A & U Tibbia College & Hospital, (Govt. of NCT of Delhi), Ajmal Khan Road, Karol Bagh, New Delhi-110005 (pmstibbiacollege@gmail.com)

No.-F-19(2)2023/AUTC/Academic (Ayu)/1588

Dated:13/06/2023

# **Notice Inviting Limited Tender Enquiry**

Subject- Hiring of DGEHS/CGHS Empanelled Pathology Lab located in Delhi to provide facility of pathological investigations on CGHS rates for a research project.

A Research Protocol related to Rheumatoid Arthritis is going to be conducted at A & U Tibbia College & Hospital, (Govt. of NCT of Delhi), Karol Bagh, New Delhi. This trial is sponsored by CCRAS, Ministry of AYUSH, Govt. of India. The duration of recruitment of study participants for this trial period is 16 months and number of study participants for this clinical study is 120 which may increase (up to 20%) corresponding to screen failed participant. There are certain pathological investigations that will be performed on study participants during the course of study.

For this study, we wish to hire those pathology labs which are NABL accredited and empanelled with DGEHS/CGHS. These labs should be located in Delhi only. Those DGEHS/CGHS empanelled hospitals having a NABL accredited pathology lab may also apply for this tender. The lab will be responsible for collection of samples on A & U Tibbia College & Hospital and provide test reports within the stipulated time. The applicable rates for these investigations will be as per the CGHS rates.

The details are attached herewith and also available on <a href="https://health.delhi.gov.in/">https://health.delhi.gov.in/</a> and <a href="https://autch.delhi.gov.in/">https://autch.delhi.gov.in/</a>.

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#### **Timelines:**

Sr. No.	Activity Scheduled	Date and Time
1	Date of Commencement of Bid	13/06/2023
2	Bid clarifications, (if any)	23/06/2023.(through e-mail (pmstibbiacollege@rediffmail.com)
3	Last date of Bid (including receiving of Bid through speed post)	12/07/2023, 04:00 PM
5	Date of Opening of Technical Bid	14/07/2023
6	Date of Opening of Financial Bid	19/07/2023

Interested parties may send their bid in sealed envelope though speed post only.

This has been issued with prior approval of competent authority.

Dr. Sujata Rajan Academic Head (Ay.

#### Instructions To The Bidders

- 1. A & U Tibbia College & Hospital, (Govt. of NCT of Delhi), Ajmal Khan Road, Karol Bagh, New Delhi hereinafter referred to as the 'Client' on behalf of Director (AYUSH) invites limited tender enquiry under two bid systems from NABL/ NABH accredited and DGEHS/CGHS empanelled pathology labs/Hospitals from Delhi only, hereinafter referred to as the 'Bidder' for providing the services of pathological investigation for a research project.
- 2. Interested bidders fulfilling all eligibility criteria and accepting all the terms & conditions as per bid document may apply through speed post within 30 days of this notice.
- 3. Bid have a validation period of not less than 90 days.
- 4. The Bid should be submitted on bidder's company letterhead having signature of authorized signatory and stamp of firm. The bidder shall attach the copy of the authorization letter/power of Attorney as proof of authorization for signing on behalf of the Bidder.
- Bids not accompanied by required documents/certificates, not meeting the eligibility criteria, or any other requirements as specified in bid document are liable to be rejected.
- 6. The successful bidder shall submit performance security (PBG @ 5% of estimated contract value) within 7 days of awarding the Tender/Contract. The PBG shall be in the form of Fixed deposit (FD) or Account Payee Demand Draft. DD should be made in favor of DDO, A & U Tibbia College & Hospital. New Delhi, payable at Delhi. The PBG should be valid for 60 days beyond the contract period.
- The bid should be sent through speed post only at the following address in a sealed envelope.
   Bidder must ensure to mention "Confidential-LTE-Pathology Lab Service" on right top of
  the envelope.

"Academic Head (Av.),

A & U Tibbia College & Hospital, Ajmal Khan Road,

Karol Bagh, New Delhi, 110005

- 8. Bidders are informed to put the 'Price Quotation Form' (Annexure-7) in a separate sealed envelope.
- 9. For any bid related queries, bidders may contact client on pmstibbiacollege@rediffmail.com.
- 10. A period of 24 hrs will be given to submit their clarification to those bidders who are disqualified on the basis of technical bid. Such bidder will be informed telephonically/ by e-mail.
- 11. The bidders/or authorized person may attend the tender opening on specified date for financial bid. Time for opening of financial bid will be intimated telephonically/ by e-mail.
- 12. This bid and its work order are subject to Delhi Jurisdiction only.
- 13. This office reserves the right to cancel this bid fully/partially at any stage of bidding process, without stating any reason thereof.
- 14. While all efforts have been made to avoid errors in the drafting of the bid document, the Bidder is advised to check the same carefully. No claim on account of any errors detected in the bid documents shall be entertained.

