per the conditions stipulated in the EOI documents referred above.

Table.I <u>LIST OF ITEMS OFFERED IN APPENDIX I-A</u>						
Sl.No.	Category	Drug Code	Drug Name	Strength	Unit	Agreed rate (Rs.)
(1)		(2)	(3)	(4)	(5)	(6)

Table.II <u>LIST OF ITEMS OFFERED IN APPENDIX I-B</u>						
Sl.No.	Category	Drug Code	Drug Name	Strength	Unit	Offered rate (Rs.)
(1)		(2)	(3)	(4)	(5)	(6)

Date:

Seal:

Authorized Signatory:

FORMAT OF BANK GUARANTEE FOR SECURITY DEPOSIT

To

The Kerala Medical Services Corporation Limited

(Address)

WHEREAS _____ (Name and address of the Laboratory) has undertaken, in pursuance of contract no _____ dated _____ (herein after called “the contract”) to conduct quality control analysis for Kerala Medical Services Corporation Limited, (address).

AND WHEREAS it has been stipulated by you in the said contract that the Laboratory shall furnish you with a bank guarantee by a scheduled commercial bank recognised by you for the sum specified therein as security for compliance with its obligations in accordance with the contract;

AND WHEREAS we have agreed to give the Laboratory such a bank guarantee;

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the Laboratory, up to a total amount of _____ (Amount of the guarantee in words and figures), and we undertake to pay you, upon your first written demand declaring the Laboratory to be in default under the contract and without cavil or argument, any sum or sums within the limits of (amount of guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

We hereby waive the necessity of your demanding the said debt from the Laboratory before presenting us with the demand.

We undertake to pay you any money so demanded notwithstanding any dispute or disputes raised by the Laboratory (s) in any suit or proceeding pending before any Court or Tribunal relating thereto our liability under these presents being absolute and unequivocal.

We agree that no change or addition to or other modification of the terms of the contract to be performed there under or of any of the contract documents

which may be made between you and the Laboratory shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition or modification.

No action, event, or condition that by any applicable law should operate to discharge us from liability, hereunder shall have any effect and we hereby waive any right we may have to apply such law, so that in all respects our liability hereunder shall be irrevocable and except as stated herein, unconditional in all respects.

This guarantee will not be discharged due to the change in the constitution of the Bank or the Laboratory (s).

We, _____ (indicate the name of bank) lastly undertake not to revoke this guarantee during its currency except with the previous consent, in writing, of The Kerala Medical Services Corporation Limited.

This Guarantee will remain in force up to----- (Date). Unless a claim or a demand in writing is made against the bank in terms of this guarantee on or before the expiry of ----- (Date) all your rights in the said guarantee shall be forfeited and we shall be relieved and discharged from all the liability there under irrespective of whether the original guarantee is received by us or not.

(Signature with date of the authorised officer of the Bank)

.....

Name and designation of the officer

.....

.....

Seal, name & address of the Bank and address of the Branch

AGREEMENT

THIS AGREEMENT made on this day of, 20... between Kerala Medical Services Corporation Ltd represented by its Managing Director (& Expression of Interest (EOI) Inviting Authority) having its registered office at Thiruvananthapuram (hereinafter mentioned as “The KMSCL” or the Corporation) of one part and M/s.
 ... (Name and Address of the laboratory)(hereinafter called as “The NABL approved Empanelled laboratory” or the "Laboratory" in short) represented by (Name of the authorized signatory and Designation), aged Years, residing at (Full residential address of the signatory) of the other part.

WHEREAS the KMSCL had invited Expression of Interest (EOI) from eligible Analytical Laboratories for test and analysis of Drugs and other consumables procured by it for supply to the healthcare institutions under the Health & Family Welfare Department of Kerala as per the EOI document numberdated and had prescribed eligible criteria and various terms and conditions for participation and presentation of the EOI, and

WHEREAS The NABL approved Empanelled Laboratory above has offered to the KMSCL to undertake analytical work of the list of items mentioned in the Annexure attached hereto, in accordance with the terms and conditions specified in the above said EOI document, at the rates noted therein and had given an undertaking in writing to those effects and in the manner and under the terms and conditions hereinafter mentioned, and

WHEREAS the EOI Inviting Authority (KMSCL) has accepted the offer, and

The NABL approved Empanelled Laboratory has deposited with the KMSCL a sum of Rs.50,000/-(Rupees Fifty Thousand) as Security Deposit for the due and faithful performance of this Agreement and liable to be

forfeited as liquidated damages in the event of the Laboratory failing duly and faithfully to perform its obligations set forth hereinafter.

In this agreement words and expressions shall have the same meanings as are respectively assigned to them in the EOI document referred to.

Now therefore these presents witness that for carrying out the said Agreement in this behalf into execution, The NABL approved Empanelled Laboratory and the KMSCL do hereby mutually covenant, declare, contract and agree each of them with the other of them in the manner following, that is to say,

1. The term "Agreement", wherever used in this connection, shall mean the terms and conditions stipulated hereinafter for the analysis of Drugs, surgical and other items for the year 2025-27.

2. (a) The agreement is for undertaking analysis of Drugs, Surgical items & Sutures items by the NABL approved Empanelled Laboratory to the KMSCL of the samples specified in the (will specify later) attached hereto at the rates noted against each therein on the terms and conditions set forth in this Agreement and strictly within the time frame stipulated for the respective items in clause 3.1 of the EOI document.

(b) This agreement shall be deemed to have come into force with effect from ----- (Date of execution of agreement) and it shall remain in force for a period of two years with effect from that date and may however be extended for a further period, on mutually agreed terms signed by both parties.

(c) The time frame specified in clause 3.1 of the EOI document for the respective item shall be strictly adhered to by the Laboratory. Tests and Analysis of drugs and other items will be performed in accordance with the statutory standards such as IP, BP, USP, BIS etc and in the case of items for which no official standards, by applying such recognized or prescribed or authentic parameters of standard quality and the test reports shall reach the KMSCL within the maximum time limit specified in the EOI document reckoned from the date on which the item to be tested is delivered to the NABL approved Empanelled Laboratory, failing which the measures of penalty and others specified will be applicable.

(d) The test reports are to be submitted to the KMSCL by email within the time period specified in clause 3.1 of the EOI document at the email address

of the KMSCL (qcresults.kmscl@kerala.gov.in) to be followed by three sets of hardcopies duly authenticated.

(e) In the event of any failure/default/deviations from the EOI agreement on the part of the NABL approved Empanelled Laboratory with or without any quantifiable loss to the KMSCL, the amount of the performance security is liable to be forfeited. If the NABL approved Empanelled Laboratory withdraws from the contract during the period of contract, the security deposit shall be liable to be forfeited, the contract terminated and the NABL approved Empanelled Laboratory shall be liable to be blacklisted for a period of three years from the date of such order making them ineligible to participate in any of the offers/Tender of the Corporation.

3. In respect of the analysis of items in the Schedule, the Laboratory shall allow inspection of the laboratory at any time during the continuance of the contract period by a team of Experts/Officials whom the KMSCL may depute for the purpose. The laboratory shall extend all facilities to the team to enable them to inspect sample storage, reagents, instruments, all relevant records, analysis etc, in the NABL approved Empanelled Laboratory and also to take photographs of such facilities, which shall not be used by the Corporation other than pursuance of actions under the terms and conditions of this contract and also of the EOI document.

4. All expenses, damages and other moneys payable to the KMSCL by the NABL approved Empanelled Laboratory under any provisions of this Agreement may be recovered from the amounts due or subsequently becoming due from the KMSCL to the Laboratory under this or any other Agreement. In case such amount are insufficient to fully cover such expenses, damages or other moneys payable. It shall be lawful for the KMSCL to recover the balance amount from the security deposit of the laboratory and all other money held by KMSCL and in case such security deposit is insufficient then it shall be also be lawful for the KMSCL to recover the residue of the expenses, damages and moneys, if necessary by means of legal proceeding against the NABL approved Empanelled Laboratory.

5. The amount of security deposit remitted by the Laboratory to the KMSCL by way of Demand Draft by favoring the Managing Director, KMSCL, Thiruvananthapuram will be returned on successful fulfillment of the terms and conditions of this agreement without any interest.

6. (a) No advance payment towards any analysis will be made to the NABL approved Empanelled Laboratory.

(b) All bills/invoices should be raised in triplicate in the name of the managing director Kerala Medical Services Corporation Limited. All payments will be made only by way of electronic fund transfer in favour of the NABL approved Empanelled Laboratory for which bank details shall be furnished to the Corporation at the time of entering into agreement.

(c) The NABL approved Empanelled Laboratory shall furnish the test reports within:

I. 15 days of receipt of the samples in case of Tablets, Capsules, Pessaries, Ointments, Powders and Liquid Oral Preparations, and all Non- Sterile preparations

II. 30 days of receipt of the samples in the case of all sterile preparations.

7. The NABL approved Empanelled Laboratory shall not at anytime assign, sub-let or make over the present Contract or the benefits thereof or any part thereof, to any person or persons whomsoever.

8. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz.:

- (a) All the documents submitted by the NABL approved Empanelled Laboratory as a part of the EOI offer,
- (b) The Schedule of Requirements;
- (c) The Specifications and other quality parameters;
- (d) The clarifications and amendments issued / received as part of the EOI Document
- (e) All correspondence as part of tender during or after the date of agreement accepted by Tender Inviting Authority

9. The terms and conditions specified in the EOI document published by the EOI Inviting Authority in acceptance of which the NABL approved Empanelled Laboratory had presented the EOI offer will apply in matters not specifically in this agreement.

10. The NABL approved Empanelled Laboratory and the Corporation mutually agree that any and all disputes arising out of this Agreement will be subject only to the jurisdiction of courts of law / tribunals situated in Thiruvananthapuram city or normally having territorial jurisdiction over Thiruvananthapuram city only or the High Court of Kerala as applicable and the provisions of clause 4.12 of the EOI document are agreed to in full.

In witness whereof the parties hereto have caused this Agreement to be executed in accordance with their respective laws the day and year first above written.

Signed, Sealed and Delivered by the

said (For the EOI Inviting Authority- KMSCL)

in the presence of,

- 1. (Signature, name and Address)
- 2. (Signature, name and Address)

Signed, Sealed and Delivered by the

said (For the NABL approved Empanelled Laboratory)
(Signature, Name and Address with Office Seal)

in the presence of,

- 1. (Signature, name and Address)
- 2. (Signature, name and Address)

FORMAT OF BANK DETAILS

Bank Details			
A	Name of the Bank	:	
B	Branch Name & Address	:	
C	Branch Code No.	:	
D	Branch Telephone No.	:	
E	Branch email ID	:	
F	IFS code of the Branch	:	
G	Type of Account (current/savings)	:	
H	Bank Account Number (as appear in the cheque book)	:	

Authorized Signatory with seal

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
1	ACD	D24170C	ABIRATERONE ACETATE TAB IP	250 mg	1 No	750
2	ACD	D24056C	DACTINOMYCIN INJ	0.5mg/3ml	Vial	825
3	ACD	D24058C	ANASTRAZOLE TAB IP	1mg	1 No	990
4	ACD	D24167C	AZATHIOPRINE TAB IP	50mg	1 No	685
5	ACD	D24059C	BENDAMUSTINE INJ IP	100mg	Vial	2320
6	ACD	D24061C	BICALUTAMIDE TAB IP	50mg	1 No	913
7	ACD	D24062C	BLEOMYCIN INJ IP	15mg	Vial	968
8	ACD	D24063C	BORTEZOMIB INJ IP	2mg	Vial	668
9	ACD	D24180C	BUSULPHAN TAB IP	2 mg	1 no	1035
10	ACD	D24066C	CAPECITABINE TAB IP	500mg	1 No	693
11	ACD	D24067C	CARBOPLATIN INJ IP	150mg	Vial	1155
12	ACD	D24068C	CARBOPLATIN INJ IP	450mg	Vial	1155
13	ACD	D24070C	CHLORAMBUCIL TAB IP	2 mg	1 No	1070
14	ACD	D24071C	CISPLATIN INJ IP	10mg	Vial	1155
15	ACD	D24072C	CISPLATIN INJ IP	50mg	Vial	1155
16	SDL	D32000	CYCLOSPORINE CAP IP	100 mg	1 no	1390
17	SDL	D32006	CYCLOSPORINE CAP IP	25 mg	1No	1390
18	SDL	D32007	CYCLOSPORINE CAP IP	50 mg	1No	1390
19	ACD	D24246C	CYCLOPHOSPHAMIDE INJ IP	1 gm	Vial	535
20	ACD	D24074C	CYCLOPHOSPHAMIDE INJ IP	200mg	Vial	535
21	ACD	D24075C	CYCLOPHOSPHAMIDE INJ IP	500mg	Vial	535
22	ACD	D24076C	CYCLOPHOSPHAMIDE TAB IP	50mg	1 No	424
23	ACD	D24184C	CYTARABINE INJ IP/BP	1 gm	Vial	1045
24	ACD	D24077C	CYTARABINE INJ IP/BP	100mg	Vial	1045
25	ACD	D24078C	DACARBAZINE INJ IP/USP	200mg	1 No	1300
26	ACD	D24081C	DAUNORUBICIN INJ IP	20mg	Vial	2220
27	ACD	D24161C	DEXAMETHASONE TAB IP	8mg	1 No	668
28	ACD	D24169C	DEXAMETHASONE TAB IP	4mg	1 No	668
29	ACD	D24082C	DOCETAXEL INJ IP	20mg	Vial	2000

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
30	ACD	D24083C	DOCETAXEL INJ IP	80mg	Vial	2000
31	ACD	D24084C	DOCETAXEL INJ IP	120 mg	Vial	2000
32	ACD	D24087C	DOXORUBICIN INJ (LYOPHILISED) IP	10mg	Vial	1210
33	ACD	D24089C	DOXORUBICIN (pegylated liposomal) INJ	10 mg	Vial	1210
34	ACD	D24091C	DOXORUBICIN (pegylated liposomal) INJ	50 mg	Vial	1210
35	ACD	D24090C	DOXORUBICIN (pegylated liposomal) INJ	20mg	Vial	1210
36	ACD	D24088C	DOXORUBICIN INJ (LYOPHILISED) IP	50mg	Vial	1210
37	ACD	D24092C	EPIRUBICIN INJ IP	10mg	Vial	1100
38	ACD	D24093C	EPIRUBICIN INJ IP	50mg	Vial	1100
39	ACD	D24094C	ERLOTINIB TAB IP	100 mg	1 No	1265
40	ACD	D24095C	ERLOTINIB TAB IP	150 mg	1 No	1265
41	ACD	D24096C	ETOPOSIDE CAP IP	50mg	Vial	1420
42	ACD	D24097C	ETOPOSIDE INJ IP	100mg	Vial	1770
43	ACD	D24099C	EXEMESTANE TAB IP	25 mg	1 No	1150
44	ACD	D24228C	FILGRASTIM INJ IP	300mcg	PFS	1400
45	ACD	D24054C	FLUROURACIL INJ IP	250mg	Amp/Vial	1073
46	ACD	D24055C	FLUROURACIL INJ IP	500mg	Vial/Amp	1073
47	ACD	D24103C	GEFITINIB TAB IP	250mg	1 No	715
48	ACD	D24105C	GEMCITABINE INJ IP	1gm	Vial	1320
49	ACD	D24104C	GEMCITABINE INJ IP	200mg	Vial	1320
50	ACD	D24109C	IBANDRONATE TAB	50mg	1 No	770
51	ACD	D24110C	IFOSFAMIDE WITH MESNA INJ	1gm	Vial	1183
52	ACD	D24111C	IFOSFAMIDE WITH MESNA INJ	2gm	Vial	1183
53	ACD	D24165C	IMATINIB TAB IP	100mg	1 No	589
54	ACD	D24112C	IMATINIB CAP IP	100mg	1 No	1050
55	ACD	D24164C	IMATINIB TAB IP	400mg	1 No	589
56	ACD	D24116C	IRINOTECAN INJ IP	100mg	Vial	1073
57	ACD	D24115C	IRINOTECAN INJ IP	40mg	Vial	1073
58	ACD	D24118C	LAPATINIB TAB IP	250 mg	1No	1770
59	ACD	D24064C	LEUCOVORIN CALCIUM INJ IP	15mg	Amp	1770
60	ACD	D24065C	LEUCOVORIN CALCIUM INJ IP	50mg	VIAL	1770
61	ACD	D24163C	LENALIDOMIDE CAP	5mg	1 No	660

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
62	ACD	D24251C	LENALIDOMIDE CAP	15mg	1No	660
63	ACD	D24252C	LENALIDOMIDE CAP	25mg	1No	660
64	ACD	D24119C	LENALIDOMIDE CAP	10mg	1 No	660
65	ACD	D24120C	LETROZOLE TAB IP/USP	2.5mg	1 No	825
66	ACD	D24121C	LEUPROLIDE ACETATE INJ	3.75mg	Vial	1100
67	ACD	D24250C	LEUPROLIDE ACETATE INJ	22.5 mg	Vial	1100
68	ACD	D24122C	LEUPROLIDE ACETATE INJ	11.25 mg	Vial	1100
69	ACD	D24123C	LOMUSTINE CAP IP	40 mg	1 No	770
70	ACD	D24197C	MELPHALAN INJ	50 mg	Vial	1120
71	ACD	D24124C	MELPHALAN TAB IP	5mg	1 No	1220
72	ACD	D24198C	MERCAPTOPYRINE TAB IP	50 mg	1 No	565
73	ACD	D24125C	MESNA INJ	200mg	Amp	963
74	ACD	D24253C	METHOTREXATE INJ IP	25 mg	1 ml Vial	1089
75	ACD	D24127C	METHOTREXATE INJ IP	50mg	Vial	1089
76	ACD	D24199C	METHOTREXATE INJ IP	500 mg	Vial	1089
77	ACD	D24200C	METHOTREXATE INJ	1 gm	Vial	1089
78	ACD	D24166C	METHOTREXATE INJ (INTRATHECAL, PRESERVATIVE FREE)	15mg	Amp/Vial/PFS	1089
79	ACD	D24128C	METHOTREXATE TAB IP	2.5mg	1 No	495
80	ACD	D24254C	METHOTREXATE TAB IP	15mg	1No	495
81	ACD	D24129C	MITOMYCIN INJ	2mg	Vial	1210
82	ACD	D24130C	MITOMYCIN FOR INJ IP/USP	10mg	Vial	1210
83	ACD	D24131C	MITOXANTRONE INFUSION BP/USP	20mg	Vial	1320
84	ACD	D24133C	OXALIPLATIN INJ IP	50mg	Vial	1182
85	ACD	D24134C	OXALIPLATIN INJ IP	100mg	Vial	1182
86	ACD	D24136C	PACLITAXEL INJ IP	30mg	Vial	1100
87	ACD	D24139C	PACLITAXEL INJ IP WITH CODON SET	300 mg	Vial	1100
88	ACD	D24137C	PACLITAXEL INJ IP WITH CODON SET	100mg	Vial	1100

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
89	ACD	D24138C	PACLITAXEL INJ IP WITH CODON SET	260mg	Vial	1100
90	ACD	D24141C	PEMETREXED INJ IP	100mg	Vial	1073
91	ACD	D24142C	PEMETREXED INJ IP	500mg	Vial	1073
92	ACD	D24143C	PROCARBAZINE HCL CAP IP	50mg	1 No	407
93	ACD	D24147C	SORAFENIB TOSYLATE TAB IP	200mg	1 No	584
94	ACD	D24150C	TAMOXIFEN TAB IP	20mg	1 No	715
95	ACD	D24239C	THIOTEPA INJ. IP	15mg	Vial	1670
96	ACD	D24151C	TEMOZOLOMIDE CAP IP	20mg	1 No	583
97	ACD	D24152C	TEMOZOLOMIDE CAP IP	100mg	1 No	583
98	ACD	D24153C	TEMOZOLOMIDE CAP IP	250 mg	1 No	583
99	ACD	D24154C	THALIDOMIDE CAP USP	100mg	1 No	770
100	ACD	D24260C	THIOGUANINE TAB IP	40mg	1No	1115
101	ACD	D24160C	ZOLEDRONIC ACID INJ IP	4mg	Vial	963
102	CAT-I	D01019	ACECLOFENAC TAB IP	100mg	1 No	341
103	CAT-I	D19006	ACETAZOLAMIDE TAB IP	250mg	1 No	535
104	CAT-I	D13036	ACETYL SALICYLIC ACID TAB IP(GASTRO-RESISTANT)	150mg	1 No	418
105	CAT-I	D13024	ACETYLSALICYLIC ACID TAB IP(GASTRO-RESISTANT)	75mg	1 No	418
106	CAT-I	D06002/1 2	ACTIVATED CHARCOAL IP	10gm	Packet	220
107	CAT-I	D09003	ACYCLOVIR CREAM IP	5% w/w	5gm Tube	751
108	CAT-I	D15014	ACYCLOVIR EYE OINTMENT IP	3% w/w	5gm Tube	619
109	CAT-I	D09001	ACYCLOVIR INJ IP	250 mg	Vial	751
110	CAT-I	D09002/1 2	ACYCLOVIR TAB IP	400 mg	1 No	751
111	CAT-I	D09004	ACYCLOVIR ORAL SUSPENSION IP	400mg/5ml	100ml Bottle	520
112	CAT-I	D13062	ADENOSINE INJ IP	3mg/ml	2ml amp	2120
113	CAT-I	D05005	ADRENALINE BITARTRATE INJ IP	1mg/ml	1 ml Amp	1593

