

SOUTHERN RAILWAY, RAILWAY HOSPITAL,
PETTAH, THIRUVANANTHAPURAM-24

EXPRESSION OF INTEREST (EOI) FOR CLINICAL LABORATORY/RADIOLOGICAL
INVESTIGATIONS

Chief Medical Superintendent, Southern Railway, Thiruvananthapuram -24 invites Application in sealed cover for empanelment of Laboratories for Clinical Laboratory/Radiological Investigations and procedures for Railway Hospital, Trivandrum and Railway Health Units at Nagercoil, Kollam, Kottayam, Alappuzha, Ernakulam and Thrissur. Those who are interested to participate, may submit the offer individually for each station on or before 03.09.2019 at 15.00 hours to the office of the Chief Medical Superintendent, Southern Railway, Railway Hospital, Pettah, Trivandrum-24.

EOI for Lab. Investigations and Radiological investigations may be submitted in separate covers.

1. Tender Notice No. : No.V/MD.34/R/CT & MRI / Lab.
Dated 08.08.2019
2. Name of E.O.I. : Clinical & Radiological Investigations
/Procedures.
3. Terms and conditions : To be downloaded from the below
mentioned website.
4. Period of Empanelment : Two years from the date of entering
into agreement.
5. Date and time for submission
of tender : Upto 15.00 hrs on 03.09.2019
6. Date and time for opening
of Tender : Upto 15.30 hrs. on 03.09.2019
7. Website address : www.sr.indianrailways.gov.in.

**Chief Medical Supdt.
Railway Hospital, Trivandrum – 24**

EOI No. V/MD.34/R/CT &MRI /Lab dated 08.08.2019

Terms and Conditions for Radiological investigations:

(TO BE SUBMITTED IN THE INSTUTION LETTER HEAD)

Sub: Empanelment for Clinical Laboratory services to Railway patients referred from Railway Hospitals for period of two years from commencement of services .

Ref: Railway Boards letter No. 2011/H/6-4/Policy dated 3/2/2015.

1. The centre should have MRI equipments or capacity of minimum of 1.5 Tesla and the CT scan facility should have 15 slices or higher capacity for better resolution of Images.
2. Reporting should be done by a Radiologist with MD/DNB qualification with 3 years of post MD/DNB experience.
3. Emergency scans done during night hours has to be reported immediately by the qualified Radiologist.
4. Total time limit for the scan including reporting should not exceed 6 hours from the entry of patient to the centre.
5. Serving /Retired Railway Employees and their dependents will be accepted on production of Payment Agreement Forms from Chief Medical Superintendent, or his Authorized Signatory from Southern Railway Hospital, Pettah, Thiruvananthapuram -24.
6. The offer shall hold good for a period of two years from the date of commencement of service or till, Southern Railway makes its own arrangements for this facility whichever is earlier.
7. No additional fees shall be charged except as provided in the CGHS 2014 Terms and Conditions.
8. Pre-receipted bills in triplicate will be submitted on the 05th of each month covering the requisitions done from 01st to 31st of the previous month . Bills will be signed only by the authorized signatory /Signatories.
9. Emergency requisitions during the odd hours and on holidays shall be accepted.
10. Along with each bill one typed copy of the report shall be submitted.

Signature of the tenderer

11. Payments towards cost of Investigation/Treatment are liable to tax deduction at source in terms of Income Tax Act.
12. No enhancement of tariff will be permitted during the Contract period.
13. Investigation / Procedure for which offer have to made is provided in Annexure-I. Quoted rates have to be same as or lower than CGHS rates to be considered. While quoting the rates CGHS code should also be furnished.
14. The Institution shall furnish the rates as per CGHS code available in CGHS 2014, Triv andrum rates for the Investigations/procedures listed in Annexure- II.

Dated.

