

**OFFICE OF THE PRINCIPAL,  
RUHS COLLEGE OF MEDICAL SCIENCES, JAIPUR (RAJ.)**

No. RUHS CMS/Store/2015-16/18117

Dated:22-03-2016

**TENDER FORM**

**Outsourcing of CT, MRI, Cath Lab with ancillary services, Advanced Cardiac and Laboratory test (UNDER PUBLIC PRIVATE PARTICIPATION POLICY) for Government RDBP Jaipuria hospital attached Hospital of RUHS College of Medical Sciences, Jaipur**

- 1- Name and Full address of tenderer  
.....
- 2- Addressed to:-Principal RUHS College of Medical Sciences, Jaipur,
- 3- Reference: Tender notice No. RUHS CMS/ Store/2015-16/ dated .....
- 4- Tender fee Rs 1000.00 (Rupees One Thousand Only) deposited vide demand draft no. .... dated ..... Banker .....  
( Name and address of Bank ) Payable at .....
- 5- We.....(Name of firm) agree to abide by all the terms and conditions as mentioned in tender notice no. .... dated..... And enclosed annexure of terms and conditions.
- 6- Tender documents are complete in all respect and have been duly signed.
- 7- We have enclosed Earnest Money Rs.....having demand draft no..... dated..... of Banker.....(Name and address of Bank ) payable at Jaipur in favour of Principal RUHS College of Medical Sciences, Jaipur

**Signature of tenderer with Rubber Stamp**

## NOTICE INVITING e-BID (NIB)

NIB No. Store/RUHS CMS/2015-16/18117

Dated: 22-03-2016

E-bids are invited for the **Private Participation for Outsourcing of CT, MRI, Cath Lab with ancillary services, Advanced Cardiac and Laboratory test for Government RDBP Jaipuria hospital attached Hospital of RUHS College of Medical Sciences, Jaipur**, Rajasthan, India. Details may be seen in the Bidding Document at the website <http://eproc.rajasthan.gov.in> or [www.ruhsraj.org](http://www.ruhsraj.org), [www.ruhscms.org](http://www.ruhscms.org) Tender document may be downloaded on payment of Rs. 1000/- Demand Draft **is to be enclosed**. The details are as under:

S. No	Particulars	EMD in Rs.	Receiving Date upto 2.00 pm	Bid Opening Date on 3.00 pm
1	<b>Outsourcing of CT, MRI, Cath Lab with ancillary services, Advanced Cardiac and Laboratory test</b>	30,00,000.00	30-06-2016	30-06-2016

<b>Project</b>	Tender for <b>Private Participation for Outsourcing of CT, MRI, Cath Lab with ancillary services, Advanced Cardiac and Laboratory test for Government RDBP Jaipuria hospital attached Hospital of RUHS College of Medical Sciences, Jaipur</b>
<b>Mode of Bid Submission</b>	Online through e-Procurement/ e-Tendering system at <a href="http://eproc.rajasthan.gov.in">http://eproc.rajasthan.gov.in</a>
<b>Tendering Authority/ Purchaser</b>	Principal, RUHS College of Medical Sciences, Sector – 11, Kumbha Marg, Pratap Nagar, Jaipur - 302033
<b>Cost of Tender Document (non-refundable)</b>	Rs. 1000/- (Rupees One Thousand Only)
<b>RISL processing fee (non-refundable)</b>	Rs. 1000 /- (Rupees One Thousand Only)
<b>Total Est. Project Cost in Rs.</b>	<b>Rs. 15,00,00,000.00 (Rupees Fifteen Crore Only)</b>
<b>Earnest Money Deposit (EMD)</b>	(Rs 30,00,000.00) (Rupees Thirty Lacs Only)
<b>Bid Download Start Date/ Time</b>	30-03-2016 at 5.00 PM onwards
<b>Pre-Bid Meeting Date/Time</b>	12-04-2016 at 11.00 AM onwards
<b>Bid submission Start Date/Time</b>	15-06-2016 at 5.00 PM onwards
<b>Bid Download End Date/ Time</b>	30-06-2016 at 12.00 Noon
<b>Bid submission End Date/ Time</b>	30-06-2016 at 2.00 pm
<b>Submission of Banker's Cheque/ Demand Draft for Tender Fee, EMD, and Processing Fee</b>	30-06-2016 up to 2.00 pm
<b>Technical Bid Opening Date/ Time</b>	30-06-2016 at 03.00 PM
<b>Financial Bid Opening Date/ Time</b>	Will be intimated later to the Technically qualified bidders
<b>Websites for downloading Tender Document, Corrigendum's, Addendums etc.</b>	<a href="http://eproc.rajasthan.gov.in">http://eproc.rajasthan.gov.in</a> , <a href="http://ruhsraj.org">http://ruhsraj.org</a> , <a href="http://www.ruhscms.org">www.ruhscms.org</a>
<p>* In case, any of the bidders fails to physically submit the Demand Draft for Tender Fee, EMD, and RISL processing fee up to 2.00 pm on 30-06-2016, its Bid shall not be accepted. For RISL processing fees Banker's Cheque/ Demand Draft should be drawn in favour of "Managing Director RajCOMP Info Services Ltd" payable at Jaipur and for Tender Fee &amp; EMD should be drawn in favour "Principal, RUHS College of Medical Sciences, Jaipur" payable at Jaipur from any Scheduled Commercial Bank.</p>	

1. If any amendment/ clarification is carried out in the technical specifications and bid terms & condition following pre-bid meeting or any other information, the same will also be uploaded on the RUHS CMS website <http://ruhscms.org>, [www.ruhsraj.org](http://www.ruhsraj.org), and <http://eproc.rajasthan.gov.in>, and will not be published in any news papers. It will not be intimated to individual bidder.

