



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



Bloodbank and Transfusion Services

As of August 31, 2022

#	Service Name	Rate/Fee	Professional Fee	
			Minimum	Maximum
1	CROSSMATCHING (PER BAG)	850.00	-	-
2	AUTOCONTROL AS PER REQUEST (PER TEST)	395.00	-	-
3	COOMB'S TEST (DIRECT)	395.00	-	-
4	COOMB'S TEST (INDIRECT)	395.00	-	-
5	PLATELET CROSSMATCHING (PER BAG)	200.00	-	-
6	Du VARIANT	180.00	-	-
7	PLATELET CONCENTRATE (SINGLE RANDOM)	1,000.00	-	-
8	PLATELET CONCENTRATE (APHERESIS, AS PER DEMAND)	14,000.00	-	-
9	CONVALESCENT PLASMA (APHERESIS)	21,800.00	-	-