



GOVERNMENT OF SINDH
CIVIL HOSPITAL, KARACHI

TENDER NO. MS/CHK/2015-2016/

**TENDER FOR THE PURCHASE OF CONSUMABLE (LABORATORY ITEMS)
FOR THE FINANCIAL YEAR 2015 – 2016**

COST OF TENDER DOCUMENTS:	Rs. 1,000/= Rupees Two Thousand Only (Non-Refundable)
TENDER SELLING DATE:	From the date of publishing to 05-08-2015
TENDER SUBMISSION DATE AND TIME:	On 06-08-2015 from 9.00 am. to 11:00 am.
TENDER SUBMISSION PLACE:	Office of the A.M.S Procurement Civil Hospital Karachi
TENDER OPENING DATE AND TIME:	On 06-08-2015 at 12.00 Noon
TENDER OPENING PLACE:	Committee Room 2 nd Floor Administration Block Civil Hospital, Karachi

Bidders are required to comply with all the clauses mentioned in the Terms and Conditions of the Bid Documents and any deviation will forbid them from competing in the tender.

TERMS & CONDITIONS

Bid will be valid for 90 days from the date of opening for technical and financial evaluation. The bidders shall quote their prices inclusive of all applicable duties and Taxes / transportation etc. and all other expenses on free delivery basis to Consignee's end at Civil Hospital, Karachi. Price should be quoted in Figures & Words both, failing which the offer will be ignored.

ITEM #	NOMENCLATURE / PRODUCT NAME	QUANTITY	DEMANDED	PRICE PER UNIT
	DETAILS OF ITEMS & QUANTITY ATTACHED ANNEXURE " A "			

DELIVERY PERIOD

VALIDITY

1. GENERAL CONDITIONS & INSTRUCTIONS:

- 1.1. The quoted rates must be valid up to 30th June 2016 or till the finalization of the next tender. Orders will be placed as per financial releases and policy of Health Department, Government of Sindh Karachi.
- 1.2. The tender shall be submitted with all documents in sealed envelopes. The envelope must contain tender inquiry No. on the top, the name of the Bidder should be affixed on the face of the envelope on the left side. The Bidder should prepare the Tender in form of Technical and Financial proposals separately. The envelope should be marked **Technical Proposal** and **Financial Proposal** in BOLD and legible letters to avoid confusion. Envelopes should be sealed and addressed to Medical Superintendent, Civil Hospital Karachi and inserted in Tender box on the scheduled date and time.
- 1.3. **Technical Proposal** should have the following documents:
 1. Pay order of Tender Fee amounting to Rs. 1000/- (Non-Refundable) must be attached with offer (In Original). If bid has been dropped by mail, else the bids will be rejected. For alternate offer a separate Pay order of Tender Fee amounting to Rs. 1000/- (Non-Refundable) shall be submitted, otherwise both offers will be ignored.

- II. Photocopy of Pay Order / Demand Draft of Security Deposit in which amount should not be readable, otherwise the bid ignored.
- III. Copy of the Bid offer without showing the rates.
- IV. Registration certificate with Ministry of Health (if applicable).
- V. FDA / IEC certificate
- VI. NTN / Income Tax Certificate
- VII. Professional Tax Certificate
- VIII. GST Registration Certificate (if applicable).
- IX. Bidder should submit a sealed letter from Bank that they can perform business of more than / equal to **Rs.100 Million**.

1.4. Financial Proposal should have the following documents:

- I. Original Pay Order / Bank Draft of Security Deposit
- II. Original copy of the Bid offer with Quoted price.
- III. Printed Price List of the Manufacturer(s) / Importer(s) indicating Trade Price and Retail Price, which should be duly signed and stamped by the Authorized person of the firm.

1.5. Only Manufactures / Importers or their authorized distributors can participate in the Tender. The Distributor should submit authorization letter in Original (as per specimen) addressed to Medical Superintendent Civil Hospital Karachi with reference to this Tender.

1.6. (A) For Manufacturer:

All the Bidders (Manufacturer or their Distributor) should fill the Company Profile Proforma which should be filled by the Manufacturer, duly signed and stamped and should be submitted at the specified time of Tender submission along with the relevant certificate and documents otherwise the bid offer will be ignored. The Company Profile Proforma should have the following documents:

- I. Photocopy of Registration Certificate issued by Ministry of Health Islamabad.
- II. Other relevant documents as required in Company Profile Proforma.

1.6. (B) For Importer:

All the bidders (Importers or their authorized distributors) should fill the Sole Agent Proforma duly signed and stamped and should be submitted at the specified time of tender submission along with the relevant documents as required in the Proforma otherwise the bid offer will be ignored.

