



Republic of the Philippines
Department of Health
Center for Health Development Davao Region
SOUTHERN PHILIPPINES MEDICAL CENTER
J.P. Laurel Avenue, Davao City
Trunkline: 082-227-2731 | Faxline: 082-221-7029



Blood Transfusion Service

As of August 31, 2022

#	Service Name	Rate/Fee	Professional Fee	
			Minimum	Maximum
1	AUTOCONTROL (per test)	395.00	-	-
2	BPF CRYOPRECIPITATE	1,000.00	-	-
3	BPF CRYOSUPERNATE	1,000.00	-	-
4	BPF FRESH FROZEN PLASMA	1,000.00	-	-
5	BPF PRBC	1,500.00	-	-
6	BPF RED CELL - PRBC	1,500.00	-	-
7	BPF WHOLE BLOOD	1,800.00	-	-
8	CONVALESCENT PLASMA (APHERESIS) Pay Patients	23,000.00	-	-
9	CONVALESCENT PLASMA (APHERESIS) Service Patients	18,400.00	-	-
10	COOMB'S (indirect)	395.00	-	-
11	COOMB'S TEST (direct)	395.00	-	-
12	CROSSMATCHING	850.00	-	-
13	CRYOPRECIPITATE (Active Blood Donor & Direct Dependent)	500.00	-	-
14	CRYOSUPERNATE (Active Blood Donor & Direct Dependent)	500.00	-	-
15	FRESH FROZEN PLASMA (Active Blood Donor & Direct Dependent)	500.00	-	-
16	PACKED RED BLOOD CELL	1,500.00	-	-
17	PLATELET CONCENTRATE (Active Blood Donor & Direct Dependent)	500.00	-	-
18	PLT CON	1,000.00	-	-
19	PLT CON (APHERESIS)	14,000.00	-	-
20	PLT CON, FFP, CRYOPPT RE-TYPING (per bag)	200.00	-	-
21	RED CELL - PRBC (Active Blood Donor & Direct Dependent)	750.00	-	-
22	RED CELL - WHOLE BLOOD (Active Blood Donor & Direct Dependent)	900.00	-	-