



કર્મચારી રાજ્ય વીમા નિગમ, હોસ્પિટલ, અંકલેશ્વર  
કર્મચારી રાજ્ય બીમા નિગમ, અસ્પતાલ, અંકલેશ્વર  
Employees' State Insurance Corporation, Hospital, Ankleshwar  
શ્રમ અને રોજગાર મંત્રાલય, ભારત સરકાર  
શ્રમ एवं रोजगार मंत्रालय, भारत सरकार  
Ministry of Labour & Employment, Govt of India



500 ક્વાર્ટર્સ ની નજીક, અંકલેશ્વર જી આઈ ડી સી, જિલ્લો ભરૂચ-393002  
Near 500 Quarters, GIDC Ankleshwar, Dist Bharuch - 393002

E-mail : [esih-ankleshwar.gj@esic.in](mailto:esih-ankleshwar.gj@esic.in)

No.375/ESIC/ANK/Lab.Tender/medical /2018

Date: 12.04.2018

**Expression of interest for Laboratory investigation**

E - tenders are invited under Two Bid system through e-procurement solution from reputed laboratories and investigation centers for lab investigations for one year. The Tenders will be opened online on **04.05.2018** at **2.30 P.M** in presence of the tenderers.

|   |  |
|---|--|
| <b>Schedule of Tender No</b>                  | <b>: No.375/ESIC/ANK/Lab.Tender/medical/2018</b> |
| <b>Date of Start of Download</b>              | <b>: 12.04.2018</b>                              |
| <b>Last date of submission of e-tender</b>    | <b>: 04.05.2018 up to 1:00PM</b>                 |
| <b>Time &amp; Date of opening of e-tender</b> | <b>: 04.05.2018 at 2:30PM.</b>                   |
| <b>Earnest Money</b>                          | <b>: RS. 80,000/- (Eighty thousand only)</b>     |

Tenders documents are available online from 12.04.2018 at [www.esic.nic.in](http://www.esic.nic.in),  
<https://esictenders.eproc.in> & <https://eprocure.gov.in>

**Medical Superintendent**

## **Important Instructions for Bidders regarding Online Payment**

All bidders/contractors are required to procure Class-IIIB Digital Signature Certificate (DSC) with Both DSC Components i.e. Signing & Encryption to participate in the E- Tenders.

Bidders should get Registered at <https://esictenders.eproc.in>.

Bidders should add the below mentioned sites under Internet Explorer → Tools → Internet Options → Security → Trusted Sites → Sites of Internet Explorer :

<https://esictenders.eproc.in> <https://www.tpsl-india.in>  
<https://www4.ipg-online.com>

Also, Bidders need to select “Use TLS 1.1 and Use TLS 1.2” under Internet Explorer → Tools → Internet Options → Advanced Tab → Security.

Bidder needs to submit Bid Processing Fee charges of Rs. 2495/- (non-refundable) in favour of M/s. C1 India Pvt. Ltd., payable at New Delhi via Online Payment Modes such as Debit Card, Credit Card or Net-Banking for participating in the Tender.

Bidders can contact our Helpdesk at <https://esictenders.eproc.in/html/Support.asp>



કર્મચારી રાજ્ય વીમા નિગમ, હોસ્પિટલ, અંકલેશ્વર  
કર્મચારી રાજ્ય બીમા નિગમ, અસ્પતાલ, અંકલેશ્વર  
Employees' State Insurance Corporation, Hospital, Ankleshwar



શ્રમ અને રોજગાર મંત્રાલય, ભારત સરકાર  
શ્રમ एवं रोजगार मंत्रालय, भारत सरकार  
Ministry of Labour & Employment, Govt of India

500 ક્વાર્ટર્સ ની નજીક, અંકલેશ્વર જી આઈ ડી સી, જિલ્લો ભરૂચ-393002  
५०० क्वार्टर्स के पास , अंकलेश्वर, जी०आई०डी०सी०, जीला - भरूच - ३९३००२  
Near 500 Quarters, GIDC Ankleshwar, Dist Bharuch - 393002

E-mail : [esih-ankleshwar.gi@esic.in](mailto:esih-ankleshwar.gi@esic.in)

## EXPRESSION OF INTEREST FOR LAB INVESTIGATIONS

The Medical Superintendent, ESIC Hospital, Ankleshwar Dist. Bharuch invites e-tenders from reputed laboratories / pathology investigation centers for lab investigations for period of one year at CGHS rates on 24 x 7 and 365 days basis.