- 1.7.** Tenders must be completed by typing in the column provided / on separate Letter Head duly signed. Soft copies of tender form, Company profile and Sole Agent Proforma may be obtained from the office of the AMS (Procurement), CHK.
- 1.8.** The tender must be free from erasing, cutting and over writing. In case of erasing, cutting and over writing, authorized person should initial it duly stamped, else the offer will not be entertained.
- 1.9.** The rates of each item should be written in **figures as well as in words**. Arithmetical errors will be rectified on this basis. If there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and the quantity, the unit price shall prevail and the total price shall be corrected. In case of discrepancy the price in words will be authenticated and final.
- 1.10.** Conditional Tenders against the Govt. Rules / policy will not be considered / entertained / accepted.
- 1.11.** Tenders shall be accompanied by Bid Security @ **2.5%** of the value of stores quoted by them in form of Pay Order / Demand Draft in favor of Medical Superintendent, Civil Hospital Karachi.
- 1.12.** All Bidders should provide samples (if applicable) free of cost of the quoted products.
- 1.13.** The following words shall be printed and stamped with indelible ink prominently in English **“CIVIL HOSPITAL, KARACHI” & “NOT FOR SALE”** outside and inside the Packing on all goods.
- 1.14.** The tendered rate should be inclusive of all applicable taxes to Federal & Provincial Govt. or local bodies and will be deducted from the bill of the contractors / suppliers.

- 1.15. All the (applicable) Government taxes (Income Tax/ 0.30% Stamp Duty of the value of the contract amount will be deducted at source in office of the Accountant General Sind from the bills of the Contractors /Suppliers.
- 1.16. If the Contractors / Suppliers require Tax exemption facility regarding non deduction of Advance Income Tax. The exemption certificate issued by the concerned authority must be attached duly signed / stamped of the firm concerned and on C&F basis a copy of Bill of Entry (In Original) & Tax paid Challan copy should be attached with the bill along with an undertaking on letter Head.
- 1.17. One **"SAMPLE TENDER PROFORMA"** is supplied with the list of items to be purchased. The items have to be quoted on the Proforma, duly filled stamped & signed by the authorized bidder. Only those items shall, be typed on the Proforma / separate Letter Head (as per serial of Proforma) for which the rates are to be quoted. Any alteration / correction must be initialed and each page is to be signed and stamped at the bottom.
- 1.18. Registration number (if applicable), make or origin of the country of the Consumable (Laboratory items) must be mentioned for each item, for which quotation is given, otherwise it will not be considered.
- 1.19. The quoted rates once offered by the firms will not be changed during the contract period.
- 1.20. The supplies should be in commercial pack and delivered at the designated place of Civil Hospital Karachi by the authorized representative of the firm at the risk and cost of the supplier. Any breakage or shortage of stock will be recovered from the supplier.
- 1.21. **All documents should be submitted duly paginated / flagged and the detailed of the documents should also be mentioned in front of the Index.**

2 SPECIAL CONDITIONS:

- 2.1 Stores are required as early as possible. The bidder may, however, give their short guaranteed delivery period by which the supply will be completed positively.
- 2.2 The bidders shall quote their firm and final price both in figure and in words on free delivery basis to Civil Hospital Karachi.
- 2.3 Distributor once nominated by the manufacturer(s) / importer(s) will be for the whole contract period and manufacturer(s) / importer(s) cannot change its distributor during the year in any case. In exceptional cases the tendering authority may approve changes.
- 2.4 No manufacturer / importer shall authorize their distributor / agent / any firm or person to quote the same item, which the manufacturer / importer is quoting itself in any tender. Failing those offers of both manufacturer(s) / importer(s) as well as other bidder shall be ignored.
- 2.5 The manufacturer / importer of sub-standard quality spurious, counterfeit, misbranded or contaminated item(s) etc, may be black listed by the competent authority or any other authority whose decision will be final and in accordance with the offence and hence their Security Deposit may not be released & forfeited.
- 2.6 If goods are declared sub-standard the Manufacturer(s) / Importer(s) and their Distributor are equally responsible and are bound to supply additional quantity of whole supply free of cost.
- 2.7 The supply should be executed in minimum number of batches.
- 2.8 The Technical evaluation carried out by the Technical Committee Civil Hospital Karachi will be final, which will be assessed on clinical experience basis of the consultant (s) in the- relevant specialty.
- 2.9 Only items approved by the Technical Committee will be considered by the Hospital Procurement Committee.
- 2.10 Only those item's Financial offer will be announced / considered which were technically qualified by the Technical Committee, If any firm wants to give the separate item wise financial bid they are advised to give separate item wise sealed envelope (s) of every item and should mention the name of the item and tender serial number on the front in BOLD and legible letters to avoid confusion, else the Financial Proposal Envelope will be opened on qualified item basis and it will not be challenged by the Suppliers / Contractors to open the Financial Proposal of the disqualified items.
- 2.11 If a sample of a batch / Lot Number of Lab. item is declared sub-standard, not as per specification, those will be destroyed and payment will not be made to the supplier. The supplier will be responsible to provide the fresh stock of standard quality within 45 days against the rejected supplies. Otherwise amount equivalent to the supplied quantity of defective goods will be deducted from their bill and action will be initiated against the offending firm accordingly.

2.12 Manufacturer / Importer will issue an authorization letter as per attached sample Proforma along with technical proposal.

2.13 Manufacturers & Importers will directly supply as per supply order along with Bill of Warranty and Quality Certificate of each batch issued by the authorized Drugs Testing Laboratory of Government (If applicable)

3. PURCHASER'S RIGHT TO VARY QUANTITIES

The Hospital Authority reserves right to increase / decrease or delete the quantities of Consumable (Laboratory items) at the time of award of contract and also reserves the right to enhance the quantity of goods / services originally specified in the schedule of requirement without any change in unit price or other terms and conditions of goods at any time during contract period.