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
114	CAT-I	D08015	ALBENDAZOLE ORAL SUSPENSION IP	200 mg/5ml	10 ml Bottle	418
115	CAT-I	D08001	ALBENDAZOLE TAB IP	400 mg	1 No	460
116	CAT-I	D01013	ALLOPURINOL TAB IP	100 MG	1 No	501
117	CAT-I	D17007/1 2	ALPRAZOLAM TAB IP	0.25mg	1 No	584
118	CAT-I	D02091	AMIKACIN SULPHATE INJ IP	250mg/2ml	2ml Vial	751
119	CAT-I	D03003	AMINOPHYLLINE INJ IP	25mg/ml	10ml Amp	642
120	CAT-I	D13040	AMIODARONE STERILE CONCENTRATE IP	50mg/ml	3 ml	759
121	CAT-I	D13041	AMIODARONE TAB IP	100mg	1 No	668
122	CAT-I	D17005	AMITRIPTYLINE TAB IP	25mg	1 No	668
123	CAT-I	D17072	AMITRIPTYLINE TAB IP	10 mg	1 No	668
124	CAT-I A	D17063	AMISULPRIDE TAB IP	100 mg	1 No	1765
125	CAT-I	D13031/1 2	AMLODIPINE TAB IP(FILM COATED)	5 mg	1 No	1086
126	CAT-I	D02036/1 2	AMOXICILLIN AND POTASSIUM CLAVULANATE TAB IP	500mg+ 125mg	1 No	880
127	CAT-I	D02049	AMOXYCILLIN AND POTASSIUM CLAVULANATE INJ IP	1.2 g	10ml Vial	880
128	CAT-I	D02048	AMOXYCILLIN + POTASSIUM CLAVULANATE ORAL SUSPENSION IP	400MG+57MG	30ml bottle	720
129	CAT-I	D02197	AMOXYCILLIN AND POTASSIUM CLAVULANATE ORAL SUSPENSION IP	Each 5 ml contains; 400 mg + 57 mg	60 ml Bottle	1220

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
130	CAT-I	D02092	AMOXYCILLIN + POTASSIUM CLAVULANATE ORAL SUSPENSION	Each ml of reconstituted suspension contains; Amoxicillin Trihydrate IP equivalent to Amoxicillin 80mg and Potassium Clavunate IP equivalent to Clavulanic Acid 11.4mg	10ml Bottle	1220
131	CAT-I	D02004	AMOXYCILLIN CAP IP	250 mg	1 No	501
132	CAT-I	D02005	AMOXYCILLIN CAP IP	500 mg	1 No	501
133	CAT-I	D02044	AMOXYCILLIN DISPERSIBLE TAB IP	250MG	1No	550
134	CAT-I	D02032	AMOXYCILLIN ORAL SUSPENSION IP	125 mg/5ML	60ml bottle	886
135	CAT-I	D02033	AMOXYCILLIN ORAL SUSPENSION IP	250 mg/5 ml	60 ml Bottle	886
136	CAT-I	D02007	AMPICILLIN CAP IP	250 mg	1 No	501
137	CAT-I	D02041	AMPICILLIN CAP IP	500 mg	1 No	501
138	CAT-I	D02008	AMPICILLIN INJ IP	500 mg	Vial	1712
139	CAT-I	D08019	ARTESUNATE INJ IP	60mg	Vial	1045
140	CAT-I	D13008	ATENOLOL TAB IP	50 mg	1 No	911
141	CAT-I	D13013	ATORVASTATIN TAB IP	10 mg	1 No	1252
142	CAT-I	D13043	ATORVASTATIN TAB IP	20mg	1 No	1252
143	CAT-I	D15016	ATROPINE EYE DROPS BP/USP	1%	5 ml bottle	627
144	CAT-I	D15017	ATROPINE EYE OINTMENT IP	1%w/w	5gm	482
145	CAT-I	D04007	ATROPINE SULPHATE INJ IP	0.6mg/ml	1 ml Amp	1002
146	CAT-I	D06017	ATROPINE SULPHATE INJ IP	1mg/ml	100ml	1002
147	CAT-I	D02052	AZITHROMYCIN INJ	500mg	10 ml Vial	990
148	CAT-I	D02053	AZITHROMYCIN ORAL SUSPENSION IP	(100mg/5 ml)	30 ml bottle	770
149	CAT-I	D02093	AZITHROMYCIN ORAL SUSPENSION IP	(200mg/ 5ml)	30 ml bottle	770
150	CAT-I	D02031	AZITHROMYCIN TAB IP	500 mg	1 No	886

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
151	CAT-I	D01026	BACLOFEN TAB	5mg	1 No	770
152	CAT-I	D01049	BACLOFEN TAB IP	10 mg	1 No	770
153	CAT-I	D15018	STERILE OPHTHALMIC IRRIGATING SOLUTION (GLASS BOTTLE/OT PACK)	500 ml	Bottle	550
154	CAT-I	D26001	BENEDICTS REAGENT SOLUTION	500 ml	Bottle	418
155	CAT-I	D14026/1 2	BENZYL BENZOATE APPLICATION IP	25% w/w	100 ml bottle	300
156	CAT-I	D02009	BENZYL PENCILLIN INJ IP	10 lakhs units	Vial	1845
157	CAT-I	D05017	BETAHISTINE TAB IP	8mg	1 No	880
158	CAT-I	D14046	BETAMETHASONE DIPROPIONATE CREAM IP	0.05%w/w	10gm tube	670
159	CAT-I	D15007	BETAMETHASONE EYE DROPS IP	0.1%w/v	5ml/Bot	668
160	CAT-I	D05004	BETAMETHASONE INJ IP	4mg/ml	1ml Amp	1002
161	CAT-I	D14009/1 2	BETAMETHASONE VALERATE CREAM IP	0.1%w/w	5 gm Tube	668
162	CAT-I	D20012	BISACODYL TAB IP	5mg	1 No	668
163	CAT-I	D15021	BRIMONIDINE TARTARATE EYE DROPS IP	0.2%w/w	5 ml	751
164	SPL	D05038	BROMHEXINE TAB IP	8 MG	1 No	835
165	CAT-I	D11005	BROMOCRIPTINE TAB IP	1.25mg	1 No	668
166	CAT-I	D03080	BUDESONIDE INHALATION IP	200mcg/puff	200MD	1500
167	CAT-I	D04017	BUPIVACAINE HYDROCHLORIDE IN DEXTROSE INJ USP	0.50%	4 ml Amp	1670
168	CAT-I	D04030	BUPIVACAINE INJ IP	0.25%	20 ml Vial	1670
169	SPL	D04031	BUPIVACAINE INJ IP	0.50%	20 ml vial	1670
170	CAT-I	D14030/1 2	CALAMINE LOTION I.P	50 ml	bottle	330
171	CAT-I	D22012/1 2	CALCIUM CARBONATE WITH VITAMIN D3 TAB	625mg + 200IU	1 No	715

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
172	CAT-I	D22059	CALCIUM AND VITAMIN D3 TAB IP	Equivalent to elemental Calcium 500 mg and Vitamin D3 250IU	1 No	715
173	CAT-I	D22003	CALCIUM GLUCONATE INJ IP	10%w/v	10ml	751
174	CAT-I	D07024	CARBAMAZEPINE ORAL SUSPENSION BP/USP	100mg/5 ml	30 ml bottle	605
175	CAT-I	D07005	CARBAMAZEPINE TAB IP	200 mg	1 No	584
176	CAT-I	D11002	CARBIDOPA + LEVODOPA TAB IP	10mg+100mg	1 No	1419
177	CAT-I	D11007	CARBIDOPA + LEVODOPA TAB IP	25mg+ 100mg	1 No	1419
178	CAT-I	D15022	CARBOXYMETHYLCELLULOSE EYE DROPS IP	0.5%w/v	10 ml	270
179	CAT-I	D13070	CARVEDILOL TAB IP	25 mg	1 No	798
180	CAT-I	D13045	CARVEDILOL TAB IP	6.25mg	1 No	798
181	CAT-I	D02035	CEFADROXIL TAB IP	500mg	1 No	979
182	CAT-I	D02094	CEFAZOLIN SODIUM INJ IP	1gm	Vial	2045
183	CAT-I	D02055	CEFIXIME TAB IP	200mg	1 No	990
184	CAT-I	D02113	CEFIXIME ORAL SUSPENSION IP	100mg/5ml	30ml bottle	1040
185	CAT-I	D02056	CEFOPERAZONE + SULBACTAM INJ	1gm+ 0.5gm	Vial	638
186	CAT-I	D02010	CEFOTAXIME SODIUM INJ IP	250mg	Vial	1670
187	CAT-I	D02026	CEFOTAXIME SODIUM INJ IP	1gm	Vial	1670
188	CAT-I	D02057	CEFPODOXIME PROXETIL TAB IP	200mg	1 No	990
189	CAT-I	D02034	CEFTRIAZONE INJ IP	1gm	Vial	770
190	CAT-I	D02020	CEFUROXIME INJ IP	750 mg	Vial	1670
191	CAT-I	D02101	CEPHALEXIN CAP IP	500MG	1 No	1665
192	CAT-I	D02112	CEPHALEXIN ORAL SUSPENSION (DRY) IP	125 mg/5ml	60 ml Bottle	668
193	CAT-I	D05018	CETIRIZINE SYRUP IP	5mg/ 5ml	30 ml Bottle	572
194	CAT-I	D05010	CETIRIZINE TAB IP	10 mg	1 No	793
195	CAT-I	D17009	CHLORDIAZEPOXIDE TAB IP	10 MG	1 No	668

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
196	CAT-I	D17047	CHLORDIAZEPOXIDE TAB IP	25 MG	1 No	668
197	CAT-I	D14022	CHLORHEXIDINE MOUTH WASH IP	0.2% w/v	60 ml bottle	330
198	CAT-I	D08009	CHLOROQUINE PHOSPHATE TAB IP	Each tablet contains, Chloroquine Phosphate IP 250mg equivalent to 155mg of Chloroquine	1 No	668
199	CAT-I	D05008	CHLORPHENIRAMINE MALEATE INJ IP	10 mg/ml	1 ml Amp	668
200	CAT-I	D05019	CHLORPHENIRAMINE MALEATE TAB IP	4mg	1 No	877
201	CAT-I	D17002	CHLORPROMAZINE TAB IP	50mg	1 No	641
202	CAT-I	D17003	CHLORPROMAZINE TAB IP	100mg	1 No	641
203	CAT-I	D13071	CHLORTHALIDONE TAB IP	12.5mg	1 No	635
204	CAT-I A	D13072	CILNIDIPINE TAB IP	10 mg	1 No	2250
205	CAT-I A	D13073	CILOSTAZOL TAB IP	50 mg	1 No	1265
206	CAT-I	D17035	CINNARIZINE TAB IP	25 mg	1 No	495
207	CAT-I	D15024	CIPROFLOXACIN + DEXAMETHASONE EYE/EAR DROPS	0.3 %+ 0.1 %	10 ml	825
208	CAT-I	D02063	CIPROFLOXACIN + TINIDAZOLE TAB	500mg + 600mg	1 No	894
209	CAT-I	D15002	CIPROFLOXACIN EYE DROPS IP	0.3%w/v	5mlBottle	751
210	CAT-I	D02012	CIPROFLOXACIN INJ IP	2 mg/ml	100ml Bottle	1937
211	CAT-I	D02011	CIPROFLOXACIN TAB IP	500 mg	1 No	1086
212	CAT-I	D02098	CLINDAMYCIN + CLOTRIMAZOLE VAGINAL PESSARY	100mg+ 200 mg	1 No	743
213	CAT-I	D07009	CLOBAZAM TAB IP	5 mg	1 No	668
214	CAT-I	D07033	CLOBAZAM TAB IP	10 MG	1 No	668
215	CAT-I	D14031	CLOBETASOLE PROPIONATE CREAM IP	0.05%w/w	15gm Tube	660

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
216	CAT-I	D16009	CLOMIPHENE CITRATE TAB IP	50mg	1 No	935
217	CAT-I	D17061	CLOMIPRAMINE CAP IP	25mg	1 No	1200
218	CAT-I	D17038	CLONAZEPAM TAB IP	0.5 mg	1 No	682
219	CAT-I	D13046	CLONIDINE TAB IP	100mcg	1 No	715
220	CAT-I	D13023	CLOPIDOGREL TAB IP	75 MG	1 No	668
221	CAT-I	D08038	CLOTRIMAZOLE CREAM IP	(2% w/w) w/w)	10gm Tube	584
222	CAT-I	D08039	CLOTRIMAZOLE CREAM IP	(1% w/w) w/w)	10gm Tube	584
223	CAT-I	D08021	CLOTRIMAZOLE MOUTH PAINT	1%	15 ml	660
224	CAT-I	D02006	CLOXACILLIN CAP IP	250 mg	1 No	584
225	CAT-I	D02029	CLOXACILLIN INJ IP	500MG	IM/IV VIAL	1139
226	CAT-I	D02070	CLOXACILLIN SYRUP IP	125mg/5ml	60 ml bottle	584
227	CAT-I	D17014	CLOZAPINE TAB IP	25MG	1 No	751
228	CAT-I	D17015	CLOZAPINE TAB IP	100mg	1 No	751
229	CAT-I	D02002	CO-TRIMOXAZOLE ORAL SUSPENSION IP	40mg+200mg	50 ml Bottle	501
230	CAT-I	D02001	CO-TRIMOXAZOLE TAB IP	160mg+ 800mg	1 No	584
231	CAT-I	D03009/1 2	COUGH SYRUP	Each 5 ml contains: CPM-IP 2mg, Ammonium Chloride IP 100mg, Sodium Citrate IP 30mg, Menthol IP	50 ml Bottle	501

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
232	CAT-I	D03034	COUGH SYRUP	Each 5 ml contains: Ambroxol HCL- 15 mg, Guiphenesin- 50 mg , Terbutaline Sulphate- 1.25 mg , Menthol- 2.5 mg, Flavoured syrupy base q.s	50 ml Bottle	501
233	CAT-I	D15025	CYCLOPENTOLATE 1 % AND PHENYL EPHRINE 5 % OPTHALMIC SOLUTION	1 % + 5 %	5 ml	660
234	CAT-I	D05021	DEFLAZACORT TAB	6mg	1 No	835
235	CAT-I	D06022	DEFERRIOXAMINE INJ IP	500 mg	Vial	1550
236	CAT-I	D05001	DEXAMETHASONE INJ IP	4 mg/ml	2 ml Vial	668
237	CAT-I	D05003	DEXAMETHASONE TAB IP	0.5 mg	1 No	668
238	CAT-I	D04024	DEXMEDITOMEDINE INJ USP	200 mcg/2ml	2 ml amp	715
239	CAT-I	D12007	DEXTRAN 40 IN SODIUM CHLORIDE INJ IP	Low molecular wet Dextran 10% in Sodium Chloride Inj	500ml Bottle	1800
240	CAT-I	D18003	DEXTROSE INJ IP	5%	500ml Bot	1366
241	CAT-I	D18004	DEXTROSE INJ IP	10%	500ml Bot	1366
242	CAT-I	D18006	DEXTROSE INJ IP	25%	100ml bottle	1366
243	CAT-I	D07007	DIAZEPAM INJ IP	5 mg/ml	2ml Amp.	1135
244	CAT-I	D17001	DIAZEPAM TAB IP	5mg	1 No	893
245	CAT-I	D01028	DICLOFENAC GEL IP	1% w/w	25gm Tube	550
246	CAT-I	D01005	DICLOFENAC SODIUM INJ IP	25 mg/ml	3 ml amp	796

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
247	CAT-I	D01004	DICLOFENAC SODIUM TAB IP(GASTRO-RESISTANT)	50 mg.	1 No	484
248	CAT-I	D20009	DICYCLOMINE HCL INJ IP	10mg/ml	2ml Amp	1002
249	CAT-I	D20008	DICYCLOMINE HCL TAB IP	10 mg	1 No	531
250	CAT-I	D08003	DIETHYL CARBAMAZINE TAB IP	100 mg	1 No	484
251	CAT-I	D13015	DIGOXIN INJ IP	0.5mg/2 ml	2 ml	1518
252	CAT-I	D13014	DIGOXIN TAB IP	0.25 mg	1 No	1139
253	CAT-I	D13076	DILTIAZEM INJ IP	5mg/ml	5ml Vial	1620
254	CAT-I	D13004	DILTIAZEM TAB IP	30 mg	1 No	1002
255	CAT-I	D13017	DOBUTAMINE HCL INJ IP	50 mg/ml	5 ml Amp/Vial	1518
256	CAT-I	D20007/1 2	DOMPERIDONE TAB IP (FILM COATED)	10 mg	1 No	542
257	CAT-I	D20072	DOMPERIDONE SUSPENSION IP	5 mg/5 ml	30 ml Bottle	500
258	CAT-I A	D17062	DONEPEZIL TAB IP	10mg	1 No	1765
259	CAT-I	D13016	DOPAMINE HCL INJ IP/USP	40 mg/ml	5 ml	1086
260	CAT-I	D15027	DORZOLAMIDE + TIMOLOL EYE DROPS IP	2 % w/v+ 0.5 %w/v	5 ml	660
261	CAT-I	D15028	DORZOLAMIDE EYE DROPS IP	2%w/v	5 ml	660
262	CAT-I	D02014/1 2	DOXYCYCLINE TAB USP	100 mg	1 No	1002

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
263	CAT-I	D18007/1 2	MULTIPLE ELECTROLYTES AND DEXTROSE INJECTION IP TYPE I	Each 100 ml Contains Sodium Acetate 0.32g, Potassium Chloride 0.13g, Dipotassium Hydrogen Phosphate 0.026g, Magnesium Chloride 0.031g, Dextrose 5.0g, Water for injection q.s.	Bottle	1753
264	CAT-I	D13032/1 2	ENALAPRIL MALEATE TAB IP(FILM COATED)	5 mg	1 No	835
265	CAT-I	D12060	ENOXAPARIN INJECTION IP (LOW MOLECULAR WEIGHT HEPARIN INJ)	40mg/0.4ml	Amp	7590
266	CAT-I	D17029	ESCITALOPRAM TAB IP	10 mg	1 No	605

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
267	CAT-I	D03009	EXPECTORANT MIXTURE CONCENTRATED	Each 5ml contains: Camphorated Opium Tincture IP 66- 1.62 ml, Tincture Ipecacuanha IP 66 – 0.875 ml, Tincture Urogenia IP 66 - 0.75 ml, Aromatic Spirit of Ammonia IP 66 - 0.875 ml, Chloroform IP 0.025 ml, Water QS, Alcohol Content 40- 45% v/v.	500 ml Bottle	501
268	CAT-I	D22006	FERROUS SULPHATE TAB IP	Each tablet contains Dried Ferrous Sulphate 200 mg equivalent to elemental iron 60 mg	1 No	380
269	CAT-I	D08014	FLUCONAZOLE TAB IP	150 MG	1 No	601
270	CAT-I	D05037	FLUNARIZINE TAB	10mg	1 No	825
271	CAT-I	D15029	FLUOROMETHOLONE EYE DROPS IP	0.1%w/v	5 ml	584
272	CAT-I	D17036	FLUOXETINE CAP IP	20 mg	1 No	726
273	CAT-I	D17013	FLUPHENAZINE DECANOATE INJ IP	25MG	1ML Amp	1594
274	CAT-I	D15030	FLURBIPROFEN EYE DROPS IP	0.03%w/v	5 ml	584
275	CAT-I	D12002	FOLIC ACID TAB IP	5 mg	1 No	877
276	CAT-I	D19002	FRUSEMIDE INJ IP	10mg/ml	2ml Amp	877
277	CAT-I	D19001	FRUSEMIDE TAB IP	40mg	1 No	459
278	CAT-I	D14032	FUSIDIC ACID CREAM IP	2%	10gm tube	330
279	CAT-I	D07016	GABAPENTIN TAB IP	100mg	1 No	605

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
280	CAT-I	D14010	GAMMA BENZENE HEXA CHLORIDE SOLUTION	1%w/v	100ml Bottle	418
281	CAT-I	D15032	GENTAMICIN EYE DROPS IP	0.3% W/V	5 ml	1070
282	CAT-I	D02013	GENTAMICIN INJ IP	40 mg/ml	IM/IV 2 ml Vial	1586
283	CAT-I	D21001	GLIBENCLAMIDE TAB IP	5mg	1 No	668
284	CAT-I	D21028	GLIMEPIRIDE TAB IP	1 mg	1 No	880
285	CAT-I	D21032/1 2	GLIMEPIRIDE TAB IP	2mg	1 No	880
286	CAT-I	D14029/1 2	GLYCERINE IP	100gm	bottle	330
287	CAT-I	D13047	GLYCERYL TRINITRATE TAB	2.6mg	1 No	619
288	CAT-I	D04019	GLYCOPYRROLATE INJ IP	0.2mg/ml	1ml Amp	1139
289	CAT-I	D17012	HALOPERIDOL INJ IP	5mg/ml	1ml Amp	1594
290	CAT-I	D17010	HALOPERIDOL TAB IP	5 mg	1 No	1420
291	CAT-I	D17052	HALOPERIDOL TAB IP	1.5mg	1 No	1420
292	CAT-I	D12003	HEPARIN SODIUM INJ IP	5000 I U/ml	5 ml Vial	1898
293	CAT-I	D15034	HOMATROPINE EYE DROPS IP	2% w/v	5 ml	584
294	CAT-I	D04025	HYALURONIDASE INJ IP	1500 IU	1 ml Vial	1073
295	CAT-I	D19005	HYDROCHLOROTHIAZIDE TAB IP	25 mg	1 No	374
296	CAT-I	D05002	HYDROCORTISONE SODIUM SUCCINATE INJ IP	100 mg	Vial	1503
297	CAT-I	D08024	HYDROXY CHLOROQUINE TAB IP	200mg	1 No	660
298	CAT-I	D12006	HYDROXY ETHYL STARCH IV INFUSION 6%	130kDa/0.4	500 ml Bottle	935
299	CAT-I	D16024	HYDROXY PROGESTERONE CAPROATE INJ IP	250mg/ ml	2 ml Amp	450
300	CAT-I	D15035	HYDROXY PROPYL METHYL CELLULOSE EYE DROPS	0.30%	10 ml	451
301	CAT-I	D24108C	HYDROXY UREA CAP IP	500 mg	1 No	550

