# SUPERINTENDENT SCB MEDICAL COLLEGE HOSPITAL, CUTTACK

Tel. No. 0671-2414080

Fax No. 0671-2414147

# TENDER PAPER FOR PURCHASE

OF

# LABORATORY REAGENTS/CHEMICALS/ KITS/ GLASS WARE/ PLASTIC WARE FROM USER'S FUND

Commencement of Tender : 12.11. 21 to 26.11.21

Last Date of Receipt of Tender : 29.11.2021 up to 5.00 P.M.

Date of Opening of Tender : 30.11.2021 at 1.00 P.M.

Address for communication : Superintendent,

**SCB Medical College Hospital.** 

Cuttack

Receipt of Tender : Office of the Superintendent,

**SCB Medical College Hospital,** 

Cuttack

# SHORT TENDER CALL NOTICE

Sealed tenders invited short are by the undersigned from the National/International manufacturing firms, authorized dealer / authorized distributors for supply of Laboratory Chemicals/ reagents/ Kits/ Glass Ware/ Plastic ware etc. The detailed of tender papers along with terms and conditions can be obtained from Users' Section, Office of the Superintendent SCB Medical College Hospital, Cuttack during office hours from 11AM to 4 PM on all working days on payment of Rs.1,000/- (Rupees One thousand) only in the Accounts Section and also obtained from website i.e. http://www.scbmch.in from Dt.12.11.2021 to 29.11.2021. The tender paper should be reached in the office of the undersigned through Speed Post / Regd. Post only. The authority reserves the right to cancel or reject any or all the tenders without assigning any reason thereof.

> Sd/-Superintendent SCB Medical College Hospital, Cuttack

### TENDER CONDITIONS & ELIGIBILITY CRITERIA FOR THE BIDDER.

The tenderers may download the tender documents directly from the WEBSITE available at <a href="http://www.scbmch.in">http://www.scbmch.in</a> & the demand draft of Rs.1,000/- (One thousand) only in favor of Swasthya Bikash Samiti, SCB Medical College & Hospital, Cuttack, payable at Cuttack, which will be enclosed along with technical bid and the tenderers should super scribed 'DOWNLOADED FROM THE WEBSITE' on the left corner of the outer envelope.

- Bidders shall be a manufacturer / Distributor /Authorized dealer/ Agency having valid up-to-date manufacturing License in case of manufacturer / Drug License in case of drug / Valid ISO Certificate,/USFD/CE, PAN Card & Last 3 years IT return, Sale Tax /GST Regn. Certificate of current financial year.
- 2. The annual average turnover of the bidder not less than ₹ 50 Lakhs or more during the last four financial years certified by a Charted Accountant (For the financial Year: 2018-19, 2019-20 and 2020-2021 with support of Audit reports.
- 3. Bidders / manufacturing unit which has been blacklisted for any item either by the Tender inviting authority or by any State Govt. or Central Govt. organization cannot participate in the Tender.
- 4. The bidder should have typically minimum 3 (three) years of marketing experience in supply of Laboratory reagents/chemicals/ kits/ glass ware/ plastic wares & consumables supplying to the different organization/ Corporate Hospital / PSU Hospitals/ UN Agencies, In India duly supported by evidence (Self Attested copy of Purchase Order. Minimum five with End users' certificate) For the year 2018-19, 2019-20 & 2020-2021.
- 5. Bidders / firms / manufacturing unit is not eligible to participate in the present tender who will have history of supply NSQ drugs / items during 2018-19, 2019-20 & 2020-2021 years.

#### Note:-

- A. "Bidder" means the Manufacture / Authorized Distributor / Agencies participating in this tender.
- B. Valid up to date means the certificate should be valid on the date or beyond the opening of Tender (Cover-A) as per tender condition.

# THE FOLLOWING DOCUMENTS SHOULD BE SUBMITTED IN COVER "A" I.E. TECHNICAL BID BY THE BIDDERS.

The following documents should be enclosed in Cover "A" (Technical Bid) by the bidder.

All the photocopies are to be self-attested and declaration form should be signed by a Notary Public / Gazette Officer.

