

NO. HG/Med/Tie-up/Blood & Urine Invest./CGHS/2021

Howrah, dated – 18. 09 .2020

Sub : -Floating of notice inviting **Expression Of Interest (EOI) for doing** Pathological and special investigations on blood, urine and body fluid for Railway beneficiaries for a period of three(03) years.

Application for Expression of Interest(EOI) is invited from the interested diagnostic centers/hospitals for extending investigative facilities to railway patients of Orthopaedic Hospital/HWH at latest CGHS rates of the city in concern/nearest city; in case CGHS rate for a particular investigation is not available then AIIMS rate or any other government hospital rate shall be applicable or reasonable rate as per mutual agreement between Railway and the centre.

| | | |
|----|---|--|
| 1. | Name of the works | Pathological and special investigations on Blood , Urine and Other body fluid as per modalities furnished in ANNEXURE - B |
| 2 | Place where the prescribed format and related necessary papers to be deposited or sent by post | In the office of Chief Medical Superintendent/ Orthopaedic Hospital 222-Church Road/ Eastern Railway/ Howrah-711101. A pre offer consulting may be done with the medical officer-in-charge i.e. ACMS/Admin/HWH who will be available from 12.00 hrs to 15.00 hrs. on any working day till 03 /11/ 2020 |
| 3 | Date of receipt of application | Up to 03 /11/ 2020 on any working day between 11.00 hrs to 16.00 hrs |
| | Modalities of rates has to be accepted by the firms and if found suitable by the committee | A Memorandum Of Understanding(MOU) will be executed with interested firms who will render their service at Central Government Health scheme(CGHS) rates or lower rates or in case CGHS rate for a particular investigation is not available then AIIMS rate or any other government hospital rate shall be applicable or reasonable rate as per mutual agreement between Railway and the centre with bill paying system. Rates shall be firm throughout the empanelment period of three years from the date of acceptance by competent authority . Payment shall be made on the clear bill along with reference slip issued from the Orthopaedic Hospital, Eastern Railway/Howrah. |
| 5 | Mode of selection of firms | One committee of Medical officers may be formed who will select the firms with whom Railway will go for tie-up/MOU with bill paying system. Empanelment will be done on the basis of the prescribed criteria and offered rates. Empanelment will be on sole discretion of the committee. Empanelment will be on sole discretion of the committee. Railway authority reserves the right to terminate empanelment process at any point of time without assigning any reason. Keeping valid NABLor NABH certification may be preferable. |
| 6 | Credential | Document/certificate of previous experience regarding similar work executing with Govt/semi Govt organization(if any) need to be submitted. |
| 7 | Application form | 1.Prescribed format of application as Annexure-A 2.Details of investigations on which rates to be quoted are marked as Annexure-B |

| | | |
|---|---|---|
| 8 | Bench mark criterias and other criterias to be followed | <p>A)The firm should have following infrastructure:-</p> <ol style="list-style-type: none"> 1) Pathological investigations on Blood, Urine and other body fluid should be done in reputed latest brand machines and conducted by a qualified technician and countersigned by the competent medical practitioners of diagnostic centers/hospitals. <p>B. Human resource:-</p> <ol style="list-style-type: none"> 1) Medical Officer-The specialist in the concerned field should be available. 2) Technician-Should have requisite qualification in the concerned field. 3) Other paramedical staff be available for take care of patient during investigations <p>C. Other criteria:-</p> <ol style="list-style-type: none"> 1) It will be suitably placed for taking the patient smoothly. 2) There should be sufficient space outside hospital for parking of vehicle (Ambulance) . 3)There should be sufficient infrastructure inside hospital premises Diagostic centre for managing if emergency arises during stay of the patient at hospital . 4) The Diagnostic centre /hospital nearer to Howrah Orthopaedic Hospital will be preferred. 5) All licenses necessary to run such an establishment must be available for inspection. 6) Must all time to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and to have all statutory/mandatory licenses,permits or approval of the concerned authorities under or as per existing laws. 7) In case of emergency, arrangements should be done to deliver the reports through E-Mail/SMS/Whatsapp/over phone etc at the earliest 8) Reports of all patients should be submitted within 24 hrs. 9)Blood related samples , urine samples or any body fluid as per list notified in the Railway website have to be collected from indoor patients of Orthopaedic Hospital/E.Rly/Howrah for investigation. Outdoor patient will be referred to the investigation centre for needful investigation. 10) The Diagnostic centre/Hospital will provide cashless services to the patient(s) and payment will be done by Railway on receiving Bills on monthly basis. 11) Rates shall be fixed throught the empanelment period and will be valid till rates are revised by CGHS. <p>12) The Railway Administration reserves the right to accept or reject any or all of the Offers without assigning any reason whatsoever. (EIO may be extended after expiry of agreemental period by going further mutual agreement between Railway and the centre subject to satisfactory performance)</p> <p>Eastern Railway Website – www.er.indianrailway.gov.in</p> |
|---|---|---|