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
302	CAT-I	D15036	HYDROXYPROPYL METHYL CELLULOSE OPHTHALMIC SOLUTION	2%	2 ml[PFS]	385
303	CAT-I	D05024	HYDROXYZINE TAB IP	25MG	1 No	1765
304	CAT-I	D20028	HYOSCINE BUTYLBROMIDE INJ IP	20mg/ml	1 ml amp	1020
305	CAT-I	D01016	IBUPROFEN TAB IP (FILM COATED)	400 mg	1 No	542
306	CAT-I	D17004	IMIPRAMINE TAB IP	25mg	1 No	526
307	CAT-I	D01031	INDOMETHACIN CAP IP	25mg	1 No	627
308	CAT-I	D23001	IOHEXOL INJ USP	350mg/ml	50ml	1837
309	CAT-I	D23007	IOHEXOL INJ USP	350mg/ml	100ml	1837
310	CAT-I	D03013	IPRATROPIUM NEBULISING SOLUTION	250mcg/ml	15 ml	660
311	CAT-I	D22016	IRON SUCROSE INJ USP	20mg elemental Iron/ml)	5ml AMP	963
312	CAT-I	D04022	ISOFLURANE LIQUID	100ml	Bottle	440
313	CAT-I	D13002	ISOSORBIDE DINITRATE TAB IP	10 mg	1 No	835
314	CAT-I	D13049	ISOSORBIDE MONONITRATE TAB IP	20mg	1 No	835
315	CAT-I	D08026	IVERMECTIN TAB IP	6mg	1 No	990
316	CAT-I	D01051	KETOROLAC TROMETHAMINE INJ IP	30 mg/ml	1 ml amp	1620
317	CAT-I	D13051	LABETALOL TAB IP	100mg	1 No	668
318	CAT-I	D13063	LABETALOL INJ IP	5 mg/ml	4 ml Amp	620
319	CAT-I	D20015	LACTULOSE SOLUTION IP	667mg/ ml	100 ml	501
320	CAT-I	D07018	LEVETIRACETAM TAB IP	500mg	1 No	770
321	CAT-I	D02075	LEVOFLOXACIN TAB IP	500mg	1 No	880
322	CAT-I	D04038	LIGNOCAINE HYDROCHLORIDE INJ IP (for IM use)	2%w/v	10ml Vial	684
323	CAT-I	D04018	LIGNOCAINE 2% WITH ADRENALINE INJ IP	1:200000	30 ml	978
324	CAT-I	D04003	LIGNOCAINE HCL GEL IP	2% w/v	30 gm Tube.	638
325	CAT-I	D04004	LIGNOCAINE HCL INJ IP (FOR IV USE)	2% w/v	30 ml Vial	684

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
326	CAT-I	D04061	LIGNOCAINE HCL INJ IP	4% w/v	30 ml Vial	684
327	CAT-I	D04029	LIGNOCAINE HCL INJ IP (FOR IV USE-PRESERVATIVE FREE)	2% w/v	30 ml Vial	684
328	CAT-I	D02076	LINEZOLID INJ	200mg/100 ml	300 ml bottle	1337
329	CAT-I	D02077	LINEZOLID INJ	200mg/100 ml	100 ml bottle	1337
330	CAT-I	D02078	LINEZOLID TAB IP	600mg	1 No	825
331	CAT-I	D14024	LIQUID PARAFFIN IP	100 ml	Bottle	363
332	CAT-I	D17026	LITHIUM CARBONATE PROLONGED RELEASE TAB IP	400mg	1 No	863
333	CAT-I	D17025	LITHIUM CARBONATE TAB IP	300 mg	1 No	863
334	CAT-I	D17033	LORAZEPAM TAB IP	2 mg	1 No	1012
335	CAT-I	D13011	LOSARTAN POTASSIUM TAB IP	25 mg	1 No	1211
336	CAT-I	D13053	LOSARTAN POTASSIUM TAB IP	50mg	1 No	1211
337	CAT-I	D12019	ENOXAPARIN INJECTION IP (LOW MOLECULAR WEIGHT HEPARIN INJ)	40mg/0.4 ml	Vial/PFS	7590
338	CAT-I	D16007	MAGNESIUM SULPHATE INJ IP	500mg/ml	2ml Amp	501
339	CAT-I	D14007	MAGNESIUM SULPHATE PASTE BP	500 Gram/100gm	Bottle	418
340	CAT-I	D14042	MAGNESIUM SULPHATE PASTE BP	100gm	Bottle	418
341	CAT-I	D18010	MANNITOL INJ IP	20%w/v	100 ml Bot	1366
342	CAT-I	D16016	MEDROXY PROGESTERONE ACETATE TAB IP	10mg	1 No	715
343	CAT-I	D01014	MEFENAMIC ACID TAB BP	500 mg	1 No	668
344	CAT-I	D01100	MEFENAMIC ACID SUSPENSION IP	100mg/5ml	60ml Bottle	750
345	CAT-I A	D02096	MEROPENAM INJ IP	1gm	Vial	2320
346	CAT-I	D21003	METFORMIN TAB IP	500mg	1 No	668

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
347	CAT-I	D21076	METFORMIN HCL SUSTAINED RELEASE TAB IP	500mg	1 No	1365
348	CAT-I	D21065	METFORMIN HCL SUSTAINED RELEASE TAB IP	1gm	1No	1365
349	CAT-I	D13039	METHYL DOPA TAB IP	250mg	1 No	650
350	CAT-I	D05012	METHYL PREDNISOLONE SODIUM SUCCINATE INJ USP	500 mg	Vial	1002
351	CAT-I	D05028	METHYL PREDNISOLONE SODIUM SUCCINATE INJ USP	1gm	Vial	1002
352	CAT-I	D05013	METHYL PREDNISOLONE SODIUM SUCCINATE INJ USP	40 mg/ml	1 ml Amp	1002
353	CAT-I	D20005	METOCLOPRAMIDE INJ IP	5mg/ml	2ml Amp	1002
354	CAT-I	D20006	METOCLOPRAMIDE TAB IP	10mg	1 No	584
355	CAT-I	D13131	METOPROLOL SUCCINATE PROLONGED RELEASE TAB IP	50 mg	1 No	920
356	CAT-I	D13033	METOPROLOL TAB IP	50 MG	1 No	501
357	CAT-I	D02097	METRONIDAZOLE BENZOATE ORAL SUSPENSION IP	200mg/5ml	30ml bottle	200
358	CAT-I	D02025	METRONIDAZOLE INJ IP	5 mg/ml	100ml bottle	1128
359	CAT-I	D02086	METRONIDAZOLE GEL IP	1% w/w	25gm tube	1020
360	CAT-I	D02023	METRONIDAZOLE TAB IP	200 mg	1 No	351
361	CAT-I	D02024	METRONIDAZOLE TAB IP	400 mg	1 No	351
362	CAT-I	D14041	MICONAZOLE CREAM IP	2% w/w	10gm Tube	1250
363	CAT-I	D07011	MIDAZOLAM INJ IP	1 mg/ml	5 ml Vial	715
364	CAT-I	D16017	MIFEPRISTONE TAB IP	200mg	1 No	770
365	CAT-I	D16026	MISOPROSTOL TAB IP	200mcg	1 No	1520

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
366	CAT-I	D20013	MIXTURE CARMINATIVE CONCENTRATE(EACH 10ML,CONTAINS:WEAK GINGER TINCTURE BP/IP- 0.625ML,AROMATIC SPIRIT OF AMMONIA IP- 0.625ML,PEPPERMINT SPIRIT BP-0.25ML,CHLOROFORM IP- 0.019ML,SODIUM BICARBONATE IP-0.275 GM, COMPOUND CARDAMOM TINCTURE IP-3.0 ML, AQUA Q.S-10 ML, ALCOHOL CONTENT-20-26%V/V)	500ml	Bottle.	501
367	CAT-I	D05029	MONTELUKAST TAB IP	10mg	1 No	1765
368	CAT-I	D01052	MORPHINE SULPHATE TAB (IMMEADIATE RELEASE) IP	10 mg	1 No	715
369	CAT-I	D15041	MOXIFLOXACIN EYE DROPS IP	0.5%W/V	5 ml	584
370	CAT-I	D14035	MUPIROCIN OINTMENT IP	2%w/w	5gm tube	550
371	CAT-I	D06014	N-ACETYL CYSTEINE INJ	1g	5 ml amp	792
372	CAT-I	D06015	N-ACETYL CYSTEINE TAB	600mg	1 No	668
373	CAT-I	D06003	NALOXONE INJ IP	400 mcg/ml	1 ml Amp	1670
374	CAT-I	D15042	NATAMYCIN OPHTHALMIC SUSPENSION IP	5%w/v	5ml	751
375	CAT-I	D16025	NATURAL MICRONISED PROGESTERONE SOFT GELATIN SR CAP	200mg	1 no	660
376	CAT-I	D16018	NATURAL MICRONISED PROGESTERONE SOFT GELATIN CAP	100mg	1 no	660
377	CAT-I	D13064	NEBIVOLOL TAB IP	5mg	1 No	1750
378	CAT-I	D04008	NEOSTIGMINE METHYL SULPHATE INJ IP	0.5 mg/ml	1 ml Amp	802
379	CAT-I	D15044	NEPAFENAC OPHTHALMIC SUSPENSION	0.1%w/v	5ml	584

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
380	CAT-I A	D13084	NICORANDIL TAB IP	5mg	1 No	1950
381	CAT-I A	D13034	NIFEDIPINE PROLONGED-RELEASE TAB IP	20 mg	1 No	750
382	CAT-I	D13065	NIFEDIPINE PROLONGED-RELEASE TAB IP	10 mg	1 No	750
383	CAT-I	D17006	NITRAZEPAM TAB IP	5mg	1 No	584
384	CAT-I	D02080	NITROFURANTOIN TAB IP	100mg	1 No	485
385	CAT-I	D13028	NITROGLYCERIN INJ IP	25mg/5ml	Amp	1645
386	CAT-I	D29005	NORADRENALINE STERILE CONCENTRATE IP	0.2%w/v	2 ml amp	425
387	CAT-I	D16020	NORETHISTERONE TAB IP	5mg	1 No	660
388	CAT-I	D02016	NORFLOXACIN TAB IP	400 mg	1 No	584
389	CAT-I	D15046	OFLOXACIN OPHTHALMIC SOLUTION IP	0.30%	10 ml	660
390	CAT-I	D02018	OFLOXACIN INFUSION IP	2 mg/ml	100ml bot	1670
391	CAT-I	D02017	OFLOXACIN TAB IP	200 mg	1 No	751
392	CAT-I	D17016	OLANZAPINE TAB IP	10 mg	1 No	726
393	CAT-I	D17020	OLANZAPINE TAB IP	5 mg	1 No	726
394	CAT-I	D20004/1 2	OMEPRAZOLE (GASTRO RESISTANT) CAP IP	20mg	1 No	1366
395	CAT-I	D20041	ONDANSETRON ORAL SOLUTION IP	2mg/5ml	30ml bottle	1670
396	CAT-I	D20032	ONDANSETRON TAB IP	4mg	1 No	660
397	CAT-I	D20014	ONDANSETRON INJ IP	2mg/ml	2 ml Amp	1252
398	CAT-I	D20011/1 2	ORS POWDER IP	Single dose sachet	20.5 gm Packet	751
399	CAT-I	D09007	OSELTAMIVIR CAP IP	75mg	1 No	880
400	CAT-I	D07019	OXCARBAZEPINE TAB IP	150mg	1 No	584
401	CAT-I A	D07031	OXCARBAZEPINE TAB IP	300mg	1 No	584
402	CAT-I	D15071	OXYMETAZOLINE HYDROCHLORIDE NASAL SOLUTION (PAEDIATRIC)IP	0.025% w/v	10 ml	1020

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
403	CAT-I	D20018	PANTOPRAZOLE INJ IP	40mg	10 ml Vial	715
404	CAT-I	D20033	PANTOPRAZOLE (GASTRO RESISTANT) TAB IP	40mg	1 No	303
405	CAT-I	D01035	PARACETAMOL INFUSION IP	1gm/100ml	100 ml bottle	668
406	CAT-I	D01009	PARACETAMOL INJ	150mg/2ml	2ml Amp.	668
407	CAT-I	D01003	PARACETAMOL PAEDIATRIC SYRUP/SUSPENSION IP	125mg/5ml	60ml Bottle	751
408	CAT-I	D01002	PARACETAMOL TAB IP	500 mg.	1 No	584
409	CAT-I	D01067	PARACETAMOL TAB IP	650 MG	1 No	584
410	CAT-I	D02082	PENICILLIN V TAB IP	250mg	1 No	391
411	CAT-I	D29011	PERITONEAL DIALYSIS FLUID IP	1L	Bottle	1320
412	CAT-I	D14036	PERMETHRIN CREAM	5%	30gm	660
413	CAT-I	D14037	PERMETHRIN LOTION	5%w/v	50ml Bottle	660
414	CAT-I	D05007	PHENIRAMINE MALEATE TAB IP	25 mg	1 No	735
415	CAT-I	D07003	PHENOBARBITONE SODIUM INJ IP	200mg/ml	1 ml Amp	835
416	CAT-I	D07001	PHENOBARBITONE TAB IP	30 mg	1 No	524
417	CAT-I	D07002	PHENOBARBITONE TAB IP	60 mg	1 No	524
418	CAT-I	D07025	PHENYTOIN ORAL SUSPENSION IP	25mg/ml	200 ml bottle	531
419	CAT-I	D07008	PHENYTOIN SODIUM INJ IP/BP/USP	50mg/ml	2ml amp	1086
420	CAT-I	D07004	PHENYTOIN SODIUM TAB IP	100 mg	1 No	584
421	CAT-I	D12005	PHYTOMENADIONE (VITAMIN K1) INJ IP	10 mg/ml	1 ml Amp	751
422	CAT-I	D01046	PIROXICAM TAB IP	20mg	1 No	1265
423	CAT-I	D15049	PILOCARPINE NITRATE EYE DROPS IP	2% w/v	5 ml	751
424	CAT-I	D02039	PIPERACILLIN 4GM + TAZOBACTAM 500 MG INJ IP	4.5gm	Vial	880
425	CAT-I	D02083	PIPERACILLIN+ TAZOBACTAM INJ IP	2gm + 250mg	Vial	880

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
426	CAT-I	D02084	PIPERACILLIN+TAZOBACTAM INJ IP	1 gm + 125 mg	Vial	1820
427	CAT-I	D08041	PRIMAQUINE TAB IP	7.5 mg	1 No	1450
428	CAT-I	D18014	POTASSIUM CHLORIDE INJ IP	15% w/v	10ml Amp	743
429	CAT-I	D18018	POTASSIUM CHLORIDE ORAL SOLUTION USP	10%	100 ML	743
430	CAT-I	D18015	POTASSIUM CITRATE SOLUTION	Potassium Citrate- 1100 mg + Citric Acid- 334 mg	200 ml	462
431	CAT-I	D14008	POVIDONE IODINE OINTMENT USP	5%w/w	(25gm Tube)	293
432	CAT-I	D14043	POVIDONE IODINE OINTMENT USP	5%w/w	(10gm Tube)	293
433	CAT-I	D25004	POVIDONE IODINE SOLUTION IP	7.5% w/v	500ml Bottle	317
434	CAT-I	D14011	POVIDONE IODINE SOLUTION IP	5% w/v	500 ml Bottle	317
435	CAT-I	D15051	POVIDONE IODINE SOLUTION IP	5%	5 ml	317
436	CAT-I	D16006	POVIDONE IODINE VAGINAL PESSARIES	200 mg	1 No	317
437	CAT-I	D06004	PRALIDOXIME CHLORIDE INJ IP	1 gm	Vial	1086
438	CAT-I	D13056	PRAZOSIN TAB(EXTENDED RELEASE)	5mg	1 No	677
439	CAT-I	D15052	PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION	1%	5 ml	751
440	CAT-I	D05033	PREDNISOLONE TAB IP	20mg	1 No	993
441	CAT-I	D05011	PREDNISOLONE TAB IP	10mg	1 No	993
442	CAT-I	D05034	PREDNISOLONE TAB IP	5mg	1 No	993
443	CAT-I	D17041	PROCHLORPERAZINE INJ IP	12.5mg/ml	1 ml amp	890
444	CAT-I	D17040	PROCHLORPERAZINE TAB IP	5 mg	1 No	688
445	CAT-I	D05009	PROMETHAZINE INJ IP	25 mg/ml	2ml Amp	710
446	CAT-I	D05015	PROMETHAZINE TAB IP	10 mg	1 No	495
447	CAT-I	D15053	PROPARACAINE HCL OPHTHALMIC SOLUTION	0.50%	5 ml	517

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
448	CAT-I	D04011	PROPOFOL INJ IP	1% w/v	50ml Vial	1670
449	CAT-I	D04010	PROPOFOL INJ IP	1% w/v	20 ml/Vial	1670
450	CAT-I	D13030	PROPRANOLOL TAB	40 MG	1 No	517
451	CAT-I	D13029/1 2	PROPRANOLOL TAB IP	20 MG	1 No	517
452	CAT-I	D12012	PROTAMINE SULPHATE INJ IP	10 mg/ml	5 ml Amp	1753
453	CAT-I	D17021	QUETIAPINE TAB IP	25 mg	1 No	660
454	CAT-I	D17022	QUETIAPINE TAB IP	50 mg	1 No	660
455	CAT-I	D17056	QUETIAPINE TAB IP	100mg	1 No	660
456	CAT-I	D08010	QUININE INJ IP	300 mg/ml	2 ml Amp	935
457	CAT-I	D08037	QUININE TAB IP	300mg	1 No	572
458	CAT-I	D20021	RABEPRAZOLE GASTRO RESISTANT TAB IP	20 mg	1 No	1750
459	CAT-I	D13059	RAMIPRIL TAB IP	5mg	1 No	1750
460	CAT-I	D20001	RANITIDINE HCL INJ IP	50mg /2ml	2ml Amp	1253
461	CAT-I	D20002	RANITIDINE HCL TAB IP	150mg	1 No	718
462	CAT-I	D18009	RINGERS LACTATE INJ IP	500ml	Bottle	1670
463	CAT-I	D17017	RISPERIDONE TAB USP	2 mg	1 No	584
464	CAT-I	D17037	RISPERIDONE TAB USP	1 mg	1 No	584
465	CAT-I	D17074	RISPERIDONE TAB IP	1 mg	1 No	584
466	CAT-I	D17075	RISPERIDONE TAB IP	2 mg	1 No	584
467	CAT-I	D03017	SALBUTAMOL INHALATION IP	100 mcg/puff	200 MD	550
468	CAT-I	D03006	SALBUTAMOL NEBULISER SOLUTION BP	5mg/ml.	10ml.	526
469	CAT-I	D03059	SALBUTAMOL NEBULISER SOLUTION	5 mg/ml	15 ml	526
470	CAT-I	D03004	SALBUTAMOL SULPHATE TAB IP	4 mg	1 No	751
471	CAT-I	D03024	SALBUTAMOL SYRUP IP	2mg / 5ml	60ml Bottle	501
472	CAT-I	D14025	SALICYLIC ACID OINTMENT	10 % w/w,	20gm tube	150
473	CAT-I	D14055	SALICYLIC ACID OINTMENT IP	6%w/w	30gm tube	150
474	CAT-I	D18016	SODIUM CHLORIDE INJECTION	3%	100ml	1045
475	CAT-I	D15011	SALINE NASAL DROPS	0.65 %w/v	15ml Bot	501

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
476	CAT-I	D01041	SERRATIOPEPTIDASE TAB IP	10mg	1 No	369
477	CAT-I	D17019	SERTRALINE TAB IP	50 mg	1 No	584
478	CAT-I	D14001	SILVER SULPHADIAZINE CREAM IP	1% w/w	100gm	459
479	CAT-I	D14001/1 2	SILVER SULPHADIAZINE CREAM IP	1% w/w	500gm	459
480	CAT-I	D14066	SILVER SULPHADIAZINE CREAM IP	1% w/w	25gm	459
481	CAT-I	D14023/1 2	SISOMICIN CREAM	0.1 % w/w	10 gm tube	825
482	CAT-I	D15008	SODIUM BICARBONATE EAR DROPS BP	10ML	Bottle	501
483	CAT-I	D04012	SODIUM BICARBONATE INJ IP	7.5% w/v	10ml Amp	668
484	CAT-I	D18002	SODIUM CHLORIDE & DEXTROSE INJ IP	0.9%+5%w/v	500ml Bottle	1366
485	CAT-I	D18001	SODIUM CHLORIDE INJ IP	0.9%w/v	500ml Bot	1366
486	CAT-I	D18017	SODIUM CHLORIDE INJ IP	0.9%w/v	100 ml	1366
487	CAT-I	D07006	SODIUM VALPROATE GASTRO RESISTANT TAB IP	200 mg	1 No	584
488	CAT-I	D07010	SODIUM VALPROATE GASTRO RESISTANT TAB IP	500 mg	1 No	584
489	CAT-I	D07021	SODIUM VALPROATE INJ IP	100mg/ml	5 ml vial	990
490	CAT-I	D07023	SODIUM VALPROATE ORAL SOLUTION IP	200mg/5ml	100 ml Bottle	448
491	CAT-I	D19003	SPIRONOLACTONE TAB IP	25mg	1 No	459
492	CAT-I	D20036	SUCRALFATE SUSPENSION	1g/5ml	100 ml bottle	770
493	CAT-I	D25002	SURGICAL SPIRIT IP	500ml	Bottle	501
494	CAT-I	D13061	TELMISARTAN TAB IP	40mg	1 No	668
495	CAT-I A	D21058	TENELIGLIPTIN TAB IP	20 MG	1 No	1000
496	CAT-I	D03007	TERBUTALINE INJ IP	0.5 mg/ml	1ml Amp	970

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
497	CAT-I	D03001	THEOPHYLLINE AND ETOPHYLLINE INJ	50.6 mg+ 169.4 mg	2 ml Amp.	668
498	CAT-I	D03002	THEOPHYLLINE AND ETOPHYLLINE TAB	23 mg+ 77 mg	1 No	501
499	CAT-I	D22032	THIAMINE INJ IP	100 mg/ml	2ml	1220
500	CAT-I	D22033	THIAMINE TAB IP	100 mg	1 No	1120
501	CAT-I	D04014	THIOPENTONE SODIUM INJ IP	0.5 Gram	Vial	1139
502	CAT-I	D21019	THYROXINE SODIUM TAB IP	100 mcg	1 No	1503
503	CAT-I	D21036	THYROXINE SODIUM TAB IP	50 mcg	1 No	1503
504	CAT-I	D21019/1 2	THYROXINE SODIUM TAB IP	25 mcg	1 No	1503
505	CAT-I	D21094	THYROXINE SODIUM TAB IP	12.5 mcg	1 No	1750
506	CAT-I	D15005	TIMOLOL MALEATE EYE DROPS IP	0.5%w/v	5ml/Bot	584
507	CAT-I	D15059	TOBRAMYCIN EYE OINTMENT USP	0.003	5gm	517
508	CAT-I	D15066	TOBRAMYCIN EYE/EAR DROPS	0.3% w/v	5 ml bottle	584
509	CAT-I A	D19010	TORSEMIDE TAB	10 MG	1 No	1770
510	CAT-I A	D19009	TORSEMIDE TAB	20 mg	1No	1770
511	CAT-I A	D01011	TRAMADOL INJ	50MG/ML	1 ml Amp	1253
512	CAT-I	D01048	TRAMADOL PROLONGED RELEASE TAB IP	50MG	1 No	1002
513	CAT-I	D12015	TRANEXAMIC ACID INJ IP	500mg/5ml	5ml amp	935
514	CAT-I	D12014	TRANEXAMIC ACID TAB IP	500 mg	1 No	187
515	CAT-I	D17069	TRIFLUOPERAZINE TAB IP	5 mg	1 No	920
516	CAT-I	D11001	TRIHXYPHENIDYL TAB IP	2mg	1 No	668
517	CAT-I	D15060	TROPICAMIDE + PHENYLEPHRINE OPHTHALMIC SOLUTION	0.8% + 5%	5 ml	660
518	CAT-I	D15006	TROPICAMIDE EYE DROPS IP	1%w/v	5ml	620
519	CAT-I	D14027/1 2	TURPENTINE LINIMENT IP	50 ml	bottle	330