Signature:

(Authorized signatory)

Office Seal

Name:

(In capital letter)

Designation:

DETAILS OF CT/MRI INVESTIGATIONS

Sl.No	Name of investigation	CGHS code	RATE (Rs)		Rate quoted (Rs.)
			Non NABL	NABL	
1	C.T Head without contrast	1637	900	1035	
2	C.T Head with Contrast (+/- CT angiography)	1638	1350	1553	
3	CT Chest without contrast (for fungus)	1639	1700	2000	
4	CT Scan lower Abdomen (Incl. Pelvis) with contrast	1640	1700	1955	
5	CT Scan lower Abdomen (Incl. Pelvis) without contrast	1641	1500	1725	
6	CT Scan lower Abdomen without contrast	1642	3000	3450	
7	C.T Scan lower Abdomen with contrast	1643	4500	5175	
8	Tripple Phase C.T Abdomen	1644	4500	5175	
9	C.T Angiography Abdomen/Chest	1645	4500	5175	
10	C.T Enteroclysis	1646	6000	6900	
11	C.T.Scan Neck - Without Contrast	1647	1500	1725	
12	C.T.Scan Neck - With Contrast	1648	1870	2200	
13	C.T.Scan Orbits - Without Contrast	1649	1190	1400	
14	C.T.Scan Orbits - With Contrast	1650	1615	1900	
15	C.T.Scan of Para Nasal Sinuses - Without Contrast	1651	900	1035	
16	C.T.Scan of Para Nasal Sinuses - With Contrast	1652	1600	1840	
17	C.T.Scan of Para (Cervical, Dorsal, Lumbar, Sacral) - Without Contrast	1653	1500	1725	
18	C.T Temporal Bone - Without Contrast	1654	893	1050	
19	C.T Dental	1655	1275	1500	
20	C.T Scan Limbs - Without Contrast	1656	1700	2000	
21	C.T Scan Limbs - With Contrast Including C.T Angiography	1657	2253	2650	
22	C.T Guided intervention – FNAC	1658	1200	1380	
23	C.T Guided Truecut Biopsy	1659	1200	1380	
24	C.T Guided Intervention- Percutaneous catheter drainage/ tube placement	1660	1305	1535	

MRI					
25	MRI Head without contrast	1661	1998	2350	
26	MRI Head with contrast	1662	2848	3350	
27	MRI Orbits without contrast	1663	1445	1700	
28	MRI Orbits with contrast	1664	2000	2300	
29	MRI Nasopharynx and PNS without contrast	1665	2450	2818	
30	MRI Nasopharynx and PNS with contrast	1666	3500	4025	
31	MR for salivary glands with sialography	1667	3000	3450	
32	MRI Neck without contrast	1668	3000	3450	
33	MRI Neck with contrast	1669	5000	5750	
34	MRI Shoulder without contrast	1670	2000	2300	
35	MRI Shoulder with contrast	1671	2600	3000	
36	MRI Shoulder both joints without contrast	1672	3000	3450	
37	MRI Shoulder both joints with contrast	1673	4000	4600	
38	MRI Wrist Single joints without contrast	1674	2125	2500	
39	MRI Wrist Single joints with contrast	1675	4000	4600	
40	MRI Wrist both joints without contrast	1676	2125	2500	
41	MRI Wrist both joints with contrast	1677	5000	5750	
42	MRI knee Single joints without contrast	1678	2125	2500	
43	MRI knee Single joints with contrast	1679	5000	5750	
44	MRI knee both joints without contrast	1680	2125	2500	
45	MRI knee both joints with contrast	1681	5000	5750	
46	MRI Ankle Single joints without contrast	1682	2125	2500	
47	MRI Ankle Single joints with contrast	1683	5000	5750	
48	MRI Ankle both joints with contrast	1684	5000	5750	
49	MRI Ankle both joints without contrast	1685	2500	2875	
50	MRI Hip - with contrast	1686	2500	2875	
51	MRI Hip - without contrast	1687	2125	2500	
52	MRI Pelvis - without contrast	1688	2125	2500	
53	MRI Pelvis - with contrast	1689	5000	5750	
54	MRI Extremities - with contrast	1690	5000	5750	
55	MRI Extremities - without contrast	1691	2125	2500	
56	MRI Temporomandibular – B/L - with contrast	1692	4000	4600	
57	MRI Temporomandibular – B/L - without contrast	1693	2125	2500	
58	MR Temporal Bone/ Inner ear with contrast	1694	4000	4600	
59	MR Temporal Bone/ Inner ear without contrast	1695	2500	2875	
60	MRI Abdomen- Without contrast	1696	2125	2500	
61	MRI Abdomen- With contrast	1697	5000	5750	
62	MRI Breast - With contrast	1698	4250	5000	
63	MRI Breast - Without contrast	1699	2125	2500	