2. The bid should be submitted through e-portal, after pre-bid meeting, including all the clarifications/ modifications/ amendments agreed & issued by RUHS CMS. The bid shall only be submitted through e-procurement portal <http://eproc.rajasthan.gov.in> of Govt. of Rajasthan. Bids shall not be accepted in physical form in any condition.
3. The bidding process shall be subject to the provisions of the Rajasthan Transparency in Public Procurement Act and Rules made there under.

**Date:**

**Principal**

## Annexure – 1

### Terms & conditions for Private Participation for Outsourcing of CT, MRI, Cath Lab with ancillary services, Advanced Cardiac and Laboratory test for Government RDBP Jaipuria hospital attached Hospital of RUHS College of Medical Sciences, Jaipur

S.No.	Terms and conditions
1.	<p>Tenderers are requested to submit the tenders in two bid systems viz technical and financial bid separately as under, without which tenders will not be considered and liable to rejected.</p> <p><b><u>TECHNICAL BID (Properly sealed)</u></b></p> <ul style="list-style-type: none"> <li>a) Bid Security of Rs. Thirty lacs in form of demand draft drawn in favor of Principal, RUHS College of Medical Sciences, Jaipur</li> <li>b) Technical details, along with a proposed drawing of the building, Operational plan with the details of Facilities to be provided as per terms of reference.</li> <li>c) Tender form and terms and conditions duly signed in all respect.</li> <li>d) List of investigations to be carried out by the tenderer.</li> <li>e) <u>The machines will be as per the attached specifications for CT, MRI, TMT, 2D ECHO, Holter monitoring and CATH LAB. These machines will be installed in Hospital campus. For Advanced Lab tests space will be provided only for collection of samples. The tests will be conducted in the Lab of Private Partner and report will be provided both online and Offline in the hospital premises, within 24 hours. In case of emergency the report is to be given within 2 hours.</u></li> </ul> <p><b><u>FINANCIAL BID (Properly Sealed)</u></b></p> <ul style="list-style-type: none"> <li>a) Revenue Percentage: The tenderers will quote the revenue percentage to be given by him to College / hospital administration ( the criteria of selection will be the maximum revenue sharing)</li> <li>b) Financial bid open: Financial bids of only those bidders will be opened, whose technical bids are found eligible by the committee of College / hospital administration.</li> </ul>
2.	<p><b>Performance Security Deposit:</b></p> <p>DPR (detailed project report) will be submitted by the service provider, and Performance security deposit equivalent to 5% of the DPR cost will be deposited in the form of Bank Guarantee/demand draft / N.S.C. pledged in favour of Member secretary, RMRS RDBP Jaipuria hospital Jaipur till the end of Project period satisfactorily. The said security money could be forfeited in case he does not commence the project in stipulated period, prescribed by college / hospital administration.</p>
3.	<p><b>Terms of reference (Scope of Work)</b></p> <ul style="list-style-type: none"> <li>1.The project will be a Joint venture of RMRS Government RDBP Jaipuria Hospital, Jaipur (Hereafter called RMRS) and Private Partner.</li> <li>2.The RMRS will provide Space and all non-financial regulatory support for the success of the project.</li> </ul>

	<p>3.The machines will be installed by the private partner as per the enclosed specifications.</p> <p>4.The maintenance of machines and area will be done by the Private partner</p> <p>5.All the respective specialist doctors and dedicated Para medical Staff members will be appointed and paid by the Private partner with intimation to hospital administration.</p> <p>6.The RMRS will provide all the necessary clearances as required by the Law of Land.</p> <p>7.The Private Partner will charge investigation fees as per enclosed rates.</p>
<b>4.</b>	<p><b>Turn Over</b></p> <p>The Service Provider should have Turnover of minimum Rs 10.00 Crore in last three years.</p> <p><b>Experience:</b>The bidder should have experience of running Cath Lab, operation of CT/MRI machine and operation of Advance Cardiac and lab Investigation of minimum two years.</p>
<b>5.</b>	<p><b>Period of contract:</b></p> <p>The contract (MOU) will be for a period of Ten years (extendable for further five years) from the date of approval by Executive Committee of RMRS, and the service provider, will have first right of refusal after the expiry of contract period.</p>
<b>6.</b>	<p><b>Land and Building ( Space):</b></p> <p>RMRS will provide space for installation of machines and waiting area. . The title and ownership of the land and building will remain with hospital administration and no right will accrue to the Service Provider on account of operating the diagnostic Services.</p>
<b>7.</b>	<p><b>Interior work :</b></p> <p>All the interior work required will have to be arranged by the Service Provider at his own cost within permission from the hospital administration and at the time of vacating the premises he will not remove any fixtures and will not claim for the value.</p>
<b>8.</b>	<p><b>Adequate Area / Space / Prerequisite:</b></p> <p>Adequate area / space will be provided by the hospital administration to Service Provider for installation of machines. All the pre requisites such as minor civil modification, electrical, air conditioning, computer or any other changes in the site for installation of site for installation of machine will be executed by the Service Provider with the written permission of the administration. Space and construction in form of Building provided by the hospital administration and interior will be managed by the service provider. The expenses thereof will be borne by the Service Provider.</p>
<b>9.</b>	<p><b>Basic Amenities :</b></p> <p>The Service Provider will provide basic amenities as under in the CT Scan / MRI centre/ Cath Lab / TMT / 2D ECHO / Holter monitoring and Blood sample collection area, otherwise Rs. 1000.00 per day will be charge by hospital Administration from the Service Provider as penalty charges.</p> <p>1) Clean Drinking Water</p>