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
520	CAT-I	D14027	TURPENTINE LINIMENT IP	100ml	bottle	330
521	CAT-I	D20037	URSODEOXYCHOLIC ACID TAB IP	300mg	1 No	880
522	CAT-I	D02027	VANCOMYCIN IV INFUSION IP	500mg	Vial	1837
523	CAT-I	D04020	VECURONIUM BROMIDE INJ IP	4mg	Vial	1518
524	CAT-I	D04021	VECURONIUM BROMIDE INJ IP	10mg	Vial	1518
525	CAT-I	D13007/1 2	VERAPAMIL TAB IP	40mg	1 No	584
526	CAT-I	D22002/1 2	VITAMIN B COMPLEX (STRONG) TAB	Each Tablet Containing Nictonamide IP 20mg, Pyridoxine HCL IP 2 mg, Riboflavin IP 2 mg, Thiamine HCL IP 5 mg	1 No	501
527	CAT-I	D12001/1 2	VITAMIN B12/ CYANOCOBALAMIN INJ IP	100MCG/ml	2ml amp	810
528	CAT-I	D22020	VITAMIN C TAB IP	500mg	1 No	200
529	CAT-I	D22004/1 2	VITAMIN MULTI TAB(FILM COATED)	Each Tablet Containing Vitamin A-2500 iuVitamin- D 200 iuVitamin- B1 2mgVitamin-B2 2mg Vitamin B6 0.5mgCalciumPantothe nate- 1mgNiacinamide - 25mgVitamin-C 50mgFolic Acid- 0.2mg	1 No	668

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
530	CAT-I	D21038	VOGLIBOSE TAB IP	0.2mg	1 No	990
531	CAT-I	D12013/1 2	WARFARIN SODIUM TAB IP	2mg	1 No	605
532	CAT-I	D12020	WARFARIN SODIUM TAB IP	1mg	1 No	605
533	CAT-I	D12021	WARFARIN SODIUM TAB IP	5mg	1 No	605
534	CAT-I	D18011	WATER FOR INJECTION IP	10 ml	Amp	1503
535	CAT-I	D14040	WHITE SOFT PARAFFIN IP	50gm	Bottle	418
536	CAT-I	D14005	WHITFIELDS OINTMENT IP	15 gm	Tube	418
537	CAT-I	D15009	XYLOMETAZOLINE NASAL DROPS IP	0.1% w/v	10 ml Bottle	501
538	CAT-I	D22024	ZINC SULPHATE DISPERSIBLE TAB IP	20mg elemental Zinc	1 No	220
539	CAT-I	D17059	ZOLPIDEM TAB IP	10mg	1 No	990
540	CAT-II	D16004	METHYLERGOMETRIN MALEATE INJ IP	200 mcg/ml	1 ml Amp	1063
541	CAT-III	S27009	BLOOD ADMINISTRATION SET WITH MICROAGREGATE FILTER	MI	1 No	1470
542	CAT-III	S27014	BP BLADE	SIZE -10	1 No	1253
543	CAT-III	S27015	BP BLADE	SIZE -11	1 No	1253
544	CAT-III	S27016	BP BLADE	SIZE -15	1 No	1253
545	CAT-III	S27017	BP BLADE	SIZE -20	1 No	1253
546	CAT-III	S27019	BP BLADE	SIZE -22	1 No	1253
547	CAT-III	S27025	DISPOSABLE NEEDLE	18Gx 1"	1 No	1503
548	CAT-III	S27026	DISPOSABLE NEEDLE	20 G	1 No	1503
549	CAT-III	S27028	DISPOSABLE NEEDLE	22 Gx 1"	1 No	1503
550	CAT-III	S27029	DISPOSABLE NEEDLE	23 Gx 1"	1 No	1503
551	CAT-III	S27030	DISPOSABLE NEEDLE	24 Gx 1"	1 No	1503
552	CAT-III	S27254	DISPOSABLE NEEDLE	26G x ½"	1 No	1503
553	CAT-III	S27239	DISPOSABLE SYRINGE WITH FIXED NEEDLE 29 G (1ML GRADUATED)	1ml	1 No	2157
554	CAT-III	S27031	DISPOSABLE SYRINGE WITHOUT NEEDLE (ISO 7886)	2 Cc	1 No	1253

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
555	CAT-III	S27032	DISPOSABLE SYRINGE WITHOUT NEEDLE (ISO 7886)	5 Cc	1 No	1253
556	CAT-III	S27033	DISPOSABLE SYRINGE WITHOUT NEEDLE (ISO 7886)	10 Cc	1 No	1253
557	CAT-III	S27218	DISPOSABLE SYRINGE WITHOUT NEEDLE (ISO 7886)	20 Cc	1 No	1253
558	CAT-III	S27039	DISPOSABLE THREE WAY STOPCOCK	1 Unit	1 No	1503
559	CAT-III	S27045	ENDOTRACHEAL TUBE 2.5	1 Unit	1 No	1503
560	CAT-III	S27046	ENDOTRACHEAL TUBE 3.0	1 Unit	1 No	1503
561	CAT-III	S27047	ENDOTRACHEAL TUBE 3.5	1 Unit	1 No	1503
562	CAT-III	S27048	ENDOTRACHEAL TUBE 4.0	1 Unit	1 No	1503
563	CAT-III	S27049	ENDOTRACHEAL TUBE 4.5	1 Unit	1 No	1503
564	CAT-III	S27050	ENDOTRACHEAL TUBE 5.0	1 Unit	1 No	1503
565	CAT-III	S27051	ENDOTRACHEAL TUBE 5.5	1 Unit	1 No	1503
566	CAT-III	S27054	ENDOTRACHEAL TUBE 5.5 WITH CUFF	1 Unit	1 No	1503
567	CAT-III	S27052	ENDOTRACHEAL TUBE 6.0	1 Unit	1 No	1503
568	CAT-III	S27055	ENDOTRACHEAL TUBE 6.0 WITH CUFF	1 Unit	1 No	1503
569	CAT-III	S27053	ENDOTRACHEAL TUBE 6.5	1 Unit	1 No	1503
570	CAT-III	S27056	ENDOTRACHEAL TUBE 6.5 WITH CUFF	1 Unit	1 No	1503
571	CAT-III	S27057	ENDOTRACHEAL TUBE 7.0 WITH CUFF	1 Unit	1 No	1503
572	CAT-III	S27058	ENDOTRACHEAL TUBE 7.5 WITH CUFF	1 Unit	1 No	1503

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
573	CAT-III	S27059	ENDOTRACHEAL TUBE 8.0 WITH CUFF	1 Unit	1 No	1503
574	CAT-III	S27060	ENDOTRACHEAL TUBE 8.5 WITH CUFF	1 Unit	1 No	1503
575	CAT-III	S27061	ENDOTRACHEAL TUBE 9.0 WITH CUFF	1 Unit	1 No	1503
576	CAT-III	S27222	EPIDURAL SET WITH LOR SYRINGE & FILTER	18 G	1 No	1320
577	CAT-III	S27062	FOLLEYS CATHETER	SIZE 12 F X 10 ML	1 No	1503
578	CAT-III	S27063	FOLLEYS CATHETER	SIZE 16F X 30 ML	1 No	1503
579	CAT-III	S27064	FOLLEYS CATHETER	SIZE 18 F X 30 ML	1 No	1503
580	CAT-III	S27067	FOLLEYS CATHETER	SIZE 10 F X 10 ML	1 No	1503
581	CAT-III	S27193	FOLLEYS CATHETER	SIZE 14 F X 30 ML	1 No	1503
582	CAT-III	S27038	I.V. CANNULA	24 G	1 No	1503
583	CAT-III	S27034	I.V. CANNULA WITH INJECTION PORT	16 G	1 No	1503
584	CAT-III	S27035	I.V. CANNULA WITH INJECTION PORT	18 G	1 No	1503
585	CAT-III	S27036	I.V. CANNULA WITH INJECTION PORT	20 G	1 No	1503
586	CAT-III	S27037	I.V. CANNULA WITH INJECTION PORT	22 G	1 No	1503
587	CAT-III	S27246	I.V. SET WITH 22G NEEDLE(ISO 8536)	1 Unit	1 No	1503
588	CAT-III	S27069	INFANT FEEDING TUBE	SIZE 4F	1 No	1503
589	CAT-III	S27070	INFANT FEEDING TUBE	SIZE 10F	1 No	1503
590	CAT-III	S27071	INFANT FEEDING TUBE	SIZE 5F	1 No	1503
591	CAT-III	S27072	INFANT FEEDING TUBE	SIZE 6F	1 No	1503
592	CAT-III	S27073	INFANT FEEDING TUBE	SIZE 8F	1 No	1503
593	CAT-III	S27221	NELATON CATHETER	SIZE 12	1 No	1320
594	CAT-III	S27076	RYLES TUBE	SIZE 10 F	1 No	1503
595	CAT-III	S27077	RYLES TUBE	SIZE 12 F	1 No	1503
596	CAT-III	S27079	RYLES TUBE	SIZE 16 F	1 No	1503

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
597	CAT-III	S27250	SICS BLADE (CRESANT)	2.5mm/2.6mm angeled level up	1No	1139
598	CAT-III	S27251	SICS BLADE (KERATOME)	2.8mm angeled level up	1No	1139
599	CAT-III	S27252	SICS BLADE (SIDE PORT)	15° STRAIGHT LANCE TIP	1No	1139
600	CAT-III	S27041	SPINAL NEEDLE	SIZE 23 G	1 No	1503
601	CAT-III	S27238	SPINAL NEEDLE	SIZE 25 G	1 No	1503
602	CAT-III	S27274	SPINAL NEEDLE	SIZE 27 G	1 No	1503
603	CAT-III	S27089	SUCTION CATHETER	SIZE – 10	1 No	1503
604	CAT-III	S27090	SUCTION CATHETER	SIZE – 12	1 No	1503
605	CAT-III	S27091	SUCTION CATHETER	SIZE – 14	1 No	1503
606	CAT-III	S27092	SUCTION CATHETER	SIZE – 6	1 No	1503
607	CAT-III	S27093	SUCTION CATHETER	SIZE – 8	1 No	1503
608	CAT-III	S27233	UMBILICAL CORD CLAMP	-	1 No	1253
609	CAT-III	S27095	URINE COLLECTING BAG WITH VALVE OUTLET	2 LITRE	1 No	2505
610	CAT-III	S27068	YANKAUER SUCTION SET (Vacusuck Set) - MOULDED TRANSPARENT HAVING NO JOINTS ON THE SURFACE OF THE TUBING	2.5 M	1 No	1503
611	CAT-IV	S27010	BLOOD COLLECTION SINGLE BAG	350 ML	1 NO	1320
612	CAT-IV	D26006	MALARIA ANTIGEN DETECTING CARD (PV+PF)	1TEST	1 No	1670
613	CAT-V	S27231/1 2	ABSORBANT COTTON GAUZE SCH.F(II)	100 CmX 20 M	Packet	584
614	CAT-V	S27007	ABSORBANT COTTON WOOL IP	500gm Net	Packet	501
615	CAT-V	S27002	ADHESIVE TAPE U.S.P	10 cm X 5 mtr	Roll	1002
616	CAT-V	S27099	DISPOSABLE SURGEONS CAP-FEMALE	1 Unit	1 No	1002

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
617	CAT-V	S27098	DISPOSABLE SURGEONS CAP- MALE	1 Unit	1 No	1002
618	CAT-V	S27100	DISPOSABLE SURGEONS MASK (DOUBLE LAYER WITH TYING STRAP)	1 Unit	1 No	1002
619	CAT-V	S27194	ECG GEL	250 GM	Bottle	1265
620	CAT-V	S27198	GLOVES SURGICAL RUBBER - STERILE (ISI) (IS 13422)	SIZE 7"	Pair	1503
621	CAT-V	S27196	GLOVES SURGICAL RUBBER - STERILE (ISI) (IS 13422)	SIZE 6"	Pair	1503
622	CAT-V	S27197	GLOVES SURGICAL RUBBER - STERILE (ISI) (IS 13422)	SIZE 6.5"	Pair	1503
623	CAT-V	S27199	GLOVES SURGICAL RUBBER - STERILE (ISI) (IS 13422)	SIZE 7.5"	Pair	1503
624	CAT-V	S27085	GLOVES SURGICAL RUBBER (ISI)- Non Sterile	SIZE 6"	Pair	1503
625	CAT-V	S27086	GLOVES SURGICAL RUBBER (ISI)- Non Sterile	SIZE 6.5"	Pair	1503
626	CAT-V	S27087	GLOVES SURGICAL RUBBER (ISI)- Non Sterile	SIZE 7"	Pair	1503
627	CAT-V	S27088	GLOVES SURGICAL RUBBER (ISI)- Non Sterile	SIZE 7.5"	Pair	1503
628	CAT-V	S27003	HYPO ALLERGIC ACRYLIC PAPER TAPE	2.5cm X 9.1 mtr	Roll	993
629	CAT-V	S27103	NON-WOVEN ADHESIVE TAPE	2.5cm X 9.1 mtr	Roll	993
630	CAT-V	S27230	PLASTER OF PARIS BANDAGE BP	10 cm X 2.7 mtr	Roll	668
631	CAT-V	S27001	PLASTER OF PARIS BANDAGES B.P	15 cm X 2.7 mtr	ROLL	668
632	CAT-V	S27075	RUBBER SHEET MACKINTHOSH	1 mtr	1 No	1503
633	CAT-VI	D25012	BLACK DISINFECTANT FLUID (GRIII RWC 5-7) BIS LOTION	5 Litre	Can	584

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
634	CAT-VI	D25011	BLEACHING POWDER	30%	1 kg Packet	334
635	CAT-VI	D25043	BLEACHING POWDER(IS 1065)	Minimum strength of available chlorine is 32%	1 kg Packet	334
636	CAT-VI	D25010	CHLORHEXIDINE GLUCONATE 2.5% V/V + ETHYL ALCOHOL 70% V/V SOLUTION	200 ml	Bottle	835
637	CAT-VI	D25005	CHLOROXYLENOL SOLUTION IP	5% w/v	1 Litre Bottle	720
638	CAT-VI	D25006	CHLOROXYLENOL SOLUTION IP	5%w/v	5 Lit Can	584
639	CAT-VI	D25014	FORMALDEHYDE SOLUTION IP	37% w/v	450 ml Bottle	418
640	CAT-VI	D25007	GLUTERALDEHYDE SOLUTION(WITHOUT SURFACTANT)	2%	5 Litre Can	501
641	CAT-VI	D25003/1 2	HYDROGEN PEROXIDE SOLUTION IP	20 Vol	1ltr. Bottle	317
642	CAT-VI	D25008	ORTHO-PHTHALALDEHYDE SOLUTION	0.55%	5 Ltr Can	501
643	CAT-VI	D25013	WASHING SODA	1 Kg	Packet	501
644	CAT-VII	S27505	BLACK SILK 5-0 1/2 CIRCLE ,TAPER CUT NEEDLE 17MM , 70- 90 CM	1 Foil	1 No	1253
645	CAT-VII	S27508/1 2	BRAIDED POLYGLYCOLIC ACID SUTURE 3-0, 40- 50CM, 3/8 CIRCLE CUTTING 12MM NEEDLE	1 Foil	1 No	1253
646	CAT-VII	S27509	BRAIDED POLYGLYCOLIC ACID SUTURE 5-0, 45CM, 3/8 CIRCLE REVERSE CUTTING 12MM NEEDLE	1 Foil	1 No	1253
647	CAT-VII	S27510	BRAIDED POLYGLYCOLIC ACID SUTURE 6-0, 45CM, 3/8 CIRCLE REVERSE CUTTING 12MM NEEDLE	1 Foil	1 No	1253

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
648	CAT-VII	S27517	CATGUT NO.1/0 RB 34-40 MM NEEDLE, 70-90 CM	1 Foil	1 No	1253
649	CAT-VII	S27275	MONOFILAMENT Black POLYAMIDE 8/0, 3/8 CIRCLE REVERSE CUTTING MICRO POINT SPatulated 8MM, 30-40CM	1 Foil	1 No	1253
650	CAT-VII	S27576	Monofilament blue POLYPROPYLENE 6-0, 3/8 CIRCLE TAPER CUT, DOUBLE ARMED NEEDLE, 13MM, 70-90 CM	1 Foil	1 No	1253
651	CAT-VII	S27577	MONOFILAMENT POLYAMIDE 10-0, 1/2 CIRCLE Micropoint Spatulated DOUBLE NEEDLE 6MM, 30-40 CM	1 Foil	1 No	1253
652	CAT-VII	S27520/1 2	MONOFILAMENT POLYAMIDE 2-0, 30- 36MM, 3/8 CIRCLE CUTTING NEEDLE, 70-90CM	1 Foil	1 No	1253
653	CAT-VII	S27523/1 2	MONOFILAMENT POLYAMIDE 3-0, 30- 36MM, 3/8 CIRCLE CUTTING NEEDLE, 70-90CM	1 Foil	1 No	1253
654	CAT-VII	S27525	MONOFILAMENT POLYPROPYLENE BLUE 1, 70-90CM 1/2 CRB (HEAVY) 40MM	1 Foil	1 No	1253
655	CAT-VII	S27526	MONOFILAMENT POLYPROPYLENE BLUE 1-0, 70-90CM 1/2 CRB 30MM	1 Foil	1 No	1253
656	CAT-VII	S27533	POLYDIOXANONE OF SIZE 1 WITH ½ CIRCLE RB, 45-50MM HEAVY NEEDLE SUTURE LENGTH 1.5 M, FOR SHEATH CLOSURE	1 Foil	1 No	1253

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
657	CAT-VII	S27535	POLYGLACTIN 910 4-0,ROUND BODY NEEDLE 3/8 CIRCLE , 20MM,70-90 CM	1 Foil	1 No	1253
658	CAT-VII	S27536	POLYGLACTIN 910 OF SIZE 1,1/2 CIRCLE ROUND BODY NEEDLE,35-40 MM ,70-90 CM	1 Foil	1 No	1253
659	CAT-VII	S27537	POLYGLACTIN 910 OF SIZE 1-0,1/2 CIRCLE ROUND BODY 30- 36MM,70- 90 CM	1 Foil	1 No	1253
660	CAT-VII	S27538	POLYGLACTIN 910,SIZE 2-0,1/2 CRB,30MM NEEDLE ,70-90CM	1 Foil	1 No	1253
661	CAT-VII	S27539	POLYGLACTIN 910,SIZE 3-0,1/2 CRB,26-30MM NEEDLE ,70-90CM	1 Foil	1 No	1253
662	CAT-VII	S27578	POLYGLYCOLIC ACID SIZE 6/0 , 3/8 REVERSE CUTTING, 8MM,DOUBLE NEEDLE,70-90 CM	1 Foil	1 No	1253
663	CAT-VII	S27549	POLYPROPYLENE 2-0, 1/2 CRB 26- 30MM NEEDLE ,70-90 CM	1 Foil	1 No	1253
664	CAT-VII	S27550	POLYPROPYLENE 3-0, 1/2 CRB 24- 26MM NEEDLE, 70-90 CM	1 Foil	1 No	1253
665	CAT-VII	S27553	POLYPROPYLENE 5-0, 3/8 ROUND BODY 12MM NEEDLE ,70-90 CM	1 Foil	1 No	1253
666	CAT-VII	S27557	POLYPROPYLENE MESH 0.02 THICKNESS WITH 1.9KG BURST STRENGTH PER SQUARE CM HERNIA REPAIR	15x15 Cm	1 No	1253
667	CAT-VII	S27559/1 2	POLYPROPYLENE MESH 0.02 THICKNESS WITH 1.9KG BURST STRENGTH PER SQUARE CM HERNIA REPAIR	7X15 cm	1 No	1253

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
668	CAT-VII	S27580	POLYPROPYLENE MESH 0.02 THICKNESS WITH 1.9KG BURST STRENGTH PER SQUARE CM HERNIA REPAIR	(7.5 ± 0.5) x 15 cm	1 No	1253
669	CAT-VII	S27561/1 2	SURGICAL SILK 2-0, 1/2 CIRCLE CUTTING NEEDLE 30MM,70-90 CM	1 Foil	1 No	1253
670	CAT-VII	S27564	SURGICAL SILK 4-0, 1/2 CIRCLE TAPERCUT NEEDLE 17MM,70-90 CM	1 Foil	1 No	1253
671	CAT-VII	S27565	SUTURE PACK SILK No. 1, 2X70-90 CM	1 Foil	1 No	1253
672	CAT-VII	S27568	SUTURE PACK SILK No. 2-0, 2X70-90 CM	1 Foil	1 No	1253
673	INNOVATORS	D24066N	CAPECITABINE TAB IP	500mg	1 No	693
674	INNOVATORS	D32000N	CYCLOSPORINE CAP IP	100 mg	1 No	1390
675	INNOVATORS	D32006N	CYCLOSPORINE CAP IP	25 mg	1 No	1390
676	INNOVATORS	D32007N	CYCLOSPORINE CAP IP	50 mg	1 No	1390
677	INNOVATORS	D24077N	CYTARABINE INJ IP/BP	100mg	Vial	1045
678	INNOVATORS	D24184N	CYTARABINE INJ IP/BP	1 gm	Vial	1045
679	INNOVATORS	D24081N	DAUNORUBICIN INJ IP	20mg	Vial	2220
680	INNOVATORS	D24082N	DOCETAXEL INJ IP	20mg	Vial	2000
681	INNOVATORS	D24083N	DOCETAXEL INJ IP	80mg	Vial	2000
682	INNOVATORS	D24087N	DOXORUBICIN INJ (LYOPHILISED) IP	10mg	Vial	1210
683	INNOVATORS	D24088N	DOXORUBICIN INJ (LYOPHILISED) IP	50mg	Vial	1210
684	INNOVATORS	D24092N	EPIRUBICIN INJ BP/USP	10mg	Vial	1100
685	INNOVATORS	D24093N	EPIRUBICIN INJ BP/USP	50mg	Vial	1100