- 15. Following documents are to be provided with the bid.
  - a. Bidder details form (annexure-4).
  - b. Tender acceptance form (annexure-5).
  - c. Technical Bid form.(annexure-6).
  - d. Price Bid form.(annexure-7).
  - e. A self-attested copy of NABL certification.
  - f. Certificate/Letter for empanelment with DGEHS/CGHS.
  - g. Experience certificate especially in field of research in collaboration with Govt. institutions.
  - h. A self-attested copy of PAN card.
  - i. A self-attested copy of GST registration.
  - j. A self-attested copy in favour of address proof. (Rent agreement/electricity bill/phone bill etc)

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#### Terms and Conditions-

- The Pathology Lab should be NABL accredited. Those NABH accredited hospitals having a NABL accredited pathology lab may also apply for this tender.
- 2. Pathology lab or Hospital should be empanelled with DGEHS/CGHS.
- 3. The rates for all the pathological investigations will be in accordance to CGHS rates.
- The Lab must be performing the desired tests with same methods and reference ranges (both for male and female) as mentioned against each test in Annexure-3.
- The lab will be responsible for collection of sample (at A & U Tibbia College) and its transportation, preservation etc.(at their own center). Lab will supply the reports within stipulated time.
- 6. No additional charges except the CGHS rates for investigations will be paid.
- 7. All the specifications of the kits used for each test has to be provided mandatorily by the lab.
- 8. As participation in the research study will be on volunteer grounds, no fix number of participants/tests can be assured for any day. Therefore lab will be responsible for collection of sample and supply of report of even single sample/participant on a particular day. However, lab will be informed prior for collection of sample.
- In case of any urgent requirement, lab will provide the facility for sample collection and reporting on urgent basis.
- 10. All test reports should be submitted in stipulated time only.
- 11. In case of doubt any test can be cross checked at other standard lab, and if any anomaly is found lab may be barred from further testing and payment will be restricted.
- 12. The payment will be made on monthly basis. The payment will be made through NEFT/RTGS only.
- 13. No payment will be done in case of any inconclusive result or for spoilage of sample or insufficient samples etc.
- 14. The desired investigations also includes the ECG(Electrocardiogram). It is a possibility that bidders may not be providing this facility. In such case bidders are encouraged to participate in bidding process and may quote charges of blood investigations only(except ECG).
- 15. Preference will be given to those bidders who are providing the facility for all investigations (including ECG).
- 16. The quotations should be provided with individual test rates. However, the (Lowest one) L1 firm will

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be finalized on the basis of total cost of the tests for a single participant during the complete trial period.

- 17. In case rates of two or more labs are the same, priority will be given to that lab which is having higher experience in the field of research in collaboration with Govt. Institutions.
- 18.In case of tie between L-1 bidder on above two grounds, the lab nearer to A & U Tibbia College & Hospital will be selected.
- 19. A Memorandum of Understanding will be signed between the client and the successful bidder defining all the terms and conditions. This will be valid for entire contract period and may be extended with mutual consent of both parties.
- 20. Non fulfillment of any conditions may be deemed as disqualification at any stage.
- 21. In case of any violation of terms and conditions specified in Agreement, a penalty may be imposed and the performance guarantee may be forfeited in any such case.



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Details of the required pathological investigations with specifications

		(IVAII)	(Rates as per CGHS)				
s. no.	Name of investigation	Method to be adopted	Reference range (for male)	Reference range (for female)	No of times test to be done/participan		
1	Complete blood				2 times(screening day and 90th day)		
	Haemoglobin (g/dl)	SLS-HB Method	13.5-18.5 gm%	11.5-16.5 gm%	day and many		
	RBC Haematocrit/PCV	Impedance Cumulative	4.5-6.5 mlin/cu.mm	3.5-5.5 mtin/cu.mm			
	(%)	Pulse Height	40-54%	37 -47%			
	МСН(рд)	Calculated	27-32 pg	27-32 рд			
-	MCHC(g/dl)	Calculated	30-35 %	30-35%			
	MCV	Derived from RBC Histogram	76-96 FL	76-96 FL			
	RDW	Derived from RBC	70-90 12				
	Platelet count	Histogram  Impedance	upto 15% 150000- 450000 cells/ cu.mm	Upto 15% 150000-450000 cells/cu.mm			
N	MPV(Mean Platelet /olume)	Derived	6.5 -12 fL	6.5 -12 fL			
	L.C	Impedance	4000-11500 cells/ <u>cu.mm</u>	4000-11500 cells/ <u>cu.mm</u>			
	.L.C (N%, E%, %, L%, M%)						
N	eutrophils	Flow cytometry	40-75%	40-75%			
Ly	mphocytes	Flow cytometry	20-40%	20-40%			
М	onocytes	Flow cytometry	2-12%	2-12%			
Eos	sinophils	Flow cytometry	3-8%	3-8%			
Bas	ophils	Flow cytometry	0-2%	0-2%			
FSE		Optic eletronic automated	0-15 mm/hr	0-30 mm/hr	4 times(screening 30th, 60th and 90th)		
		Tinia (DCCT/NGS P)	4.8-5.6 normal	4.8-5.6 normal	1 time(screening)		
			Pre- diabetes 5.7-6.4%	Pre-diabetes 5.7-6.4%			