ANNEXURE –A

(Page-1)

PRESCRIBED FORMAT APPLICATION

FOR

EXPRESSION OF INTEREST (EOI) FOR ENTERING INTO TIE UP BEING A CGHS/ESI/ECHS EMPANELLED/ UNEMPANELLED PRIVATE HOSPITAL/DIAGNOSTIC CENTRE / POLY CLINIC IN KOLKATA AND HOWRAH AREA WITH ORTHOPAEDIC HOSPITAL HOWRAH /E.RLY FOR DOING OUTSOURCING WORK OF PATHOLOGICAL INVESTIGATIONS ON BLOOD, URINE AND OTHER BODY FLUIDS at latest CGHS rates in concern/nearest city(in case CGHS rate for a particular investigation is not available then AIIMS rate or any other government hospital rate shall be applicable or reasonable rate as per mutual agreement between Railway and the centre).

1. NAME OF THE DIAGNOSTIC CENTERS/ HOSPITAL / ADDRESS/TELEPHONE NUMBER/E MAIL ID -----

2. EXPERIENCES OF WORKING IN THE MOU FORMAT IN PRIVATE SECTOR/GOVT. SECTOR/ATTACH DETAILS. -----

3. WE AGREE TO PROVIDE SERVICES AT LATEST CGHS/NON-NABH/NABH) RATES AS PER APPLICABLE TO KOLKATA-----

4. WE AGREE TO PROVIDE THE SERVICES TO THE RAILWAY BENEFICIARIES IN FOLLOWING DISCIPLINES (REF : ANNEXURE- B OF EOI) -----

5. FOR THOSE SERVICES/INVESTIGATIONS/TREATMENT MODALITIES, WHICH ARE NOT LISTED IN THE CGHS RATE, OUR HOSPITAL WILL PROVIDE THE SERVICES ON HOSPITAL RATES -----% DISCOUNT, LIST OF WHICH ARE ENCLOSED -----

6. WE ALSO AGREE TO PROVIDE SERVICES ON BILL SYSTEM OF PAYMENT -----

7. OUR DIAGNOSTIC CENTER/HOSPITAL OFFERS TO PROVIDE FREE AMBULANCE SERVICES FOR ALL REFERRAL(INDOOR) PATIENTS TO AND FROM AT HOWRAH ORTHOPAEDIC HOSPITAL -----

SIGNATURE
AUTHORIZED SIGNATORY
(NAME-)

ADDRESS -----

PHONE NUMBER-----
E MAIL ID-----

SEAL/STAMP

8. WE HEREBY ENCLOSE A LIST OF THE FACILITIES, WHICH ARE AVAILABLE WITH OUR DIAGNOSTIC CENTER/ HOSPITAL AS PER ANNEXURE -----

9. WE ENCLOSE THE IN HOUSE HUMAN RESOURCES/SPECIALISATIONS, WHICH ARE AVAILABLE WITH OUR DIAGNOSTIC CENTER/HOSPITAL AS PER ANNEXURE..... THE INFRASTRUCTURAL FACILITIES OF OUR HOSPITAL IS ALSO ENCLOSED AS PER ANNEXURE.....

