

NORTHEAST FRONTIER RAILWAY

No: H/98/Tie-Up/Lab/RNY

EOI DOCUMENT FOR

**Empanelment for Laboratory investigations for
Divisional Railway Hospital, New Bongaigaon
and Railway Hospital, Rangiya for a period of two years**

EXPRESSION OF INTEREST

Scope of enquiry: - CMS/Rangiya Division/N.F.Railway, for and on behalf of the President of India, invites Expression of Interest (EOI) from resourceful laboratories/Diagnostic centers for Empanelment for laboratory investigations not available in-house at CGHS (NABL) Guwahati rate / AIIMS rate in absence of CGHS rate. The service provider may quote their discounted hospital/lab rate in absence of CGHS/AIIMS rate.

Terms and conditions

1. The laboratory/Diagnostic centre should have NABL Certificate. Whether NABL certificate is for all sections with all parameters or only few sections/few parameters should be mentioned clearly (with documentary evidence).
2. The Laboratory/Diagnostic centre should have Bongaigaon/Rangiya/Guwahati based well equipped Laboratory/diagnostic facilities.
3. Diagnostic centre should have at least two full-time Pathologists & one Microbiologist.
4. The Laboratory/Diagnostic centre should have at least three years experience of rendering such services.
5. The Laboratory/Diagnostic centre will have to depute qualified technician to collect samples on every working day or as desired by administration, in morning hours with their own collecting devices. He/she may be required collect to sample in the odd hrs if needed.
6. Laboratory should have facility to deliver the report in duplicate on the same day evening. Laboratory/Diagnostic center should specify the time taken for special investigations. In case of emergency, report may be delivered by SMS/Email but the same should be followed by documented report.
7. The service provider has to quote all investigations in the schedule.
8. The service provider has to quote at par CGHS (NABL) Guwahati rate or one flat rate in percentage above / below CGHS (NABL) Guwahati rate.
9. The service provider has to offer a flat percentage discount on laboratory rate on investigations other than those in the schedule.
10. Railway Administration reserves the right to empanel more than one Laboratory/Diagnostic centre.
11. Duration of contract will be 2 years with provision of one year extension subject to satisfactory performance and mutual consent.

12. The contract may be terminated by 30 days notice from either side
13. The contract agreement may be terminated by Railway Administration at anytime during the currency of the contract agreement for either poor service or loss of eligibility criteria.
14. There will be upward or downward revision of rate of investigations included in CGHS list as per CGHS revision instructions during the currency of the contract period. However, the rate for non-CGHS investigations will be firm during the currency of the contract period.
15. The payment will be on bill system.

Pre-bid meeting: A pre-bid meeting will be held on 08/12/2023 at 04:00 PM in the chamber of CMS/RNY, Rangiya Division, N. F. Railway, Rangiya -781354 for any clarification on the EOI

Format for submission of EOI: - The proposal may please be submitted in the format & schedule annexed to this document as Annexure–A, along with supporting documents for the information provided. EOI document with format & schedule is available for free download at our official website <http://www.nfr.indianrailways.gov.in>. The same may also be collected from the office of the CMS/RNY up to 01:00PM of 15/12/2023. The schedule includes commonly prescribed laboratory investigations and therefore is only indicative not exhaustive. However, service providers are required to quote other investigations included in CGHS Guwahati (NABL) rate 2014 available with them.

Service providers should clearly indicate the place i.e. Divisional Railway Hospital, New Bongaigaon or Railway Hospital, Rangiya if interested in providing their services at either of the hospital, failure of which EOI is treated to be applicable for both the hospitals.

Last date of submission: The EOI from interested service providers will be received in sealed envelopes up to 16:00 hrs of 22/12/2023 in the office of the CMS/RNY, Rangiya Division, N.F. Railway, Rangiya -781354. The offers will be opened on the same day at 17:00 hrs.

Contact details:-For clarifications required if any, contact the office of CMS/Rangiya Division/ N. F. Railway, Rangiya-781354.

Evaluation:

A team of three doctors constituted by CMS/RNY will inspect and physically verify the above eligibility conditions.