### Eligibility Criteria:

1. Agencies/Establishments must have atleast three years of experience in respective field. Evidence like experience certificate, registration certificate etc. to this effect should be submitted as a part of technical bid.
2. The diagnostic laboratory should have been accredited by National Accreditation Board for testing and Calibration Laboratories (NABL). However, the diagnostic laboratories which are not accredited by NABL may also apply for empanelment but their empanelment shall be provisional till they are accredited for NABL certificate, which may be done preferably within a period of 6 months but not later than one year from the date of empanelment.

### GENERAL CONDITIONS

3. Each tenderer must submit earnest money deposit Rs.80,000/- by means of a Demand Draft drawn in favor of ESIC FUND, Account No. I, payable at Ankleshwar and the D.D should accompany the tender.
4. The contract will normally be valid for **one year**. The Medical Superintendent, ESIC Hospital Ankleshwar Dist. Bharuch, reserves the right to terminate the contract at any time, before the expiry of one year, by giving one months notice. The contract can be extended up to a maximum period of one year beyond this period, on the same terms and conditions.
5. The selected tenderer should deposit an amount of Rs. 2,00,000/- as Security Deposit within 7 days. It shall be refunded after satisfactory completion of contract without any interest. The tenderer should have valid PAN Number and copy of the same should be attached with the tender document.
6. Payment of bill as per CGHS / AIIMS rates. If both rates are not available than the payment will be given as per laboratory centre rate. In such investigation empanelled laboratory should give 15% discount.
7. Document Acceptance: Documents may be dropped either in the tender box earmarked for the purpose or be sent by Registered post. Document received after the scheduled date and time shall be rejected out rightly.
8. CONDITION FOR OPENING OF DOCUMENTS / BIDS / EOI Document will be out rightly rejected if any technical condition is not fulfilled. Photocopy of necessary certificates should be submitted online alongwith with technical bid. Participants will be informed about date and time of inspection of their Centre by a duly Constituted Committee on the address given in Document form.

9. In addition to online submission of e-tender, bidders are also required to submit hard copy by 04/05/2018, 1:00 P.M.of the following documents:-

1. Envelop A: Containing Earnest Money Deposit (EMD) of Rs. 80,000/- in the form of Demand Draft/ Pay Order in favour of ESIC Fund Account No.1, payable at Ankleshwar.
2. Envelop B: Containing Technical Bid (Annexure-A)
3. **Envelop C: Containing Financial Bid/Price Bid (Annexure- B & C).**

**The tender / offer should be submitted in One sealed envelope, inscribed – TENDER FOR Lab Investigation and shall be dropped in the BOX kept in office of the Asst. Medical Superintendent. Tender received after closing date and time shall not be accepted under any circumstances if received even by post. The figure / rates quoted in the Tender Annexure – B & C must be covered with transparent tape to avoid any tempering. No overwriting or correction is permitted**

10. **CONDITIONS FOR AWARD OF CONTRACT:** Award of contract will be considered to only L-1 (Vendor who is offering maximum discount on CGHS rates in Annexure- C) bidder selected through Two bid tender process after inspection by the technical committee constituted by the Medical Superintendent ESIC Hospital Ankleshwar. In case if more than two bids are received from NABL / Non NABL pathology lab the maximum discount offered will be awarded the contract. In case of tie, i.e. if two bidders offering same discounts the decision of Medical Superintendent shall be final. However, the Medical Superintendent ESIC Hospital Ankleshwar reserves the right to accept or reject any or all the expression of interest(s) without assigning any reason thereof.
11. CHGS RATES mean Latest CGHS rates revalidated by the Department of Health and Family Welfare, Ministry of Health and Family Welfare, Govt. of India Office, list of which is enclosed along with financial bid.
12. Rates should be as per Revised CGHS / AIIMS RATES.
13. Award of contract may be given to one or more participants for which decision of Medical Superintendent will be final.
14. Forms may be downloaded from ESIC website ([www.esic.nic.in](http://www.esic.nic.in) / [www.eprocurement.gov.in](http://www.eprocurement.gov.in)).
15. The applications, if received, from the Institution which was de-empanelled by ESIC/ESIC Hospital Ankleshwar shall be taken/not be taken into consideration (as per Hqrs. verdict in the matter). Final decision of MS ESIC Hospital Ankleshwar shall be binding on the Institution.
16. The successful participants shall have to sign an agreement on Non – Judicial Stamp paper of Rs. 100/- and incidental charges related to agreement shall be borne by the Empanelled centre. Agreement will be effective w.e.f date of signing of the agreement.
17. The Expression of Interest will be rejected out rightly if the same is not submitted in accordance with the terms and conditions of the EOI
18. Contract could be terminated by ESIC if in house Laboratory facility at ESIC Hospital Ankleshwar starts in future, after giving one month advance notice, similarly, the lab may terminate contract after serving three months notice in advance prior to closure of services.
19. In case of urgent requirement of reports the lab shall give the reports within a specified time frame / or as asked for by treating doctors.