	<p>2) Toilets – Male and Female, separately alongwith round the clock utmost ( Zero percent dust) cleaning and maintenance of the space by the Service Provider.</p> <p>3) Well furnished comfortable and adequate (looking to the average inflow of patients) waiting area.</p> <p>4) Cloth change room (Male &amp; female separately) with gown etc.</p> <p>5) Service Provider will appoint staffs who are well harmonious in public dealing.</p>
<b>10.</b>	<p><b>Water and Electricity :</b></p> <p>For electricity and water connection, new connection has to be taken by the service provider for which cable transformer or any other item has to be installed by the service provider with due permission from the Hospital Administration. Connection to be taken in the name of service provider.</p> <p>The Service Provider should have to install and maintain the Generator for Power Supply for adequate voltage i.e. silent diesel generator as per the requirement of machines and basic infrastructure conforming to the standards of pollution board.</p>
<b>11.</b>	<p><b>Damage / Loss :</b></p> <p>The Hospital administration will not be responsible for any loss or damage to the machine /property due to natural hazard or otherwise the Service Provider may take adequate insurance cover at his own risk and liability for the same.</p> <p>The service provider will be held responsible for any damages and disputes about investigations during the contract period, including the liability under consumer protection act. The service provider shall take all the necessary safety measures in the service area.</p> <p>For CT / MRI and cardiac patients, any risk or liability of negligence to the life of the patients, treating doctor and the service provider will be responsible.</p>
<b>12.</b>	<p><b>Vacate Premises</b></p> <p>Premises will be reverted back to the possession of hospital administration within a period of 30 days from the date of expiry / termination of the contract, in case the Service Provider fails to vacate the premises within a period of 30 days (except for MRI i.e. 60 days), penalty charges Rs. 20,000/- per day upto 7 days will be charged from Service Provider by hospital administration and after 7 days machine will be forfeited by the hospital administration and service provider will have no claim what so ever.</p>
<b>13.</b>	<p><b>Quality of machine:</b></p> <p>1. For CT/MRI and Cath Lab: The Service Provider will provide Brand New Unit fully loaded with all software (along with a certificate from the original manufacturer about the date of manufacturing of desired machine with latest technology) and trained man power required to operate and maintain it, within 15 days from time of installation of machine. The machines should be type approved. The machine must be dicom compatible and must have computer communication port with their work station software so that we can see scan</p>

	<p>images on other connected computers on network.</p> <p>2. For Advanced Lab test: The lab should be equipped with high end equipments.</p>
<b>14.</b>	<p><b>Working of machine :</b></p> <p>The Service Provider will have to provide the 24x7 uninterrupted services of investigations he is authorized for; failing which penalty may be imposed as per agreement.</p> <p>In case of non working of machine, the service provider will have to get machine functional, within 72 hours except in exceptional circumstances with the approval of hospital administration. After 72 hours of breakdown Rs. 10,000.00 per day will be charged as penalty charges. During the breakdown period the Private Partner will make alternative arrangements to carry out investigations at the same charges.</p> <p>The authorized representative of the service provider should be available 24 x 7 basis at the site of the service.</p>
<b>15.</b>	<p><b>Teaching &amp; training purpose :</b></p> <p>MRI, CT Scan, TMT, 2D ECHO, Holter monitoring, advanced cardiac and laboratory test, and Cath lab centers and machines will also be compulsorily utilized free of cost for the teaching and training purpose. The Service Provider will support the hospital authority to do so. The student, faculty members and technical staff of hospital will be allowed to operate upon the machines for clinical, training and research work on priority basis in hospital time.</p> <p>Compulsorily there shall be earmarked room for the faculty and PG students with separate parallel work station to generate the reports for teaching and learning of CT and MRI investigations.</p> <p>For Academic and research purpose, the service provider will provide CDs, pen drive and other related documents to the unit head of department concern of College/Hospital at free of cost.</p> <p>Besides the use of these machines for teaching and training purposes of the Post Graduate as per directions of the Principal / Head of Department of College/Hospital administration, the faculty members of College/Hospital administration shall also be allowed to perform interventional procedures of their patients on the said machines, with prior fixation of time by faculty for performing of such procedures with mutual consent in hospital hours. UG Students and Radiographer trainees will also be allowed to work for necessary exposure to these machines. No extra payment shall be made to the Service Provider for above purpose.</p>
<b>16.</b>	<p><b>Working Staff ( Doctors / technical staff etc )</b></p> <ol style="list-style-type: none"> <li>1. CT/MRI: The Service Provider must depute adequate number of qualified radiologist in which round the clock services of the radiologist should be available, having a recognized MD or DNB /DMRD degree in Radio diagnosis and Imaging and experience of working of CT scan and MRI.</li> <li>2. Cath Lab with ancillary services: The Service Provider must depute adequate number of qualified cardiologist round the clock having a recognized DM/DNB degree in Cardiology and experience of working of Cath Lab.</li> </ol>

