

NORTHEAST FRONTIER RAILWAY

EOI DOCUMENT FOR

Imaging & other investigations for Central hospital, Maligaon

For two years

No. EOI/MD/01 OF 2019-20

EXPRESSION OF INTEREST

Scope of enquiry: - Medical Director/Central Hospital/N F Railway, Maligaon for and on behalf of the President of India, invites Expression of Interest (EOI) from resourceful Hospital/Diagnostic Imaging Centres' in Guwahati for empanelment for imaging and other investigations not available in-house at CGHS Guwahati rate.

Eligibility:-

1. The Private Hospitals/Diagnostic imaging Centre should have at least a 16 slice spiral CT scanner capable of doing most of the modern CT investigations.
2. The MRI machine should be at least a 1.5 Tesla machine.
3. While giving the images of CT and MRI proper marking, measurement, 3D reconstruction, volume rendering etc. should be provided to help the surgeon to understand the abnormality while performing the surgery.
4. Whenever necessary the CT guided biopsy must be done at the imaging centre itself.
5. The Private Hospitals/Diagnostic imaging Centre must engage at least three full time experienced radiologists and an experienced team of paramedical staff.
6. Private Hospitals/Diagnostic imaging Centres should have facility of a 'report delivering system' on the same day evening. (They may provide 'provisional early report' through e-mail, SMS etc).

Terms and conditions:

1. The service provider(s) have to quote the rate at per prevailing CGHS Guwahati rate.
2. A Railway beneficiary will be referred to one of the empanelled centre for investigation not available in-house as per his//her choice
3. Duration of contract will be two years with further extension up to maximum of one year if required on mutual agreement.
4. The contract may be terminated by 30 days notice from either side.
5. The rate will be firm during the currency of the contract period unless there is upward or downward revision of CGHS Guwahati rate.
6. The payment will be on bill system. . The service provider will submit bill at fortnightly interval to Medical Director, Central Hospital, Maligaon in triplicate duly affixing revenue stamp. Payment shall ordinarily be made through FA&CAO/XP/Maligaon directly into the bank account of the service provider by electronic fund transfer.

Pre-bid meeting: A pre-bid meeting will be held on 09/09/2019 at 15-30 hrs in the chamber of Medical Director, Central Hospital, N F Railway, Maligaon, Guwahati-781011 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 N F Railway's official website <https://nfr.indianrailways.gov.in>. The same can also be collected from the office of the Medical Director up to 13-00 hrs of 14/09/2019.

Last date of submission: The EOI from interested service providers will be received in sealed envelopes up to 13-00 hrs of 16/09/2019 in the office of the Medical Director /Central Hospital /N F Railway, Maligaon, Guwahati-781011. The offers will be opened on the same day at 15-30 hrs.

Contact details: - For clarifications required if any, may contact Medical Director/Central Hospital/ N F Railway, Maligaon, Guwahati-781011.

Evaluation:

A team of three doctors constituted by Medical Director will inspect and physically verify the above eligibility conditions.

Annexure 'A'

FORMAT FOR EOI

SN	Description	Information to be provided by the service provider	Supporting Documents attached
1.	Name of Centre		
2.	Address		
3.	The Private Hospitals/Diagnostic imaging Centre should have at least a 16 slice spiral CT scanner capable of doing most of the modern CT investigations		
4.	The MRI machine should be at least a 1.5 Tesla machine		
5.	While giving the images of CT and MRI proper marking, measurement, 3D reconstruction, volume rendering etc. should be provided to help the surgeon to understand the abnormality while performing the surgery		
6.	Whenever necessary the CT guided biopsy must be done at the imaging centre itself		
7.	The Private Hospitals/Diagnostic imaging Centre must engage at least three full time experienced radiologists and an experienced team of paramedical staff		
8.	Private Hospitals/Diagnostic imaging Centres should have facility of a 'report delivering system' on the same day evening. (They may provide 'provisional early report' through e-mail, SMS etc)		