**20. PROCEDURE FOR SUBMISSION OF TENDERS/BIDS:**

The tender should be submitted online in Two BID System. All required documents should be properly signed, scanned and uploaded while submitting technical/financial bid.

### **Special conditions for lab investigation**

1. The lab should have been recognized / approved by the competent authority as per existing Govt. rules and should have all the in-house facilities for testing the samples.
2. In case of a tie up arrangement, the lab should have been an authorized franchise of reputed laboratory for not less than a period of three years.
3. The Investigation Center will provide all the investigations on cashless basis to the ESI beneficiaries referred for tests/investigations by this hospital. No registration fee or other fee whatsoever will be charged by the center from these beneficiaries.
4. Result will be issued to ESI beneficiaries at the earliest. In case of specialized investigation the report should be supplied within three days. In case of emergency the report should be given on the same day.
5. The lab shall be subject to inspection at the time of award of initial contract and subject to repeat inspections as desired by the Hospital authorities.
6. The Lab should strictly follow bio medical waste norms at their own cost and should have all the requisite equipment and man power required for testing as per statutory provision.
7. The lab shall post minimum one lab technician in the hospital in order to draw the sample, label, collect and transport the sample to lab.
8. Criteria of counting the firm as reputed lab is the sole right of Medical Superintendent, ESIC Hospital, Ankleshwar.
9. For laboratory investigation payment will be as per CGHS/AIMS rate minus discount offered by bidder in its financial bid and agreed by ESIC. If CGHS rate is not available for the same, the payment will be as per laboratory rate of centre. Centre has to give 15% discount in such case.
10. Bidder should sign each page of tender document.

**Last date of receipt of online tender is 04.05.2018 up to 1 PM**

Tender will be opened online on the same day at 2.30 P.M. The tenderers may remain present for the opening of the tender if they desire. If 04.05.18 is declared holiday for the office of this hospital, tenders will be received up to **1 P.M** and opened at **2 P.M** on the next office working day.

The Medical Superintendent, ESIC Hospital Ankleshwar Dist. Bharuch reserves the right to accept or reject the tender without assigning reason. Selected tenderer should sign an agreement with the Superintendent specifying terms and conditions of contract before taking up the awarded work.

**MEDICAL SUPERINTENDENT**

## **PAYMENT PROCEDURE:-**

As per ESIC Head Quarter instructions, all referral / payment has to be processed online accordingly the empanelled laboratory is required to make necessary arrangement for the processing of online bill processing as follows:

- A. The empanelled hospital shall acknowledge the referral from ESIC Hospital/institution online.
- B. The empanelled laboratory on admission of an ESI Hospital/institution Beneficiary shall intimate online to BPA the complete details of the patient, proposed line of treatment, proposed duration of treatment with Clinical History within 24 hours of admission.
- C. After the patient is discharged, the hospital will upload the claim related documents as per SOP and ESIC policy viz Referral letter, Bills, Lab reports, Discharge Summary, Doctors report, indoor papers etc to BPA through the web based application within seven (7) working days.
- D. The hard copies of the claim will be delivered /dispatched to the concerned referring ESI Hospital/institution within seven (7) working days but not later than 30 days.
- E. The empanelled hospital shall submit all the medical reports in digital form as well as in physical form as per ESIC policy and SOP.
- F. The empanelled hospital agrees that the actual processing shall start when physical copies of the bills submitted by the empanelled hospitals to the concerned referring ESIC/ESIS Hospital, are verified by them on behalf of respective ESIC/ESIS Hospital. Counting of days shall start from such date for the purpose of TAT. In case of query raised on the bills the TAT for the purpose of BPA shall start from the date of reply to the last query raised by the Tie-up Hospital.
- G. In case of absence of certain physical documents, the “Need More Information” (NMI) status will be raised by the Verifier of the respective ESIC/ESIS Hospital, BPA or Medical processing team of respective ESIC Hospital/SMC office to the empanelled hospital/diagnostic center for the missing/ambiguous physical documents (As per SOP). Empanelled hospitals/diagnostic centers shall have to submit the clarifications/information inter-alia for all bills returned online at any level under “Need for more Info” category (NMI), within 15 days failing which these claims will be processed by the respective levels and BPA on the basis of available documents without any further intimation and such bills/claims will be closed not to be opened further.
- H. The BPA will audit the medical claims of the ESI Hospital/institution Beneficiaries in respect of the treatment taken by them in the empanelled hospital and make recommendations for onward payment to ESIC Hospital/SMC Office in a time bound manner within a period of 10 working days from the date of submission of bills in physical format or reply to last query, whichever is later.
- I. The empanelled hospitals shall have the necessary IT infrastructure for interaction with BPA such as Desktop PC with internet connectivity features, High Speed High resolution multi page Document Scanner, Printers, etc.
- J. In case of some mistakes in the scrutiny of claims recommendations thereto by BPA resulting in excess payment to the empanelled hospital by ESIC Hospital/SMC Office the excess amount shall be recovered from the future bills of the empanelled hospital.
- K. Subject to BPA rendering bill-processing services as per terms and conditions of this agreement, the empanelled hospitals/diagnostic centers/claimants shall pay to the BPA, the service fees and service tax/GST/any other tax by any name called as applicable on per claim basis, as detailed below, through ESIC.
- L. The amount deducted towards fee and service tax/GST/any other tax by any name called from the payable claims of hospitals/diagnostic centers shall be forwarded by ESIC to BPA simultaneously