Annexure 'A'

FORMATFOREOI

SN	Description	Information to be provided by the service provider	Supporting Documents attached
1.	Name of the Centre		
2.	Address		
3.	The laboratory/Diagnostic centre should have NABL Certificate. Whether NABL certificate is for all sections with all parameters or only few sections/few parameters should clearly be mentioned		
4.	The Laboratory/Diagnostic centre should have Bongaigaon/Rangiya/Guwahati based well equipped Laboratory/diagnostic facilities		
5.	Name & qualification of full-time Pathologists & Microbiologist		
6.	The Laboratory/Diagnostic centre should have at least three years experience of rendering such services		

7.	The Laboratory/Diagnostic centre will have to depute qualified technician to collect samples on every working day or as desired by administration in morning hours (9AM to 12PM) with their own collecting devices. He/she may be required to collect sample in the odd hrs if needed		
8.	Laboratory should have facility of report delivering system in the same day evening. Laboratory/Diagnostic center should specify the time taken for special investigations. In case of emergency, report may be delivered over phone but the same should be followed by documented report		
9.	Laboratory rate list		

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Schedule-A (CGHS investigations)

CGHS SN	Name	CGHS NABL Rate	Flat rate percentage below/atper/above CGHS rate
	LABORATORYMEDICINE/CLINICALPATHOLOGY		
1383	Urine routine–pH, Specific gravity, sugar, protein and Microscopy	40	
1384	Urine-Micro albumin	81	
1385	Stool routine	40	
1386	Stool occult blood	28	
1387	Post coital smear examination	35	
1388	Semen analysis	40	
	LABORATORYMEDICINE/ HAEMATOLOGY		
1389	Haemoglobin (Hb)	21	
1390	Total Leucocytic Count (TLC)	36	
1391	Differential Leucocytic Count (DLC)	36	
1392	E.S.R.	29	
1393	Total Red Cell count with MCV,MCH, MCHC,DRW	37	
1394	Complete Haemogram /CBC, Hb, RBC count and indices, TLC, DLC, Platelet, ESR, Peripheral smear examination	155	
1395	Platelet count	55	
1396	Reticulocyte count	55	
1397	Absolute Eosinophil count	55	
1398	Packed Cell Volume(PCV)	15	
1399	Peripheral Smear Examination	49	
1400	Smear for Malaria parasite	47	
1401	Bleeding Time	40	
1402	Osmotic fragility Test	58	
1403	Bone Marrow Smear Examination	81	
1404	Bone Marrow Smear Examination with iron stain	288	
1405	Bone Marrow Smear Examination and cytochemistry	506	
1406	Activated partial Thromboplastin Time (APTT)	117	
1407	Rapid test for malaria (card test)	51	
1408	WBC cytochemistry for leukemia – Complete panel	127	
1409	Bleeding Disorder panel–PT, APTT, Thrombin Time, Fibrinogen, D-Dimer/FDP	460	
1410	Factor Assays–Factor VIII	828	
1411	Factor Assays–Factor IX	782	
1412	Platelet Function test	58	