64	MRI Spine Screening - Without contrast	1700	1000	1150	
65	MRI Chest - Without contrast	1701	2125	2500	
66	MRI Chest - With contrast	1702	4000	4600	
67	MRI Cervical/Cervieo Dorsal Spine - Without contrast	1703	2125	2500	
68	MRI Cervical/Cervieo Dorsal Spine - With contrast	1704	4000	4600	
69	MRI Dorsal/Dorso Lumbar Spine - Without contrast	1705	2125	2500	
70	MRI Dorsal/Dorso Lumbar Spine - With contrast	1706	4000	4600	
71	MRI Dorsal/Dorso Lumbar Sacral Spine - Without contrast	1707	2125	2500	
72	MRI Dorsal/Dorso Lumbar Sacral Spine - With contrast	1708	5000	5750	
73	Whole body MRI (For oncological workup)	1709	5100	6000	
74	MRI Cholecysto-Panereatography	1710	5500	6325	
75	MRI Angiography - With contrast	1711	5000	5750	
76	MR Enteroclysis	1712	2125	2500	

Signature of the tenderer

EOI No. V/MD.34/R/CT &MRI /Lab dated.08.08.2019
Terms and Conditions for Clinical Laboratory services

(TO BE SUBMITTED IN THE INSTITUTION LETTER HEAD)

Sub: Empanelment for Clinical Laboratory services to Railway patients referred from Railway Hospitals for period of two years from commencement of services .

Ref: Railway Boards letter No. 2011/H/6-4/Policy dated 3/2/2015.

1. The Laboratory should possess valid NABL Accreditation certificates and shall enclose copy of the valid Certificates along with the scope of Accreditation. In case of the Laboratory is already accredited by NABL and the validity has expired, the Laboratory shall enclose a copy of renewal application submitted and direction by NABL in this regard, for the inspection date if any. The Laboratory shall be empanelled only for those investigations for which scope of Accreditation exists. However, the institution shall possess a valid NABL Accreditation certificates on the date of issue of later of Acceptance. Any offer EOI from Laboratory without the above documents will be summarily rejected.
2. The Laboratory shall give any undertaking to allow the team of Doctors from Railway Hospitals in Trivandrum Division for inspection of their Laboratory facilities after opening of the offers.
3. The offer shall hold good for a period of two years from the commencement of services or till Southern Railway makes its own Arrangements for this facility whichever is earlier.
4. Emergency requisitions during the odd hours and on holidays will be accepted.
5. The Laboratory shall make arrangements to collect samples at Railway Hospitals and also deliver the reports in the duplicate to the designated person (S) in the hospital Within 24 hours for regular investigation and within reasonable period for specialized investigations.
6. We have enclosed a detailed list of investigation for which empanelment is sought for Institution are advised to quote only for those Investigations in which have they the scope for NABL Accreditation as mentioned in para 1.
7. The Institution shall adhere to CGHS- 2014/Trivandrum /AIIMS rates for the Investigations /Procedures as mentioned against each Investigations/ Procedures as mentioned in para 6. In case of variation of rates, this may be mentioned against each investigation /Procedure.

Signature of the tenderer

8. If no CGHS-2014 rates are available for the Investigations mentioned, the Institutions are advised to adhere to AIIMS rates wherever available. The Institutions are advised to visit CGHS website. In case where CGHS/AIIMS rates are not available for a particular investigation, the Institutions are advised to quote their lowest rate for the same, which should not be more than the rates being given for the general public.
9. Only those Railway patients authorized by the Chief Medical Superintendent, Railway Hospital, Thiruvananthapuram or his/her Authorized signatory are eligible for this facility. Railway patients approaching your institution directly for investigations are not eligible for this facility.
10. Pre-receipted bills (in triplicate) will be submitted on the 5th of each month covering the investigations done from 1st to 31st of the previous month. Bills will be signed only by the Authorized Signatory/Signatories nominated by you.
11. Details such as, Name, Age Sex & Designations of the employee should be entered in this bills.
12. Along with each bills one copy of the report shall be submitted.
13. Payment towards cost of the Investigations are liable for tax deduction at source in terms of Income Tax Act.
14. No increase in the tariff shall be entertained during the Agreement period.

Dated.