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
686	INNOVATORS	D24104N	GEMCITABINE INJ IP	200mg	Vial	1320
687	INNOVATORS	D24105N	GEMCITABINE INJ IP	1gm	Vial	1320
688	INNOVATORS	D24112N	IMATINIB CAP IP	100mg	1 No	1050
689	INNOVATORS	D24164N	IMATINIB TAB IP	400 mg	1 No	589
690	INNOVATORS	D24118N	LAPATINIB TAB IP	250mg	1 No	1770
691	INNOVATORS	D24120N	LETROZOLE TAB IP/USP	2.5mg	1 No	825
692	INNOVATORS	D24123N	LOMUSTINE CAP IP	40mg	1 No	770
693	INNOVATORS	D24133N	OXALIPLATIN INJ IP	50mg	Vial	1182
694	INNOVATORS	D24134N	OXALIPLATIN INJ IP	100mg	Vial	1182
695	INNOVATORS	D24141N	PEMETREXED INJ IP	100mg	Vial	1073
696	INNOVATORS	D24142N	PEMETREXED INJ IP	500mg	Vial	1073
697	INNOVATORS	D32002N	TACROLIMUS CAP IP	1 MG	1 No	1250
698	INNOVATORS	D32009N	TACROLIMUS CAP IP	0.5 MG	1 No	1250
699	INNOVATORS	D32005N	TACROLIMUS TAB	0.25 mg	1 No	1250
700	NON ACD	D09002	ACYCLOVIR TAB IP	200 mg	1 No	751
701	NON ACD	D17053	ALPRAZOLAM TAB IP	0.5mg	1 No	584
702	NON ACD	D02163	AMIKACIN SULPHATE INJ IP	100mg/2ml	2ml Vial	751
703	NON ACD	D02164	AMOXICILLIN AND POTASSIUM CLAVULANATE TAB	200 MG+175 MG	1 No	880
704	NON ACD	D02047	AMOXYCILLIN AND POTASSIUM CLAVULANATE ORAL SUSPENSION IP	200mg +28.5mg	30 ml bottle	720
705	NON ACD	D13042	ATENOLOL TAB	25mg	1 No	911
706	NON ACD	D02165	AZITHROMYCIN ORAL SUSPENSION IP	100mg/5ml	15ml Bottle	770

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
707	NON ACD	D02030	AZITHROMYCIN TAB IP	250 mg	1 No	886
708	NON ACD	D01050	BUPRENORPHINE INJ IP	0.3mg/ml	1ml	970
709	NON ACD	D14028	CALAMINE LOTION I.P	100 ml	bottle	330
710	NON ACD	D22059	CALCIUM AND VITAMIN D3 TAB IP	Equivalent to elemental Calcium 500 mg and Vitamin D3 250IU	1 No	715
711	NON ACD	D20062	CEFIXIME TAB IP	100 mg	1 No	990
712	NON ACD	D02133	CEFPODOXIME TAB	100MG	1 No	990
713	NON ACD	D02169	CEFTRIAXONE SODIUM INJ IP	2 GM	Vial	770
714	NON ACD	D02119	CEFUROXIME TAB	250 MG	1 No	1770
715	NON ACD	D14117	CHLORHEXIDINE MOUTH WASH	100ML	Bottle	330
716	NON ACD	D25036	CHLOROXYLENOL SOLUTION IP	110 ML	Bottle	584
717	NON ACD	D25037	CHLOROXYLENOL SOLUTION IP	500 ML	Bottle	584
718	NON ACD	D02062	CIPROFLOXACIN TAB IP	250mg	1 No	1086
719	NON ACD	D02172	CLARITHROMYCIN TAB	250MG	1 No	1785
720	NON ACD	D13132	CLONIDINE TAB IP	0.2 MG	1 No	715
721	NON ACD	D02174	COLISTIMETHATE INJ IP	1 MIU	Vial	1290
722	NON ACD	D02175	COLISTIMETHATE INJ IP	2 MIU	Vial	1290
723	NON ACD	D02040	CO-TRIMOXAZOLE TAB IP	80mg + 400mg	1 No	584
724	NON ACD	D06025	DEFLAZACORT TAB	30 MG	1 No	835
725	NON ACD	D18005	DEXTROSE INJ IP	0.5	25ml Amp	1366
726	NON ACD	D18023	DEXTROSE INJ	0.05	500 ml glass bottle	1366

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
727	NON ACD	D01119	DICLOFENAC SODIUM DISPERSIBLE TAB 50MG	50 MG	1 No	484
728	NON ACD	D01120	DICLOFENAC SODIUM INJ (AQUEOUS BASE)	75 mg/ml	1 ml amp	796
729	NON ACD	D03012	DOXOPHYLLINE TAB IP	400mg	1 No	1765
730	NON ACD	D02014	DOXYCYCLINE CAP I.P.	100 mg	1 No	1320
731	NON ACD	D13009/1 2	ENALAPRIL MALEATE TAB (FILM COATED)	2.5 mg	1 No	835
732	NON ACD	D08066	FLUCONAZOLE TAB	100MG	1No	601
733	NON ACD	D08053	FLUCONAZOLE TAB	50 MG	1 No	601
734	NON ACD	D08067	FLUCONAZOLE TAB	200MG	1No	601
735	NON ACD	D19017	FRUSEMIDE TAB	20 mg	1 No	459
736	NON ACD	D07037	GABAPENTIN TAB	300 mg	1 No	605
737	NON ACD	D07038	GABAPENTIN TAB	75 mg	1 No	605
738	NON ACD	D17073	HALOPERIDOL TAB	2.5MG	1No	1420
739	NON ACD	D25039	HYDROGEN PEROXIDE SOLUTION IP	100ML	Vial	500
740	NON ACD	D13001	ISOSORBIDE DINITRATE TAB IP	5 mg	1 No	835
741	NON ACD	D09009	LAMIVUDINE TAB IP	100 mg	1 No	1765
742	NON ACD	D07040	LEVETRICETAM TAB	250mg	1 No	770
743	NON ACD	D05027	LEVOCETIRIZINE TAB IP	5 mg	1 No	2250
744	NON ACD	D02106	LEVOFLOXACIN INFUSION IP	500 mg	100 ml Bottle	1120
745	NON ACD	D02192	LEVOFLOXACIN TAB	250MG	1 No	880
746	NON ACD	D03014	LEVOSALBUTAMOL INHALATION SOLUTION IP	0.63mg/2.5 ML	2.5 ML respules	1795
747	NON ACD	D04027	LIGNOCAINE + PRILOCAINE CREAM IP	2.5% + 2.5%	5 gm tube	1520

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
748	NON ACD	D04046	LIGNOCAINE HCL INJ IP	1% w/v	30 ml Vial	684
749	NON ACD	D04047	LIGNOCAINE HCL INJ IP	0.02	30ml Vial	684
750	NON ACD	D04048	LIGNOCAINE HCL INJ IP (PRESERVATIVE FREE)	2% w/v	50ml Bottle	684
751	NON ACD	D20060	LOPERAMIDE HCL TAB IP	2 Mg	1 No	1750
752	NON ACD	D17042	LORAZEPAM TAB	1 mg	1 No	1012
753	NON ACD	D12054	LOW MOLECULAR WEIGHT HEPARIN INJ IP	60mg/0.6ml	PFS	7590
754	NON ACD	D18024	MANNITOL INJ	20% w/v	350 ML	1366
755	NON ACD	D12035	MEPHENTERMINE INJ IP	30 mg/ml	10 ml Vial	320
756	NON ACD	D02184	METRONIDAZOLE GEL	0.02	30 GM TUBE	1020
757	NON ACD	D13083	METOPROLOL INJ IP	1 mg/ml	5 ml Amp	1320
758	NON ACD	D13020	METOPROLOL TAB IP	25mg	1 No	501
759	NON ACD	D05060	METHYLPREDNISOLONE TAB	16 MG	1 No	1900
760	NON ACD	D05062	METHYLPREDNISOLONE TAB	4 MG	1 No	1900
761	NON ACD	D05059	METHYL PREDNISOLONE SODIUM SUCCINATE INJ	125MG	Vial	1002
762	NON ACD	D05030	MONTELEUKAST TAB IP	5mg	1 No	1765
763	NON ACD	D05064	MONTELUKAST TAB	4 MG	1 No	1765
764	NON ACD	D01121	NAPROXEN TAB	250 MG	1 No	815
765	NON ACD	D04051	NEOSTIGMINE METHYL SULPHATE INJ IP	2.5mg/5ml	5ml Amp	802
766	NON ACD	D20031	ONDANSETRON INJ IP	2 mg/ml	4 ml amp	1252
767	NON ACD	D20089	ONDANSETRON TAB IP	8mg	1No	660

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
768	NON ACD	D20090	ORS POWDER IP	4.2GM	Sachet	751
769	NON ACD	D15047	OXYMETAZOLINE HYDROCHLORIDE NASAL SOLUTION	0.0005	10 ml	1020
770	NON ACD	D20020	PANTOPRAZOLE (GASTRO RESISTANT) TAB IP	20 mg	1 No	303
771	NON ACD	D01034	PARACETAMOL SYRUP/SUSPENSION IP	250mg/5ml	60 ml Bottle	751
772	NON ACD	D05056	PHENIRAMINE MALEATE INJ IP	22.75 mg/ml	2 ml Amp	620
773	NON ACD	D07020	PHENYTOIN SYRUP	30mg/5 ml	100 ml bottle	531
774	NON ACD	D04053	PROPOFOL INJ	10MG/ML	VIAL	1670
775	NON ACD	D14123	POVIDONE IODINE SOLUTION	0.1	100ml	317
776	NON ACD	D04037	ROPIVACAINE INJ IP	0.5mg/ml	30ml	2220
777	NON ACD	D04055	ROPIVACAINE INJ	5 mg/ml	20 ml Vial	2220
778	NON ACD	D04056	ROPIVACAINE INJ	7.5mg/ml	20 ml Vial	2220
779	NON ACD	D04057	ROPIVACAINE INJ	2mg/ml	20 ml Vial	2220
780	NON ACD	D18028	RINGERS LACTATE INJ IP	1 LITRE	COLLAPSIBLE BAG WITH INJECTION PORT	1670
781	NON ACD	D19020	SPIRONOLACTONE TAB IP	50mg	1 No	459
782	NON ACD	D18029	SODIUM CHLORIDE INJ	0.9%W/V	100 ml COLLAPSIBLE BAG WITH INJECTION PORT	1366
783	NON ACD	D18030	SODIUM CHLORIDE INJ	0.9%W/V	500 ML GLASS BOTTLE	1366

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
784	NON ACD	D18031	SODIUM CHLORIDE INJ	0.45%W/V	500 ML	1366
785	NON ACD	D18032	SODIUM CHLORIDE INJ	0.9%W/V	1 LITRE COLLAPSIBLE BAG WITH INJECTION PORT	1366
786	NON ACD	D18033	SODIUM CHLORIDE INJ	3 LITRE	Plastic Bottle	1366
787	NON ACD	D21057	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE CAP IP	0.4 mg	1 No	2250
788	NON ACD	D02186	TEICOPLANIN INJ IP	200 MG	1 No	2320
789	NON ACD	D02110	TEICOPLANINE INJ IP	400 mg	Vial	2320
790	NON ACD	D03021	THEOPHYLLINE & ETOPHYLLINE SR TAB	Each Tablet contain Theophylline- 35 mg Etophylline - 115 mg	1 No	501
791	NON ACD	D22079	THIAMINE HCL INJ	50MG/1ML	Amp	1220
792	NON ACD	D04058	THIOPENTONE SODIUM INJ IP	1 GM	Vial	1139
793	NON ACD	D20101	URSODEOXYCHOLIC ACID TAB	150mg	1No	880
794	NON ACD	D19021	VASOPRESSIN INJ	40IU/ML	PFS	1620
795	NON ACD	D04059	VECURONIUM BROMIDE INJ IP	8 MG	Vial	1518
796	SDL	D32009	TACROLIMUS CAP IP	0.5 MG	1 No	1250
797	SDL	D17058	TRICLOFOS ORAL SOLUTION IP	100 mg/ml	30 ml Bottle	200
798	SDL	D14044	ACITRETIN CAP IP	25 mg	1 No	1870
799	SDL	D09017	ACYCLOVIR INTRAVENOUS INFUSION IP	500mg	Vial	1570
800	SDL	D09005	ACYCLOVIR TAB IP	800mg	1 No	751
801	SDL	D13037	ADENOSINE INJ IP	3mg/ml	10 ml	2120
802	SDL	D13067	AMBRISANTAN TAB IP	5 mg	1 no	1265

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
803	SDL	D17064	ARIPIRAZOLE TAB IP	10 mg	1 no	2250
804	SDL	D13069	ATORVASTATIN TAB IP	40 mg	1 No	1252
805	SDL	D23006	BARIUM SULPHATE SUSPENSION BP/USP	95% w/v	500 ml Bottle	190
806	SDL	D03026	BUDESONIDE AND FORMOTEROL FUMARATE POWDER FOR INHALATION IP	100MCG + 6MCG Rotacap	1 No	1000
807	SDL	D21045	CARBIMAZOLE TAB IP	5 mg	1 No	1170
808	SDL	D02191	CEFPODOXIME ORAL SUSPENSION IP	100mg/5ml	Bottle	1040
809	SDL	D02059	CEFUROXIME AXETIL TAB IP	500mg	1 No	1770
810	SDL	D29010	CITICOLINE INJ IP	500 mg	Amp	2120
811	SDL	D02065	CLARITHROMYCIN TAB IP	500mg	1 No	1785
812	SDL	D02100	CEFTAZIDIME FOR INJ IP	1 gm	Vial	2100
813	SDL	D02087	CLINDAMYCIN CAP IP	300 mg	1 No	1745
814	SDL	D02103	COLISTIMETHATE INJ IP	3 miu	Vial	1290
815	SDL	D32000	CYCLOSPORINE CAP IP	100 mg	1 No	1390
816	SDL	D10001	DAPSONE TAB IP	100 mg	1 No	765
817	SDL	D13075	DIGOXIN PAEDIATRIC SOLUTION IP	50mcg/ml	60 ml bottle	270
818	SDL	D07028	DIVALPROEX SODIUM PROLONGED RELEASE TAB IP	500mg	1 No	1350
819	SDL	D06018	D-PENICILLAMINE CAP USP	250 mg	1 No	785
820	SDL	D21047	DUTASTERIDE CAP IP	0.5 mg	1 No	2250
821	SDL	D16027	DYDROGESTERONE TAB IP	10 MG	1 No	1670
822	SDL	D09008	ENTECAVIR TAB IP	0.5 MG	1 No	2250
823	SDL	D13077	ESMOLOL INJ IP	10 mg/ml	10 ml	1620
824	SDL	D05022	FEXOFENADINE TAB IP	120mg	1 No	1765
825	SDL	D21049	FINASTERIDE TAB IP	5 MG	1 No	2250
826	SDL	D19014	FLAVOXATE TAB IP	200 mg	1 No	680
827	SDL	D17008	FLUOXETINE CAP IP	10mg	1 No	726
828	SDL	D14049	FLUTICASONE CREAM IP	0.05% W/W	15 gm	670
829	SDL	D17066	FLUPENTHIXOL INJ IP	20mg/ml	Amp	1250

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
830	SDL	D17067	FLUVOXAMINE TAB IP	100 mg	1 No	1415
831	SDL	D04033	GLYCOPYRROLATE TAB IP	1 MG	1 No	2250
832	SDL	D05040	HYDROCORTISONE CREAM IP	1%	15 gm	650
833	SDL	D16013	HYDROXY PROGESTERONE CAPROATE INJ IP	250mg/ ml	1 ml Amp	450
834	SDL	D05025	HYDROXYZINE TAB IP	10mg	1 No	1765
835	SDL	D13080	ISOPRENALINE INJ IP	2mg/ml	1 ml	1270
836	SDL	D09009	LAMIVUDINE TAB IP	100 MG	1 No	1765
837	SDL	D07017	LEVETIRACETAM ORAL SOLUTION IP	100mg/ml	30 ml bottle	1520
838	SDL	D05027	LEVOCETIRIZINE TAB IP	5 mg	1 No	2250
839	SDL	D02106	LEVOFLOXACIN INFUSION IP	500 mg	100 ml Bottle	1120
840	SDL	D04027	LIGNOCAINE + PRILOCAINE CREAM IP	2.5% + 2.5%	5 gm tube	1520
841	SDL	D04036	LIGNOCAINE HYDROCHLORIDE TOPICAL SOLUTION IP	2%w/v	100 ml Bottle	1170
842	SDL	D20046	MESALAMINE PROLONGED RELEASE TAB IP	800MG	1 No	1600
843	SDL	D19007	METOLAZONE TAB IP	5 mg	1 No	1350
844	SDL	D05041	METHYLPREDNISOLONE TAB IP	8 mg	1 No	1900
845	SDL	D12035	MEPHENTERMINE INJ IP	30 mg/ml	10 ml Vial	320
846	SDL	D13083	METOPROLOL INJ IP	1 mg/ml	5 ml Amp	1320
847	SDL	D17030	MIRTAZAPINE TAB IP	15 mg	1 No	915
848	SDL	D16033	MISOPROSTOL TAB IP	100 mcg	1 No	1520
849	SDL	D16034	MISOPROSTOL TAB IP	25 mcg	1 No	1520
850	SDL	D14051	MOMETASONE FUROATE CREAM IP	0.1%W/W	10 gm tube	650
851	SDL	D32001	MYCOPHENOLATE MOFETIL TAB IP	500 mg	1 No	1650
852	SDL	D01033	NAPROXEN TAB IP	500mg	1 No	815
853	SDL	D14052	NADIFLOXACIN GEL IP	1% w/w	10 gm tube	1520
854	SDL	D13085	NIMODIPINE TAB IP	30 MG	1 No	1415

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
855	SDL	D13087	OLMESARTAN MEDOXOMIL TAB IP	40 MG	1 No	1765
856	SDL	D21052	OXYBUTYNIN TAB IP	5 mg	1 No	1900
857	SDL	D12036	PENTOXIFYLLINE PROLONGED RELEASE TAB IP	400 mg	1 No	715
858	SDL	D29006	PHENYLEPHRINE INJ IP	10mg/ml	1 ml Amp	1170
859	SDL	D21027	PIOGLITAZONE TAB IP	15 mg	1 No	1515
860	SDL	D20050	POLY ETHYLENE GLYCOL 4000 IP	117G	Sachet	540
861	SDL	D05066	PROMETHAZINE HCL SYRUP IP	5mg/5ml	60ml bottle	750
862	SDL	D20051	RACECADOTRIL CAP IP	100 mg	1 No	1770
863	SDL	D13094	ROSUVASTATIN TAB IP	10mg	1 No	2250
864	SDL	D03031	SALMETEROL AND FLUTICASONE PROPIONATE POWDER FOR INHALATION	50 mcg + 250 mcg Rotacap	1 No	1000
865	SDL	D21054	SILDENAFIL TAB IP	25 mg	1 No	1765
866	SDL	D18019	SODIUM CHLORIDE AND DEXTROSE INJ IP	0.45% + 5%	500ml bottle	1366
867	SDL	D13025	SODIUM NITROPRUSIDE INJ IP	50 MG	Vial	800
868	SDL	D21056	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE AND DUTASTERIDE CAP IP	0.4 mg + 0.5 mg	1 No	2250
869	SDL	D21057	TAMSULOSIN HYDROCHLORIDE PROLONGED RELEASE CAP IP	0.4 MG	1 No	2250
870	SDL	D32002	TACROLIMUS CAP IP	1 MG	1 No	1250
871	SDL	D32005	TACROLIMUS TAB IP	0.25mg	1 No	1250
872	SDL	D21092	TADALAFIL TAB IP	10 mg	1 No	1750
873	SDL	D02110	TEICOPLANINE INJ IP	400 mg	Vial	2320
874	SDL	D14058	TERBINAFINE TAB IP	250 mg	1 No	1865
875	SDL	D13091	TICAGRELOR TAB IP	90 MG	1 No	1190
876	SDL	D21059	TOLTERODINE TARTRATE TAB IP	2 mg	1 No	2250
877	SDL	D03033	TIOTROPIUM BROMIDE INHALER	9mcg	120 MD	1000
878	SDL	D07032	TOPIRAMATE TAB IP	50 mg	1 No	1415

List of items with lab rates for testing						
APPENDIX I A						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Pre- fixed testing rate (Rs.)
879	SDL	D01055	TRIAMCINOLONE ACETONIDE (PRESERVATIVE FREE) INJ IP	40mg/ml	1ml	1250
880	SDL	D19011	VASOPRESSIN INJ IP	20 UNITS/ML	1ml	1620
881	SDL	D13093	VERAPAMIL INJ IP	2.5mg/ml	2ml	1570
882	SDL	D17071	VENLAFAXINE PROLONED RELEASE CAP IP	75 mg	1 No	1150
883	SDL	D21039	VOGLIBOSE TAB IP	0.3mg	1 No	990
884	SDL	D08042	VORICONAZOLE TAB IP	200 mg	1 No	1250