			Diabetes >=6.5	Diabetes >=6.5	
4	Blood glucose Fasting(mg/dl)	Hexokinase	70-100 mg/dl	70-100 mg/dl	2 times(screening 90th day)
5	Liver function	TRADAMASE	IIIg/di		2 times(screening 90th day)
		IFCC			
	SGOT(AST)	Method	<38 U/L	<38 U/L	
		IFCC			
_	SGPT(ALT)	Method	<41U/L	<33 U/L	
	Total Protein(gm/dl)	Biuret	6.4-8.3 gm/dl	6.4-8.3 gm/dl	
	Serum Albumin (gm/dl)	Bromocresol Green (BCG)	3.2-4.6 g/dL	3.2-4.6 g/dL	
	Serum Globulin (gm/dl)	Derived	2.3-3.5 g/dL	2.3-3.5 g/dL	
	r (C.D. vi-			1.1-1.8	
_	A/G Ratio	Derived	0.1-1.2		
	Serum Total Bilirubin (mg/dl)	Diazo	mg/dL_th certain normal individuals Total Bilirubin upto 2,0 mg/dL is considered as normal Ref Tietz 5th Edition)	0.1-1.2 mg/dL(In certain normal individuals Total Bilirubin upto 2.0 mg/dL is considered as normal Ref Tietz Sth Edition)	
	Conjugated Bilirubin (mg/dl)	Diazo	0-0.50 mg/dl	0-0.50 mg/dl	
	Unconjugated Bilirubin (mg/dl)	Derived	0-0.8 mg/dL	0-0.8 mg/dL	
	Serum Alkaline		45 Sec. 14 203,047		
	Phosphatatase	PNPP-AMP	40-129 U/L	35-104 U/L	
	Serum Gamma GT (GGTP) (U/L)	Kinetic	<60 U/L	<40 U/L	
	Renal Function Test				2 times(screening 90th day)
	Blood Urea (mg/dl)	Urease and GLDH	New born: 9-26 mg/dL Children: 10-43 mg/dL Adult: 10- 50 mg/dL	New born: 9- 26 mg/dL Children: 10- 43 mg/dL Adult: 10-50 mg/dL	
	Serum Creatinine	Modified	0.70-1.25	0.50-1.11	
	(mg/dl)	jaffe	mg/dl Between 1-	mg/dl	
			11 years: between 2.0-5.0	Between 1-11 years: between 2.0-	
	Serum uric acid (mg/dl)	UV-Uricase	mg/dl	5.0 mg/dl	
-	(mg/ui)		.,	0.27-4.20	
				μIU/mL first	
				trimester:0.3	
				3-4.59 µIU/mLsecon	
				d trimester:	
				0.35-4.10	
				µlU/mLthird	
			F 1 F 2 S 2 S 2 S 2 S 2 S 2 S 2 S 2 S 2 S 2	trimester: o.21-3.15	2 times(screening
			0.27-4.20	24 2 1 5	