4. PURCHASER'S RIGHT TO ACCEPT ANY BID AND REJECT ANY OR ALL BIDS:

The Hospital Authority reserves the right to purchase full or part of the store or ignore / scrap / cancel the tender as per relevant rules of SPPRA-2010 (Amended 2013/14).

5. PERFORMANCE SECURITY:

The successful bidders will have to deposit the requisite security in the shape of a Pay Order / Demand Draft at 2.5% value of the order amount. The same will be released after successful completion of stores. After the acceptance of the Tender by the Vendor, a purchase order may be issued during the validity period and if offer is not accepted by the Vendor, the Security Deposit shall be forfeited to the Government Accounts.

6. REDRESSAL:

Redressal of Grievances & settlement of dispute will be as per SPPRA Rule-2010 (Amended 2013/14).

7. UNDERTAKING on Rs.100/- Non Judicial Stamp Paper

7.1. I/ we read / understand the conditions specified in the tender inquiry and undertake:

7.2. That I / we will remain bound to supply any item as an additional quantity at the same rate on which said item I / we have supplied during the contract period.

7.3. That I / we agree whether our tender accepted for total, partial or enhanced quantity for all or any single item.

7.4. I / we also agreed to supply and accept the said item at the rates for the supply of contracted quantity within the stipulated period shown in the contract.

7.5. I/ we understand and ensure for the supply of quality goods. I / we also agree to supply the 100% additional quantity without any additional charges, if the supplies/part of the supplies declared sub-standard.

7.6. I / we undertake that, if any of the information submitted in accordance to this tender inquiry found incorrect, our contract may be cancelled at any stage on our cost and risk.

7.7. I / we undertake that, I/ we will replace the items three month before its expiry.

7.8. I / we undertake that, I/ we has / have never been black listed.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Office Telephone # _____ **Fax #** _____ **Cell #** _____

8. TERMS AND CONDITIONS ACCEPTANCE CERTIFICATE

I / we, M/s. _____ is hereby confirmed that we have carefully read all terms and conditions of the tender and also agreed to abide SPPR-2010 (Amended 2013/14) for procurement of Laboratory Items during the validity of the tender.

Signature of Vendor _____

Name of Authorized Person _____

Designation _____

Seal and Address _____

Tel No. _____ Fax No. _____ E-mail address _____

Witness

1) Name _____ Signature _____

2) Name _____ Signature _____

9. Specimen for Authorization letter by Manufacturer/Importer for their Distributor:

I/We, M/s. _____ hereby authorize M/s. _____

Address: _____ as our authorized Distributor for Civil Hospital Karachi for the financial year of 2015-2016.

We give undertaking that if there is any sub-standard spurious, counterfeit, misbranded or contaminated and short supply of item(s) by our Distributor, we will be responsible for the same. We also undertake that we have read and understood the terms and conditions of the tender enquiry.

Note:

- Instruments / Machines and kits should be FDA approved or CE marked.
- Chemistry analyzer/Machine should have photo-metric through put of 800 tests alone in addition to ISE through put of 300 plus per hour.
- Kit sizes, expiry and stability should suit our work load requirements
- If a new machine is inducted in the system the supplier will provide interfacing information and bear its cost. The supplier will also take care of UPS, stabilizer and quality water for their equipment.
- The supplier will also be responsible for machine calibration at their own expense.
- 24 hours customer back up service is essential and supplier will bear the cost of repair and maintenance.
- Back up instrument in chemistry hematology and coagulation is must.

- SUPPLIER WILL BE RESPONSIBLE FOR PROVIDING ALL THE CONSUMABLES (INCLUDING CONTROLS, CALIBRATORS, EXTERNAL QC,SUBSTRATE, WASH BUFFERS, DILUENTS, RO WATER, TRIGGER, PRETRIGGER, ARC CUP, REACTION TUBES etc)

- All the above said instructions must be read carefully for compliance; else the offer will be ignored.

- Procuring Agency (PA) reserves the right to ask and verify any document from the participants related with Manufacturer / Importer of item, to assess the quality.

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Office Telephone # _____ Fax # _____ Cell # _____

Annexure "A"

CRITERIA FOR EVALUATION OF THE BID LABORATORY ITEMS

CRITERIA	YES	NO
Copy of Registration National Tax Number (NTN) (Mandatory) / General Sale Tax (GST) (If applicable)		
Copy of Undertaking regarding supply of required items within stipulated time with quality certificate from the authorized Laboratory.		
Financial Turn-over for the last three years with bank certificate regarding financial soundness of the firm		
Relevant experience (Documentary Evidence should be attached)		

NOTE:

The offer will not be entertained if the required documents have not been found attached.

**CIVIL HOSPITAL KARACHI
HEALTH DEPARTMENT**

IMPORTER/ SOLE AGENTS

Note.

- a. Please fill in the correct information carefully, submission of wrong/ vague information may lead to black listing of the firm.
- b. Each page of the Performa must be duly signed & stamped.
- c. Provide a soft copy (CD) along with duly filled Performa in triplicate.
- d. Company/firm agreement with principle duly signed by embassy is mandatory.