The denderer should sent to the Superintendent SCB Medical College Hospital Cuttack through Regd Post/Speed Post only and should reach on or before Dt. **29.11.2021 up to** up to 05.PM.The tender beyond the scheduled date and time will be rejected.

2.The technical bid envelop will be opened on Dt...**30.11.2021 up to 1.00 P.M**.12.30PM in presence of the tenderers or authorized their representative who should be present in office chamber of the undersigned. If the tenderer/authorized representative failed to turn up that will not be bar on the authority for opening of the tenders.

#### **TECHNICAL BID (COVER - A):**

- 1. Demand Draft of Rs, 1,000/- (Rupees One Thousand only) towards bidding document in favor of **Swasthya Bikash Samiti, SCB Medical College Hospital, Cuttack.** Payable at **Cuttack**
- 2. The tenderers should furnish **E.M.D.** of **Rs.20,000/-** (Rupees Twenty thousand) only for **item list -1** and **Rs. 10,000/-** (Rupees Ten Thousand) only for **items No. 2** separately in Shape of fixed deposit / DD in the Nationalized Bank/ Post office duly pledged in favor of the **Swasthya Bikash Samiti, SCB Medical College Hospital, Cuttack**.
- 3. List of items quoted with strength / specification and packing.(Annexure-IV)
- 4. Valid up-to-date Manufacturing License / Drug License (In case of Drugs only)
- 5. Address, Telephone No., Mobile No., e-mail, Fax of the Branch Office / Contact Person in Odisha (Annexure-I).
- 6. The Bidder have to submit their valid Sale Tax / GST certificate up to last Qtr of current financial year & PAN Card & Last 3 Assessment years I.T return for the year 2018-19 & 2019-20, 2020-21 Assessment year)
- 7. Valid up-to-date ISO Certificate of the Manufacturer and supplier.
- 8. Valid up-to-date ISO Certificate / USFD / CE Certificate on the quoted product of the Manufacturer.
- 9. Bidders / manufacturing unit which has been blacklisted for any item either by the Tender inviting authority or by any State Govt. or Central Govt. organization cannot participate in the Tender as per **Annexure V.**
- 10. The original tender document should be duly signed & sealed in each page.
- 11. Check list with detail of the documents enclosed in Cover 'A'. The documents should be serially arranged with page marking and should be securely tied and bound.
- 11. Marketing Experience in supply of Laboratory chemicals & consumables products supplying to the Government organization / Corporate Hospital / PSU Hospitals/ UN agencies in India duly supported by documentary evidence (Xerox copy of Self Attested copy of Purchase Order minimum four with End users' certificate) For the year 2018-19, 2019-20 and 2020-2021. (Annexure-VII)
- 12. Average turnover of not less than Rs. 50 lakhs for last 3 years certified by a Charted Accountant with supported evidence documents of audit reports for the financial year 2018-19, 2019-20 & 2020-2021 must be attached. (Annexure-VI)
- 13. Authorization letter from the Manufacturer if the bidder is an authorized distributor (must be attached along with tender.(Annexure-III)
- 14. The tenders should submit the copy of money receipt/DD in token of purchase of tender paper along with the tender.

## **COVER - B (PRICE BID)**

- 1. The tender for giving the rates for various laboratory reagents/ chemicals/ kits / glass ware/ plastic ware from should be submitted in a separate Sealed cover hereafter called Cover 'B' (Price Bid).
  - The tender for giving the rates for LIST OF LABORATORY REAGENTS / CHEMICALS (ESTABLISHMENT OF IEM AT PG DEPARTMENT OF BIOCHEMISTRY, SCB MCH, CUTTACK should be submitted in a separate Sealed cover hereafter called Cover 'C' (Price Bid). (Annexure-II)
- 2. The tender format (price schedule) in the prescribed form (as per Annexure-IV) should be Submitted inclusive of excise duty, insurance, packing with Door Delivery & Quoted with basic Rates, GST%, GST Amount with Total cost inclusive GST & Per MI Cost/Test cost of specific Listed items and the percentage of Discount From Principal Company on Price List rates as per Specified listed companies must be given along with Price Bid..
- 3. The Cover 'B' an 'C'(Price Bid) of the successful bidders who will qualify in the Technical bid will be opened at the Office chamber of the Superintendent, SCB Medical College Hospital by the Members of Purchase Committee in the presence of the bidders or their authorized Representatives if they like so.
- 4. Bidders are instructed to quote for specific make with specified pack size only.
- 5. Successful Qualify Bidders will ask to submit samples before the HOD of concerned departments for Quality Evaluation purpose. After Receiving of Quality Evaluation reports from department departments, the selective products prices only were be taken for consideration.