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
1	ACD	D24224C	13-CIS-RETINOIC ACID CAP	10MG	1No	
2	ACD	D24225C	13-CIS-RETINOIC ACID CAP	20MG	1No	
3	ACD	D24226C	13-CIS-RETINOIC ACID CAP	40MG	1No	
4	ACD	D24172C	AFATINIB TAB	30 mg	1 No	
5	ACD	D24173C	AFATINIB TAB	40 mg	1 No	
6	ACD	D24171C	AFATINIB TAB	20 mg	1 No	
7	ACD	D24174C	AFATINIB TAB	50 mg	1 No	
8	ACD	D24057C	AMIFOSTINE FOR INJ USP	500 mg	Vial	
9	ACD	D24175C	ANTI THYMOCYTE GLOBULIN INJ (EQUINE)	250 mg/5ml	Vial	
10	ACD	D24235C	ANTI-THYMOCYTE GLOBULIN INJ(RABBIT)	25 mg	Vial	
11	ACD	D24176C	ARSENIC TRIOXIDE INJ	10 mg	Vial	
12	ACD	D24177C	AXITINIB TAB	5 mg	1 No	
13	ACD	D24178C	AZACITIDINE INJ	100 mg	Vial	
14	ACD	D24168C	BETA-INTERFERON INJ	30 mcg	PFS	
15	ACD	D24060C	BEVACIZUMAB INJ	100mg	Vial	
16	ACD	D24298C	BEVACIZUMAB INJ	400 mg	Vial	
17	ACD	D24179C	BUSULPHAN INJ	60 mg	Vial	
18	ACD	D24181C	CABAZITAXEL INJ	60 mg	1No	
19	ACD	D24223C	CALCIUM LEUCOVORIN TAB USP	15MG	Vial	
20	ACD	D24230C	CARFILZOMIB INJ	10mg	Vial	
21	ACD	D24231C	CARFILZOMIB INJ	30mg	Vial	
22	ACD	D24232C	CARFILZOMIB INJ	60mg	Vial	
23	ACD	D24262C	CERITINIB CAP	150 mg	Vial	
24	ACD	D24069C	CETUXIMAB INJ	100mg	Vial	
25	ACD	D24073C	CLADRIBINE INJ	10 mg	Vial	
26	ACD	D24240C	CLOFARABINE INJ	20 mg	1 No	
27	ACD	D24183C	CRIZOTINIB CAP	250 mg	Vial	
28	SDL	D32010	CYCLOSPORINE INJ USP	50 mg	Vial	
29	ACD	D24079C	DASATINIB TAB	20 mg	1 No	
30	ACD	D24080C	DASATINIB TAB	50 mg	1 No	
31	ACD	D24243C	DASATINIB TAB	70mg	Vial	
32	ACD	D24248C	DECITABINE INJ	30mg	Vial	
33	ACD	D24185C	DECITABINE INJ	50 mg	Vial	
34	ACD	D24186C	DEGARELIX INJ	80 mg	Vial	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
35	ACD	D24187C	DEGARELIX INJ	120 mg	Vial	
36	ACD	D24188C	DENOSUMAB INJ	120 mg	1 No	
37	ACD	D24236C	ELTROMBOPAG OLAMINE TAB	25 mg	1 No	
38	ACD	D24189C	ELTROMBOPAG OLAMINE TAB	50 mg	1 No	
39	ACD	D24263C	ENZALUTAMIDE SOFT GELATIN CAP	40 mg	2ml vial	
40	ACD	D24293C	ENZALUTAMIDE CAP	80 mg	1 No	
41	ACD	D24190C	ERIBULIN INJ	0.44 mg/ml	2ml vial	
42	ACD	D24162C	EVEROLIMUS TAB	5mg	1 No	
43	ACD	D24098C	EVEROLIMUS TAB	10 mg	1 No	
44	ACD	D24294C	FERRIC CARBOXYMALTOSE INJ	1 gm/20 ml	Vial	
45	ACD	D24100C	FILGRASTIM INJ	300IU	Vial/PFS	
46	ACD	D24191C	FLUDARABINE TAB	10 mg	Vial	
47	ACD	D24192C	FOSFESTROL TAB	120mg	Vial	
48	ACD	D24102C	FULVESTRANT INJ	250 mg	Vial/PFS	
49	ACD	D24106C	GOSERELIN INJ	3.6 mg	Vial	
50	ACD	D24107C	GOSERELIN INJ	10.8 mg	PFS	
51	ACD	D24244C	IBRUTINIB CAP	140 MG	Vial	
52	ACD	D24193C	IDARUBICIN INJ	5 mg	Vial	
53	ACD	D24194C	INTERFERON ALFA INJ	3 MIU	1 No	
54	ACD	D24195C	L.ASPARAGINASE INJ	10000 IU	1 No	
55	ACD	D24117C	L.ASPARAGINASE INJ	5000iu	Vial	
56	ACD	D24274C	LENVATINIB CAP	4 MG	1 No	
57	ACD	D24196C	MEGESTROL ACETATE TAB IP/BP/USP	40 mg	1 No	
58	ACD	D24276C	MELPHALAN TAB	2 mg	1 No	
59	ACD	D24241C	MITOXANTRONE INJ BP/USP	10 mg	Vial	
60	ACD	D24242C	NILOTINIB CAP	150 mg	1 No	
61	ACD	D24201C	NILOTINIB CAP	200 mg	1 No	
62	ACD	D24202C	NIMOTUZUMAB INJ	200 mg	Vial / Amp / PFS	
63	ACD	D20047	OCTREOTIDE INJ	100 mcg/ml	Vial	
64	ACD	D24132C	OCTREOTIDE DEPOT INJ	20mg	1 No	
65	ACD	D24204C	OCTREOTIDE LAR INJ	30 mg	Vial	
66	ACD	D24205C	OCTREOTIDE INJ LA	10 mg	1 No	
67	ACD	D24306C	OCTREOTIDE INJ	30 mg	PFS	
68	ACD	D24307C	OCTREOTIDE INJ	20 mg	PFS	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
69	ACD	D24280C	PALBOCICLIB CAP	125 MG	1 No	
70	ACD	D24206C	PANITUMUMAB INJ	100 mg	Vial	
71	ACD	D24256C	PAZOPANIB TAB	200 mg	1 No	
72	ACD	D24207C	PAZOPANIB TAB	400 mg	1 No	
73	ACD	D24255C	PACLITAXEL NANOPARTICLE INJ	100mg	Vial	
74	ACD	D24140C	PEGFILGRASTIM INJ	6mg	Vial/PFS	
75	ACD	D24265C	PEG-L-ASPARAGINASE INJ	750 IU/ ml	Vial	
76	ACD	D24257C	PEMBROLIZUMAB INJ	100mg	1 No	
77	ACD	D24208C	PERTUZUMAB INJ	420 mg	1 No	
78	ACD	D24258C	PLERIXAFOR INJ	24 mg/1.2ml	1 No	
79	ACD	D24229C	POMALIDOMIDE CAP	1mg	Vial	
80	ACD	D24209C	POMALIDOMIDE CAP	2 mg	1 No	
81	ACD	D24210C	POMALIDOMIDE CAP	4 mg	1 No	
82	ACD	D24144C	PROTEIN BOUND PACLITAXEL INJ	100 mg	Vial	
83	ACD	D24211C	RASBURICASE INJ	1.5 mg	Vial	
84	ACD	D24212C	REGORAFENIB TAB	40 MG	1 No	
85	ACD	D24283C	RIBOCICLIB TAB	200 mg	Vial	
86	ACD	D24290C	ROMIPLOSTIM INJ	250 mcg	Vial	
87	ACD	D24259C	RITUXIMAB INJ	600 mg	Vial	
88	ACD	D24145C	RITUXIMAB INJ	100mg	Vial	
89	ACD	D24146C	RITUXIMAB INJ	500mg	Vial	
90	ACD	D24297C	RUCAPARIB TAB	300 mg	1 No	
91	ACD	D24284C	RUXOLITINIB TAB	10 mg	1 No	
92	ACD	D24213C	RUXOLITINIB TAB	5 mg	1 No	
93	ACD	D24214C	RUXOLITINIB TAB	15 mg	1 No	
94	ACD	D24215C	RUXOLITINIB TAB	20 mg	1 No	
95	SDL	D32011	SIROLIMUS TAB	1 mg	1 No	
96	ACD	D24216C	SUNITINIB CAP	12.5 mg	1 No	
97	ACD	D24148C	SUNITINIB CAP	25 mg	Vial	
98	ACD	D24217C	TEGAFUR +URACIL CAP	100mg + 224mg	1 No	
99	ACD	D24218C	TEMSIROLIMUS INJ	Null	Vial	
100	ACD	D24155C	TOPOTECAN INJ	2.5 mg	Vial	
101	ACD	D24219C	TRABECTEDIN INJ	1 mg	1 No	
102	ACD	D24220C	TRASTUZUMAB EMTANSINE INJ	100 mg	Vial	
103	ACD	D24221C	TRASTUZUMAB EMTANSINE INJ	160 mg	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
104	ACD	D24269C	TRASTUZUMAB INJ	150 MG	Vial	
105	ACD	D24156C	TRASTUZUMAB INJ	440 mg	Vial	
106	ACD	D24222C	TRETINOIN CAP	10 mg	10 ml Bottle	
107	ACD	D24238C	TREOSULFAN INJ	1gm	Vial	
108	ACD	D24237C	TREOSULFAN INJ.	5gm	3 ml	
109	CAT-I	D20105	ANTACID SUSPENSION	Each 5 ml contains Dried Aluminium Hydroxide Gel IP- 250 mg, Magnesium Hydroxide IP- 250 mg, Activated Dimethicone- 50 mg	100 ml Bottle	
110	CAT-I	D21012	ANTI SNAKE VENOM (FREEZE DRIED) POLYVALENT INJ	10 ml	Vial	
111	CAT-I	D15019	BIMATOPROST EYE DROPS	0.03%	3ml	
112	CAT-I	D03022	BUDESONIDE INHALER	100mcg/puff	1 No	
113	CAT-I	D03025	BUDESONIDE NEBULISER SUSPENSION	0.5mg/ml	2ml respule	
114	CAT-I	D22025	CALCIUM CARBONATE +VITAMIN D3 SUSPENSION	250mg + 125 IU	100ml bottle	
115	CAT-I	D12029	CALCIUM DOBESILATE CAP	500mg	1 No	
116	CAT-I	D17076	CLOMIPRAMINE TAB	75mg	1 No	
117	CAT-I	D02095	CEFUROXIME AXETIL ORAL SUSPENSION BP/USP	125mg/5ml	30ml bottle	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
118	CAT-I	D03082	COUGH SYRUP	Each 5 ml contains: Ambroxol HCL- 15 mg, Guiphenesin- 50 mg , Terbutaline Sulphate- 1.25 mg , Menthol- 2.5 mg, Flavoured syrupy base q.s	100 ml Bottle	
119	CAT-I	D12007	DEXTRAN 40 IN SODIUM CHLORIDE INJ IP	Low molecular wet Dextran 10% in Sodium Chloride Inj	500ml Bottle	
120	CAT-I	D15069	DEXAMETHASONE EYE DROPS BP	0.10%	5ml	
121	CAT-1	D20027	DOXYLAMINE SUCCINATE TAB USP	10 mg	1 No	
122	CAT-I	D20039	DOXYLAMINE SUCCINATE TAB USP	5mg	1 No	
123	CAT-I A	D21048	FEBUXOSTAT TAB	40 mg	1 No	
124	CAT-I	D19016	FUROSEMIDE ORAL SOLUTION	10 mg/ml	30 ml Bottle	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
125	CAT-I	D20104	GLYCERINE AND SODIUM CHLORIDE ENEMA	Contains Glycerine IP 15%w/v, Sodium Chloride IP 15%w/v and Purified Water IP q.s	100ml Bottle	
126	CAT-I	D08030	KETOCONAZOLE CREAM BP	2%	5 gm tube	
127	CAT-I	D07027	LEVITERACETAM INJ	100mg/ml	Amp/vVial	
128	CAT-I	D12068	METHYLENE BLUE INJ	10 mg/ml	Amp	
129	CAT-I	D15070	MOXIFLOXACIN EYE OINTMENT	5%w/w	1 No	
130	CAT-I	D02193	NITROFURANTOIN SUSTAINED RELEASE TAB	100mg	1 No	
131	CAT-I	D13086	NITROGLYCERINE TAB	2.6 mg	1 No	
132	CAT-I	D13137	NITROGLYCERINE SUSTAINED RELEASE TAB	2.6MG	1 No	
133	CAT-I	D02108	PENICILIN G POTASSIUM TAB USP	4,00,000 UNITS	1 No	
134	CAT-I	D01053	PREGABALIN TAB	75 mg	1 No	
135	CAT-I	D15056	SODIUM CHLORIDE EYE DROPS	0.05	1 No	
136	CAT-I	D20040	SODIUM PHOSPHATE ENEMA BP	Sodium Dihydrogen Phosphate Dihydrate IP 10%w/v+Disodium Hydrogen Phosphate Dodecahydrate IP 8%w/v	15ml	
137	CAT-I	D01015/12	SULFASALAZINE TAB BP/USP	500mg	1 No	
138	CAT-I	D22026	VITAMIN D3 DROPS	400IU/ml	15ml	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
139	CAT-I	D22063	VITAMIN B COMPOUND STRONG TAB BPC	Each Tablet Containing Nictonamide IP 20 mg, Pyridoxine HCl IP 2 mg, Riboflavin IP 2 mg, Thiamine HCl IP 5 mg	1 No	
140	CAT-III	S27293	BONE MARROW ASPIRATION NEEDLE	16G	1 No	
141	CAT-III	S27248	DISPOSABLE CVP CATHETER DOUBLE LUMEN (SELDINGER TECHNIQUE)	7F	1 No	
142	CAT-III	S27255	DISPOSABLE CVP CATHETER TRIPLE LUMEN (SELDINGER TECHNIQUE)	5F	1No	
143	CAT-III	S27256	DISPOSABLE CVP CATHETER TRIPPLE LUMEN (SELDINGER TECHNIQUE)	7F	1No	
144	CAT-III	S27247	DISPOSABLE CVP CATHETER DOUBLE LUMEN (SELDINGER TECHNIQUE)	5F	1No	
145	CAT-III	S27242	DISPOSABLE SYRINGE WITH FIXED NEEDLE 29 G (1ML GRADUATED)	100 IU	1 No	
146	CAT-III	S27241	DISPOSABLE SYRINGE WITH FIXED NEEDLE 29 G (1ML GRADUATED)	40 IU	1 No	
147	CAT-III	S27291	FISTULA NEEDLE	16G	1No	
148	CAT-III	S27292	FISTULA NEEDLE	17G	1No	
149	CAT-III	S27082	SCALP VEIN SET	SIZE-22G	1No	
150	CAT-III	S27083	SCALP VEIN SET	SIZE-24G	1No	
151	CAT-IV	D26002	ANTI A MONOCLONAL IGM TITRE VALUE 512 (MINIMUM) SOLUTION	10 ml	Bottle	
152	CAT-IV	D26003	ANTI AB MONOCLONAL IGM TITRE VALUE 512 (MINIMUM)SOLUTION	10 ml	Bottle	
153	CAT-IV	D26004	ANTI B MONOCLONAL IGM TITRE VALUE 512 (MINIMUM) SOLUTION	10 ml	Bottle	
154	CAT-IV	D26005	ANTI D MONOCLONAL IGM TITRE VALUE 512 SOLUTION	10 ml	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
155	CAT-IV	D26030	ANTI HUMAN GLOBULIN SERUM (COOMBS SERUM) POLY SPECIFIC (IgG + C3d)	5ml	Vial	
156	CAT-IV	D26011	ANTI HUMAN SERUM (LISS COOMBS FOR GEL TECHNOLOGY- GEL CARD & SOLUTION)	NULL	Bottle	
157	CAT-IV	S27253	BLOOD COLLECTION TRIPLE BAG	<p>Sterile collapsible non-vented bags made up of DEHP plasticized PVC. Primary bag - 350ml,with CPDA 1 (49ml) First Satelite bag - 300ml Second Satelite bag – 300ml for platelet storage for 5 days Slits on both sides of the bags. Flexible non-kinking transparent tubings. Needle -16G straight sharp regular margins ultrathin walled and bevelled tips.</p>	1No	
158	CAT-IV	D26014	DENGUE IgM CAPTURE ELISA (1,2,3,4) KIT	1TEST	1 No	
159	CAT-IV	D26026	DENGUE LATEX AGGLUTINATION TEST KIT(RAPID METHOD)	1TEST	1 No	
160	CAT-IV	D26024	FOURTH GENERATION ELISA KIT FOR DETECTION OF P24 ANTIGEN AND ANTIBODY TO HIV 1&2	1TEST	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
161	CAT-IV	D26023	HEPATITIS B SURFACE ANTIGEN SCREENING KIT-EIA VISUAL ASSAY TEST	1 Test	1 No	
162	CAT-IV	D26022	HEPATITIS B SURFACE ANTIGEN SCREENING KIT-EISA TEST KIT	1 Test	1 No	
163	CAT-IV	D26017	HEPATITIS C ANTIBODY SCREENING-ELISA TEST KIT	1TEST	1 No	
164	CAT-IV	D26016	HEPATITIS C ANTIBODY SCREENING KIT - EIA VISUAL ASSAY(RAPID METHOD)	1TEST	1 No	
165	CAT-IV	D26034	HEPATITIS C - ELISA KIT FOR DETECTION OF ANTIGEN AND ANTIBODY - FOURTH GENERATION	1TEST	1 No	
166	CAT-IV	D26019	HIV 1 & 2 ANTIBODY SCREENING EIA VISUAL ASSAY(RAPID METHOD)	1TEST	1 No	
167	CAT-IV	D26018	HIV 1 & 2 ANTIBODY SCREENING -ELISA TEST KIT	1 Test	1 No	
168	CAT-IV	D26031	RPR CARD TEST FOR SYPHILIS (CARD + SOLUTION)	1 Test	1 No	
169	CAT-IV	D26033	SYPHILIS - ELISA TEST KIT	1 Test	1 No	
170	CAT-IV	S27276	BLOOD COLLECTION SINGLE BAG with CPDA1 (49ml), 350ml bag with Diversion Pouch 20ml and Needle Protector (ISO 3826)	350ml	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
171	CAT-IV	S27277	BLOOD COLLECTION TRIPPLE BAG WITH SAGM , Diversion Pouch 20ml with needle protector. (ISO 3826)	Sterile collapsible non-vented bags made up of DEHP plasticized PVC. Diversion Pouch 20ml. Primary bag - 350ml, with CPD (49ml). First Satelite bag - 300ml, Second Satelite bag - 300ml for platelet storage for 5 days. Slits on both sides of the bags. Flexible non-kinking transparent tubings. Needle - 16G straight sharp regular margins ultrathin walled and beveled tips with needle protector.	1 No	
172	CAT-V	S27275	DISPOSABLE TRIPLE LAYER MASK WITH TYING STRAP IS 16289:2014	1 Unit	1 No	
173	CAT-V	S27279	Examination Gloves Rubber (Powder free)	Large	1 No	
174	CAT-V	S27280	Examination Gloves Rubber (Powder free)	Medium	1 No	
175	CAT-V	S27219	ECG ELECTRODES	NULL	1No	
176	CAT-VI	D25045	WHITE DISINFECTANT FLUID	1 Litre	Bottle	
177	CAT-VII	S27529	POLIGLECAPRONE 25, UNDYED, SIZE 3/0 WITH 3/8 CIRCLE CUTTING / REVERSE CUTTING NEEDLE 24-28MM,70-90 CM	1 Foil	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
178	CAT-VII	S27531	POLIGLECAPRONE 25, UNDYED, SIZE 5/0 WITH 3/8 CIRCLE CUTTING / REVERSE CUTTING NEEDLE 12-15 MM,70-90 CM	1 Foil	1 No	
179	CAT-VII	S27578	POLYGLYCOLIC ACID SIZE 6/0,3/8 REVERSE CUTTING 8MM DOUBLE NEEDLE,70-90CM	1Foil	1 No	
180	CAT-VIII	X01012	X- RAY DEVELOPER LIQUID	19.5/Lit.	Pkts	
181	CAT-VIII	X01010	X- RAY DEVELOPER POWDER	Powder to make 22.5 litres	Packet	
182	CAT-VIII	X01011	X- RAY FIXER LIQUID	19.5/Lit.	Packet	
183	CAT-VIII	X01009	X- RAY FIXER POWDER	Powder to make 22.5 litres	Pkt	
184	CAT-VIII	X01013	X-RAY FILM DEVELOPER	Powder To Make 13.5 Litres	Pkt	
185	CAT-VIII	X01014	X-RAY FILM FIXER	Powder to make 13.5 litres	1 No	
186	CAT-VIII	X01001	X-RAY FILM-BLUE SENSITIVE POLYSTER BASE, DOUBLE EMULSION COATED	8" X 10"	Pks of 50 Nos	
187	CAT-VIII	X01002	X-RAY FILM-BLUE SENSITIVE POLYSTER BASE, DOUBLE EMULSION COATED	10" X 12"	Pks of 50 Nos	
188	CAT-VIII	X01003	X-RAY FILM-BLUE SENSITIVE POLYSTER BASE, DOUBLE EMULSION COATED	12" X 15"	Pks of 50 Nos	
189	CAT-VIII	X01004	X-RAY FILM-INTRA ORAL PERIAPICAL	SIZE-2(31X41mm)EKTA SPEED IN POLY SOFT PACKET	Pks of 150 Films	
190	CAT-VIII	X01005	X-RAY FILM-INTRA ORAL PERIAPICAL	SIZE-0(22X35mm)EKTA SPEED IN POLY SOFT PACKET	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
191	CAT-VIII	X01006	X-RAY FILM-INTRA ORAL OCCLUSAL	SIZE-4(57X76mm)EKTA SPEED	1 No	
192	INNOVATORS	D24224N	13-CIS-RETINOIC ACID CAP	10 Mg	1 No	
193	INNOVATORS	D24225N	13-CIS-RETINOIC ACID CAP	20 Mg	Vial	
194	INNOVATORS	D24226N	13-CIS-RETINOIC ACID CAP	40 mg	Vial	
195	INNOVATORS	D24266N	ALECTINIB TAB	150 MG	Vial	
196	INNOVATORS	D24175N	ANTI THYMOCYTE GLOBULIN INJ (EQUINE)	250 mg/5ml	1 No	
197	INNOVATORS	D24235N	ANTI-THYMOCYTE GLOBULIN INJ (RABBIT)	25 mg	Vial	
198	INNOVATORS	D24261N	ATEZOLIZUMAB INJ	1200 MG/ 20ML	10 ml Vial	
199	INNOVATORS	D24177N	AXITINIB TAB	5 mg	Vial	
200	ACD	D24261N	ATEZOLIZUMAB INJ	1200 MG/ 20ML	Vial	
201	ACD	D24292N	DURVALUMAB INJ	50mg/ml	Vial	
202	ACD	D24291N	INOTUZUMAB OZOGAMICIN INJ	1mg	Vial	
203	INNOVATORS	D24060N	BEVACIZUMAB INJ	100mg	Vial	
204	INNOVATORS	D24179N	BUSULPHAN INJ	60 mg	1 No	
205	INNOVATORS	D24181N	CABAZITAXEL INJ	60 mg	Vial	
206	INNOVATORS	D24232N	CARFILZOMIB INJ.	60mg	Vial	
207	INNOVATORS	D24262N	CERITINIB CAP	150 mg	1 No	
208	INNOVATORS	D24069N	CETUXIMAB INJ	100mg	Vial	
209	INNOVATORS	D24073N	CLADRIBINE INJ	10mg	Vial	
210	INNOVATORS	D24183N	CRIZOTINIB CAP	250 mg	Vial	
211	INNOVATORS	D32010N	CYCLOSPORINE INJ USP	50 mg	1 No	
212	INNOVATORS	D24270N	DARATUMAB INJ	100MG/5ML	1 No	
213	INNOVATORS	D24234N	DARATUMUMAB INJ.	400mg/20ml	1 No	
214	INNOVATORS	D24079N	DASATINIB TAB	20mg	Vial	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
215	INNOVATORS	D24080N	DASATINIB TAB	50mg	Vial	
216	INNOVATORS	D24243N	DASATINIB TAB	70 mg	Vial	
217	INNOVATORS	D24186N	DEGARELIX INJ	80 mg	1 No	
218	INNOVATORS	D24187N	DEGARELIX INJ	120 mg	1 No	
219	INNOVATORS	D24188N	DENOSUMAB INJ	120 mg	1 No	
220	INNOVATORS	D24263N	ENZALUTAMIDE CAP	40 mg	Vial	
221	INNOVATORS	D24098N	EVEROLIMUS TAB	10mg	Vial	
222	INNOVATORS	D24162N	EVEROLIMUS TAB	5 mg	Vial	
223	INNOVATORS	D24193N	IDARUBICIN INJ	5 mg	Vial	
224	INNOVATORS	D24271N	IDARUBICIN INJ	10 mg	1 No	
225	INNOVATORS	D24272N	IXABEPILONE INJ	15 mg	1 No	
226	INNOVATORS	D24273N	IXABEPILONE INJ	45 mg	1 No	
227	INNOVATORS	D24274N	LENVATINIB TAB	4 MG	Vial	
228	INNOVATORS	D24275N	LENVATINIB TAB	10 MG	10 ML VIAL	
229	INNOVATORS	D24201N	NILOTINIB CAP	200 mg	Vial	
230	INNOVATORS	D24202N	NIMOTUZUMAB INJ	200 mg	1 No	
231	INNOVATORS	D24264N	NIVOLUMAB INJ	10 mg/ml	1 No	
232	INNOVATORS	D24277N	NIVOLUMAB INJ	40 mg	1 No	
233	INNOVATORS	D24278N	OLAPARIB TAB	150 MG	1 No	
234	INNOVATORS	D24279N	OSIMERTINIB TAB	80 MG	1 No	
235	INNOVATORS	D24280N	PALBOCICLIB TAB	125 MG	Vial	
236	INNOVATORS	D24281N	PALBOCICLIB TAB	100 MG	1 No	
237	INNOVATORS	D24282N	PANABINOSTAT TAB	20 MG	5 ml Vial	
238	INNOVATORS	D24206N	PANITUMUMAB INJ	100 mg	Vial	
239	INNOVATORS	D24207N	PAZOPANIB TAB	400 mg	Vial	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
240	INNOVATORS	D24265N	PEG-L-ASPARAGINASE INJ	750 IU/ ml	Vial	
241	INNOVATORS	D24257N	PEMBROLIZUMAB INJ	100mg	1 No	
242	INNOVATORS	D24208N	PERTUZUMAB INJ	420 mg	1 No	
243	INNOVATORS	D24258N	PLERIXAFOR INJ	24 mg/1.2ml	Vial	
244	INNOVATORS	D24212N	REGORAFENIB TAB	40 MG	Vial	
245	INNOVATORS	D24283N	RIBOCICLIB TAB	200 mg	1 No	
246	INNOVATORS	D24145N	RITUXIMAB INJ	100mg	1 No	
247	INNOVATORS	D24146N	RITUXIMAB INJ	500mg	1 No	
248	INNOVATORS	D24148N	SUNITINIB CAP	25mg	Vial	
249	INNOVATORS	D24216N	SUNITINIB CAP	12.5 mg	Vial	
250	INNOVATORS	D24285N	SUNITINIB CAP	50 MG	Vial	
251	INNOVATORS	D24239N	THIOTEPA INJ.	15mg	Vial	
252	INNOVATORS	D24220N	TRASTUZUMAB EMTANSINE INJ	100 mg	Amp	
253	INNOVATORS	D24221N	TRASTUZUMAB EMTANSINE INJ	160 mg	50ml	
254	INNOVATORS	D24156N	TRASTUZUMAB INJ	440mg	1 No	
255	NIL	D32003	CYCLOSPORINE INJ. U.S.P	25mg	1 No	
256	NIL	D32004	CYCLOSPORINE ORAL SOLUTION U.S.P	100 mg/ml	1 No	
257	NIL	D28001	DANAZOL CAP U.S.P	100mg	1 No	
258	NIL	D28002	DANAZOL CAP U.S.P	200mg	1 No	
259	NIL	D06019	DEFERASIROX TAB	500mg	1 No	
260	NIL	D06020	DEFERASIROX TAB	100mg	1 No	
261	NIL	D06021	DEFERASIROX TAB	400mg	1 No	
262	NIL	D32006	CYCLOSPORINE TAB	25mg	1 No	
263	NIL	D32007	CYCLOSPORINE TAB	50 mg	1 No	
264	NIL	D32008	CYCLOSPORINE TAB	100 mg	1 No	
265	NIL	D28003	STANZOLOL TAB U.S.P	2 mg	1 No	
266	NON ACD	D22069	FERROUS FUMARATE CAP	150MG	1 No	
267	NON ACD	D03047	ACEBROPHYLLINE SUSTAINED RELEASE TAB	200 MG	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
268	NON ACD	D03060	ACEBROPHYLLINE+ACETYLCYSTEINE TAB	100 MG + 600 MG	100ml bottle	
269	NON ACD	D01060	ACECLOFENAC + PARACETAMOL TAB	100 MG + 500 MG	500 ML	
270	NON ACD	D03061	AMBROXOL HYDROCHLORIDE TAB	30 MG	75 gmTUBE	
271	NON ACD	D03010	AMBROXOL SYRUP	30mg/5ml	15 gmTUBE	
272	NON ACD	D22075	AMINO ACID INTRAVENOUS INFUSION	0.1	Vial	
273	NON ACD	D14115	AMMONIUM CHLORIDE+CALCIUM LACTATE+GLYCINE+LACTIC ACID +MAGNESIUM CHLORIDE +POTASSIUM CREAM	AMMONIUM CHLORIDE 0.5 % +CALCIUM LACTATE 0.5 % +GLYCINE 3 % +LACTIC ACID 6 % +MAGNESIUM CHLORIDE 0.3 % +POTASSIUM 0.5	1 No	
274	NON ACD	D14116	AMORPHOUS HYDROGEL WOUND DRESSING WITH COLLOIDAL SILVER CREAM	Colloidal Silver - 32ppm	120ml Bottle	
275	NON ACD	D08018	AMPHOTERICIN B LIPOSOMAL INJ	50 mg	VIAL	
276	NON ACD	D02117	AMPICILLIN AND CLOXACILLIN CAPSULES	250mg + 250mg	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
277	NON ACD	D20076	ANAESTHETIC ANTACID SYRUP	Each 5ml contains- Oxetacaine -10mg, Aluminium Hydroxide- 0.291gm, Magnesium Hydroxide - 98mg	1 No	
278	NON ACD	D08063	ANIDULAFUNGIN INJ	100MG	10gm	
279	NON ACD	D20077	APREPITANT CAP	Each kit contain one capsule of Aprepitant 125mg and Two capsules of Aprepitant 80 mg	5 gm Tube	
280	NON ACD	D01112	ASPIRIN CHEWABLE TAB	325 MG	AEROSOL/ 100 SPRAY	
281	NON ACD	D02166	BACITRACIN+NEOMYCIN+POLYMYXIN	Each gram contain - Bacitracin - 400 units, Neomycin - 3400 units, Polymyxin B- 5000 units	120ML	
282	NON ACD	D04039	BENZOCAINE OINTMENT	20% w/w	1 No	
283	NON ACD	D04040	BENZOCAINE SPRAY	Benzocaine - 0.36%	15GM	
284	NON ACD	D01113	BENZYLAMINE SOLUTION	0.15% w/v	1 No	
285	NON ACD	D05058	BETAMETHASONE TAB	0.5 MG	PUFF	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
286	NON ACD	D08059	BETAMETHASONE+NEOMYCIN CREAM	0.1% + 3%	PUFF	
287	NON ACD	D03062	BUDESONIDE TAB	9MG	1 No	
288	NON ACD	D03058	BUDESONIDE AND FORMOTEROL FUMARATE INHALATION	200 MCG+ 6 MCG/ puff	1 No	
289	NON ACD	D03066	BUDESONIDE AND FORMOTEROL FUMARATE INHALATION	400 MCG+ 6 MCG/ puff	1 No	
290	NON ACD	D03067	BUDESONIDE AND FORMOTEROL FUMARATE POWDER FOR INHALATION	400 MCG+ 6 MCG	1 No	
291	NON ACD	D03068	BUDESONIDE AND FORMOTEROL FUMARATE POWDER FOR INHALATION	200 MCG+ 6 MCG	1 No	
292	NON ACD	D01114	BUPRENORPHINE PATCH	10 mcg	1 No	
293	NON ACD	D01115	BUPRENORPHINE PATCH	20 mcg	1No	
294	NON ACD	D01116	BUPRENORPHINE PATCH	5 mcg	SACHET	
295	NON ACD	D22064	CALCITROL TAB	0.5 MCG	30 ML	
296	NON ACD	D22065	CALCIUM CITRATE MALEATE TAB	Each tablet contain Calcium Citrate Maleate equivalent to calcium 250 mg, Vitamin D3- 100 IU, Folic acid - 50mcg	Vial	
297	NON ACD	D18022	CALCIUM POLYSTYRENE SULPHONATE POWER	15 GM	Vial	
