PRICE LIST FOR PAID MEDICAL SERVICES

PROVIDED BY HEALTH CARE INSTITUTION "CITY CLINICAL MATERNITY HOSPITAL №2"

FOR FOREIGN CITIZENS

**Laboratory diagnostics**

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| **No.** | **Service name** | **Tariff, US dollars** |
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| 1. | Complete blood cell count | 23 |
| 2. | Complete urine analysis | 9 |
| 3. | Complete urine analysis by Nichiporenko method | 7 |
| 4. | Complete urine analysis by Zemnitskij method | 5 |
| 5. | Smear analysis | 8 |
| 6. | Blood group and rhesus blood factor determination | 17 |
| 7. | Biochemical blood analysis | 39 |
| 8. | Coagulogram | 14 |
| 9. | Sexually Transmitted Diseases smear analysis by immunofluorescence test method (1 infection) | From 14 |