#### **NON RESPONSIVE / REJECTION CRITERIA**

- 5.1 The tender paper will be rejected if any of the following documents are wanting.
  - i) Earnest Money Deposit (EMD) Rs, 20,000/-(Twenty thousand only) in Demand Draft/FDR not submitted along with tender.
  - ii) Demand Draft of Rs, 1000/- (Rupees One Thousand) only towards tender cost fee for bidding document.
  - iii) Valid and up-to-date ISO Certificate of the Manufacturer.
  - iv) Price Bid / quoted rates (hard copy) without signature and seal of bidder.
  - v) Self-Attested photo copy of Purchase Order from the Government Organization / Corporate Hospital / PSU Hospitals / UN agencies in Indian support of marketing experience for last 4 Years in Tender for supply of Lab. Materials, Consumables, Reagents, and Medicines & Medical Consumables etc. (minimum four orders). Evidence (Self Attested copy of Purchase Order Minimum five with End users' certificate) for the year 2018-19, 2019-20 & 2020-2021,
  - v) Self-Attested copy of Last 3 years IT return (2018-19, 2019-20, 2020-21 Assesment year) & PAN Card.
  - vi) Self-Attested copy of valid CST / GST Regn. Certificate up to Last Quarter of Current Financial year
  - vii) Authorization letter from the Manufacturer if the bidder is an authorized distributor.
  - viii) Average turnover of Rs, 50 lakhs for last 3 years certified by a Charted Accountant. (Notarized documentary evidence must be attached with support of Audit report.
- 6. The E.M.D will be forfeited if the bidder withdraws the tender / violet the tender condition in any respect within the validity of the bid or does not accept the approved rates by the bidder.
- 7. The E.M.D of the unsuccessful bidders only will be returned back without interest after finalization of tender and issue of the award of contract to the successful bidders /after receipt of performance security deposit from award holders.
  - (i) The Bidder has to accept all the term & conditions mentioned in the tender document.
  - (ii) The tender document is not transferable.

### **SUPPLY CONDITIONS:**

- 8.1 The supplier / firm will supply as per the technical specification
- 8.2 The bidder should deliver the Lab. Materials, reagents, chemicals, Glass wares, plastic wares & Consumables, Reagents, etc (Door Delivery) at our central store. The insurance, storage & transport charges / courier charges if any will be borne by the supplier. The short supply, damage if any at the time of delivery of consignment shall be replaced by the supplier within seven days of the first supply of indented items.
- 8.3 The Composition & strength of each item tendered should be as per the specification given in (Technical Specification).
- 8.4 The supply should be started immediately & completed within stipulated period from the date of issue of the purchase order. In case of non-supply the required items within its stipulated period, then the authority has also the liberty to cancel those orders and purchase the same item from L<sub>2</sub>, L<sub>3</sub>, L<sub>4</sub> & L<sub>5</sub> firm as the case may be if the other firms agree to supply at L<sub>1</sub> rate. The non-supplier will be penalized in form of forfeiture of E.M.D.

### **QUALITY TESTING**

- 8.5 All the Technical Qualifier suppliers / manufacturers must submit Samples before HOD of Different Department of SCB Medical College. The Approved quality products were taken for price evaluation.
- 8.6 All the suppliers / manufacturers must submit test reports from approved laboratory of the batches of Drugs Medicines and Medical Consumables being supplied to the consignee if required by local DI (in case of Drugs). In house reports to be submitted along with bid.
- 8.7 If the Drugs and Medical Consumables as per report is found "Not of Standard Quality" in first test, the supplier will be required to replace the entire quantity of the batch declared NSQ and all the supplied batches to be replace with another batches with free of cost.
- 8.8 The supplier shall be responsible for the full replacement in his own cost for any product, if the same is found on visual inspection to have deteriorated / not of standard quality before the expiry date.