GENERAL INFORMATION

1.	Name of the company			
2.	Year of establishment			
3.	Address of the firm <ul style="list-style-type: none"> • Registered office, • Telephone no. • Fax No. E mail address etc. 			
4.	Location of the Company <ul style="list-style-type: none"> • Industrial • Commercial • Residential 			
5.	Form of the company Annex copy of MOA/ registration <ul style="list-style-type: none"> • Individual • Private limited • Public limited • Partnership • Corporation • Other (specify) 			
6.				
7.	Blacklisting / Complaint / Litigation against the firm (By any govt. or other org. if any)			
8.	Drugs sale license number, if applicable (Annex copy License)			
9.	Type of activity being carried out by the company:- <ul style="list-style-type: none"> • Manufacturing • Assembly /Repacking • Import • Other (specify) 			
10.	Name & Address of the Principal(s) companies			
11.	Capital value of the firm/sole agent; <ul style="list-style-type: none"> • Authorized Capital • Paid up capital 			
12.	Annual sales turnover of the firm in the previous 3 years (In millions)	Year	Market Sale	Govt. Sector
	• 1.			
	• 2.			
	• 3.			
13.	Income Tax no (NTN) <ul style="list-style-type: none"> • Attach copy of certificates, • Attach details of tax paid during past 3 years • Attach copy of last annual income tax return 			

14.	Sales Tax Registration No. (if any. Applicable) Attach copy of certificate, and details of sales tax Paid during past 3 years	
15.	G M P compliance certificate & GMP audit report of the Principal(s) (Attach report/ certificate) (if applicable)	
16.	Free Sale Certificate of the items in the country of origin	
17.	Registration with MOH, Islamabad where applicable Drugs/Surgical Disposable, attach separate sheet	
18.	List of Technical personnel with qualification (Attach List)	
19.	Total Employees (Including Technical staff)	
	Administration	
	Technical	
	Management	
	Sales / Marketing	
20.	Market Availability <ul style="list-style-type: none"> Products routinely manufactured/imported Only occasionally / on request 	
21.	No of registered / items of the principals (In case of drugs only)	
22.	No of Thermo labile drugs (if any)	
23.	Storage Facilities [For thermo labile drugs]	
24.	Storage Facilities [For the drugs to be stored at room temperature]	
25.	Cold Chain Facility including cold room / storage and during transport	
26.	GMP Certificate of the Principals, from the country of origin	
27.	Export of the products to the countries other than Pakistan	
28.	Drug registration Certificate in the country of origin (In case of drugs only)	
29.	Emergency power supply arrangements (For at least critical area)	

Signature _____
(With name and Designation)
Stamp of Company

CIVIL HOSPITAL, KARACHI

**TENDER FOR THE SUPPLY OF CONSUMABLE (LABORATORY ITEMS)
SCHEDULE OF REQUIREMENT & PRICE FOR CIVIL HOSPITAL, KARACHI
DURING THE FINANCIAL YEAR 2015 – 2016**

Item #	Name of Reagents Required	Quantity Required	Rates Required Per Test
1	Chemilumenesce Immuno Assay (CMIA) FDA Approved or CE Marked		
1	HEPATITIS C VIRUS ANTIBODY (ANTI HCV)	15000 Tests	
2	HEPATITIS B SURFACE ANTIGEN (HBSAg)	10000 Tests	
3	HEPATITIS B CORE ANTIBODY TOTAL (HBcAb)	5000 Tests	
4	HEPATITIS B CORE ANTIBODY IgM	5000 Tests	
5	HEPATITIS B e ANTIGEN (HBeAg)	5000 Tests	
6	HEPATITIS B e ANTIBODY (ANTI-HBe)	3000 Tests	
7	TSH	25000 Tests	
8	TOTAL T3	2000 Tests	
9	TOTAL T4	2000 Tests	
10	Free T3	5000 Test	
11	Free T4	5000 Tests	
12	Insulin	2000 Tests	
13	FSH	10000 Tests	
14	LH	10000 Tests	
15	PROLACTIN	10000 Tests	
16	PROGESTERONE	1200 Tests	
17	ESTRADIOL	1200 Tests	
18	TESTOSTERONE	1200 Tests	
19	TOTAL BHCG	10000 Tests	
20	Alpha Feto Protein (AFP)	5000 Tests	
21	CA 125	5000 Tests	
22	CA 99	1000 Tests	
23	CA 15-3	1000 Tests	
24	FERRITIN	20000 Tests	
25	VITAMIN B12	10000 Tests	
26	FOLATE	10000 Tests	
27	TROP-I	1000 Tests	
28	25 HYDROXY VITAMIN D	20000 Tests	

NOTE: The instrument should be new and FDA approved or CE marked with a through put of 150 tests per hour will be supplied by the supplier and supplier will be responsible for providing all maintenance, interfacing, UPS and diagnostics services round the clock (24 hours) for the instruments (both purchased or rental) and all the consumables (including controls, calibrators, substrate, wash buffers, trigger, pre-trigger, ARC cup, reaction tubes etc) and external QC will be the responsibility of the supplier. Please mention the kit size and on board stability.

