

# STANDARD PACKAGE

The cost for one trimester is 60,000 AMD

- |                          |                                                           |         |
|--------------------------|-----------------------------------------------------------|---------|
| <input type="checkbox"/> | 1. Complete blood count (CBC)                             | 4 times |
| <input type="checkbox"/> | 2. Determination of blood type and Rh factor              | once    |
| <input type="checkbox"/> | 3. Determination of anti-Rhesus immunoglobulin titer      | once    |
| <input type="checkbox"/> | 4. Pregnancy-associated plasma protein A (PAPP-A)         | once    |
| <input type="checkbox"/> | 5. Free beta human chorionic gonadotropin ( $\beta$ -hCG) | once    |
| <input type="checkbox"/> | 6. Total bilirubin                                        | 3 times |
| <input type="checkbox"/> | 7. Bilirubin bound, direct                                | 3 times |
| <input type="checkbox"/> | 8. Glucose                                                | 2 times |
| <input type="checkbox"/> | 9. Glucose tolerance test                                 | once    |
| <input type="checkbox"/> | 10. Creatinine                                            | 2 times |
| <input type="checkbox"/> | 11. Urea                                                  | 2 times |
| <input type="checkbox"/> | 12. Alanine aminotransferase                              | 2 times |
| <input type="checkbox"/> | 13. Aspartate aminotransferase                            | 2 times |
| <input type="checkbox"/> | 14. Ferritin test                                         | once    |
| <input type="checkbox"/> | 15. Coagulation tests                                     | 2 times |
| <input type="checkbox"/> | 16. Hepatitis B test                                      | 2 times |
| <input type="checkbox"/> | 17. Hepatitis C test                                      | 2 times |
| <input type="checkbox"/> | 18. HIV test                                              | 2 times |
| <input type="checkbox"/> | 19. Syphilis test                                         | 2 times |
| <input type="checkbox"/> | 20. Microscopic examination of a vaginal smear            | 2 times |
| <input type="checkbox"/> | 21. Cytological examination of the cervix (PAP test)      | once    |
| <input type="checkbox"/> | 22. Group B strep in vaginal smear                        | once    |
| <input type="checkbox"/> | 23. General urine analysis                                | 3 times |
| <input type="checkbox"/> | 24. Microbiological examination of urine                  | once    |
| <input type="checkbox"/> | 25. Electrocardiography                                   | once    |
| <input type="checkbox"/> | 26. Fetal ultrasound                                      | once    |
| <input type="checkbox"/> | 27. First, second, third trimester US screening           | 3 times |
| <input type="checkbox"/> | 28. Doppler ultrasound                                    | once    |
| <input type="checkbox"/> | 29. Obstetrician-gynecologist                             | 9 times |
| <input type="checkbox"/> | 30. General therapist                                     | 2 times |
| <input type="checkbox"/> | 31. Dentist                                               | once    |



# ENLARGED PACKAGE

The cost for one trimester is 120,000 AMD

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|--------------------------|-----------------------------------------------------------|--|
| <input type="checkbox"/> | 1. Complete blood count (CBC)                             |  |
| <input type="checkbox"/> | 2. Determination of blood type and Rh factor              |  |
| <input type="checkbox"/> | 3. Determination of anti-Rhesus immunoglobulin titer      |  |
| <input type="checkbox"/> | 4. Pregnancy-associated plasma protein A (PAPP-A)         |  |
| <input type="checkbox"/> | 5. Free beta human chorionic gonadotropin ( $\beta$ -hCG) |  |
| <input type="checkbox"/> | 6. Total bilirubin                                        |  |
| <input type="checkbox"/> | 7. Bilirubin bound direct                                 |  |
| <input type="checkbox"/> | 8. Glucose                                                |  |
| <input type="checkbox"/> | 9. Glucose tolerance test                                 |  |
| <input type="checkbox"/> | 10. Creatinine                                            |  |
| <input type="checkbox"/> | 11. Urea                                                  |  |
| <input type="checkbox"/> | 12. Alanine aminotransferase                              |  |
| <input type="checkbox"/> | 13. Aspartate aminotransferase                            |  |
| <input type="checkbox"/> | 14. Ferritin test                                         |  |
| <input type="checkbox"/> | 15. Coagulation tests                                     |  |
| <input type="checkbox"/> | 16. Hepatitis B test                                      |  |
| <input type="checkbox"/> | 17. Hepatitis C test                                      |  |
| <input type="checkbox"/> | 18. HIV test                                              |  |
| <input type="checkbox"/> | 19. Syphilis test                                         |  |
| <input type="checkbox"/> | 20. Microscopic examination of a vaginal smear            |  |
| <input type="checkbox"/> | 21. Cytological examination of the cervix (PAP test)      |  |
| <input type="checkbox"/> | 22. Group B strep in vaginal smear                        |  |
| <input type="checkbox"/> | 23. General urine analysis                                |  |
| <input type="checkbox"/> | 24. Microbiological examination of urine                  |  |
| <input type="checkbox"/> | 25. Electrocardiography                                   |  |
| <input type="checkbox"/> | 26. Fetal ultrasound                                      |  |
| <input type="checkbox"/> | 27. First, second, third trimester US screening           |  |
| <input type="checkbox"/> | 28. Doppler ultrasound                                    |  |
| <input type="checkbox"/> | 29. Obstetrician-gynecologist                             |  |
| <input type="checkbox"/> | 30. General therapist                                     |  |
| <input type="checkbox"/> | 31. Dentist                                               |  |

The number of examinations depends on the doctor's prescription.

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- |                          |                                  |  |
|--------------------------|----------------------------------|--|
| <input type="checkbox"/> | 1. Thyroid hormone               |  |
| <input type="checkbox"/> | 2. Free thyroxine                |  |
| <input type="checkbox"/> | 3. Anti- TG                      |  |
| <input type="checkbox"/> | 4. Anti TPO                      |  |
| <input type="checkbox"/> | 5. Abdominal ultrasound          |  |
| <input type="checkbox"/> | 6. Thyroid ultrasound            |  |
| <input type="checkbox"/> | 7. Lower limb duplex examination |  |
| <input type="checkbox"/> | 8. Endocrinologist               |  |
| <input type="checkbox"/> | 9. Ophthalmologist               |  |
| <input type="checkbox"/> | 10. Rh anti D immunoglobulin     |  |

The number of examinations depends on the doctor's prescription.