	<p>3. For Cardiology OPD, the service provider will provide the services of a cardiologist on all OPD days during OPD hours of hospital. The OPD will run like any other OPD of the hospital on the same conditions. No charges will be made by the service provider for this service. The patients required to be admitted in general ward of cardiology will also be managed by the cardiologist of the service provider.</p> <p>The patients requiring emergency cardiac care will be admitted in CCU where the treatment will be carried out by the staff and cardiologist of the service provider according to the terms and condition mentioned in the tender document. The record of the patients referred to CCU and Cath lab will be preserved by the service provider and hospital administration can review the record anytime without any interruption from the service provider.</p> <p>4. For 2D ECHO / TMT / Holter Monitoring: Doctors have requisite qualification to run these machines or investigations will be provided by the service provider.</p>
<p><b>17.</b></p>	<p><b>Inspection by AERB / relative authorities</b></p> <p>The Service Provider will agree to an inspection by atomic energy regulatory board / other inspection authority by any regulatory agency as per law and as per prescribed norms.</p> <p>The Service Provider will have the CT Scan plan approved from AERB and obtain license to operate CT Scan machine. The Service Provider will appoint qualified / approved Radiographer technologist and will provide all the radiation protection gadgets and personnel monitoring badges.</p>
<p><b>18.</b></p>	<p><b>Generation of reports</b></p> <p>The Generation of report / provisional report for hospital including CT and MRI reports should be issued immediately after completing the procedure by Radiologist of the Service Provider mentioning the full name and signature of Radiologists on report. Final report must be provided within 24 hours of investigation. Reporting of MLC cases will be done by the Doctors of Govt. Jaipuria Hospital only. All necessary films and documents pertaining to MLC cases will be provided by the service provider to the medical jurist. Thereafter these records will be kept with medical jurist.</p>
<p><b>19.</b></p>	<p><b>Free Investigations :</b></p> <p>The Service Provider will provide 10% free cases of the total number of cases done in CT, MRI, Cath Lab and Advanced Cardiac and Lab Tests during the month referred by the College / hospital administration for patients falling in the free category as per State Government instructions. "Bhamashah Yojna" will be applicable as such i.e. the fund is transferred to the account of service provider after reimbursement for Govt. If the quota of free cases become lesser than 10% in a month the remaining percentage of free cases will be carried forward. This process of carried forward will be applicable to that financial year only.</p>
<p><b>20.</b></p>	<p>Service Provider should provide appropriate proposals for revenue sharing on collection basis to hospital administration. It will be based on total revenue collection and payable by the Service Provider to the hospital Administration.</p>



21.	<p><b>Receipt of tests :</b></p> <p>The receipt for the test done shall be issued by the Service Provider through computer having the service provider name including approved by RMRS Govt. RDBP Jaipuria Hospital, Jaipur and reconciliation of accounts would be done on weekly basis. Revenue sharing of the Hospital on weekly basis will be deposited to the Hospital authority and also submit the report of daily receipt of collection. All transactions will be done through ESCRO account.</p>
22.	Emergency and Grave patients shall be given priority over regular cases.
23.	The Service Provider will not be allowed to do other commercial activities or install any other machines / equipments other than approved equipments inside the campus of hospital.
24.	For all purpose the Service will be under Supervision / control of the College/hospital Administration or persons authorized.
25.	The Service Provider shall abide by all the terms and conditions of tender and guidelines issued by hospital administration from time to time. If services are not satisfactory and in case of violation of terms and conditions and guidelines, the agreement can be cancelled after providing opportunity of hearing to the Service Provider.
26.	<p><b>Upgradation of machine/ software</b></p> <p>The machine/software shall be suitably upgraded by the Service Provider; the level of upgradation shall be undertaken after every three years by the mutual agreement of Service Provider and committee of the technical experts constituted by College/hospital administration. The machine/software upgraded by the Service Provider will be verified by the technical experts.</p>
27.	<p><b>Rate revision</b></p> <p>The rate will be increased by 10% after every 3 years by the service provider. The official order to this effect will be issued by the Medical Superintendent / Member Secretary RMRS Govt. RDBP Jaipuria Hospital Jaipur.</p>
28.	On recommendations of committee, formed by the Hospital administration which will include the faculty members regarding complaints of repeated bad scans, services & public relations. The committee will review the complaints every three months. If the service provider is found at fault, a penalty of Rs. 20000/- only will be imposed.
29.	On finalization of tender the report will be submitted in the Executive Committee of RMRS. Subsequently after approval of the executive committee the MOU will be signed between the private partner and member secretary RMRS.

