

COTIZACION

Fecha: 08/07/2019 10:08:12 pm

Válida por: 30 días

| CODIGO | PRUEBA | CANTIDAD | PRECIO | TOTAL |
|-------------------|--|----------|-----------------|-------------------|
| 0008 | ORINA GENERAL | 1 | 6,000.00 | 6,000.00 |
| | Recoger muestra en recipiente limpio y llevar al laboratorio en las siguientes dos horas. | | | |
| 0052 | GLICEMIA EN AYUNAS | 1 | 6,000.00 | 6,000.00 |
| | Presentarse con al menos 8 horas de ayuno, no tomar bebidas con cafeina aunque sean dietéticas y evitar el ejercicio antes de la prueba. | | | |
| 0064 | NITROGENO UREICO | 1 | 6,000.00 | 6,000.00 |
| 0065 | CREATININA | 1 | 6,000.00 | 6,000.00 |
| 0066 | ACIDO URICO | 1 | 6,000.00 | 6,000.00 |
| 0078 | TRANSAMINASA OXALACÉTICA AST(SGOT) | 1 | 6,000.00 | 6,000.00 |
| 0079 | ALT(SGPT) | 1 | 6,000.00 | 6,000.00 |
| 0080 | GAMA GLUTAMIL TRANSPEPTIDASA | 1 | 6,000.00 | 6,000.00 |
| 0112 | TESTOSTERONA | 1 | 13,000.00 | 13,000.00 |
| 0114 | INSULINEMIA AYUNAS | 1 | 13,000.00 | 13,000.00 |
| 0151 | T.S.H. ULTRA | 1 | 13,000.00 | 13,000.00 |
| 0194 | CORTISOL EN SANGRE | 1 | 13,000.00 | 13,000.00 |
| 0225 | PERFIL LIPIDICO | 1 | 16,000.00 | 16,000.00 |
| | Presentarse con ayunas de 12 a 14 horas | | | |
| 0236 | DHEA-SO4 | 1 | 20,000.00 | 20,000.00 |
| 0246 | HEMOGRAMA COMPLETO ESPECIAL | 1 | 10,000.00 | 10,000.00 |
| 0334 | T-3 LIBRE | 1 | 13,000.00 | 13,000.00 |
| 0466 | 25-OH VITAMINA D2+D3 | 1 | 45,000.00 | 45,000.00 |
| 17 pruebas | | | SUBTOTAL | 204,000.00 |
| | | | TOTAL | 204,000.00 |