2 Chemistry Section Items			
2a	Chemistry Kits should be FDA Approved or CE Marked		
1	Glucose	200000 Tests	
2	Blood Urea Nitrogen (BUN)	200000 Tests	
3	Creatinine	220000 Tests	
4	Uric Acid	50000 Tests	
5	Total Bilirubin	200000 Tests	
6	Direct Bilirubin	80000 Tests	
7	Alanine Aminotransferase (SGPT)	220000 Tests	
8	ALP - Alkaline Phosphatase	220000 Tests	
9	Gamma-Glutamyl Transferase	2500 Tests	
10	Aspartate Aminotransferase (SGOT)	5000 Tests	
11	Creatine Kinase (CK)	5000 Tests	
12	Creatine Kinase Isoenzyme MB (CKMB)	5000 Tests	
13	LDH	10000 Tests	
14	Total Protein	60000 Tests	
15	Albumin	70000 Tests	
16	Cholesterol	20000 Tests	
17	Triglycerides	20000 Tests	
18	HDL	15000 Tests	
19	LDL	1000 Tests	
20	VLDL	1000 Tests	
21	HBA1C - Glycosylated Haemoglobin	25000 Tests	
22	Calcium	80000 Tests	
23	Magnesium	60000 Tests	
24	Phosphorus	50000 Tests	
25	Amylase	30000 Tests	
26	Lipase	30000 Tests	
27	IRON	20000 Tests	
28	TIBC	20000 Tests	
29	C-Reactive Protein	50000 Tests	
30	CSF Protein	1000 Tests	

31	Electrolytes (Sodium, Potassium and Chloride)	250000 Tests	
32	R A	15000 Tests	
33	ASOT	3000 Tests	
	Drugs		
34	Sodium Valproate	2000 Tests	
35	Phenytoin	1500 Tests	
36	Phenobarbitone	1500 Tests	
37	Carbamezapine	1500 Tests	

NOTE: Chemistry kits should be FDA approved or CE marked. The instrument FDA approved or CE marked with a through put of 800 Photometric tests per hour, 100 drugs and 300 plus ISE tests per hour. Will be supplied by the supplier and the supplier will be responsible for providing all maintenance, interfacing, UPS and diagnostics services round the clock (24 hours) for the instruments (both purchased or rental) and all the consumables (including controls, calibrators, substrate, wash buffers, diluents, RO water, external QC etc) will be the responsibility of the supplier. Please mention the kit size and onboard stability.

2b Radio Meter ABL 5 (ABGs) OR Equivalent			
1	ABG's	25000 Tests	
2	Rinse Solution Bottle	50 Bottles	
3	Calibrating Solution I Bottle	25 Bottles	
4	Calibrating Solution II Bottle	10 Bottles	
5	Protein Removal	01 bottle.	
6	Cleaning Solution	01 bottle	
7	Membrane Box for reference Electrode (D-115)	01 Box	
8	Membrane Box for PO2 Electrode (D-999)	01 Box	
9	Membrane Box for PCO2 Electrode (D-888)	01 Box	
10	Reference Electrode	02 Nos.	
11	PO2 Electrode	01 No.	
12	PCO2 Electrode	01 No.	
13	PH Electrode	01 No.	
14	Main Tubing Pump ABL-5	01 No.	
15	Gas Cylinder Refilling No. 1	13 Nos.	
16	Gas Cylinder Refilling No. 2	15 Nos.	
17	Thermal Printer Paper	60 Rolls	

2c	Radio Meter ABL-8XX (ABGs) Reagents OR EQUIVALENT		
1	Cleaning Solution 175 ml	07 Bottles	
2	Calibration Solution I 200 ml	16 Bottles	
3	Calibration Solution II 200 ml	10 Bottles	
4	Rinse Solution 600 ml	103 Bottles.	
5	Hypochlorite Solution for Protein Removal	01 No.	
6	Hb Calibration Solution (box of 4 ampoules)	01 Box.	
7	Ref membrane box (4 units)	03 Boxes.	
8	pO ₂ membrane box (4 units)	01 Box.	
9	pCO ₂ membrane box (4 units)	01 Box.	
10	Na membrane box (4 units)	01 Box.	
11	K membrane box (4 units)	01 Box.	
12	Ca membrane box (4 units)	01 Box.	
13	Cl membrane box (4 units)	01 Box.	
14	Glu membrane box (4 units)	03 Boxes.	
15	Lac membrane box (4 units)	03 Boxes.	
16	Calibration gas 1, 10 bar on-board gas bottle	07 Nos.	
17	Calibration gas 2, 10 bar on-board gas bottle	06 Nos.	
18	Thermal Printer Paper (box of 8 rolls)	11 Box	
19	Inlet gasket	04 Nos.	
20	Fan Filters	02 Nos.	
21	Pump Tube for electrode modules	04 Nos.	
22	Pump Tube for Solution Pump	02 Nos.	
23	Pump Tube for Waste Pump	04 Nos.	
NOTE:	The instrument FDA approved or CE marked Will be supplied by the supplier and the supplier will be responsible for providing all maintenance, interfacing, UPS and diagnostics services round the clock (24 hours) for the instruments (both purchased or rental) and all the consumables (including controls, calibrators, external QC etc) will be the responsibility of the supplier. Please mention the name of reagents required to be purchased for ABGs.		
2d	Reagents for NOVA 16 Chemistry Analyzer FDA Approved Or CE Marked		
1	NOVA 16 Reagent Pack	24 Kits	
NOTE:	The maintenance of instrument and all the consumables including electrodes etc will be the responsibility of the supplier.		