**SPECIFICATION FOR SINGLE-PLANE CARDIOVASCULAR  
CATHETERISATION WITH DIGITAL SUBTRACTION ANGIOGRAPHY LAB.**

**These specifications are general in nature and not tailor made for particular vender.**

**Latest state of the art single plane ceiling/floor mounted cardiovascular angiography system with Flat detector technology digital imaging system for diagnostic and interventional cardiovascular procedures and online Digital Subtraction Angiography (DSA). The lab must have the following specification:**

**A. Multi Directional C Arm/Arm Positioner:**

1. C-arm/G-arm should be latest design, for clear free floor space with head to toe covering of patients without repositioning the patient. It should be ceiling mounted/floor mounted.
2. The C arm/G arm should travel both side (Right and Left) of the patient for head to toe imaging without repositioning of the patient.
3. C or G-arm movement controls should be possible from any side of the table.
4. The C or G-arm Rotation : 40 degrees/second or more in RAO/LAO and 10 degrees/second in cranio/caudal.
5. Augulation: LAO/RAO = At least+/-105/120 degrees  
Cranio/Caudal = 45 degrees or more
6. Patient collision prevention and protection is necessary.
7. Arm design should allow sufficient space around the table during resuscitation and defibrillation.

**B. Patient Table**

1. Table shall be floor mounted, with carbon-fibre table top with table tilting facility.
2. Maximum patient weight = 150 kgs or higher with additional weight for at least 50 kgs during resuscitation.

**C. X-Ray Generator:**

1. Generator should be of latest technology with high frequency type with at least 100 kw output at maximum factors.
2. High frequency power unit that provides grid/digital pulsed fluoroscopy capability.
3. Max power at least 100 KW. Maximum KVp at least 125 KVp.
4. Radiography KVp range to be 40-125 KVp or more.
5. Should have automatic exposure control device for radiography fluoroscopy and angio mode.
6. Should have an overloading protection.

**D. X-Ray Tube:**

1. X-Ray tube should be with a minimum of two focal spots(Small & Large)
2. Anode Heat Storage capacity = At least 2.4 MHU or more.

3. Cooling system = High oil/water cooling to ensure continuous operation.
4. Anode heat cooling rate should be 3000 W/min or more.
5. Automatic / Programmable spectral filtration mechanism for eliminating soft radiations without any need for manual filter insertions.
6. X-Ray tube with noise less operation with Anode Heat Storage Capacity to support long interventional procedures without interruption.
7. Tube capacity should be minimum of 80 KW.

#### **E. Dynamic Flat Detector System:**

1. Flat detector of current generation for cardiovascular application with excellent spatial and contrast resolution (20 x 20 cm or more) with pixel size lesser than 200 Um. Larger detector head will be preferred.
2. Smaller Pixel size of FD is preferred for smallest detail visualization.
3. Should have acquisition and display in at least 1024 x 1024
4. Any other additional feature/design/technology towards image quality improvement will be given preference.
5. A minimum of 12 bit acquisition, with at least 3 levels zoom. The DQE of detectors should be >70% or more.

#### **F. Digital imaging System:**

1. Digital cardiac imaging for acquisition, storage and retrieval in high matrix of 1024 x 1024 or more acquisition/ display and storage of image application to give excellent speeds
2. Gray scale depth of at least 10 bit pixel should be possible at all frame speeds.
3. Image storage capacity of at least 50,000 images at 1024 x 1024 on main system hard disk.
4. One TFT monitors of 18 inches or more with high resolution of 1024 x 1024. Monitors should be have high refresh rate for flicker-free viewing of images.
5. **The examination room should have medical grade high resolution four 19 inch TFT/LCD monitor for live images & for reference image, stent enhancement image and hemodynamic data display. Monitor should be ceiling mounted with capability of sliding to view from left and right of the patients.**
6. 2 Dicom review workstation for viewing and CD Burning.
7. Digital imaging system with digital angiography and pulse fluoroscopy acquisition capabilities.
8. Complete cardiovascular computation software, package. This should include clinically validated coronary, ventricular and vascular quantification software packages (QCA,LVA).
9. Cath lab should be supplied with state of art, complete coronary, ventricular and vascular on line & off line (both) quantification software programs, which are clinically validated. Auto calibration should be possible. It should be possible to operate the same from table side touch screen in examination toom and control room.