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SCHEDULE FOR EOI

SN	CGHS SN	Name	CGHS Rate		Quoted Rate
			Non-N	NABL	
1.	579	CT Guided Biopsy	1265	1455	
2.	586	Holter analysis	850	978	
3.	592	2 D Echocardiography	1200	1380	
4.	593	3 D Echocardiography	1403	1613	
5.	1281	Upper G.I. Endoscopy + Lower G.I. Endoscopy	1725	1984	
		NAME OF INVESTIGATION / DENTAL			
6.	1341	OPG X-ray	196	225	
		NAME OF INVESTIGATION / OSTEOLOGY			
7.	1344	Whole Body Bone Scan with SPECT	3421	3934	
8.	1345	Three phase whole body Bone Scan	3421	3934	
		NAME OF INVESTIGATION / GENITOURINARY			
9.	1354	Renal Cortical Scintigraphy with Technetium 99m D.M.S.A.	3421	3934	
		NAME OF INVESTIGATION / ENDOCRINOLOGY			
10.	1360	Thyroid Scan with Technetium 99m Pertechnetate	1466	1686	
11.	1361	Iodine-131 Whole Body Scan	2933	3373	
		NAME OF INVESTIGATION / CARDIOLOGY			
12.	1375	TMT	489	562	
		NAME OF INVESTIGATION / PET SCAN			
13.	1380	FDG Whole body PET / CT Scan	20528	23607	
		USG, X-RAY, CT, MRI, BONE DENSITOMETRY			
14.	1590	USG for Obstetrics – Anomalies scan	323	371	
15.	1591	Abdomen USG	323	371	
16.	1592	Pelvic USG (prostate, gynae, infertility etc.)	255	293	
17.	1593	Small parts USG (scrotum, thyroid, parathyroid etc.)	349	401	
18.	1594	Neonatal head (Tranfontanellar)	425	489	
19.	1595	Neonatal spine	500	575	
20.	1596	Contrast enhanced USG	900	1035	
21.	1597	USG Breast	349	401	
22.	1598	USG Hystero-Salpaingography (HSG)	255	293	
23.	1599	Carotid Doppler	850	978	
24.	1600	Arterial Colour Doppler	706	812	
25.	1601	Venous Colour Doppler	706	812	
26.	1602	Colour Doppler, renal arteries/any other organ	800	920	
27.	1603	USG guided intervention – FNAC	490	564	

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SN	CGH S SN	Name	CGHS Rate		Quoted Rate
			Non-N	NABL	
28.	1604	USG guided intervention – biopsy	720	828	
29.	1605	USG guided intervention – nephrostomy	800	920	
		X-RAY			
30.	1606	Abdomen AP Supine or Erect (One film)	128	147	
31.	1607	Abdomen Lateral view (One film)	128	147	
32.	1608	Chest PA view (One film)	60	69	
33.	1609	Chest Lateral (One film)	60	69	
34.	1610	Mastoids: Towne view, oblique views (3 films)	250	288	
35.	1611	Extremities, bones & Joints AP & Lateral views (Two films)	255	293	
36.	1612	Pelvis A.P. (one film)	110	127	
37.	1613	T.M. Joints (one film)	110	127	
38.	1614	Abdomen & Pelvis for K.U.B.	128	147	
39.	1615	Skull A.P. & Lateral (2 films)	255	293	
40.	1616	Spine A.P. & Lateral (2 films)	250	288	
41.	1617	PNS view (1 film)	110	127	
		X-RAY CONTRAST STUDIES			
42.	1618	Barium Swallow	510	587	
43.	1619	Barium Upper GI study	800	920	
44.	1620	Barium Upper GI study (Double contrast)	935	1075	
45.	1621	Barium Meal follow through	935	1075	
46.	1622	Barium Enema (Single contrast/double contrast)	850	978	
47.	1623	Small bowel enteroclysis	1020	1173	
48.	1624	ERCP (Endoscopic Retrograde Cholangio – Pancreatography)	2500	2875	
49.	1625	General: Fistulography / Sinography / Sialography / Dacrocystography / T-Tube Cholangiogram / Nephrostogram	638	734	
50.	1626	Percutaneous transhepatic cholangiography (PTC)	1440	1656	
51.	1627	Intravenous Pyelography (IVP)	1190	1369	
52.	1628	Micturating Cystourethrography (MCU)	680	782	
53.	1629	Retrograde Urethrography (RGU)	680	782	
54.	1630	Contrast Hystero-Salpinography (HSG)	1020	1173	
55.	1631	X-ray Arthrography	700	805	
56.	1632	Cephalography	150	173	
57.	1633	Myelography	2750	3163	
58.	1634	Diagnostic Digital Subtraction Angiography (DSA)	1749	2011	
		MAMMOGRAPHY			
59.	1635	X-ray Mammography	315	362	
60.	1636	MRI Mammography	2550	2933	