along with the payments to empanelled hospital through ECS or any other mode of money transfer, as decided by ESIC.

M. The processing fee admissible to BPA will be at the rate of 2% of the claimed amount of the bill submitted by the empanelled hospital/diagnostic center (and not on the approved amount) and service tax/GST/any other tax by any name thereon. The minimum admissible amount shall be Rs.12.50 (exclusive of service tax/GST/any other tax by any name, which will be payable extra) and maximum of Rs. 750/- (exclusive of service tax/GST/any other tax by any name, which will be payable extra) per individual bill/claim. The fee shall be auto-calculated by the software and prompted to the ESI Hospital/SMC Office by the system at the time of generation of settlement ID.

N. The fee shall also mean to include any additional payment of Service Tax, GST or any other taxes by whatever name called as applicable on such fee amount admissible to BPA.

O. If the claim is rejected or results into non-payment to the empanelled hospital/diagnostic centre, ESIC Hospital/SMC Office shall recover the service charge and service tax/GST/any other tax by any name due to the BPA from the subsequent claims of the respective empanelled hospital/diagnostic centre and shall pay to the account of the BPA.

P. MEDICAL AUDIT OF BILLS: There shall be continuous medical audits of the services provided / claims raised by the empanelled hospital by ESIC / BPA.

IN WITNESS WHEREOF the parties have caused this Agreement/MOU to be signed  
Executed on the day, month and year first above-mentioned.

Signed by (Authority of ESI Institution)

In presence of  
(Witnesses)

1  
2

Signed by (For and behalf of (empanelled hospital/diagnostic centre name) duly Authorized vide  
resolution No. \_\_\_\_\_ Dated \_\_\_\_\_

In the presence of  
(Witnesses)

1  
2

**Annexure-A**

**TECHNICAL BID FOR LABORATORY**

| <b>SR. NO.</b> | <b>PARTICULARS</b>  | <b>YES/NO</b> |
|----------------|---|---------------|
| 1              | Name of Lab / Investigation Center, address, email address and Contact no.  |               |
| 2              | Tender processing fees Rs. 2495/- has been submitted (attached proof)   |               |
| 3              | PAN/TAN No.(Attach PAN card copy) Demand Draft Details  |               |
| 4              | ITR of Last Three Years (AY 2014-15, 2015-16 & 2016-17)   |               |
| 5              | Scanned copy of License No. (Attach copy as applicable)   |               |
| 6              | Scanned copy of Shop and establishment registration certificate   |               |
| 7              | Scanned copy of Biomedical waste Licence  |               |
| 8              | Scanned copy of Pollution control Licence   |               |
| 9              | ESIC Code No. (Employer Code No.) (if any)  |               |
| 10             | EPFO No. (if any)   |               |
| 11             | Number of functioning Laboratory  |               |
| 12             | Name of existing empanelled organizations/institutions  |               |
| 13             | List of Availability of full time specialist along with their Degrees/certificates for which center is going to empanelled (separate sheet be attached) |               |
| 14             | List of Available equipment i.e. name and year of mfg/installed: (separate sheet be attached)   |               |
| 15             | List of all doctors, paramedical and non medical:- (separate list for doctor, paramedical and non medical be attached)                                  |               |
| 16             | Daily and monthly no. of patients investigation last six month(separate sheet be attached)  |               |
| 17             | Actual Rate list of laboratory/empanelled centre for various investigation (to be submitted as per Annexure with tender form).                          |               |
| 18             | Category of the Laboratory(As per CGHS) NABL, NON-NABL, (attach proof)  |               |
| 19.            | Acceptance of Agreement signed regarding UTI-ITSL-BPA (As on Page No - 05)  |               |
| 20             | Undertaking as per Annexure – I signed and attached   |               |
| 21.            | Undertaking as per Annexure – II signed and attached  |               |
| 22.            | Each page Signed or Not.  |               |
| 23.            | Any other documents (please specify)  |               |