10. WE ENCLOSE A COMPLETE TARIFF CHART OF OUR DIAGNOSTIC CENTER/ HOSPITAL COMPARING WITH CGHS RATES AS PER ANNEXURE.....

11. OUR DIAGNOSTIC CENTER /HOSPITAL HAVE BEEN RECOGNISED FOR TREATMENT OF THE FOLLOWING GOVT. ORGANISATION/SEMI-GOVT. ORGANISATION/ PRIVATE ORGANISATION AS PER ANNEXURE

12. WE HOPE OUR ORGANISATION WILL BE CONSIDERED FOR TIE-UP WITH ORTHOPAEDIC HOSPITAL/HOWRAH FOR PROVIDING SERVICES TO THE RAILWAY BENEFICIARIES.

13 DOCUMENTS TO BE ATTACHED (Trade license, Accreditation Certificate, Fire certificate, NABL/NABH, CGHS empanelment certificate with validity period etc.) _____

14. OTHERS DOCUMENTS TO BE ATTACHED (PAN card details, Bank Accounts details, Trade license and authorization letter with whom correspondence will be made etc)

(All documents are to be signed and stamped by the Authorized signatory on all pages. No columns from 1 to 14 will be left blank. EIO may be extended after expiry of agreemental period by going further mutual agreement between Railway and the centre subject to satisfactory performance)

SIGNATURE OF AUTHORIZED SIGNATORY

(NAME-)

ADDRESS -----

PHONE NUMBER-----

E MAIL ID-----

Whatsapp No. _____

SEAL/STAMP

ANNEXURE-B

LIST OF PATHOLOGICAL INVESTIGATIONS ON BLOOD, URINE AND OTHER BODY FLUID TO BE DONE

| Sl. No. | <u>NAME OF THE INVESTIGATION</u> | Rate to be quoted in figure | <u>Rate to be quoted in words</u> |
|----------------|--|------------------------------------|--|
| 1. | HLA B ₂₇ (By PCR) | | |
| 2. | Anti - CCP (By ELISA) | | |
| 3. | Factor - VIII Assay Screening | | |
| 4. | Factor - IX Assay Screening | | |
| 5. | Mycobacterium tuberculosis (TB) DNA PCR (quantitative) - Any Specimen. | | |
| 6. | AFB Culture (by RADIOMETRIC) | | |
| 7. | TB 10 drug Sensitivity test. | | |
| 8. | Vitamin D ₃ (1,25 Dihydroxy Cholecalciferol) | | |
| 9. | C - reactive Protein (CRP)-quantitative estimation | | |
| 10. | Serum Immunoglobulin G (IgG) | | |
| 11. | Serum Immunoglobulin M (IgM) | | |
| 12. | Serum Valproic acid | | |
| 13. | Serum Carbamazepine level | | |
| 14. | Serum Phenytoin Level | | |
| 15. | Anti TPO Antibody | | |
| 16. | 24 HRS. URINARY CORTISOL | | |
| 17. | Interleukin-6(IL-6) | | |
| 18. | Histopathology | | |
| 19. | Haemoglobin HPLC | | |
| 20. | Vit D ₃ (25 Hydroxy Cholecalciferol) | | |
| 21. | Urine for ACR | | |
| 22. | HEPATITIS A IgM | | |
| 23. | HEPATITIS E IgM | | |
| 24. | CHIKUNGUNIYA SEROLOGY | | |
| 25. | HBV PROFILE TEST | | |
| 26. | HCV (DNA) | | |
| 27. | ANA(Qantitative) by Immunoflurosance | | |
| 28. | Anti Ds DNA | | |