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CGHS SN	Name	CGHS NABL Rate	Flat rate percentage below/ atper / aboveCGHS rate
1413	Tests for hyper-coagulable states–Protein C, Protein S. Anti-thrombin	460	
1414	Tests for lupus anticoagulant	173	
1415	Tests for Anti-phospholipid antibody IgG, IgM (for Cardiolipin and B2 Glycoprotein1)	575	
1416	Thalassemia studies(Red Cell indices and Hb HPLC)	644	
1417	Test for Sickling/ Hb HPLC)	89	
	LABORATORY MEDICINE/BLOOD BANK		
1418	Blood Group & RH Type	35	
1419	Cross match	58	
1420	Coomb'sTest Direct	104	
1421	Coomb'sTest Indirect	115	
1422	3 cell panel –antibody screening for pregnant female	196	
1423	11 cells panel for antibody identification	196	
1424	HBsAg	117	
1425	HCV	147	
1426	HIV1andII	173	
1427	VDRL	49	
1428	RH Antibody titer	92	
1429	Platelet Concentrate	64	
1430	Random Donor Platelet (RDP)	147	
1431	Single Donor Platelet (SDP-Apheresis)	173	
	LABORATORY MEDICINE/ HISTO-PATHOLOGY		
1432	Routine-H&E	104	
1433	Special stain	75	
1434	Immuno histo-chemistry (IHC)	863	
1435	Frozen section	394	
	LABORATORYMEDICINE/ CYTOLOGY		
1437	Pap Smear	173	
1438	Body fluid for Malignant cells	173	
1439	FNAC	230	
	NAME OF INVESTIGATION/FLOW CYTOMETRY		
1440	Leukemia panel/ Lymphoma panel	1766	
1441	PNH Panel-CD55,CD59	1150	
	LABORATORY MEDICINE/ CYTOGENETIC STUDIES		
1442	Karyotyping	1770	

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CGHS SN	Name	CGHS NABL Rate	Flat rate percentage below/ atper / aboveCGHS rate
1443	FISH	575	
	LABORATORY MEDICINE/BIO-CHEMISTRY		
1444	Blood Glucose Random	28	
1445	24hrs urine for Proteins, Sodium, Creatinine	58	
1446	Blood Urea Nitrogen	62	
1447	Serum Creatinine	63	
1448	Urine Bile Pigment and Salt	29	
1449	Urine Urobilinogen	23	
1450	Urine Ketones	35	
1451	Urine Occult Blood	40	
1452	Urine total proteins	21	
1453	Rheumatoid Factor test	115	
1454	Bence Jones protein	54	
1455	Serum Uric Acid	63	
1456	Serum Bilirubin total & direct	92	
1457	Serum Iron	104	
1458	C.R.P.	115	
1459	C.R.P. Quantitative	184	
1460	Body fluid (CSF/Ascitic Fluid etc.)Sugar, Protein etc.)	104	
1461	Albumin	21	
1462	Creatinine clearance	92	
1463	Serum Cholesterol	71	
1464	Total Iron Binding Capacity	92	
1465	Glucose (Fasting & PP)	54	
1466	Serum Calcium – Total	69	
1467	Serum Calcium–Ionic	51	
1468	Serum Phosphorus	69	
1469	Total Protein Alb/Glo	58	
1470	IgG	288	
1471	IgM	288	
1472	IgA	288	
1473	ANA	230	
1474	Ds DNA	403	
1475	S.G.P.T.	63	
1476	S.G.O.T.	63	
1477	Serum amylase	135	
1478	Serum Lipase	150	
1479	Serum Lactate	83	
1480	Serum Magnesium	115	

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CGHS SN	Name	CGHS NABL Rate	Flat rate percentage below/ atper / aboveCGHS rate
1481	Serum Sodium	58	
1482	Serum Potassium	58	
1483	Serum Ammonia	115	
1484	Anemia Profile	235	
1485	Serum Testosterone	173	
1486	Imprint Smear From Endoscopy	276	
1487	Triglyceride	86	
1488	Glucose Tolerance Test (GTT)	104	
1489	Triple Marker	920	
1490	C.P.K.	115	
1491	Foetal Haemoglobin (HbF)	98	
1492	Prothrombin Time (P.T.)	127	
1493	L.D.H.	115	
1494	Alkaline Phosphatase	69	
1495	Acid Phosphatase	90	
1496	CK MB	219	
1497	CK MBMass	161	
1498	Troponin I	115	
1499	TroponinT	690	
1500	GlucosePhosphateDehydrogenase(G,6PD)	115	
1501	Lithium	150	
1502	Dilantin (Phenytoin)	460	
1503	Carbamazepine	460	
1504	Valproicacid	345	
1505	Feritin	288	
1506	Blood gas analysis	138	
1507	Blood gas analysis with electrolytes	529	
1508	Urine pregnancy test	75	
1509	Tests for Anti phosphor lipid antibodies syndrome	322	
1510	HbA1C	150	
1511	Hb Electrophoresis/Hb HPLC	115	
1512	Kidney Function Test	259	
1513	Liver Function Test	259	
1514	Lipid Profile	230	
	NUTRITIONAL MARKERS		
1515	Serum Iron	104	
1516	Total Iron Binding Capacity	104	
1517	Serum Ferritin	115	
1518	Vitamin B12 assay.	288	