**\* SEPARATE SHEET TO BE ATTACHED WHERE REQUIRED**

**Signature of the vendor**

**Name & Address of the Vendor & Telephone No.**



**Annexure-I**  
**UNDERTAKING**

I/We \_\_\_\_\_ ( name of proprietor) have carefully gone through and understood the contents of the Document form and I/We undertake to abide myself/ourselves by all the terms and conditions set forth. I/We are legally bound to provide services to ESIC Beneficiaries as per rates/terms and conditions of Tender documents failing which Medical Superintendent ESIC Hospital Ankleshwar is liable to take action as deemed fit. I/We undertake to provide uninterrupted services or alternative arrangement will be made at the risk of our institute. We undertake that the information submitted along with document and annexure I is correct and also fully understand in case of default security money will be forfeited.

**Dated**

**Place:**

**Signature(s) Authorized Signatory**

**Name Designation  
(With seal/rubber  
stamp)**

## **Arbitration clause**

**In the event of any dispute or difference arising under these conditions or any special conditions or contract or in connection with this contract, except as to any matters the decision on which is specially provided for by these or special conditions the same shall be referred to the sole arbitration of the Medical Superintendent, ESIC Model Hospital, Ankleshwar or some other person appointed by him/her. There shall be no objection that the arbitrator is a Government/Corporation servant and that he had to deal with matters to which Contract relates or that in the course of his duties as Govt. / Corporation servant he had expressed views on all or any of the arbitration disputes or differences.**

The award of the arbitrator shall be final and binding on the parties to this contract.

### **Terms of Arbitration:-**

- a) If the arbitrator be the Medical Superintendent, ESIC Model Hospital, Ankleshwar.
  - i. In the event of his being transferred or vacating his office by resignation or otherwise, it shall be lawful for his successor in office either to proceed with the reference himself, or to appoint another person as arbitrator; or
  - ii. In the event of his becoming unable to act, for any reason, it shall be lawful for the Medical Superintendent, ESIC Model Hospital, Ankleshwar to appoint another person as arbitrator.
- b) If the arbitrator be a person, appointed by Medical Superintendent, ESIC Model Hospital, Ankleshwar -
  - i) In the event of his delaying, neglecting or refusing to act, being unable to act, for any reason, it shall be lawful for the Medical Superintendent, ESIC Model Hospital, Ankleshwar, either to proceed with the reference himself or to appoint another person as arbitrator in place of the outgoing arbitrator. It is further to the terms of this contract that no person, other than the Medical Superintendent, ESIC Model Hospital, Ankleshwar or the person appointed by him should act as arbitrator and that, if for any reason that is not possible, the matter is not to be referred to arbitrator at all. Upon every such reference, the assessment of the cost incidental to the reference and award 15 respectively shall be in the discretion of the arbitrator. The subject as aforesaid, the Arbitration Act, 1940 and the rules there under and any statutory modifications thereof for the time being in force shall be deemed to apply to the arbitration proceedings under this clause. Work under the contract signed at shall, if reasonably possible, continue during the arbitration proceedings and no payment due to or payable by the purchaser shall be with-held, on account of such proceedings.

The venue of the arbitration shall be Ankleshwar, Dist.-Bharuch.