3 Real Time PCR FDA Approved or CE Marked			
1	HBV Real Time PCR kit for quantitative Detection with Extraction Kits (Complete Kit with no additional reagent / consumable requirement) 96 Test	15 Kits	
2	HCV Real Time PCR kit for quantitative Detection with Extraction Kits (Complete Kit with no additional reagent / consumable requirement) 96 Test	50 Kits	
3	Genotyping Real Time PCR kit for quantitative Detection with Extraction Kits (Complete Kit with no additional reagent / consumable requirement 24 Test	4 Kits	
4	HDV DNA QUALITATIVE TESTS 96 Tests	02 Kits	
5	ART tips 1000 ul 100 x 8	10000 Tips.	
6	ART tips 100 ul 100 x 8	10000 Tips.	
7	ART tips 20 ul 100 x 8	10000 Tips	
8	HYDROLOGIX TUBES 1.5 ml (DNAs, RNAs and Pyrogen free) 3464	90 Packs	
NOTE: The instrument FDA approved or CE marked will be supplied by the supplier and supplier will be responsible for providing all maintenance , interfacing, UPS and diagnostics services for the instruments (both purchased or rental) and all the consumables (including controls, calibrators, molecular grade ethanol and molecular grade water etc.) will be the responsibility of the supplier.			

4 Hematology Section Items			
4a Coagulation			
Sysmex CS 1600 Analyzer FDA Approved / CE Marked OR Equivalent			
	PROTHROMBIN TIME (PT)	200000 Tests	
1	PT Innovin (10x10ml)	200 Kits	
	ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT)	150000 Tests	
2	APTT Actin FS (10 x 10ml)	75 Kits	
3	Calcium Chloride (10 x 15ml)	60 Kits	
5	Reaction tube (3000)	150 PACKS	
4	CA Clean II (GSB-500A) 1 x 500ml)	270 Kits	
	Fibrinogen	5100 Tests	
5	Fibrinogen Determination Kit	85 Kits	
6	D - Dimer Kit	02 Kits	
NOTE: The instrument should be new and FDA approved or CE marked will be supplied by the supplier and supplier will be responsible for providing all maintenance , interfacing, UPS and diagnostics services for the instruments (both purchased or rental) and all the consumables (including controls, calibrators, thermal paper etc.) will be the responsibility of the supplier.			

4b 5 part Fully Automated Hematology analyzer Sysmex XN-1000, OR Equivalent FDA Approved / CE Marked			
	CBC+ DIFF+RETIC	120000	
1	Cell Pack DCL	262	
3	Sulfolyzer 1.5 Lx2	26	
4	WNR Lysercell 4Lx2	30	
5	WNR Flurocell 82mlx2	18	
6	WDF Lysercell 4LX2	29	
7	WDF Flurocell 42 mlx2	35	
8	CELL PACK DFL 1.5 L X2	3	
9	RET Flurocell 12 mlx 2	5	
10	CELL CLEAN AUTO 4mlx20	18	
4c 5 part Hematology analyzer Sysmex XE 5000 OR Equivalent FDA Approved / CE Marked.			
	CBC+ DIFF+RETIC	30000	
1	Cell Pack 20 Ltrs	53 Packs	
2	Cell Sheath 20 Ltrs	05 Packs	
3	Sulfolyser 5 Ltrs	4 Packs	
4	Stromatolyser-FB 5 Ltrs	14 Packs	
5	Stromatolyser-4DL 5 Ltrs	14 Packs	
6	Stromatolyser-4DS (3 x 42ml)	5 Packs	
7	Ret Search II 1000ml	7 Packs	
8	Strpmatolyser-NR	7 Packs	
9	Stromatolyser-IM	12 Packs	
4d 3 part Hematology analyzer Sysmex XP-100, K-4500 OR Equivalent FDA Approved / CE Marked.			
	CBC	250000	
1	Cell Pack 20 Ltrs	550 Packs	
2	Stromatolyser WH	350Packs	
3	Stromatolyser 3 WP	15 Packs	
4	Sulfolyser 5 Ltrs	15 Packs	
NOTE: The instruments should be new and FDA approved or CE marked will be supplied by the supplier and supplier will be responsible for providing all maintenance , interfacing, UPS and diagnostics services for the instruments (both purchased or rental) and all the consumables (including controls, calibrators, thermal paper etc.) will be the responsibility of the supplier.			

4e	HPLC		
1	HPLC (Haemoglobin Electrophoresis)	5000 TESTS	

NOTE:

The instrument should be new and FDA approved or CE marked will be supplied by the supplier and supplier will be responsible for providing all maintenance , interfacing, UPS and diagnostics services for the instruments (both purchased or rental) and all the consumables (including controls, calibrators, thermal paper etc.) will be the responsibility of the supplier.

4f	AUTOMATED ESR Analyzer		
1	ESR	40000 Tests	

NOTE

The instrument should be new and FDA approved or CE marked with a backup instrument of same configuration will be supplied by the supplier and supplier will be responsible for providing all maintenance, interfacing, UPS and diagnostics services for the instruments (both purchased or rental) and all the consumables (including controls, calibrators, thermal paper etc.) will be the responsibility of the supplier.