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CGHS SN	Name	CGHS NABL Rate	Flat rate percentage below/ atper / aboveCGHS rate
1519	Folic Acid assay.	345	
1520	Extended Lipid Profile[Total Cholesterol,LDL, HDL, Triglycerides, ApoAI, ApoB, Lp(a)]	684	
1521	Apo AI	230	
1522	Apo B	229	
1523	Lp(a)	512	
1524	CD3, 4and 8 counts	196	
1525	CD3, 4and 8 percentage	196	
1526	LDL	71	
1527	Homocysteine	460	
1528	HB Electrophoresis	506	
1529	Serum Electrophoresis	253	
1530	Fibrinogen	190	
1531	Chloride	69	
1532	Magnesium	173	
1533	CGTP	104	
1534	Lipase	275	
1535	Fructosamine	230	
1536	β2 microglobulin	104	
1537	Catecholamines	1208	
1538	Creatinine clearance	138	
	NAME OF INVESTIGATION/TUMOUR MARKERS		
1539	PSA– Total	359	
1540	PSA– Free	431	
1541	AFP	345	
1542	HCG	332	
1543	CA 125	450	
1544	CA 19.9	708	
1545	CA 15.3	644	
1546	Vinyl Mandelic Acid	403	
1547	Calcitonin	575	
1548	Carcino embryonic antigen (CEA)	391	
	OTHERS		
1549	Immuno fluorescence	173	
1550	Direct (Skin and kidney disease)	489	
1551	Indirect (antacids DNA Anti Smith ANCA)	489	
1552	Vit D3 assay	633	
1553	Serum Protein electrophoresis with immune fixation electrophoresis(IFE)	345	

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CGHS SN	Name	CGHS NABL Rate	Flat rate percentage below/atper/above CGHS rate
1554	BETA-2 Microglobulin assay	115	
1555	Anticyclic citrullinated peptide(AntiCCP)	518	
1556	Anti tissue transglutaminase antibody	489	
1557	Serum Erythropoietin	489	
1558	ACTH	575	
	HORMONES		
1559	T3, T4, TSH	230	
1560	T3	74	
1561	T4	74	
1562	TSH	104	
1563	LH	173	
1564	FSH	173	
1565	Prolactin	173	
1566	Cortisol	288	
1567	PTH (paratharmone)	575	
1568	C-Peptide	380	
1569	Insulin	173	
1570	Progesterone	259	
1571	17-DH Progesterone	506	
1572	DHEAS	506	
1573	Androstenedione	690	
1574	Growth Hormone	391	
1575	TPO	345	
1576	Throglobulin	345	
1577	Hydatic Serology	366	
1578	Anti Sperm Antibodies	437	
1579	Qualitative	2300	
1580	Quantitative	1725	
1581	Qualitative	1945	
1582	HPV serology	251	
1583	Rota Virus serology	150	
1584	PCR for TB	1035	
1585	PCR for HIV	690	
1586	Chlamydae antigen	978	
1587	Chlamydae antibody	274	
1588	Brucella serology	265	
1589	Influenza A serology	1084	

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Schedule-B (Other investigations)

Discount on Laboratory rate for investigations, other than above (in schedule A) in percentage. Please enclose laboratory rate	
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Schedule-C (Collection charge)

Sample collection charge per trip, if any, for collection on Sundays and on other days beyond scheduled collection time. (No separate collection charge will be payable for collection during scheduled collection time on working days).	
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DECLARATION

I/We solemnly declare that to the best of my/our knowledge and belief, the information and the statements accompanying it are correct, complete and true.

Name of authorized signatory:

Designation:

Date:

(Signature of authorized signatory)

Telephone:

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