### TERMS OF PAYMENT

- 1. No advance payments towards cost of Lab. Materials, Consumables, Reagents, plastic wares, glass wares and Medical Consumables etc. will be made to the supplier. The supplier has to submit 3 (three) copies of the bills or invoices with a photocopy of the purchase order at the place of supply for stock entry.
- 2. No claims shall be made against the authority in respect of interest on Earnest Money Deposit or delayed payment.
- 3. Laboratory reagents/chemicals/ kits/ glass ware/ plastic wares & consumables must have expiry date at least 8 (eight) months from the date of supply.

## **PENALITIES**

- 1. If the bidder withdraws or alters its bid or unwilling to accept the term & conditions of the Tender after submission of bid & during the bid validity period, the EMD deposited by the Said bidder will stand forfeited.
- 2. If the successful bidder fails to execute the work order / replacement of NSQ stock within the time specified/ unable to undertake the contract or supply as per purchase order, his purchase order will be cancelled by him shall stand forfeited. He will also be liable for the damages sustained by the authority. Such damages shall be assessed by the authority, whose decision will be final in the matter. The defaulting firm will be de-recognized for 2 (two) years from the date of issue of letter. The authority can forfeit the EMD/performance security of the defaulting firms and de-recognize / black list the said firms for 2 (two) years from the date of issue of letter.
- 3. If any Drugs and Medical Consumables supplied by the bidder being partially used or consumed after supply and are subsequently found to be in bad order, unsound, inferior in quality or description or otherwise faulty or unfit for consumption, the supplier will be required to replace the entire quantity of that item.
- 4. The undersigned/ Committee is not bound to accept the lowest price considering the technical aspect and reserves the full right to reject/cancel any or all the tender without assigning any reasons thereof.
- 5. If any information on documents furnished by the bidders are found to be misleading on incorrect at any style the tender will be cancelled and will be back-listed for a period of five years in SCB Medical College Hospital, Cuttack.

Sd/-Superintendent SCB Medical College Hospital, Cuttack

# CHECK LIST Please put in the respective box

DOCUMENTS: SUBMITTED OR NOT

|            |   | Provid | ed or not |
|------------|---|--------|-----------|
| SI.<br>No. | Details   |        | No        |
| 1          | Earnest Money Deposit .   |        |           |
| 2          | List of items being quoted with specification and strength  |        |           |
| 3          | Duly attested Valid up-to-date Photocopy of Manufacturing License in case of manufacture/Drug License for Drugs.  |        |           |
| 4          | Details of Manufacturing Unit / contract person for Liaising / local office in Odisha .(Annexure-I)   |        |           |
| 6          | Cost of the tender paper money receipt / DD   |        |           |
| 7          | Valid up-to-date ISO Certificate/ USFD / CE Certificate on the quoted product   |        |           |
| 8          | Self-Attested photo copy for similar items Purchase order of Lab. Reagents, chemicals, plastic wares, kits, glass wares & consumables etc.to Govt./Corporate/PSU Hospitals in India in support of marketing experience for last 3 years & Support with End user certificate (For the year 2018-19 & 2019-20 & 2020-21) (Annexure-VII) |        |           |
| 9          | Average Annual Turnover of ₹ 50 Lakhs or more during last 3 financial years duly certified by a Chartered Accountant support with Audit report for the year 2018-19, 2019-20 and 2020-2021(Annexure-VI)   |        |           |
| 10         | Authorization letter of the Manufacturer as per Annexture (Annexure-III)  |        |           |
| 11         | Self-Attested Photocopy of Sales Tax /VAT/ GST Return Filing (GSTR-3B) up to Last quarter of Current Financial Year.  |        |           |
| 12         | Declaration form (As per Annexure-V) signed by the Bidder & affidavit before Notary Public .  |        |           |
| 13         | Cover 'B' & Cover -'C' with price schedule As per Annexures-II Price Format.  |        |           |
| 14         | Photo copy of Last 3 years I.T. Return (2018-19 & 2019-20 & 2020-21 Assessment Year)  |        |           |
| 15         | Attested copy of PAN Card   |        |           |
| 16         | Original Tender Booklet with duly signed by the bidders   |        |           |