Signature:

(Authorized signatory)

Office Seal

Name:

(In capital letter)

Designation:

DETAILS OF CLINICAL INVESTIGATIONS INCLUDING PATHOLOGICAL RADIOLOGICAL, MRI/CT WHICH ARE PROPOSED TO INCLUDE IN THE CONTRACT WITH CGHS 2014 TRIVANDRUM RATE LIST ARE DETAILED BELOW .

SL.No	Name of Investigation	CGHS Code	Rate		Rate quoted (Rs.)
			Non NABL	NABL	
1	Holter analysis	586	850	1000	
2	2D Echocardiography	592	1200	1380	
3	Upper GI Endoscopy+ lower Gi Endoscopy	1281	1725	1984	
4	TMT/TEE	1375,76	489	562	
LABORATORY MEDICINE / CLINICAL PATHOLOGY					
5	Urine routine-PH, Specific gravity, sugar,protine and microscopy	1383	35	40	
6	Urine-Micro albumin	1384	70	81	
7	Stoole routine	1385	35	40	
8	Stool occult blood	1386	24	28	
9	Semen analysis	1388	35	40	
LABORATORY MEDICINE/HAEMATOLOGY					
10	Haemoglobin (Hb)	1389	18	21	
11	Total leucocytic count (TLC)	1390	31	36	
12	Differntial leucocytic count(DLC)	1391	31	36	
13	ESR	1392	25	29	
14	Total red cell count with MCV,MCH,MCHC,DRW	1393	32	37	
15	Complete haemogram/CBC,Hb,RBC count and indices,TLC,DLC,platelet,ESR,peripheral smear examination	1394	135	155	
16	Platelet count	1395	48	55	
17	Reticulocyte count	1396	48	55	
18	Absolute eosinophil count	1397	48	55	
19	Packed cell volume (PCV)	1398	13	15	
20	Peripheral smear examination	1399	43	49	
21	Smear for Malaria parasite	1400	41	47	
22	Bleeding Time	1401	35	40	
23	Bone marrow smear examination	1403	70	81	
24	Bone marrow smear examination with iron stain	1404	250	288	
25	Bone marrow smear examination and cytochemistry	1405	440	506	
26	Activated partial thromboplastin time(APTT)	1406	102	117	

27	Rapid test of Malaria (Card test)	1407	44	51	
LABORATORY MEDICINE/BLOOD BANK					
28	Blood Group & RH Type	1418	30	35	
29	Cross match	1419	50	58	
30	Coomb's test direct	1420	90	104	
31	Coomb's test indirect	1421	100	115	
32	HBs Ag	1424	102	120	
33	HCV	1425	128	150	
34	HIV I & II	1426	150	173	
35	VDRL	1427	43	50	
36	Platelet concentrate	1429	56	64	
LABORATORY MEDICINE/HISTOPATHOLOGY					
37	Routine-H & E	1432	90	104	
38	Special stain	1433	65	75	
LABORATORY MEDICINE/CYTOLOGY					
39	Pap Smear	1437	150	173	
40	FNAC	1439	200	230	
LABORATORY MEDICINE/BIO-CHEMISTRY					
41	Blood Glucose Random	1444	24	28	
42	24 Hrs Urine for proteins, Sodium, Creatinine	1445	50	58	
43	Blood urea Nitrogen	1446	54	62	
44	Serum Creatinine	1447	55	63	
45	Urine Bile Pigment and Salt	1448	25	29	
46	Urine urobilinogen	1449	20	23	
47	Urine Ketones	1450	30	35	
48	Urine occult blood	1451	35	40	
49	Urine total protein	1452	18	21	
50	Rheumatoid Factor test	1453	100	115	
51	Bence Jones protein	1454	47	54	
52	Serum Uric acid	1455	55	63	
53	Serum Bilirubin total & direct	1456	80	92	
54	Serum iron	1457	90	104	
55	C.R.P	1458	100	115	
56	C.R.P.Quantitative	1459	160	154	
57	Body fluid (CSFAscitic Fluid etc.)sugar protine etc.	1460	90	104	
58	Albumin	1461	18	21	
59	Creatinine clearance	1462	80	92	
60	Serum Cholesterol	1463	62	71	
61	Total Iron binding capacity	1464	80	92	
62	Glucose (Fasting & PP)	1465	47	54	
63	Serum Calcium-total	1466	60	69	
64	Serum Calcium – Ionic	1467	44	51	
65	Serum Phosphorus	1468	60	69	
66	Total protenin Alb/Glo ratio	1469	50	58	