SIGNATURE OF AUTHORIZED SIGNATORY WITH SEAL AND STAMP

Cont...p/2

| Sl. No. | <u>NAME OF THE INVESTIGATION</u> | Rate to be quoted in figure | <u>Rate to be quoted in words</u> |
|----------------|---|------------------------------------|--|
| 29. | Serum Lithium | | |
| 30 | Serum TSH | | |
| 31 | FT3 FT4 ,TSH | | |
| 32 | T3 ,T4, TSH | | |
| 33. | Serum LH,FSH | | |
| 34. | Serum Prolactin | | |
| 35 | Serum Anti Mullerian Hormone | | |
| 36 | Anti Cardiolipin Antibody IgG/IgM | | |
| 37. | Anti phospholipid Antibody – IgG / IgM | | |
| 38 | Lupus IgG Anticoagulant | | |
| 39 | PSA | | |
| 40 | CA -125 | | |
| 41 | Alpha- fetoprotein | | |
| 42 | beta –HCG | | |
| 43 | Serum Vitamin B12 Estimation | | |
| 44 | Serum Folic Acid | | |
| 45 | Blood aerobic and anaerobic culture Sensitivity | | |
| 46 | hS - CRP | | |
| 47 | NT PROBNP | | |
| 48 | Serum Ferretin, Serum Iron,TIBC | | |
| 49 | Pleural fluid Cytobiochemical tests | | |
| 50 | D-dimer | | |
| 51 | Serum IGE | | |
| 52 | Serum Protein electrophoresis | | |
| 53 | Serum Na+ | | |
| 54 | Serum K + | | |
| 55 | CK - MB | | |
| 56 | PT ,INR, aPPT | | |
| 57 | Transferrin saturation(TS) | | |
| 58 | Procalcitonin | | |
| 59 | eGFR(estimated glomerular filtration rate) | | |

SIGNATURE OF AUTHORIZED SIGNATORY WITH SEAL AND STAMP

| Sl. No. | <u>NAME OF THE INVESTIGATION</u> | Rate to be quoted in figure | <u>Rate to be quoted in words</u> |
|----------------|---|------------------------------------|--|
| 60 | Serum DHEAs | | |
| 61 | Serum testosterone | | |
| 62 | Serum iPTH | | |
| 63 | pANCA, cANCA | | |
| 64 | CA-19-9 | | |
| 65 | CEA | | |
| 66 | Pleural fluid ADA | | |

SIGNATURE OF AUTHORIZED SIGNATORY WITH SEAL/STAMP
(NAME-)

ADDRESS _____

PHONE NO. _____

Orthopaedic Hospital
Eastern Railway, Howrah

NO. HG/Med/Tie-up/Blood & Urine Invest./CGHS/2021
Howrah, dated – 18.09 .2020

Chief Public Relation Officer
14-15 Govt. Place East,
Eastern Railway
Kolkata

Sub :- Advertisement for Expression of Interest (EOI) soughting from interested diagnostic centers/hospitals etc. in Kolkata and Howrah regarding Pathological and special type of investigations etc on blood, urine and other body fluid at latest CGHS rates of the city in concern/nearest city for Railway beneficiaries for a period of three(03) years.

Please arrange to publish the notification attached, well in advance in leading daily newspaper in English, Hindi and Bengali on two consecutive days. Cost of advertisement should be debited 11.215.21.

Notification : NO. HG/Med/Tie-up/Blood & Urine Invest./CGHS/2021

Application for Expression of Interest (EOI) are invited for entering into tie-up with reputed diagnostic centers/hospitals etc. in Kolkata and Howrah area to undertake work of pathological investigations on blood, urine and other body fluids for Railway beneficiaries for a period of three(03) years latest CGHS rates of the city in concern/nearest city; in case CGHS rate for a particular investigation is not available then AIIMS rate or any other government hospital rate shall be applicable or reasonable rate as per mutual agreement between Railway and the centre in prescribed proforma available at Railway Website . The details are available in Eastern Railway Website – www.er.indianrailway.gov.in under Division Howrah- Department-Medical-DA : As Above

Chief Medical Supdt.
Eastern Railway, Howrah

Copy for information :-

1. Sr. DFM/HWH –He is requested to advise nominated SO to be present on 03.11.2020 for opening the applications

Chief Medical Supdt.
Eastern Railway, Howrah