(To be submitted in Cover A -Technical Bid)

# **DETAILS OF THE BIDDER & LOCAL CONTACT PERSON**

|                          | Corporate Office (The address in which the purchase orders and payment details will be communicated) | Local Contact Person / Branch<br>Office / Zonal Office / if any, in<br>Odisha. |
|--------------------------|--|--|
| Name & Full Address      |  |  |
| Telephone Nos., landline |  |  |
| Mobile                   |  |  |
| Fax                      |  |  |
| E – Mail                 |  |  |

| Signature of the Bidder with seal: |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|
| Date :                             |  |  |  |  |  |

Official Seal:

# **ANNEXURE-II**

# **MODEL TENDER FORMAT (PRICE SCHEDULE)**

| SI.<br>No. | Name of the<br>Items | Make<br>Specification | Basic<br>Rate / Unit<br>(Excluding GST) | GST<br>(%) | GST<br>Amount | Total Price<br>(Inclusive<br>of GST) | Cost Per<br>Ml/Test |
|------------|----------------------|-----------------------|---|------------|---------------|--------------------------------------|---------------------|
| (1)        | (2)                  | (3)                   | (4)                                     | (5)        | (6)           | (7)                                  | (8)                 |
|            |                      |                       |   |            |               |                                      |                     |
|            |                      |                       |   |            |               |                                      |                     |
|            |                      |                       |   |            |               |                                      |                     |
|            |                      |                       |   |            |               |                                      |                     |
|            |                      |                       |   |            |               |                                      |                     |
|            |                      |                       |   |            |               |                                      |                     |
|            |                      |                       |   |            |               |                                      |                     |

| Signature of the Bidder: |
|--------------------------|
| Name:                    |
| Address:                 |

# **MANUFACTURER'S AUTHORISATION FORMAT**

(To be submitted in Cover A -Technical Bid)

| То     | The Superintendent<br>SCB Medical College & Hospital<br>Cuttack                              |   |                                 |
|--------|--|---|---------------------------------|
| Ref:   | Tender Reference No.   | Dated   |                                 |
| Dear S | Sir,   |   |                                 |
|        |  | are the manufacturers ofctories at                      |                                 |
|        | _  |   |                                 |
| sale   | le of  | (name and address of the agen<br>(name of items)        | it) is our authorized agent for |
|        |  | (r<br>into a contract with for the above goods          |                                 |
|        | s faithfully,  |   |                                 |
| (Signa | ature with date, name and designation)   |   |                                 |
|        | nd on behalf of Messrse & address of the manufacturers)                                      |   |                                 |
| Seal   |  |   |                                 |
| Note:  | :  |   |                                 |
|        | nis letter should be on the <i>letterhead</i> of ower of attorney to legally bind the manual | the <i>manufacturer</i> and should be signed ufacturer. | by a person having the          |
|        |  |   |                                 |
|        |  |   |                                 |
|        |  |   |                                 |
|        |  |   |                                 |
|        |  |   |                                 |
|        |  |   |                                 |
|        |  |   |                                 |
|        |  |   |                                 |
|        |  |   |                                 |
|        |  |   |                                 |

(To be submitted in Cover A -Technical Bid)

# LIST OF ITEM(S) QUOTED

| SI. | Name of Item (s) | Specification | Manufacturer / Brand Name |
|-----|------------------|---------------|---------------------------|
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |

# (To be submitted in Cover A -Technical Bid) **DECLARATION FORM**

| I / We  |                                  | having              | My /            | our    |  |  |  |
|---|----------------------------------|---------------------|-----------------|--------|--|--|--|
|   | office the at                    |                     |                 | do     |  |  |  |
| declare that I / We have carefully read all the te  | rms & conditions of tender of t  | he Superintendent,  | SCB Me          | edical |  |  |  |
| College & Hospital, Cuttack Odisha for the supply of Laboratory Reagents, Chemicals, Glass Wares, Plastic |                                  |                     |                 |        |  |  |  |
| Wares & consumables ETC. The approved rate will remain valid for a period of one year from the date of    |                                  |                     |                 |        |  |  |  |
| approval. I will abide with all the terms & conditions of the Tender Reference                            |                                  |                     |                 |        |  |  |  |
|   |                                  |                     |                 |        |  |  |  |
| I/We do hereby declare I/We have not  | been de-recognized / black lis   | sted by any State   | Govt. / L       | Jnion  |  |  |  |
| Territory / Govt. of India / Govt. Organization /   | •                                |                     |                 |        |  |  |  |
| (NSQ) items / non-supply.   |                                  | арр.) с. т.с. с. с. |                 |        |  |  |  |
| (10 д) но по / поп одррзу.  |                                  |                     |                 |        |  |  |  |
| I/We agree that the Tender Inviting Auth  | ority can forfeit the Earnest Mo | oney Deposit and b  | lacklist n      | ne/us  |  |  |  |
| for a period of 2 years if any information furnishe   | •                                | • •                 |                 |        |  |  |  |
| and not complying with the Tender terms & condi   | •                                | io unio di mopodio  | 17 1011110      | ation  |  |  |  |
| and not complying with the Tender terms a condi-  | nono.                            |                     |                 |        |  |  |  |
| I/We further declare that I/We possess  | s valid manufacturing license    | / Drug License be   | aring No        | ) (s)  |  |  |  |
| Valid up  | to                               | -                   | /               | We     |  |  |  |
| valid up  |                                  |                     | ,<br>vill cuppl |        |  |  |  |
|   | •                                |                     | wiii suppi      | y trie |  |  |  |
| as per the terms, conditions  | s & specifications of the tender | document.           |                 |        |  |  |  |
|   | Signature of the Bidder          | :                   |                 |        |  |  |  |
| ;   | Seal Date                        | :                   |                 |        |  |  |  |
|   | Name & Address of the Firm       | :                   |                 |        |  |  |  |
|   |                                  |                     |                 |        |  |  |  |

(To be furnished in the letter head of the Auditor)

# **ANNUAL TURN OVER STATEMENT**

|                 | The Annual Turnover for Drugs                                | and consumables of   |          |
|-----------------|--|--|----------|
|                 | M/s  |  | who is a |
|                 | manufacturing unit / Distributor for the latrue and correct. | ed that the statement is   |          |
| SI.No.          | Year   | Turnover in Lakhs  |          |
| 1.              | 2018 – 2019 -  |  |          |
| 2.              | 2019 – 2020 -  |  |          |
| 3.              | 2020-2021 -  |  |          |
|                 |  |  |          |
| Date:<br>Place: |  | Signature of Auditor/<br>Chartered Accountant<br>(Name in Capital) |          |
| Seal            |  |  |          |
|                 |  | Membership No  |          |
|                 |  | UDIN No.   |          |
| Note:<br>a)     | To be issued in the letter head of the At                    | uditor.  |          |

b) The above turn over statement must support with audited balance sheet.

# (To be submitted in Cover A - Technical Bid) PROFORMA FOR PERFORMANCE STATEMENT

(For the period of last three years)

#### Name of Manufacturer

|     | Order placed by<br>(Address of          |                     |                          | Date of Completion |        | Reasons for     |
|-----|---|---------------------|--------------------------|--------------------|--------|-----------------|
| SI. | purchaser) (attach documentary proof) * | Order no. &<br>Date | Value of<br>Contract (₹) | As per contract    | Actual | delay<br>if any |
| 1   |   |                     |                          |                    |        |                 |
| 2   |   |                     |                          |                    |        |                 |
| 3   |   |                     |                          |                    |        |                 |
| 4   |   |                     |                          |                    |        |                 |
| 5   |   |                     |                          |                    |        |                 |
| 6   |   |                     |                          |                    |        |                 |
| 7   |   |                     |                          |                    |        |                 |
| 8   |   |                     |                          |                    |        |                 |
| 9   |   |                     |                          |                    |        |                 |
| 10  |   |                     |                          |                    |        |                 |