298	NON ACD	D15086	CARBOXYMETHYLCELLULOSE SPRAY	0.01	Bottle	
299	NON ACD	D08064	CASPOFUNGIN ACETATE INJ	50 MG/VIAL	Vial	
300	NON ACD	D08065	CASPOFUNGIN ACETATE INJ	70 MG/VIAL	Vial	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
301	NON ACD	D20078	CASTOR OIL	100 ML	5 ML	
302	NON ACD	D02190	CEFAPERAZONE INJ	1GM	Vial	
303	NON ACD	D02167	CEFEPIME 1GM + TAZOBACTAM 125 MG INJ	1.125 gm	NULL	
304	NON ACD	D02168	CEFIXIME ORAL SUSPENSION	200mg/5 ml	30 ML BOTTLE	
305	NON ACD	D02037	CEFOPERAZONE 500MG + SULBACTAM 500MG INJ	1gm	30ml bottle	
306	NON ACD	D02147	CEFPODOXIME AND POTASIMUM CLAVULANATE TAB	200mg+125mg	1 No	
307	NON ACD	D02120	CEFPODOXIME ORAL SUSPENSION	50 MG/ML	1 No	
308	NON ACD	D02170	CEFUROXIME AXETIL ORAL SUSPENSION	250mg/5ml	1 No	
309	NON ACD	D25035	CHLOREXIDINE WITH ISOPROPYL ALCOHOL PAD	2 % + 70%	Bottle	
310	NON ACD	D05045	CHLORPHENIRAMINE MALEATE + PARACETAMOL + PHENYLEPHRINE TAB	Each Tablets contain Paracetamol - 500mg, Chlorphenaramine- 2mg, phenyl ephhrine- 5mg	5 gm Tube	
311	NON ACD	D01117	CHLORZOXAZONE + PARACETAMOL TAB	250MG+ 325 MG	50 ml bottle	
312	NON ACD	D01118	CHOLINE SALICYLATE MOUTH PAINT	15 ML	2 ml	
313	NON ACD	D15003	CIPROFLOXACIN EYE OINTMENT	0.3% W/V	Vial	
314	NON ACD	D02064	CLARITHROMYCIN SYRUP	125mg/5ml	Tube	
315	NON ACD	D02066	CLINDAMYCIN INJ	300mg	Bottle	
316	NON ACD	D02173	CLINDAMYCIN INJ	600mg	PFS	
317	NON ACD	D14104	CLOTRIMAZOLE AND BETAMETHASONE CREAM	20 mg	1 No	
318	NON ACD	D14118	COMPOUND BENZOIN TINCTURE	10 ML	Vial	
319	NON ACD	D12045	DALTEPARIN SODIUM INJ	5000IU/ 0.2ML	VIAL	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
320	NON ACD	D28004	DANAZOL CAP	400 MG	Bottle	
321	NON ACD	D29012	DANTROLENE SODIUM INJ	20 mg	100 ml bottle	
322	NON ACD	D02176	DAPTOMYCIN INJ	350 MG	1 No	
323	NON ACD	D04041	DESFLURANE LIQUID FOR INHALATION	240 ML	30 gm Tube.	
324	NON ACD	D23008	DIATRIAZOATE SODIUM SOLUTION	250 MG/ML	100ml bottle	
325	NON ACD	D01070	DICYCLOMINE + PARACETAMOL TAB	20MG+ 500 MG	Vial	
326	NON ACD	D20080	DILTIAZEM GEL	0.02	1 No	
327	NON ACD	D22014	DISODIUM HYDROGEN CITRATE SYRUP	1.4gm/5ml	1 No	
328	NON ACD	D02177	ERTAPENEM INJ	1 GM	1No	
329	NON ACD	D02073	ERYTHROMYCIN TAB	500mg	1 No	
330	NON ACD	D12046	ETAMSYLATE TAB	500 MG	1 No	
331	NON ACD	D12047	ETHAMSYLATE TAB	250 MG	Tab	
332	NON ACD	D01098	ETORICOXIB TAB	90 MG	Bottle	
333	NON ACD	D01125	ETORICOXIB TAB	60 MG	Bottle	
334	NON ACD	D02178	FAROPENEM TAB	200MG	1 No	
335	NON ACD	D22067	FERROUS SULPHATE DROPS	25mg	PUFF	
336	NON ACD	D22068	FERROUS FUMARATE SYRUP	30mg/ml	1 No	
337	NON ACD	D25038	FORMALIN TAB	500MG	Vial	
338	NON ACD	D03064	FORMETEROL AND FLUTICASONE INHALATION	250 MCG	Vial	
339	NON ACD	D03065	FORMETEROL AND FLUTICASONE TRANSCAPS	250 MCG	10 ml vial	
340	NON ACD	D20081	FOSAPREPITANT DIMEGLUMINE INJ	150 MG	1 No	
341	NON ACD	D02179	FOSFOMYCIN SODIUM INJ	4 GM	Vial	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
342	NON ACD	D07036	FOSPHENYTOIN SODIUM INJ	Each ml contains; Fosphenytoin Sodium 75 mg equivalent to Phenytoin Sodium 50 mg	Vial	
343	NON ACD	D19018	FRUSEMIDE AND SPIRONOLACTONE TAB	20 MG + 50 MG	Vial	
344	NON ACD	D23009	GADOBEATE DIMEGLUMINE INJ	529mg/ml	Vial	
345	NON ACD	D23010	GADODIAMIDE INJ	287mg/ml		
346	NON ACD	D23011	GADOTERIC ACID INJ	20ml	1 No	
347	NON ACD	D09012	GANCICLOVIR INJ	500 mg	Bottle	
348	NON ACD	D02180	GATIFLOXACIN INJ	400mg	Bottle	
349	NON ACD	D02181	GATIFLOXACIN TAB	400 mg	1 No.	
350	NON ACD	D12051	GELOFUSINE IV INFUSION	500 ml	5 ml amp	
351	NON ACD	D14119	GENTIAN VIOLET SOLUTION	15ml	3 ml amp	
352	NON ACD	D21070	GLIBENCLAMIDE+METFORMIN TAB	5mg+500mg	1 No	
353	NON ACD	D04042	GLYCOPYRROLATE AND NEOSTIGMINE INJ	0.5mg+2.5mg/5ml	1ml Amp	
354	NON ACD	D20082	GRANISETRON INJ	1 mg/ml	AMP	
355	NON ACD	D20083	GRANISETRON TAB	1 mg	20gm Tube	
356	SDL	D12032	HAEMOCOAGULASE INJ (ISOLATED FROM VENOM OF BOTHROPS ATOROX OR BOTHROPS JARARACAIN 0.9%W/V OF SODIUM CHLORIDE)	1IU	10ml Vial	
357	NON ACD	D21081	HAEMOPHILUS INFLUENZAE TYPE B VACCINE INJ	10mcg/0.5ml	Vial	
358	NON ACD	D12052	HEPARIN GEL	200IU	Amp	
359	NON ACD	D12053	HEPARIN SODIUM IN SODIUM CHLORIDE INJ	10 iu/ml	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
360	NON ACD	D21030	HEPATITIS B IMMUNOGLOBULIN INJ	200 IU	Bottle	
361	NON ACD	D12082	HEPATITS B VACCINE INJ	20mcg/ml	1 No	
362	NON ACD	D14120	HYDROCOLLOID MOISTURE-RETENTIVE WOUND DRESSING	SIZE- 4X 4	1 No	
363	NON ACD	D20029	HYOSCINE BUTYL BROMIDE TAB	10mg	Vial	
364	NON ACD	D01077	IBUPROFEN+PARACETAMOL TAB	400 MG + 325 MG	200 ML	
365	NON ACD	D02182	IMIPENEM 250MG + CILASTATIN 250 MG INJ	500 MG	20 ML VIAL	
366	NON ACD	D02183	IMIPENEM 500MG + CILASTATIN 500 MG INJ	1 GM	Vial	
367	NON ACD	D33005	INTRAVENOUS LIPID EMULSION	0.2	Bottle	
368	NON ACD	D23012	IODIXANOL INJ	320MG I/ML	Amp	
369	NON ACD	D22060	IRON CARBOXY MALTOSE INJ	500 mg	Amp	
370	NON ACD	D22070	LACTIC ACID BACILLUS WITH VITAMIN B COMPLEX SYRUP	60ML	30 ml bottle	
371	NON ACD	D07039	LEVETIRACETAM INJ	15 mg/ml	2.5ML RESPULES	
372	NON ACD	D07027	LEVETIRACETAM INJ	100 mg/ml Amp/Vial	100ml	
373	NON ACD	D05026	LEVOCETIRIZINE SYRUP	2.5mg/5ml	1 No	
374	NON ACD	D03045	LEVOSALBUTAMOL AND IPRATROPIUM BROMIDE RESPIRATORY SOLUTION	1.25 MG+ 500 MCG	30gm TUBE	
375	NON ACD	D03069	LEVOSALBUTAMOL SYRUP	1 MG/5ML	VIAL	
376	NON ACD	D03070	LEVOSALBUTAMOL TAB	1MG	30ml Bottle	
377	NON ACD	D04043	LIDOCAINE +PRILOCAINE CREAM	2.5%+2.5%	50 ml Bottle	
378	NON ACD	D04045	LIGNOCAINE AND SODIUM CHLORIDE INJ	30 ML	30 ml bottle	
379	NON ACD	D04049	LIGNOCAINE HCL TOPICAL SOLUTION	4% w/v	Bottle	
380	NON ACD	D04035	LIGNOCAINE SPRAY	0.1	Bottle	
381	NON ACD	D02079	LINEZOLID SYRUP	100mg/5ml	30 ml bottle	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
382	NON ACD	D20085	LIQUID PARAFFIN + MILK OF MAGNESIA + SODIUM PICOSULFATE SUSPENSION	Each 15ml contains- liquid paraffin 1.25 ml, Magnesium hydroxide 3.75 ml, Sodium picosulfate 3.33 mg	1 No	
383	NON ACD	D20084	LIQUID PARAFFIN AND MILK OF MAGNESIA SUSPENSION	Each 15 ml contains liquid paraffin 3.75ml + Milk of Magnesia 11.25 ml	0.5ml amp	
384	NON ACD	D04050	LUBRICATING JELLY (STERILE)	Each gram contain - Glycerin - 12%w/w, Propylene glycol - 6%w/w	2 ml AMP	
385	NON ACD	D22071	LYCOPENE TAB	10 mg	10ml Amp	
386	NON ACD	D12055	MENINGOCOCCAL VACCINE INJ	50mcg	200ml	
387	NON ACD	D22072	METHYLCOBALAMIN INJ	1 mg	60 ml bottle	
388	NON ACD	D12056	METHYLENE BLUE INJ	50MG/10ML	1 No	
389	NON ACD	D13133	MILRINONE LACTATE IN 5% DEXTROSE INJ	200 MCG/ML	1 No	
390	NON ACD	D05063	MONTELEUKAST SYRUP	4MG/5ML	60 ml Bottle	
391	NON ACD	D05043	MONTELUKAST + LEVOCETIRIZINE TAB	10mg+5mg	1 No	
392	NON ACD	D05055	MONTELUKAST+FEXOFENADINE HYDROCHLORIDE TAB	10mg+120mg	2 ml Amp	
393	NON ACD	D05067	MONTELUKAST+LEVOCETIRIZINE SYRUP	4 mg+ 2.5 mg	100 ML Bottle	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
394	NON ACD	D22078	MULTIVITAMIN + MINERALS TAB	Vitamin A- 10000 iu, Vitamin D3- 1000 iu, Vitamin B1- 10 MG, Vitamin B2 - 10 MG, Vitamin B6- 3 MG, Vitamin- B12- 15 Mcg, Vitamin B3-100 Mg, Calcium Pantothenate- 16.30 mg, Folic acid 1.5 mg, Biotin- 0.25mcg, Ascorbic acid - 150 mg, Tribasic calcium phospahte- 129 mg, Magnesium oxide -60 mg, Dried ferrous sulphate- 32.04 mg, Manganese sulphate monohydrate- 2.03 mg	5 GMTUBE	
395	NON ACD	D22073	MULTIVITAMIN INJ	Each 2 ml contains- Thiamine 10 mg, Riboflavine- 4mg, Pyridoxine - 4 mg, Nicotinamide-40 mg, Cyanocobalamine- 8mcg, D-panthenol- 6mg	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
396	NON ACD	D22074	MULTIVITAMIN SYRUP	Vitamin A- 1250 iu, Vitamin E- 2.5 iu Vitamin D3- 100 iu, Vitamin B1- 1 MG, Vitamin B2 - 1 MG, Vitamin B6- 0.5 MG, Vitamin- B12- 0.5 Mcg, Vitamin B3-7.5 Mg, D-panthenol- 1.25mg,	Amp	
397	NON ACD	D15085	NEOMYCIN+POLYMYXIN+BACITRACIN OINT	Each gram contains- Each gram contains- Neomycin- 3.5mg, Polymyxin B - 5000[iu], Bacitracin- 400[iu]	1 No	
398	NON ACD	D20087	NETUPIANT+PALANOSETRON CAP	300mg+0.5mg	1 No	
399	NON ACD	D22085	NIACINAMIDE, PYRIDOXINE, AND MECOBALAMINE INJ	Each 2ml contains- Niacinamide- 100 mg, Pyridoxine - 100mg Mecobalamine – 1mg	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
400	NON ACD	D29014	NICOTINE CHEWING GUM	4 MG	1 No	
401	NON ACD	D13006	NIFEDIPINE SOFT GELATIN CAP	5 mg	5.9 gm Sachets	
402	NON ACD	D22066	NANO CURCUMIN CAP	50MG	Bottle	
403	NON ACD	D20055	OMEPRAZOLE + DOMPERIDONE TAB	20 mg+ 30 mg	5ml vial	
404	NON ACD	D20088	OMEPRAZOLE POWDER FOR ORAL SUSPENSION	20 mg	2ml amp	
405	NON ACD	D09014	OSELTAMIVIR SYRUP	12MG/ML	1 No	
406	NON ACD	D20091	PALONOSETRON HCL INJ	0.25mg/5ml	1 No	
407	NON ACD	D04052	PANCURONIUM BROMIDE INJ	2mg/ml	Bottle	
408	NON ACD	D20102	PANTOPRAZOLE+ DOMPERIDONE CAP	40mg +30mg	60 ml bottle	
409	NON ACD	D20034	PANTOPRAZOLE+ DOMPERIDONE TAB	20 MG+ 10 MG	VIAL	
410	NON ACD	D14121	PERMETHRIN LOTION	1% w/v	1 NO	
411	NON ACD	D03046	PHENYLEPHRINE+ CHLORPHENIRAMINE MALEATE SYRUP	Each 5ml contains- Phenylephrine 5mg + Chlorpheniramine Maleate 2mg	Vial	
412	NON ACD	D21083	PNEMOCOCCAL VACCINE INJ	10 ML	5 ML	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
413	NON ACD	D20092	POLYETHYLENE GLYCOL WITH ELECTROLYTES FOR ORAL SOLUTION	Each pack contain- Poly ethylene glycol - 118.0 gm, Sodium Chloride - 2.93 gm, Potassium Chloride - 1.484 gm, Sodium bicarbonate - 3.37gm, Anhydrous sodium sulphate - 11.36 gm	200 ML	
414	NON ACD	D02185	POLYMYXIN B INJ	5,00,000 UNITS	200ml Bottle	
415	NON ACD	D08070	POSACONAZOLE SYRUP	200 MG	100ML bottle	
416	NON ACD	D18026	POTASSIUM CHLORIDE ORAL SOLUTION	1.5gm/ 15ml	100ml	
417	NON ACD	D18025	POTTASSIUM CITRATE +MAGNESIUM CITRATE SOLUTION	1100mg+375mg /5ml	60ml Bottle	
418	NON ACD	D14128	POVIDONE IODINE GARGLES	2%w/v	20 ml Amp	
419	NON ACD	D14122	POVIDONE IODINE SKIN CLEANSER	0.075	1 No	
420	NON ACD	D05065	PREDNISOLONE ORAL SOLUTION	5mg/5ml	1 No	
421	NON ACD	D04060	PROPOFOL MCT/LCT INJ	1% w/v	100 ML	
422	NON ACD	D19019	PYRIDIUM TAB	100 MG	1 No	
423	NON ACD	D22076	PYRIDOXINE TAB	40MG	5ml vial	
424	NON ACD	D20093	RANITIDINE SYRUP	75MG/5 ML	2.5ML respules	
425	NON ACD	D36001	RIFAMPICIN CAP	150MG	120 MD	
426	NON ACD	D04054	ROCURONIUM BROMIDE INJ	50mg/ml	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
427	NON ACD	D03071	SALBUTAMOL RESPIRATOR SOLUTION	2.5mg	Bottle	
428	NON ACD	D03074	SALMETEROL INHALATION	25 MCG/puff	1 No	
429	NON ACD	D01122	SERRATIOPEPTIDASE + DICLOFENAC TAB	10mg+50 Mg	1 No	
430	NON ACD	D04028	SEVOFLURANE LIQUID	250 ml	1 No	
431	NON ACD	D22077	SODIUM ACID PHOSPHATE TAB	500MG	60ml	
432	NON ACD	D20094	SODIUM BICARBONATE TAB	325mg	1 No	
433	NON ACD	D20095	SODIUM BICARBONATE TAB	650mg	1 No	
434	NON ACD	D18034	SODIUM POLYSTYRENE SULFONATE FOR SUSPENSION	15gm	Vial	
435	NON ACD	D07041	SODIUM VALPORATE CONTROLLED RELEASE TAB	300 MG	5ml Amp	
436	NON ACD	D07042	SODIUM VALPROATE CONTROLLED RELEASE TAB	200 mg	200 ml Bottle	
437	NON ACD	D20099	SOMATOSTATIN INJ	250MCG	1 No	
438	NON ACD	D03078	STERILE ACETYLCYSTEINE SOLUTION	200mg/ml	1 No	
439	NON ACD	D20100	SUCRALFATE SUSPENSION	500mg/5ml	10gm tube	
440	NON ACD	D01042	TAPENTADOL TAB	50mg	100 MLBottle	
441	NON ACD	D09013	TENOFOVIR TAB	300 MG	Amp	
442	NON ACD	D14057	TERBINAFINE CREAM	1%w/w	vial	
443	NON ACD	D03076	TERBUTALINE AND BROMHEXINE SYRUP	Each 5 ml contains- Terbutalin sulphate - 2.5 mg, Bromhexine HCL- 8.0 mg	Vial	
444	NON ACD	D03075	TERBUTALINE SULPHATE INJ	1mg/ml	200 MD	
445	NON ACD	D02187	TICARCILLIN AND CLAVULANIC ACID FOR INJ	3.1GM	1- 1.5 Litre	
446	NON ACD	D02188	TIGECYCLINE INJ	100 MG	1- 1.5 Litre	
447	NON ACD	D03077	TIOTROPIUM AND FORMOTEROL INHALATION	9 MG + 6 MG	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
448	NON ACD	D33003	TOTAL PARENTERAL NUTRITION(CENTRAL)	900- 1300 K cal	1 No	
449	NON ACD	D33004	TOTAL PARENTERAL NUTRITION(PERIPHERAL)	600- 1000 K cal	1 No	
450	NON ACD	D01123	TRAMADOL +PARACETAMOL TAB	50mg+500mg	Bottle	
451	NON ACD	D01124	TRAMADOL CAP	50MG	Vial	
452	NON ACD	D22018	TRYPSIN, CHYMOTRYPSIN TAB	100000 U	1 No	
453	NON ACD	D14126	TURPENTINE OIL	100 ML	1No	
454	NON ACD	D13136	UROKINASE INJ	5,00,000 IU	1 No	
455	NON ACD	D09015	VALACYCLOVIR TAB	500 MG	Vial	
456	NON ACD	D09016	VALGANCICLOVIR TAB	450mg	1 No	
457	NON ACD	D02189	VANCOMYCIN CAP	250MG	1No	
458	NON ACD	D21084	VARICELLA VACCINE	1350 pfu/ 0.5 ml	Amp	
459	NON ACD	D22080	VITAMIN A CAP	25,000 iu	180 ML	
460	NON ACD	D22081	VITAMIN B COMPLEX INJ	Thiamine - 10 MG, Riboflavin-10 mg, Pyridoxine - 3mg, Cyanocobalamin- 15mg, Nicotinamide- 100 mg, Calcium Pantothenate-50 mg	1No	
461	NON ACD	D22082	VITAMIN B COMPLEX CAP	2ml	AMP	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
462	NON ACD	D22083	VITAMIN B COMPLEX SYRUP	Each 5ml contains Niacinamide 15 mg, Pyridoxine 0.75 mg, Cyanocobalamin 2 mcg, L-lysine 375 mg	NULL	
463	NON ACD	D22084	VITAMIN BCOMPLEX AND LACTIC ACID BACILLUS CAP	Niacinamide- 25 mg, Vitamin B6- 1 mg, Vitamin B12- 5 mcg, Folic acid- 500 mcg, Biotin - 10 mcg , Lactic acid bacillus - 100 million spores	Vial	
464	NON ACD	D22086	VITAMIN D INJ	6,00,000 units	Bottle	
465	NON ACD	D22037	VITAMIN D3 GRANULES - 60000 IU IN	60000 IU	100 ML BOT.	
466	NON ACD	D08068	VORICONAZOLE INJ	200MG	1 No	
467	NON ACD	D18035	WATER FOR INJECTION (IRRIGATION SOLUTION)	500 ML	1 No	
468	NON ACD	D22057	ZINC ACETATE SYRUP	20MG/5ML	1 No	
469	SDL	D19015	BETHANICOL CHLORIDE TAB BP	25 mg	1 No	
470	SDL	D22062	CALCITRIOL TAB	0.25 mcg	1 No	
471	SDL	D22061	CALCIUM ACETATE TAB	667 mg	1 No	
472	SDL	D32010	CYCLOSPORINE INJ USP	50 mg	10 ml	
473	SDL	D12033	DICUMAROL TAB	25 mg	1 No	
474	SDL	D22014	DISODIUM HYDROGEN CITRATE SYRUP	1.53gm/5ml	100 ml bottle	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
475	SDL	D04032	ETOMIDATE INJ USP	2 mg/ml	10 ml bottle	
476	SDL	D21078	GLICLAZIDE TAB	40 mg	1 No	
477	SDL	D13082	LEVOSIMENDAN INJ	2.5 mg/ml	Vial	
478	SDL	D02079	LINEZOLID FOR ORAL SUSPENSION	100mg/5ml	100 ml	
479	SDL	D19013	SEVALAMER CARBONATE TAB	400 mg	1 No	
480	SDL	D13090	TERLIPRESSIN INJ	1 mg/10 ml	Amp	
481	SDL	D12038	TIROFIBAN INJ	5 mg/100 ml	100 ml Bottle	
482	SDL	D13092	TOLVAPTAN TAB	15 mg	1 No	
483	SDL	D13068	CLOPIDOGREL +ASPIRIN TAB IP	75mg + 75mg	1 No	
484	SDL	D14045	ADAPALENE GEL BP/USP	0.10%	1 Blister Pack	
485	SDL	D12030	ALTEPLASE INJ	50 mg	Vial	
486	SDL	D08018	AMPHOTERICIN B LIPOSOMAL INJ	50mg	Vial	
487	SDL	D02196	AMPICILLIN AND SULBACTAM FOR INJ	Each vial contains Ampicillin 1 g and Sulbactam 0.5 g	Vial	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
488	SDL	D08031	ARTESUNATE +(SULPHADOXINE + PYRE METHAMINE)	Each Combi Blister Pack contains; [3 tablets of Artesunate (each 200mg) and 2 tablets of Sulphadoxine + Pyremethamine (each 750mg + 37.5mg)] OR [3 tablets of Artesunate (each 200mg) and 3 tablets of Sulphadoxine + Pyremethamine (each 500mg + 25mg)]	1 Blister Pack	
489	SDL	D17044	ATOMOXETINE TAB	10mg	1 No	
490	SDL	D17045	ATOMOXETINE TAB	25mg	1 No	
491	SDL	D02099	AZTREONAM INJ USP	1 gm	Vial	
492	SDL	D22029	BENFOTIAMINE TAB	100 mg	Vial	
493	SDL	D12031	BIVALIRUDIN INJ	250 mg	1 No	
494	SDL	D29009	BOTULINUM TOXIN A INJ (FREEZE-DRIED POWDER FOR INJECTION)	50 Units	Vial	
495	SDL	D29008	BOTULINUM TOXIN A INJ (FREEZE-DRIED POWDER FOR INJECTION)	100 Units	Vial	
496	SDL	D03027	BUDESONIDE CONTROLLED RELEASE TAB	3 mg	1.No	
497	SDL	D22030	BIOTIN TAB USP	5 mg	3 ml Vial	
498	SDL	D17065	BUPROPION HYDROCHLORIDE TAB USP	150 mg	15 gm	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
499	SDL	D02195	CEFTAZIDIME AND AVIBACTAM INJ	Each vial contains Ceftazidime pentahydrate equivalent to Ceftazidime 2 g and Avibactam sodium equivalent to avibactam 0.5 g	Vial	
500	SDL	D15010	CHLORAMPHENICOL EYE APPLICAPS 1%	250MG	20 gm tube	
501	SDL	D03028	CAFFEINE CITRATE INJ BP/USP	20mg/ml	3ml Vial	
502	SDL	D02102	CLINDAMYCIN GEL	1%	15gm	
503	SDL	D14060	CLOBETASOL PROPIONATE + SALICYLIC ACID OINTMENT	0.05%w/w + 3.00%w/w	20gm Tube	
504	SDL	D15068	CLOTRIMAZOLE+ ACETIC ACID EAR DROPS	1%w/v + 2%w/v	1No	
505	SDL	D02104	CO-TRIMOXAZOLE INJ	Each ml contains Trimethoprim 16mg and Sulphamethoxazole 80mg	1 No	
506	SDL	D13074	DABIGATRAN CAP	110 mg	1 No	
507	SDL	D21089	DAPAGLIFLOZIN TAB	10mg	1 No	
508	SDL	D21046	DARIFENACIN TAB	7.5 mg	1 No	
509	SDL	D14048	DESONIDE LOTION	0.05%	30ml Bottle	
510	SDL	D03029	DOXOFYLLINE INJ	100 mg/10 ml	1 No	
511	SDL	D02105	DOXYCYCLINE INJ	100 MG	Vial	
512	SDL	D29002	EPHEDRINE INJ BP/USP	30mg/ml	1 No	
513	SDL	D16035	ESTRADIOL VALERATE TAB	2 MG	1 No	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
514	SDL	D12034	ETHAMSYLATE INJ	125mg/ml	2 ml bottle	
515	SDL	D16028	ETHINYL OESTRADIOL AND CYPROTERONE ACETATE TAB	35 mcg+ 2mg	1 No	
516	SDL	D16014	ETHINYL OESTRADIOL AND DESOGESTREL TAB	20 mcg + 0.15mg	120 MD	
517	SDL	D08023	FLUCONAZOLE INFUSION BP	200mg/100 ml	100 ml bottle	
518	SDL	D03030	FLUTICASONE FUROATE NASAL SPRAY	27.5 mcg	120MD	
519	SDL	D03058	FORMOTEROL FUMARATE AND BUDESONIDE INHALER	6 MCG+200 MCG	120MD	
520	SDL	D07029	FOSPHENYTOIN INJ	Each ml contains; Fosphenytoin Sodium 75mg equivalent to Phenytoin Sodium 50mg	2ml	
521	SDL	D14012	FRAMYCETIN SKIN CREAM	1% W/W	30 gm Tube.	
522	SDL	D23013	GADOBENATE DIMEGLUMINE INJ	529 mg/ml	10 ml Vial	
523	SDL	D14033	GENTAMICIN + CLOTRIMAZOLE + BECLOMETHASONE CREAM	0.1% + 1% + 0.025%	5gm tube	
524	SDL	D16029	HCG (HUMAN CHORIONIC GONADOTROPIN) INJ IP	5000 IU	Vial	
525	SDL	D21090	HEPATITIS B VACCINE(rDNA) IP	20mcg	1 ml amp	
526	SDL	D21085	HUMAN NORMAL IMMUNOGLOBULIN for Intravenous use IP	5 gm	100ml	
527	SDL	D13078	HYDRALAZINE TAB BP/USP	25 mg	1 No	
528	SDL	D33001	GLUCOSAMINE TAB USP	500 mg	1No	
529	SDL	D07043	LACOSAMIDE TAB	100 mg	1 No	
530	SDL	D16015	MEDROXYPROGESERONE ACAETATE DEPOT INJ	150mg/ml	Amp/Vial	
531	SDL	D16030	MENOTROPIN for Injection (HMG - HUMAN MENOPAUSAL GONADOTROPIN) IP/BP	75 IU	Vial	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
532	SDL	D17054	METHYLPHENIDATE TAB	10mg	1 No	
533	SDL	D12018	HUMAN ALBUMIN INJ IP	20%	100 ml	
534	SDL	D13078	HYDRALAZINE TAB	25 mg	1 No	
535	SDL	D13079	IBUTILIDE INJ	1mg/10ml	10 ml Vial	
536	SDL	D14050	ISOTRETINOIN TAB	10mg	1 No	
537	SDL	D08040	ITRACONAZOLE TAB	200 mg	1 No	
538	SDL	D13081	IVABRADINE TAB	5 mg	1 No	
539	SDL	D21020/12	IV GAMMAGLOBULIN INJ	5gm	vial	
540	SDL	D21050	L ORNITHINE L ASPARTATE INFUSION	5 gm/10ml	Amp/Vial	
541	SDL	D21051	L ORNITHINE L ASPARTATE POWDER	5 gm	Sachet	
542	SDL	D07030	LACOSAMIDE INJ	200 mg	20ml vial	
543	SDL	D20043	LACTULOSE ENEMA	20% w/v	275ml	
544	SDL	D17068	LAMOTRIGINE TAB BP/USP	50 mg	1 No	
545	SDL	D04034	LEVOBUPIVACAINE INJ	5 mg/ml	20 ml Vial	
546	SDL	D20044	LEVOSULPIRIDE INJ	12.5 mg/ml	1 ml Vial	
547	SDL	D04035	LIGNOCAINE SPRAY	10%	50ml Bottle	
548	SDL	D22031	MECOBALAMINE TAB	500mcg	1 No	
549	SDL	D02107	MOXIFLOXACIN INTRACAMERAL INJ BP	0.5 % w/v	1 ml amp	
550	SDL	D16032	NATURAL MICRONISED PROGESTERONE INJ	25 mg/ml	2ml	
551	SDL	D16031	NATURAL MICRONISED PROGESTERONE INJ	100mg/ml	1ml	
552	SDL	D20047	OCTREOTIDE INJ	100 mcg/ml	1 ml Amp	
553	SDL	D13088	PAPAVERINE HCL INJ BP/USP	30 mg/ml	5ml vial	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
554	SDL	D20048	PANCRELIPASE DELAYED RELEASE CAP USP	Lipase-25000IU + Amylase-136000IU + Protease-85000IU (Dose by Lipase units)	1 No	
555	SDL	D15077	POVIDONE IODINE EYE DROPS BP	5%	5ml bottle	
556	SDL	D15048	PERFLUORO-N-OCTANE LIQUID	Sterile ophthalmic preparation	5 ml Vial	
557	SDL	D15072	PILOCARPINE INJ FOR INTRACAMERAL USE	0.50%	1 ml	
558	SDL	D14053	PODOPHYLLIN RESIN BP	25%	1 No	
559	SDL	D15073	POTASSIUM IODIDE + SODIUM CHLORIDE + CALCIUM CHLORIDE + CARBOXY METHYL CELLULOSE EYE DROPS	3.30%	10 ml	
560	SDL	D16036	PROSTAGLANDIN E1 INJ	500 mcg	1 ml	
561	SDL	D13089	RANOLAZINE EXTENDED RELEASE TAB	500 mg	1 No	
562	SDL	D14054	RETINOIC ACID GEL	0.025%	10 gm tube	
563	SDL	D02109	RIFAXIMIN TAB	400 mg	1 No	
564	SDL	D21053	SILDENAFIL INJ BP	10 mg	Vial	
565	SDL	D15054	SILICON OIL INJ	1000CST	10ml	
566	SDL	D21055	SILODOSIN CAP	8 mg	1 No	
567	SDL	D15055	SODIUM CHLORIDE EYE OINTMENT BP/USP	5%	5 gm	
568	SDL	D20052	SODIUM BICARBONATE TAB USP	500MG	1 No	
569	SDL	D20049	SODIUM PICOSULFATE TAB	10mg	1 No	
570	SDL	D04028	SEVOFLURANE LIQUID	250 ml	Bottle	
571	SDL	D03032	SURFACTANT (STERILE INTRATRACHEAL SUSPENSION) INJ	4 ml	Vial	