5	Fully Automated Urine Analyzer FDA Approved/CE Marked.		
1	Urine D/R With AND Without Microscopy	100000 Tests	

Note: The instrument should be new, fully automated with Bar Code reader FDA approved or CE marked with a throughput of 120 samples per hour (with microscopy) and 240 samples per hour (without microscopy) will be supplied by the supplier and maintenance of Urine Analyzers, controls, calliberators, UPS, interfacing will be the responsibility of the supplier.

6	Vacutainer Various Types Blood Collection Tubes or Equivalent USA / EEC Origin FDA / CE Approved.		
1	Vacurette tube 4ml Serum Gel Clot Activator, (RED TOP)	500000 Tubes	
2	Vacurette tube 2ml EDTA non Rigid (CBC, Purple Top)	400000 Tubes	
	Vacutainer Buff. Na Citrte 0.109M, 3.2% 1.8 mlBlue Capped	350000 Tubes	
4	Vacurette tube 2ml Sodium Fluoride / K (Sugar, GREY TOP)	250000 Tubes	
5	Multisample Needle 21 G 1 - 1 ½	400000 Pieces	

7	Serology Section Items FDA / CE Approved.		
1	HCV Rapid Device (40 Tests Kit) FDA/CE Approved	80000 Tests	
3	Hbs Ag Rapid Cassette (40 Test) FDA/CE Approved	80000 Tests	
6	A.S.O.T 100 test	30 Kits	
7	Widal Test TO,TH , AO,AH,BO,BH,	200 Sets	
8	R.A Factor	150 Kits	
9	ANA ELISA	60 Kits	
10	Anti ds- DNA ELISA	4 Kits	
12	ICT Malaria	4000 Tests	

13	ANA IFT	5000 Tests	
14	ANA PROFILE	2000 Tests	
15	STOOL for H. Pylori Antigen	3000 Tests	
16	CSF Bacterial Antigens	60 Tests	
17	Stool for Occult Blood	1000 Tests	

8	Microbiology Section CULTURE MEDIA		
8a	CULTURE MEDIA.		
1	Muller Hinton Agar	70 Bottles	
2	Mackonkey Agar CM-7 (with crystal violet)	30 Bottles	
3	Blood Agar Base	30 Bottles	
4	Brain Heart Infusion Broth	25 Bottles	
5	TCBS Agar	01 Bottle	
6	S.S Agar	01 Bottle	
7	Urea Agar Base	01 Bottle	
8	SIM Media	01 Bottle	
9	Simmon Citrate	01 Bottle	
10	Peptone Powder for Peptone Water Preparation	20 Bottles	
11	Robertson Cooked Meat Medium	10 Bottles	
12	Cled Agar	20 Bottles	
13	T.S.I Media	01 Bottle	
14	Selenite F broth	01 Bottle	
15	Litmus Milk agar	01 Bottle	
16	Indole	01 Bottle	
17	Sugars (Pack of 5 Sugars)	01 Bottle	
18	Methyl Red	01 Bottle	
19	N.N.N. Tetramathylene Diammonium Dichloride	01 Bottle	
20	QTS-12 Strips	500 Strips	

8b	Anti Sera		
1	Anti Ecoli I 3 ml	5Vials	
2	Anti Ecoli II 3 ml	05Vials	
3	Anti Ecoli III 3 ml	05Vials	
4	Anti Ecoli IV 3ml	05Vials	
5	Anti Sera Salmonella TABC & Vi	2 Kits	
6	Polyvalent Antisera for V.Cholera	02 Kits	
7	Monovalent Antisera for V. Cholera (Inaba)	01 Kit	
8	Monovalent Antisera for V. Cholera (Ogawa)	01 Kit	
9	Lanefield Grouping Sera	03 Kits	

8c	BLOOD CULTURE BOTTLES		
1	Blood C/S Bottles (Versa Track)	2000 Bottles	
2	Blood C/S Bottles (Bactac)	12000 Bottles	

8d	ANTIBIOTIC Sensitivity Discs.		
1	Amikacin (AK-30)	60 boxesx250	
2	Amoxicillin (AML -25)	40 boxesx250	
3	Amoxicillin+Clavulanic Acid (AMC-30)	60 boxesx250	
4	Aztreonam (ATM - 30)	30 boxesx250	
5	Bacitracin Diagnostic	05 boxesx250	
6	Cefaclor (CEC - 30)	30 boxesx250	
7	Cefixime (CFM - 05)	30 boxesx250	
8	Cefotaxime (CTX - 30)	40 boxesx250	
9	Cefipime (CPM)	60 boxesx250	
10	Ceftazidime (CAZ - 30)	40 boxesx250	
11	Ceftizoxime (ZOX -30)	40 boxesx250	
12	Ceftriaxone (CRO - 30)	40 boxesx250	
13	Cefuroximie (CXM - 30)	40 boxesx250	
14	Cephradin (CE - 30)	40 boxesx250	
15	Chloramphenicol (C - 30)	10 boxesx250	
16	Ciprofloxacin (CIP - 05)	200 boxesx250	
17	Clarithromycin (CLR - 10)	30 boxesx250	