Signature and seal of the Bidder

# <u>LIST OF LABORATORY REAGENTS / CHEMICALS (ESTABLISHMENT OF IEM AT PG DEPARTMENT OF BIOCHEMISTRY, SCB MCH, CUTTACK)</u> FOR THE YEAR 2021-2022

| SI<br>No. | Name of the Items                     | Make | Specification | Pack Size | Remarks |
|-----------|---------------------------------------|------|---------------|-----------|---------|
| 1         | Neonatal TSH Elisa Sceening Assay Kit |      |               |           |         |
| 2         | Neonatal 17-OH-P- Elisa Sceening      |      |               |           |         |
| 2         | Assay Kit                             |      |               |           |         |
| 3         | Neonatal G-6-PD-Elisa Sceening Assay  |      |               |           |         |
| 3         | Kit                                   |      |               |           |         |
| 4         | Neonatal PKU Elisa Sceening Assay Kit |      |               |           |         |
| 5         | Dried Blood Spot Collection Card      |      |               |           |         |
| 6         | DBS Puncher (Manual - 3.0 mm)         |      |               |           |         |

# LIST OF LABORATORY REAGENTS / CHEMICALS/ GLASSWARES/ PLASTICWARES ETC. FOR THE YEAR 2021-2022

| SI  |   |      |               |           |         |  |
|-----|---|------|---------------|-----------|---------|--|
| No. | Name of the Items   | Make | Specification | Pack Size | Remarks |  |
| 1   | Actin FSL   |      |               |           |         |  |
| 2   | Thromborel S  |      |               |           |         |  |
| 3   | Anti A +B (IgM Monoclonal)  |      |               |           |         |  |
| 4   | Blood Collection Bag CPD A1 350ml (Triple) with SAGM additive solution    |      |               |           |         |  |
| 5   | Blood Collection Bag CPD A1 450ml with SAGM additive solution (Quadruple) |      |               |           |         |  |
| 6   | Blood Collection Bag CPD A1 450ml (Triple) with SAGM additive solution    |      |               |           |         |  |
| 7   | Blood Collection bag CPD A1 450ml (Double)                                |      |               |           |         |  |
| 8   | Blood Collection bag CPD A1 350ml (Quadruple)                             |      |               |           |         |  |
| 9   | Medicated Adhesive Strip (Handspot)                                       |      |               |           |         |  |
| 10  | HBsAg Rapid (Card)  |      |               |           |         |  |
| 11  | HCV Rapid (Card)  |      |               |           |         |  |
| 12  | HIV Rapid (Card)  |      |               |           |         |  |
| 13  | Syphilis Rapid (Card)   |      |               |           |         |  |
| 14  | Micro Glass Slide, PIC-1  |      |               |           |         |  |
| 15  | Metal Loops Holder  |      |               |           |         |  |
| 16  | Nicrome Loop D-2.   |      |               |           |         |  |
| 17  | Crystal Violet Stainig Powder   |      |               |           |         |  |
| 18  | Potasium Iodide   |      |               |           |         |  |
| 19  | Fuschsin Basic  |      |               |           |         |  |
| 20  | Cefoxitin   |      |               |           |         |  |
| 21  | Gentamicin-HLG  |      |               |           |         |  |
| 22  | BHI-Supplemented  |      |               |           |         |  |
| 23  | HBV Elisa Kit   |      |               |           |         |  |
| 24  | HAV Elisa Kit   |      |               |           |         |  |
| 25  | HEV Elisa Kit   |      |               |           |         |  |
| 26  | Hepatitis HBV Rapid Antigen Test Kit                                      |      |               |           |         |  |
| 27  | Hepatitis HCV Rapid Antigen Test Kit                                      |      |               |           |         |  |
| 28  | GP Test Kit VTK2  |      |               |           |         |  |
| 29  | AST-P628 Test Kit   |      |               |           |         |  |
| 30  | GN Test Kit VTK2  |      |               |           |         |  |
| 31  | AST-N280 Test Kit   |      |               |           |         |  |
| 32  | AST-N405 Test Kit   |      |               |           |         |  |
| 33  | AST-N406 Test Kit   |      |               |           |         |  |
| 34  | AST-N407 Test Kit   |      |               |           |         |  |
| 35  | BACT/ ALERT PF Plus   |      |               |           |         |  |
| 36  | Bact/ Alert FA Plus   |      |               |           |         |  |
| 37  | Suspension Solution   |      |               |           |         |  |
| 38  | Unsensitized Tubes  |      |               |           |         |  |