10. All recall of stored images in fast-slow-still modes to select images at tableside itself.
11. Cine loop replay facility & preferably last image hold facility during fluoroscope .
12. Integrated intercom facility between control room and examination room.
13. On-line acquisition & display of DSA images in 1024 x 1024 matrix.
14. Display & recording of radiation dose for each procedure should be available on console.
15. The system should have software & hardware for stent enhancement operable examination and control room.

#### **G. Hemodynamic Recorder:**

1. The following feature should be available in the decoder.
  - 12 Lead ECG Amplifier with floating input
  - At least 4 pressures with floating inputs
  - Time and amplitude measurement with electronic callipers
  - SPO2 cardiac output respiration, NBIP measurement should be possible.
2. The patient connection box should be easy to install at the patient table in the examination room.
3. 2 x 18'' or more color monitors for patient dialog and real time waveforms with programmable layout and digital monitoring readout.
4. Hardware, SpO2 extension cable, Finger probe, NIBP hose, Adult, paediatric and neonatal cuffs, ECG cable, Radiolucent lead wire set, Pressure harness, Cardiac output cable, bath temp probe, 18'' (or more) colour TFT monitor for main console 1024 x 1024 or higher resolution, 18'' (or more) slave TFT monitor 1024 x 1024 or higher resolution with mountings bracket, Network Laser Jet Printer, Appropriate tables for system in control room and for report generation from system.
5. Integrated FFR with 3 FFR guide wire supply.

#### **H. Essential Accessories:**

1. Ceiling suspended operation lamp movable on task
2. Lead glass (150 x 120 cm) (as per international radiation protections standard)
3. Radiation shield – ceiling and table mounted / suspended (as per international radiation protections standard)
4. State of art high power contrast injector-1 (floor/ceiling mounted)
5. Protective Lead Apron of high quality with hangers: 10 (as per FDA standard)
6. **Suitable online UPS of at least 125 or more KVA capacities with 30 min. battery backup for complete Cath lab including cine and fluoroscopy. Emergency lighting should also be on UPS.**
7. Should meet all National and International safety standards and comply with BARC and AERB Guidelines.
8. Defibrillator with external pacer (2 no.)
9. ACT Machine 1 nos.
10. Thyroid protection shields 10 nos.

11. One Laser Network Printer of high resolution (at least 1200 dots per inch) with minimum 128MB memory and 1200 dpi should be offered for high quality image on A4 paper.
12. Lead goggles 5 nos.
13. State of Art IABP 1 nos.
14. IVUS with/and FFR

**Installation:**

1. Installation to be done on turn Key basis. Lab, scrub area, Post Cath patient observation room, and attached patient waiting Area needs to be renovated with high quality false ceiling, Floor and wall Tiles upto roof level. High quality adequate Modular Storage racks and necessary furniture like table, chairs, steel cupboards (Six), facility for storage of CDs, and DVDs. Also need to be provided and all work has to be upto satisfaction of, and approval by technical committee.
2. Cath Lab **including twenty bedded state of art Coronary Care Unit (CCU)**, control room & computer room, patient observation room, should be air conditioned with ductable air conditioner of capacity 15 Ton. The AC system should be of reputed make & should be supplied with stabilizer.

**Technical Specification of whole body Multi Slice CT Scanner**

**(64 Row Multi detector CT)**

The Model Offered should be High end model under current production **Upgradable to 128 Slice at Site with Minimum Down Time**, should be Slip Ring Technology, Refurbished – Gold Seal Units will not be accepted. The offer should meet the Specification as follows:

**Gantry:**

1. The CT Scanner should have low Voltage Slip Rings incorporated in the Gantry
2. The Minimum scan time for a 360 Degree rotation should **be 0.4 seconds or less**
3. The gantry should have a minimum tilt of 30 degrees on either side and remote tilt should be available as standard.
4. The gantry should be provided with User control panels on either side for easy positioning.
5. The sub millimeter Slice @ 0.63 mm or less in 64 Row acquisition should be available. The system should be in position to perform 64 Slice / Rotation for Cardiac applications and 32/16 Slice / Rotation for normal applications. The Systems should have Independent 64 Rows Detectors.
6. The Gantry should have 3 D Positioning Laser Lights.
7. The Scan field of view (FOV) in acquisition mode should be at least from 200 mm to 500mm with intermediate Steps for scanning different anatomies.
8. Aperture should be at least 70 cm diameter.

**X ray Section:**

1. The X-ray Generator should be compact and inbuilt in the Gantry.
2. The System X ray power should be 80 kw and above. **The Systems offered should Adaptive Iterative Dose Reduction or I Dose 4 equivalent attachments as standard to reduce the MA Required for the Scans.**
3. **The MA range available should be between 10 to 600 MA or more with increments in steps of not more than 10 ma.**
4. **The X-ray Tube should be essentially Dual Focus with capacity of at least 7 MHU. Liquid bearing X-ray Tube is desirable. Any special feature of the X ray tube to be highlighted with literature.**
5. Specify the focal Spots of the X ray tube.

6. The X ray tube should have a cooling rate of not less **than 700 KHU per MIN**
7. The X ray tube Cooler Unit should be in built in the Gantry.