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SN	CGH S SN	Name	CGHS Rate		Quoted Rate
			Non-N	NABL	
		CT			
61.	1637	CT Head-Without Contrast	900	1035	
62.	1638	CT Head-with Contrast (+/- CT angiography)	1350	1553	
63.	1639	C.T. Chest – without contrast (for lungs)	1700	1955	
64.	1640	C.T. Scan Lower Abdomen (incl. Pelvis) with Contrast	1700	1955	
65.	1641	C.T. Scan Lower Abdomen (Incl. Pelvis) Without Contrast	1500	1725	
66.	1642	C.T. Scan Whole Abdomen without Contrast	3000	3450	
67.	1643	C.T. Scan Whole Abdomen with Contrast	4500	5175	
68.	1644	Triple Phase CT abdomen	4500	5175	
69.	1645	CT Angiography abdomen/Chest	4500	5175	
70.	1646	CT Enteroclysis	6000	6900	
71.	1647	C.T. Scan Neck- Without Contrast	1500	1725	
72.	1648	C.T. Scan Neck – With Contrast	1870	2151	
73.	1649	C.T. Scan Orbits – Without Contrast	1190	1369	
74.	1650	C.T. Scan Orbits – With Contrast	1615	1857	
75.	1651	C.T. Scan of Para Nasal Sinuses – Without Contrast	900	1035	
76.	1652	C.T. Scan of Para Nasal Sinuses – With Contrast	1600	1840	
77.	1653	C.T. Spine (Cervical, Dorsal, Lumbar, Sacral) – without contrast	1500	1725	
78.	1654	CT Temporal bone – without contrast	893	1027	
79.	1655	CT – Dental	1275	1466	
80.	1656	C.T. Scan Limbs – Without Contrast	1700	1955	
81.	1657	C.T. Scan Limbs – With Contrast including CT angiography	2253	2591	
82.	1658	C.T. Guided intervention – FNAC	1200	1380	
83.	1659	C.T. Guided Trucut Biopsy	1200	1380	
84.	1660	C.T. Guided intervention – percutaneous catheter drainage / tube placement	1305	1501	
		MRI			
85.	1661	MRI Head – Without Contrast	1998	2298	
86.	1662	MRI Head – With Contrast	2848	3275	
87.	1663	MRI Orbits – Without Contrast	1445	1662	
88.	1664	MRI Orbits – With Contrast	2000	2300	
89.	1665	MRI Nasopharynx and PNS – Without Contrast	2450	2818	
90.	1666	MRI Nasopharynx and PNS – With Contrast	3500	4025	