**FINANCIAL BID**  
(to be supplied on official letter head)

**LIST OF LABORATORY INVESTIGATIONS WITH RATES**

| SR. NO.   | NAME OF INVESTIGATION   | LABORATORY RATES |
|---|---|------------------|
| <b>LABORATORY MEDICINE / CLINICAL PATHOLOGY</b> |   |                  |
| 1   | Urine routine- pH, Specific gravity, sugar, protein and microscopy                                      |                  |
| 2   | Urine-Microalbumin  |                  |
| 3   | Stool routine   |                  |
| 4   | Stool occult blood  |                  |
| 5   | Post coital smear examination   |                  |
| 6   | Semen analysis  |                  |
| <b>LABORATORY MEDICINE / HAEMATOLOGY</b>        |   |                  |
| 7   | Haemoglobin (Hb)  |                  |
| 8   | Total Leucocytic Count (TLC)  |                  |
| 9   | Differential Leucocytic Count (DLC)   |                  |
| 10  | E.S.R.  |                  |
| 11  | Total Red Cell count with MCV,MCH,MCHC,DRW  |                  |
| 12  | Complete Haemogram/CBC, Hb,RBC count and indices, TLC, DLC, Platelet, ESR, Peripheral smear examination |                  |
| 13  | Platelet count  |                  |
| 14  | Reticulocyte count  |                  |
| 15  | Absolute Eosinophil count   |                  |
| 16  | Packed Cell Volume (PCV)  |                  |
| 17  | Peripheral Smear Examination  |                  |
| 18  | Smear for Malaria parasite  |                  |
| 19  | Bleeding Time   |                  |
| 20  | Osmotic fragility Test  |                  |
| 21  | Bone Marrow Smear Examination   |                  |
| 22  | Bone Marrow Smear Examination with iron stain   |                  |
| 23  | Bone Marrow Smear Examination and cytochemistry   |                  |
| 24  | Activated partial Thromboplastin Time (APTT)  |                  |
| 25  | Rapid test for malaria(card test)   |                  |
| 26  | WBC cytochemistry for leukemia –Complete panel  |                  |
| 27  | Bleeding Disorder panel- PT, APTT, Thrombin Time Fibrinogen, D-Dimer/ FDP                               |                  |
| 28  | Factor Assays-Factor VIII   |                  |
| 29  | Factor Assays-Factor IX   |                  |
| 30  | Platelet Function test  |                  |
| 31  | Tests for hypercoagulable states- Protein C,Protein S, Antithrombin                                     |                  |
| 32  | Tests for lupus anticoagulant   |                  |
| 33  | Tests for Antiphospholipid antibody IgG, IgM (for cardiolipin and B2 Glycoprotein 1)                    |                  |
| 34  | Thalassemia studies (Red Cell indices and Hb HPLC)  |                  |
| 35  | Tests for Sickling / Hb HPLC)   |                  |
| <b>LABORATORY MEDICINE / BLOOD BANK</b>         |   |                  |
| 36  | Blood Group & RH Type   |                  |

|  |  |  |
|--|--|--|
| 37   | Cross match  |  |
| 38   | Coomb's Test Direct                                    |  |
| 39   | Coomb's Test Indirect                                  |  |
| 40   | 3 cell panel- antibody screening for pregnant female   |  |
| 41   | 11 cells panel for antibody identification             |  |
| 42   | HBs Ag   |  |
| 43   | HCV  |  |
| 44   | HIV I and II   |  |
| 45   | VDRL   |  |
| 46   | RH Antibody titer                                      |  |
| 47   | Platelet Concentrate                                   |  |
| 48   | Random Donor Platelet(RDP)                             |  |
| 49   | Single Donor Platelet (SDP- Apheresis)                 |  |
| <b>LABORATORY MEDICINE / HISTOPATHOLOGY</b>      |  |  |
| 50   | Routine-H & E  |  |
| 51   | special stain  |  |
| 52   | Immunohistochemistry(IHC)                              |  |
| 53   | Frozen section   |  |
| 54   | Paraffin section                                       |  |
| <b>LABORATORY MEDICINE / CYTOLOGY</b>            |  |  |
| 55   | Pap Smear  |  |
| 56   | Body fluid for Malignant cells                         |  |
| 57   | FNAC   |  |
| <b>NAME OF INVESTIGATION / FLOW CYTOMETRY</b>    |  |  |
| 58   | Leukemia panel /Lymphoma panel                         |  |
| 59   | PNH Panel-CD55,CD59                                    |  |
| <b>LABORATORY MEDICINE / CYTOGENETIC STUDIES</b> |  |  |
| 60   | Karyotyping  |  |
| 61   | FISH   |  |
| <b>LABORATORY MEDICINE / BIOCHEMISTRY</b>        |  |  |
| 62   | Blood Glucose Random                                   |  |
| 63   | 24 hrs urine for Proteins,Sodium, creatinine           |  |
| 64   | Blood Urea Nitrogen                                    |  |
| 65   | Serum Creatinine                                       |  |
| 66   | Urine Bile Pigment and Salt                            |  |
| 67   | Urine Urobilinogen                                     |  |
| 68   | Urine Ketones  |  |
| 69   | Urine Occult Blood                                     |  |
| 70   | Urine total proteins                                   |  |
| 71   | Rheumatoid Factor test                                 |  |
| 72   | Bence Jones protein                                    |  |
| 73   | Serum Uric Acid  |  |
| 74   | Serum Bilirubin total & direct                         |  |
| 75   | Serum Iron   |  |
| 76   | C.R.P.   |  |
| 77   | C.R.P Quantitative                                     |  |
| 78   | Body fluid (CSF/Ascitic Fluid etc.)Sugar, Protein etc. |  |
| 79   | Albumin.   |  |
| 80   | Creatinine clearance.                                  |  |
| 81   | Serum Cholesterol                                      |  |
| 82   | Total Iron Binding Capacity                            |  |
| 83   | Glucose (Fasting & PP)                                 |  |
| 84   | Serum Calcium –Total                                   |  |
| 85   | Serum Calcium –Ionic                                   |  |
| 86   | Serum Phosphorus                                       |  |
| 87   | Total Protein Alb/Glo Ratio                            |  |
| 88   | IgG.   |  |