	LIPID				177
	8 PROFILE				2 times(screening,
-	TROFILE				90th day)
			desirable<2		
			00 mg/d1	desirable<200	
-			Borderline:	mg/dl	
			200-240	Borderline: 20	
	Total		mg/dl	0-240 mg/dl	
		19.50	High> 240	High> 240	
	cholesterol(mg/dl)	CHOD-PAP	mg/dl	mg/dl	
	HDL		Low<40 mg/df		
	Cholesterol(mg/dl)	Enzymatic	High;≥60	1.ow<40 mg/dl	
	-	- Suzymanic	mg/dt	High:≥60 mg/dl	
			Optimal<130 Desired:130-	Optimal<130	
			159 Borderline	Desired: 130-159	
			high:130-159	Borderline	1
	Non HDL		High:160-189	high: 130-159	
-	Cholesterol(mg/dl)	derived	Very High≥	High: 160-189	
1			220 Ontimula < 100	Very High≥ 220 Optimal: < 100	
			Optimal: < 100 mg/dL Near	mg/dL Near	
1			Optimal: 100-	Optimal: 100-129	
			129 mg/dL	mg/dL	
			Borderline	Borderline high:	
			high: 130-159	130-159 High:	
	LDL cholesterol		High: 160-189	160-189 mg/dL mg/dL Very	
	(mg/dl)		mg/dl, mg/dl. Very High: =>	High: => 190	
	(mg/m)	direct	190 mg/dL	mg/dt.	
	VLDL Cholesterol	derived	Upto 40	Upto 40	
			Normal: < 150	Normal: < 150	
		(F	Borderline High:	Borderline High: 150-199 High: 200-	
	Triglycerides	(Enzymatic	150-199 High: 200-499 Very	499 Very High:	
	rigiycerides	Colorimetric)	High; >=500	>=500	
	CHOL/HDL RATIO	derived	<5.0	<5.0	
	LDL/HDL RATIO	derived			
		Turbidimetri	upto 3,5	upto 3.5	
9		c	Name of the last	Nonether 414	2 times(screening,
1	RA Factor	Immunoassay	Negative: <	Negative: < 14 lu/mL	
		immunuassay		New Born:	90th day)
10			New Born:		
10		1	<0.6 mg/L 1 Day: < 3.2	<0.6 mg/L 1 Day: < 3.2	
			mg/L 1	mg/L 1 Week:	
	7		Week: < 1.6	< 1.6 mg/L	
			mg/L Adult	Adult (>18	4 times(screening,
	CRP	ImmunoTurb	(>18 years):	years): <5	30th, 60th, 90th
	(Quantitative)	idometry	<5 mg/L	mg/L	day)
	( Zumminut v)	inomen j	Negative: <	Negative; <	uny)
			17.0 U/mL	Negative; < 17.0 U/mL	
1			Positive: = or	Positive: = or >	2 times(samanina
	Anti-CCP titer	ECLIA	2 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		2 times(screening,
		ECLIA	> 17,0 U/mL.	17.0 U/mL	90th day)
	ECG				
2	(Electrocardiogr				i dimatasas .
	,				1 time (screening
	am)				only)

s. fu

# **Bidder Details Form**

Walle of the Pathology Lab/Hospital
2. Name of the authorized person submitting the Bid
3. Designation of the authorized person submitting the Bid
4. Address of Lab/Hospital-
5. Contact no./ MobileNo
6. Official E-mail address-
7. Registration & incorporation particulars of the Lab:
8. NABL accreditation- Certificate no.
9. DGEHS empanelment- Letter/Certificate no.
10. Name of Director(s)
11. E-mail id of Director(s)
12. Mobile Number of Director(s)
13. PAN no
14. GST No
15. Distance from A & U Tibbia College & Hospital
(Signature of authorized signatory with de

Signature of authorized signatory with date)

(Name and designation)

# TENDER ACCEPTANCE FORM

To
The Academic Head (Ay.).
A & U Tibbia College & Hospital,
Ajmal Khan Road, New Delhi

Ref: Your LTE document No......dated......

Sir/Madam,

I/We, the undersigned have examined the above mentioned LTE document, including amendment/corrigendum No., dated (if any), the receipt of which is hereby confirmed.

I/we declare that our lab/hospital comply with all the rules and regulations as laid by Govt. of Delhi and other statutory bodies.

We are presently emplaned with DGEHS/CGHS and have NABL certification for our laboratory services.

We offer to provide the pathology services for the research project in conformity with your above referred document (annexure-3) and accept all the terms & conditions of the tender to provide you the pathology services.

The rates quoted by me/us are valid and binding upon me for the entire period of contract.

I/We further confirm that, if tender is awarded to us, we shall provide you with a performance security of required amount in an acceptable form for due performance of the contract.

I/we also agree with the penalty clause as mentioned in the tender document and give authority to forfeit the performance guarantee in case this tender is awarded to us.

I/We agree to keep our agreement valid for acceptance as required in tender document or for subsequently extended period, if any, agreed to by us. I/We also accordingly confirm to abide by the conditions of this tender up to the aforesaid period.

I/We undertake that our pathology Lab is not under liquidation, bankrupt or having any sort of court receivership or similar proceedings.