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SN	CGH S SN	Name	CGHS Rate		Quoted Rate
			Non-N	NABL	
91.	1667	MR for Salivary Glands with Sialography	3000	3450	
92.	1668	MRI Neck – Without Contrast	3000	3450	
93.	1669	MRI Neck – with contrast	5000	5750	
94.	1670	MRI Shoulder – Without contrast	2000	2300	
95.	1671	MRI Shoulder – With contrast	2600	2990	
96.	1672	MRI shoulder both joints – Without contrast	3000	3450	
97.	1673	MRI Shoulder both joints – With contrast	4000	4600	
98.	1674	MRI Wrist Single joint –Without contrast	2125	2444	
99.	1675	MRI Wrist Single joint – With contrast	4000	4600	
100.	1676	MRI Wrist both joints – Without contrast	2125	2444	
101.	1677	MRI Wrist Both joints – With contrast	5000	5750	
102.	1678	MRI knee Single joint – Without contrast	2125	2444	
103.	1679	MRI knee Single joint – With contrast	5000	5750	
104.	1680	MRI knee both joints – Without contrast	2125	2444	
105.	1681	MRI knee both joints – With contrast	5000	5750	
106.	1682	MRI Ankle Single joint – Without contrast	2125	2444	
107.	1683	MRI Ankle single joint – With contrast	5000	5750	
108.	1684	MRI Ankle both joints – With contrast	5000	5750	
109.	1685	MRI Ankle both joints – Without contrast	2500	2875	
110.	1686	MRI Hip – With contrast	2500	2875	
111.	1687	MRI Hip – without contrast	2125	2444	
112.	1688	MRI Pelvis – Without Contrast	2125	2444	
113.	1689	MRI Pelvis – with contrast	5000	5750	
114.	1690	MRI Extremities – With contrast	5000	5750	
115.	1691	MRI Extremities – Without contrast	2125	2444	
116.	1692	MRI Temporomandibular – B/L – With contrast	4000	4600	
117.	1693	MRI Temporomandibular – B/L – Without contrast	2125	2444	
118.	1694	MR Temporal Bone / Inner ear with contrast	4000	4600	
119.	1695	MR Temporal Bone / Inner ear without contrast	2500	2875	
120.	1696	MRI Abdomen – Without Contrast	2125	2444	
121.	1697	MRI Abdomen – With Contrast	5000	5750	
122.	1698	MRI Breast – With Contrast	4250	4888	
123.	1699	MRI Breast – Without Contrast	2125	2444	
124.	1700	MRI Spine Screening – Without Contrast	1000	1150	
125.	1701	MRI Chest – Without Contrast	2125	2444	
126.	1702	MRI Chest – With Contrast	4000	4600	
127.	1703	MRI Cervical / Cervico Dorsal Spine – Without Contrast	2125	2444	
128.	1699	MRI Breast – Without Contrast	2125	2444	
129.	1700	MRI Spine Screening – Without Contrast	1000	1150	
130.	1701	MRI Chest – Without Contrast	2125	2444	
131.	1702	MRI Chest – With Contrast	4000	4600	

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SN	CGH S SN	Name	CGHS Rate		Quoted Rate
			Non-N	NABL	
132.	1699	MRI Breast – Without Contrast	2125	2444	
133.	1700	MRI Spine Screening – Without Contrast	1000	1150	
134.	1701	MRI Chest – Without Contrast	2125	2444	
135.	1702	MRI Chest – With Contrast	4000	4600	
136.	1703	MRI Cervical / Cervico Dorsal Spine – Without Contrast	2125	2444	
137.	1704	MRI Cervical / Cervico Dorsal Spine – With Contrast	4000	4600	
138.	1705	MRI Dorsal / Dorso Lumbar Spine – Without Contrast	2125	2444	
139.	1706	MRI Dorsal/Dorso Lumbar Spine – With Contrast	4000	4600	
140.	1707	MRI Lumbar / Lumbo-Sacral Spine – Without Contrast	2125	2444	
141.	1708	MRI Lumbar/Lumbo-Sacral Spine – With Contrast	5000	5750	
142.	1709	Whole body MRI (For oncological workup)	5100	5865	
143.	1710	MR cholecysto-pancreatography	5500	6325	
144.	1711	MRI Angiography – with contrast	5000	5750	
145.	1712	MR Enteroclysis	2125	2444	
		BONE DENSITOMETRY (DEXA SCAN)			
146.	1713	DEXA Scan Bone Densitometry – Two sites	1500	1725	
147.	1714	DEXA Scan Bone Densitometry – Three sites (Spine, Hip & extremity)	2000	2300	
148.	1715	DEXA Scan Bone Densitometry Whole body	2450	2818	
		NEUROLOGICAL INVESTIGATIONS AND PROCEDURES			
149.	1716	EEG/Video EEG	298	343	
150.	1717	EMG (Electro myography)	638	734	
151.	1718	Nerve condition velocity (at least 2 limbs)	638	734	
152.	1722	Polysomnography	638	734	

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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:

Telephone:

(Signature of authorized signatory)

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