|                            |   |  |
|----------------------------|---|--|
| 89                         | IgM.  |  |
| 90                         | IgA.  |  |
| 91                         | ANA.  |  |
| 92                         | Ds DNA.   |  |
| 93                         | S.G.P.T.  |  |
| 94                         | S.G.O.T.  |  |
| 95                         | Serum amylase   |  |
| 96                         | Serum Lipase  |  |
| 97                         | Serum Lactate   |  |
| 98                         | Serum Magnesium   |  |
| 99                         | Serum Sodium  |  |
| 100                        | Serum Potassium   |  |
| 101                        | Serum Ammonia   |  |
| 102                        | Anemia Profile  |  |
| 103                        | Serum Testosterone  |  |
| 104                        | Imprint Smear From Endoscopy  |  |
| 105                        | Triglyceride  |  |
| 106                        | Glucose Tolerance Test (GTT)  |  |
| 107                        | Triple Marker.  |  |
| 108                        | C.P.K.  |  |
| 109                        | Foetal Haemoglobin (HbF)  |  |
| 110                        | Prothrombin Time (P.T.)   |  |
| 111                        | L.D.H.  |  |
| 112                        | Alkaline Phosphatase  |  |
| 113                        | Acid Phosphatase  |  |
| 114                        | CK MB   |  |
| 115                        | CK MB Mass  |  |
| 116                        | Troponin I  |  |
| 117                        | Troponin T  |  |
| 118                        | Glucose Phosphate Dehydrogenase (G, 6PD)  |  |
| 119                        | Lithium.  |  |
| 120                        | Dilantin (phenytoin).   |  |
| 121                        | Carbamazepine.  |  |
| 122                        | Valproic acid.  |  |
| 123                        | Feritin.  |  |
| 124                        | Blood gas analysis  |  |
| 125                        | Blood gas analysis with electrolytes  |  |
| 126                        | Urine pregnancy test  |  |
| 127                        | Tests for Antiphospholipid antibodies syndrome  |  |
| 128                        | Hb A1 C   |  |
| 129                        | Hb Electrophoresis/ Hb HPLC   |  |
| 130                        | Kidney Function Test.   |  |
| 131                        | Liver Function Test   |  |
| 132                        | Lipid Profile.( Total cholesterol,LDL,HDL,treigylcerides)                                 |  |
| <b>Nutritional Markers</b> |   |  |
| 133                        | Serum Iron  |  |
| 134                        | Total Iron Binding Capacity   |  |
| 135                        | Serum Ferritin  |  |
| 136                        | Vitamin B12 assay   |  |
| 137                        | Folic Acid assay  |  |
| 138                        | Extended Lipid Profile.(Total cholesterol, LDL, HDL, treigylcerides, Apo A1, Apo B,Lp (a) |  |
| 139                        | Apo A1.   |  |
| 140                        | Apo B.  |  |
| 141                        | Lp (a).   |  |
| 142                        | CD 3,4 and 8 counts   |  |
| 143                        | CD 3,4 and 8 percentage   |  |