(Signature of authorized signatory with date)

(Name and designation)



## Technical Bid form

To,		
The	Academic Head (Ay.),	
AO	U Tibbia College & Hospital	ı
Ajn	nal Khan Road, New Delhi	

Ref: Your LTE docu	ment No	dated
		· · · · · · · · · · · · · · · · · · ·

Sir/Madam,

It is declared that following tests are performed on same method as mentioned against them.

Name of to	est Method	Yes / No	Name of test	Method	Yes/ No	Name of test	Method	Yes/ No
Complete bloc	od		ESR(mm/hr)	Optic eletronic automated		Blood glucose Fasting(mg/dl)	Hexokinas	
Hacmoglobin (g/dl)	SLS-HB Method		Liver function test			HbA1C(%)	Tinia (DCCT/N GSP)	
RBC	Impedance		20	IFCC		111/2(70)	0.51')	
Haematocrit/P	C Cumulative		SGOT(AST)	Method		TSH	ECLIA	
V (%)	Pulse Height		SGPT(ALT)	IFCC. Method		LIPID PROFILE		
MCH(pg)	Calculated		Total Protein(gm/dl)	Biuret		Total cholesterol(mg /dl)	CHOD- PAP	3 S =
			Serum	Bromocres		HDL	FAF	
MCHC(g/dl)	Calculated		Albumin (gm/dl)	ol Green (BCG)		Cholesterol(m		
	Derived from RBC		Serum Globulin	(BC())		g/dl) Non HDL Cholesterol(m	Enzymatic	
MCV	Histogram Derived from		(gm/dl)	Derived		g/dl)	derived	
RDW	RBC Histogram		A/G Ratio	Derived		LDL cholesterol (mg/dl)	direct	
Platelet count	Impedance		Serum Total Bilicubin (mg/dl)	Díazo		VLDL Cholesterol	derived	
MPV(Mean Platelet Volume)	Derived		Conjugated Bilirubin (mg/dl)	Diazo		Triglycerides	(Enzymati e Colorimet rie)	
T.L.C	Impedance		Unconjugated Bilirubin (mg/dl)	Derived		CHOL/HDL RATIO	derived	
D.L.C (N%, E%, B%, L%, 1%)			Serum Alkaline Phosphatatase	PNPP- AMP		LDL/HDL RATIO	derived	
eutrophils	Flow cytometry	- 0	Serum Gamma GT (GGTP) U/L)	Kinetic		RA Factor	Turbidime tric Immunoas say	
ymphocytes	Flow		tenal Function			CRP (Quantitative)	ImmunoT urbidomet ry	
onocytes	Flow cytometry	B (1	lood Urea ng/dl)	Urease and GLDH		Anti-CCP titer	ECLIA	
sinophils	Flow cytometry	C (n		Modified jaffe		ECG (Electrocardio gram)		
sophils	Flow			UV- Uricase				

Signature with Stamp





## Price Bid form

A & U Tibb	nic Head (Ay.), ia College & Hospital, Road, New Delhi		
Ref: Your L	TE document Nodated		
Sir/Madam,			
I/we hereby annexure-3.	submit that we will charge CGHS rates only	for each test as mentioned	ed in
Name of test		Proposed rates	
Complete blood ( ESR(mm/hr)	count		
Liver function te	51		
Renal Function			
Blood glucose Fa			
HbA1C(%)	sting(mg/di)		
TSH			
LIPID PROFILI			
RA Factor			
CRP (Quantitati			
Anti-CCP titer			
ECG (Electrocar	diogram)		
The total co	st of all tests per participant during complete	study will be as follows.	
2	Without ECG		
& U Tibbia	we will/will not (tick whichever applicable) College & Hospital with the same rates as pe	r CGHS.	
I/we declare Hospital and	that we will provide facility for collection of samply of reports without any additional charge	ample from A & U Tibbia ( :.	College &
Date	(	Signature of authorized sign	natory with stamp) (Name and designation)





### CHECKLIST

# (This checklist shall be attached in the beginning of the tender)

S.N.	Name of document	Compliance Yes/No/NA(not applicable)
1	Bidder Details Form (annexure-4)	
2.	Acceptance of tender with signature and stamp (annexure- 5)	
3	Technical Bid form (Annexure-6)	
1	Price bid form (Annexure-7)	
5	Letter/certificate for NABL accreditation	
6	Letter/certificate for empanelment with DGEHS/CGHS	
,	Experience certificate (for research activity in collaboration with Govt. Institution (if any)	
8.	Copy of PAN card	
9.	GST registration certificate	
10.	Address proof (for Delhi location)  Copy of Rent agreement/Electricity bill/Phone bill etc)	
11.	Are the all bidding documents properly signed?	

Date -

Signature with stamp