List of items with no lab rates for testing are to be offered						
APPENDIX I B						
Sl No	Category	Drug Code	Drug Name	Strength	Unit	Testing Rate
572	SDL	D14056	TACROLIMUS OINTMENT	0.1%w/w	10 gm tube	
573	SDL	D12037	TENECTEPLASE INJ	40 mg	Vial	
574	SDL	D02111	TIGECYCLINE INJ	50 MG	Vial	
575	SDL	D01044	TOLPERISONE TAB	150mg	1 No	
576	SDL	D19008	TORSEMIDE INJ	10 mg/ml	2 ml Amp	
577	SDL	D14057	TERBINAFINE CREAM	1%w/w	10 gm tube	
578	SDL	D01054	TRAMADOL+ PARACETAMOL TAB	37.5mg+325mg	1 No	
579	SDL	D14059	TRETINOIN GEL USP	0.025%	15 gm Tube	
580	SDL	D15075	TRYPAN BLUE FOR INTRACAMERAL INJ	0.06%w/v	1 ml glass vial	
581	SDL	D17032	VENLAFAXINE TAB	75 mg	1 No	
582	SDL	D22034	VITAMIN D3 CAP	60000 IU	1 No	
583	SDL	D22035	VITAMIN E CAP USP	400mg	1 No	
584	SDL	D15076	VORICONAZOLE EYE DROPS (LYOPHILIZED POWDER)	1%	3ml Vial	