No. 27003/d4.17.11.9021

# Corrigendum to Tender Call Notice relating to purchase of Laboratory Reagents/ Chemicals/ Kits / Glassware / Plasticware from Users' fund.

1. List No. 2 attached to Tender Call Notice has been revised with Sl. No. 3, 4, 6, 22, 23, 26 and 27 have been deleted and revised list is as follows which may be referred to.

LIST NO.-2

LIST OF LABORATORY REAGENTS / CHEMICALS/ GLASSWARES/
PLASTICWARES ETC. FOR THE YEAR 2021-2022

| SI<br>No. | Name of the Items   | Make | Specification | Pack Size | Remarks |
|-----------|---|------|---------------|-----------|---------|
| 1         | Actin FSL   |      |               | •         |         |
| 2         | Thromborel S  |      |               |           |         |
| 3         | Blood Collection Bag CPD A1 450ml with SAGM additive solution (Quadruple) |      |               | ,         |         |
| - 4       | Blood Collection bag CPD A1 450ml (Double)                                |      |               |           |         |
| 5         | Blood Collection bag CPD A1 350ml (Quadruple)                             |      |               |           |         |
| 6         | Medicated Adhesive Strip (Handspot)                                       |      |               |           |         |
| 7         | HBsAg Rapid (Card)  |      |               |           |         |
| 8         | HCV Rapid (Card)  |      |               |           |         |
| 9         | HIV Rapid (Card)  |      |               |           |         |
| 10        | Syphilis Rapid (Card)   |      | 1             |           |         |
| 11        | Micro Glass Slide, PIC-1  |      |               |           |         |
| 12        | Metal Loops Holder  |      |               |           |         |
| 13        | Nicrome Loop D-2.   |      |               |           |         |
| 14        | Crystal Violet Stainig Powder   |      |               |           |         |
| 15        | Potasium Iodide   |      |               |           |         |
| 16        | Fuschsin Basic  | 6    |               |           |         |
| 17        | Cefoxitin   |      |               |           |         |
| 18        | Gentamicin-HLG  |      |               |           | 1       |
| 19        | HAV Elisa Kit   |      |               |           |         |
| 20        | HEV Elisa Kit   |      |               |           |         |
| 21        | GP Test Kit VTK2  |      |               |           |         |
| 22        | AST-P628 Test Kit   |      |               |           |         |
| 23        | GN Test Kit VTK2  |      |               |           | 3.50    |
| 24        | AST-N280 Test Kit   |      |               |           |         |
| 25        | AST-N405 Test Kit   |      | 2 -           |           |         |
| 26        | AST-N406 Test Kit   |      |               |           |         |
| 27        | AST-N407 Test Kit   |      |               |           |         |
| 28        | BACT/ ALERT PF Plus   |      |               |           |         |
| 29        | Bact/ Alert FA Plus   |      |               | \$ % Y    |         |
| 30        | Suspension Solution   |      |               | Ť         |         |
| 31        | Unsensitized Tubes  |      |               |           |         |

Clause No. 5.1 (Non Response / Rejection Criteria) addendurn as follows:

 The tenderers should furnish E.M.D. of Rs.20,000/- (Rupees Twenty thousand) only for item list -1 and Rs. 10,000/- (Rupees Ten Thousand) only for items No. 2 separately in Shape of fixed deposit / DD in the Nationalized Bank/ Post office duly pledged in favor of the Swasthya Bikash Samiti, SCB Medical College Hospital, Cuttack.

5.1 (vii) The bidder have to submit authorization letter from the Manufacture / Importer if the bidder is an authorized distributor. (As annexure-III)

Superintendent SCB Medical College Hospital, Cuttack