18	Doxicycline (DO - 30)	60 boxesx250	
19	Enoxacin (EN - 10)	05 boxesx250	
20	Gentamycin (GN - 10)	60 boxesx250	
21	Imipenem (IPM -10)	60 boxesx250	
22	Nalidaxie Acid (NA -30)	20 boxesx250	
23	Norfloxacin (NOR - 10)	20 boxesx250	
24	Ofloxacin (OFX - 05)	100 boxesx250	
25	Tobramycin (TOB - 10)	60 boxesx250	
26	Optochin (OP - 05)	10 Vial	
27	Clindamycin (DA - 10)	40 boxesx250	
28	Vancomycin (VA - 05)	50 boxesx250	
29	Polymixin-B (PB-30)	50 boxesx250	
30	Nitrofurantoin (F)	10 boxesx250	
31	Fusidic Acid (FD)	60 boxesx250	
32	Piperacillin/Tazobactam (TZP)	100 boxesx250	
33	Cefoperzone / Sulbactam (SCF)	100 boxesx250	
34	Fosfomycin (FOS)	15 boxesx250	
35	Linezolid (LZD)	60 boxesx250	
36	Neomycin (NE)	10 boxesx250	
37	Tigecycline (TGC)	50 boxesx250	
38	Levofloxacin (LEV)	100 boxesx250	
39	Cefoxitin (FOX)	100 boxesx250	
40	Pipedemic Acid (PIP)	05 boxesx250	
41	Ampiclox	40 boxesx250	
42	Penicillin	2 boxes x 250	
NOTE:- The antibiotic sensitivity disc supplier should provide five automated Disc Dispensers.			

9	CHEMICAL / REAGENTS		
1	Methanol 2.5 Ltr.	05 Bottles	
2	Xylene 2.5 Ltrs Bott.	02 Bottles	
3	Gram Stain Complete Set	02 Sets	
4	Crystal Violet 500gm	01 Bottle	
5	Field Stain A & B Liquid (Ready to use)	20 Liters	
6	Fuchest Reagent	02 Bottles.	
7	Hydrogen Peroxide 4 Ltr.	01 Bottle	
8	Acetone 1 Ltr.	20 Bottles	
10	Lugol's Iodine for stool D/R	05 Bottles	
11	Leishman Stain Powder 500gm	1 Bottle	
12	Leishman Stain ready to use	10 Liters	
13	Giemsa Stain 500gm	01 Bottles	
14	Bendic's Reagent 500 ml	02 Bottles	

10	GLASS WARE ITEMS		
1	Glass Slides	3000 Box	
2	Cover Slip Urine 18 x 18mm 100 Pcs10 Box Each	100 Box	
3	Glass Test Tubes 12 x 100mm	10000 Tubes	
4	Glass Beaker Pyrex or equivalent 50ml	01 No.	
5	Glass Beaker Pyrex or equivalent 100ml	06 Nos.	
6	Glass Beaker Pyrex or equivalent 250ml	01 No.	
7	Glass Beaker Pyrex or equivalent 500ml	01 No.	
8	Glass Beaker Pyrex or equivalent 1000ml	06 Nos.	
9	Conical Flask Pyrex or equivalent 500 ml	06 Nos.	
10	Conical Flask Pyrex or equivalent 1 Ltr	05 Nos.	
11	Neubar Counting Chamber (Bright Line)	01 No.	
12	Cover Slips for Neubar Counting Chamber	1 Pack.	

11	Miscellaneous		
1	Petri Dish Disposable & Sterile size 60mm	9600 Nos.	
2	Petri Dish Disposable & Sterile size 90mm	60000 Nos.	
3	Urine Container Plastic for DR (1x100 Pcs)	100 Packs	
4	Plastic Test Tube Disposable(1x1000 Pcs)	100 Packs	
5	Micro Pipette (Juster-Eppendorf or Equivalent) 1000 ul	01 No.	
6	Micro Pipette (Juster-Eppendorf or Equivalent) 100 ul	01 No.	
7	Micro Pipette (Juster-Eppendorf or Equivalent) 20 ul	01 No.	
8	Juster 100 ul - 1000 ul	01 Nos.	
9	Juster 10ul - 100ul	01 Nos.	
10	Juster 10ul - 50ul	01 Nos.	
11	Juster 05ul - 50ul	01 Nos.	
13	Sterile Powder Free Latex Gloves	200 Pairs	
14	Wire Loop	10 Nos.	
15	Glass Beads for Dry Sterilizer	04 Packets	
16	Urine C/S Bottles Sterile & Disposable	20000 Bottles	
17	Swab for C/S Sterile & Disposable (1x100 Pcs)	10000 Swabs	
18	Sterile & Disposable wooden sticks (1x100)	50000 Nos.	
22	Sample Cup (Eppendorf) 1000 x 1	1000 Pack	
23	Yellow Tips 1000 x 1	150 Pack	
24	Blue Tips 1000 x 1	10 Pack	
25	White Tips 5ml 1000 x 1	100 Pack	
26	Needle Cutter	20	
27	AIR SAMPLER	01	

Signature of Contractor / Supplier: _____

Name of Firm with full Address: _____

E mail Address: _____

Office Telephone # _____ Fax # _____ Cell # _____