**Detectors:**

1. The Detector offered should be Solid state. Specify the Material.
2. The Effective Elements/Channels should be at least 650 per row. The 64 Slice per Rotation should be possible with the detectors in 0.63 mm or less Mode.
3. Specify the Fan Angle of the X rays and the geometry. The detectors should not require frequent calibration.

**Patient Couch:**

1. The Patient table offered should have a minimum load bearing capacity of at least 200 KG.
2. The Minimum table top height should not be more than 45 cms from the floor level for easy transport of trauma patients.
3. The Floating table the top width should be at least 40 cms for better comfort.
4. The range of metal free scan should be at least 165 cms.
5. The vertical range should be at least 55 cms (max height – min height).
6. Specify the reproducing accuracy of the table.
7. Remote UP/DOWN, FWD/BWD of the Patient Couch should be standard.

**Spiral/ Helical Section:**

1. **The system offered should have Spiral Capability of at least 100 seconds & above. Real Time Spiral @ 10 f/s should be standard.**
2. The range of Spiral facility in Axial Direction should be more than 100 cms.
3. The Reconstruction Time in Spiral scan should not be less than 20 images/sec.
4. The system should have the Smart Prep or equivalent facility & ability to track Contrast medium to trigger scan with Multiple ROI should be included in the scope of Supply.
5. **System should perform Tilt Spiral scan as standard at any of the chosen angles in Multi Slice Mode.**
6. **Hi Res Scan package of 0.63 mm or less should be offered as standard.**

**Computer Section:**

1. The computer offered should be the Latest Multi tasking Processors and a menu driven platform with a RAM size of **at least 5 GB**.

2. The Monitor should be the latest Color of at least 18 inches and flat screen with medical grade monitor. Two Monitor Independent Console preferred. The Twin Monitor system should work on either shared or common data base.
3. The display matrix should be at least 1024 / 1024.
4. The reconstruction time for an axial scan should be not be more than 50 mili seconds.
5. The Hard disk Capacity for both Image and Raw data should be more than 1000 GB
6. It should have facility to store at least 500,000 Images.
7. The system should be supported with archiving facility of DVD & CD Main Console.
8. DICOM facility to send, store, print, receive, Query / Retrieve, MWM, MPPS etc should be standard.
9. PC Based connectivity should be standard for easy transfer of images & Report.

#### **Image Processing section:**

1. The System should have standard software like 3D Volume rendering MIP, CT Color Anglo Display, Virtual Endoscopy, Colonoscopy, CT Perfusion, Dental scan, Prospective ECG Gated CARDIAC scan, EG Gated Dose Modulation Colon View, CT Based DSA should be available as standard on the System & Work Station. The Software should function independently.
2. The following software should be offered as standard (MPR, ROI, VOLUME CALCULATION, AND CT NUMBER Measurement of 10,000 to +25,000 units WINDOW LEVEL, TOPOGRAM DISPLAY, CINE DISPLAY, HRCT LUNG, and DYNAMIC SCAN).
3. Cardiac Scan Attachment with ECG Gated Segmented Recon, Calcium score, Plaque Analysis, Cardiac Function Analysis, Vessel Flythrough of the Coronaries should be included in the Scope of Supply on the Work Station.
4. Automatic display of MPR images after scan will be preferred.
5. There should be Stare of the Are Independent Work Station with at least 6 GB RAM, CD /DVD Archival / DICOM Viewer Two work stations included in the Scope of Supply and it should support all the software as listed in the Main Console.

#### **Resolution:**

1. The System Spatial Resolution should be mentioned with parameters.
2. The low contrast resolution should not be more than 3 mm at 0.5%. Shoulder, Pelvis Streak Artifact suppression Software should be standard. **If better Resolution is available the same will be preferred by the Hospital.**
3. Noise Suppression protocols to maintain LCR at low dose should be standard.
4. Special Software (MA ECG Modulation in Routine, 3D Noise Suppression & Prospective Cardiac Model) to ensure Dose efficiency should be standard.
5. Specify the CT Dose index.



Accessories:

1. Multi size Dry Laser Image of any reputed make.
2. Color Laser Printer of any reputed make.
3. Lead Glass of at least 2 ft by ft.
4. Stabilizer for the Entire System of suitable capacity.
5. UPS with one hour back up of suitable capacity of handle complete CT scanner, Laser Imager, Work Stations and Color Printer.
6. Dual Head Pressure Injector of reputed make with 100 No: Syringes & Tubings.

**Warranty:**

1. Five years for CT Scanner System including X ray tube and all accessories.
2. The offer should be accompanied by Original data sheet/brochure of the product.
3. The Cost of the CMC (Comprehensive Maintenance Contract) inclusive of the X ray tube should be quoted from Sixth year inclusive of labour, spares and X Ray tube. The CMC should cover all vendor items and local accessories. This will be added to the cost for the evaluation of the Tender and to arrive at the Lowest Bid.
4. All compliance to the Tender should be in the form of Original Data sheet of Original Certificate from the manufacturer. Items under Work in Progress will not be considered.
5. On Site training for the CT Technicians for a period of Two Weeks, Training for Two Doctors (Radiologists) for a period of Two weeks on application of the system.
6. Specify of Upgrade to 128 Slice CT Scanner is available & it's Cost separately.
7. **All the Software should be offered on Direct Sale to the Hospital and NOT by way of Internet Rental basis.**
8. System must be US FDA approved and certificate should be enclosed in the Tender. AERB Approval should also be enclosed for the offered Model.
9. It shall be the responsibility of the Bidder to survey the site, prepare a Site plan, alter the site and install the System in Turn Key basis.
10. Country of Origin should be USA / Europe / Japan / Germany; the Third Party Pre shipment verification certificate should be enclosed to certify the date of manufacturer of the System.
11. System should have Integrated software for radiation dose contrast dose management.