67	IgG	1470	250	288	
68	IgM	1471	250	288	
69	IgA	1472	250	288	
70	ANA	1473	200	230	
71	S.G.P.T	1475	55	63	
72	S.G.O.T	1476	55	63	
73	Serum amylase	1477	117	135	
74	Serum Lipase	1478	130	150	
75	Serum Lactate	1479	72	83	
76	Serum Magnesium	1480	100	115	
77	Serum sodium	1481	50	58	
78	Serum Potassium	1482	50	58	
79	Serum Ammonia	1483	100	115	
80	Glucose tolerance Test (GTT)	1488	90	104	
81	C.P.K	1490	100	115	
82	Prothrombin Time (PT)	1492	110	127	
83	L.D.H	1493	100	115	
84	Alkaline phosphatase	1494	60	69	
85	CK MB	1496	190	219	
86	Troponin I	1498	100	115	
87	Troponin T	1499	600	690	
88	Blood gas analysis	1506	120	138	
89	Urine pregnancy test	1508	65	75	
90	Hb A1 C	1510	130	150	
91	Kidney function test	1512	225	259	
92	Liver function test	1513	225	259	
93	Lipid Profile (Total cholesterol, IDL,HDL,Treiglycerides)	1514	200	230	
NUTRITIONAL MARKERS					
94	Serum Iron	1515	90	104	
95	Total Iron Binding Capacity	1516	90	104	
96	Serum Ferritin	1517	100	115	
97	CD,34 and 8 counts	1524	170	200	
98	Magnesium	1532	150	173	
99	Creatinine	1538	120	138	
NAME OF INVESTIGATION/TUMOUR MARKERS					
100	PSA- Total	1539	312	359	
101	AFP	1541	300	345	
102	CA.125	1543	391	450	
103	Carioembryonic antigen (CEA)	1548	340	391	
OTHERS					
104	VitD3 assay	1552	450	518	
105	Anti cycliocitrullinated peptide (Anti CCP)	1552	450	518	
HARMONES					
106	T3,T4,THS	1559	200	230	

107	T3	1560	64	75	
108	T4	1561	64	75	
109	THS	1562	90	104	
110	C-Peptide	1568	330	380	
111	Insulin	1569	150	173	
USG, X-RAY, CT, MRI, BONE DENSITOMETRY					
112	Usg For Obstetrics – Anomalies scan	1590	323	380	
113	Abdomen USG	1991	232	380	
114	Pelvi USG (Prostate gynac, infertility etc)	1592	255	300	
115	Small parts USG (Scrotum, thyroid, parathyroid etc)	1593	349	410	
116	USG Breast	1597	3490	410	
117	115Carotid Doppler	1599	850	1000	
118	Arterial Colour Doppler	1600	706	830	
119	Venous colour Doppler	1601	706	830	
120	Colour Doppler, renal arteries/any other organ	1602	800	920	
X- RAY					
121	Abdomen AP Supnie or Erct (one film)	1606	128	150	
122	Abdomen lateral view (one film)	1607	128	150	
123	Chest PA view (one film)	1608	60	70	
124	Chest Lateral	1609	60	70	
125	Mastoids: Towne view, oblique views 93 film)	1610	250	288	
126	Extremities, bones & Joints AP & lateral views (Two film)	1611	255	300	
127	Pelvis AP (one film)	1612	110	127	
128	T.M. Joints (one film)	1613	110	127	
129	Abdomen & Pelvis for K.U.B	1614	128	150	
130	Skull AP & Lateral (2 film)	1615	255	300	
131	Spine AP & lateral	1616	250	388	
132	PNS View 9(1 film)	1617	110	127	
MAMMOGRAPHY					
133	X – Ray Mammography	1635	315	370	
134	MRI Mammography	1636	2550	3000	
Investigations for which CGHS 2014 rates not available					
135	Pulmonary function test/spirometry				
136	ASO titre				
137	PUS/urine/sputumcu culture & sensitivity				
138	Igm leptospira				
139	Igm hep a				
140	Maternal serum beta hcg				

Signature of the tenderer