|   |  |  |
|---|--|--|
| 144   | LDL.   |  |
| 145   | Homocysteine.  |  |
| 146   | HB Electrophoresis   |  |
| 147   | Serum Electrophoresis  |  |
| 148   | Fibrinogen   |  |
| 149   | Chloride   |  |
| 150   | Magnesium.   |  |
| 151   | GGTP   |  |
| 152   | Lipase   |  |
| 153   | Fructosamine   |  |
| 154   | $\beta$ 2 microglobulin  |  |
| 155   | Catecholamines.  |  |
| 156   | Creatinine clearance   |  |
| <b>NAME OF INVESTIGATION / TUMOUR MARKERS</b> |  |  |
| 157   | PSA- Total   |  |
| 158   | PSA- Free  |  |
| 159   | AFP  |  |
| 160   | HCG  |  |
| 161   | CA125  |  |
| 162   | CA 19.9.   |  |
| 163   | CA 15.3.   |  |
| 164   | Vinyl Mandelic Acid  |  |
| 165   | Calcitonin   |  |
| 166   | Carcioembryonic antigen(CEA)   |  |
| <b>OTHERS</b>                                 |  |  |
| 167   | Immunofluorescence   |  |
| 168   | Direct(Skin and kidney Disease)  |  |
| 169   | Indirect (antids DNA Anti Smith ANCA)                                    |  |
| 170   | VitD3 assay  |  |
| 171   | Serum Protein electrophoresis with immune fixation electrophoresis (IFE) |  |
| 172   | BETA-2 Microglobulin assay   |  |
| 173   | Anti cycloicitrullinated peptide (Anti CCP)                              |  |
| 174   | Anti tissuetransglutaminase antibody                                     |  |
| 175   | Serum Erythropoetin  |  |
| 176   | ACTH   |  |
| <b>HARMONES</b>                               |  |  |
| 177   | T3, T4, TSH  |  |
| 178   | T3   |  |
| 179   | T4   |  |
| 180   | TSH  |  |
| 181   | LH   |  |
| 182   | FSH  |  |
| 183   | Prolactin  |  |
| 184   | Cortisol   |  |
| 185   | PTH(Paratharmone)  |  |
| 186   | C-Peptide.   |  |
| 187   | Insulin.   |  |
| 188   | Progesterone.  |  |
| 189   | 17-DH Progesterone   |  |
| 190   | DHEAS  |  |
| 191   | Androstendione   |  |
| 192   | Growth Hormone   |  |
| 193   | TPO  |  |
| 194   | Throglobulin   |  |
| 195   | Hydatic Serology   |  |
| 196   | Anti Sperm Antibodies.   |  |

|            |  |                  |
|------------|--|------------------|
| <b>197</b> | Qualitative.                                   |                  |
| <b>198</b> | Quantitative                                   |                  |
| <b>199</b> | Qualitative.                                   |                  |
| <b>200</b> | HPV serology                                   |                  |
| <b>201</b> | Rota Virus serology                            |                  |
| <b>202</b> | PCR for TB                                     |                  |
| <b>203</b> | PCR for HIV                                    |                  |
| <b>204</b> | Chlamydae antigen                              |                  |
| <b>205</b> | chlamydae antibody                             |                  |
| <b>206</b> | Brucella serology                              |                  |
| <b>207</b> | Influenza A serology                           |                  |
| <b>208</b> | Any other CGHS investigation not in above list | As per CGHS rate |

**Note: Above Annexure B is only for record purpose, the same will not be considered for evaluation purpose/award of contract.**

**Authorised Signature**

**DISCOUNT GIVEN ON CGHS RATES**

| CGHS RATE | DISCOUNT (%)                            |
|-----------|---|
|           | (In Number _____ )<br>(In Words _____ ) |

\* Bidder giving maximum discount on CGHS rate will be L-1

**Date:**

**Place:**

**Authorized Signator with Official Stamp**



**UNDERTAKING**

1) I/We (name).....contractor/ partner/ sole proprietor (strike out whichever is not applicable) of (firms) ..... solemnly affirm to the fact that the individual firm/ companies are not blacklisted/terminated/debarred by any organization/body or any partner or shareholder thereof and are not directly or indirectly connected with or has any subsisting interest in business of my/our firm.

2) I/We hereby undertake that none of my/our family member/(s) is/are employed/working in ESI Corporation.

3) I/We hereby undertake that rates/discount quoted shall be valid and binding upon me/us for the entire period of contract.

4) I/We hereby undertake that no vigilance /C.B.I/court case is pending against the firm.

Date:

Place:

**Authorised Signatory (with stamp)**