**Technical specifications for**  
**A New State-of-the-Art, Top-of-the-Line,**  
**LATEST 1.5-Tesla with 16 Channel MRI System**

Sl. No.	Name of MR Investigation	Charges (Rs.)
1.	<p style="text-align: center;"><b>ORDERED PRIMARY REGION</b></p> <ul style="list-style-type: none"> <li>i. Head (Brain)</li> <li>ii. Spine <ul style="list-style-type: none"> <li>a) Cervical</li> <li>b) Dorsal</li> <li>c) Lumbo Sacral</li> </ul> </li> <li>iii. Thorax</li> <li>iv. Abdomen</li> <li>v. Pelvis</li> <li>vi. Joint (Single)</li> <li>vii. Limb (Soft Tissue) Single</li> </ul>	
2.	<b>NAME THE REGION FOR SCREENING</b>	
3.	<p style="text-align: center;"><b>SPECIAL INVESTIGATION</b></p> <ul style="list-style-type: none"> <li>i. MRCP</li> <li>ii. MRA</li> <li>iii. MRS</li> <li>iv. MRU</li> <li>v. MR Perfusion</li> <li>vi. DTI</li> <li>vii. Tractography</li> <li>viii. CSF flow study</li> </ul>	
4.	<p style="text-align: center;"><b>PROCEDURE BASED INVESTIGATION</b></p> <ul style="list-style-type: none"> <li>i. MR Arthrography</li> <li>ii. CE-MRA</li> <li>iii. MR Enteroclysis</li> </ul>	

**Note:** In no way, the first party intends to or is in a position to offer a commitment or surety as far as the case load/distribution is concerned on day to day basis.

<b>1. MAGNET</b>		
1.1	Elegant in magnet coil	Please specify
1.2	Operational magnetic field strength	1.5 T suitable for high resolution imaging
1.3	With shielded Magnet_____ Distance of the 0.5 T line from isocentre  a. X – axis      meter (inch) b. Y – axis      meter (inch) c. Z – axis      meter (inch)	Please specify.  Please provide a scaled line map of magnet room and surrounding areas with marking of 3G and 5G lines.
1.4	Length- With and Without magnet cover	Minimum preferred
1.5	Temporal stability	Specify in ppm/hr
1.6	Dimension of Bore  A. Bore Diameter B. Total bore length C. Bore opening	Should be at least 70cm well lit and ventilated after positioning of gradient coil, body coil, Shim and RF antenna.  Should be flared at both ends. Mention the dimension of flare portion.
1.7	LCD Display panel Physiological signals – like ECG / VCG, respiratory signals etc., and table position should be displayed in the console. Display of identification of connected coil, table position and also remote selection of coil element must also be possible	
1.8	Magnet weight	Mention the weight with 100% topped up liquid helium, tank and gradient coils
1.9	Helium tank capacity in liters	Please specify
1.10	Helium Refill Interval	In days- Should be maximum
1.11	Helium boil off rate in stand by and operational modes and effect of high gradients on boils off	Please specify
1.12	Helium level monitoring equipment in the magnet and facility for appropriate quick shut down of the magnet in the event of emergency	Should be available
1.13	Type of shielding - Active/passive	Please specify
1.14	Is magnet shielded against external interference? (eg. Moving ferromagnetic objects, transformers)	Please specify
1.15	Is this shielding against external interference active during a scan?	
1.16	Specify active shimming and passive shimming. Should have provision for automatic in vivo dynamic shimming to improve homogeneity of magnetic field and stability.	
1.17	Specify homogeneity of system before and after shimming (shim turned off and on) using volume	45/50cm DSV ± 40cm DSV ±

	RMS multipoint plot. Details on number of plane plots used for measurement as well as number of measurement point per plane should be clearly specified. The space should be minimum (smaller ppm the better). Homogeneity should be measured in at least 20 planes and 20 point in each plane inside a spherical volume in ppm. Please provides a certificate of compliance in this regards from the principles.	30cm      DSV ± 20cm      DSV ± 10cm      DSV ± Eg: 40cm DSV=0.5ppm
1.19	Maximum FOV with uniform fat saturation	Please specify
1.20	Long term stability of the magnetic field ppm/hour	Specify in limit in ppm/hour
1.21	Noise level inside the examination room should be minimum as possible	Specify db level. Any special/new technique used to reduce noise level should be mentioned.
1.22	Internal light for patient alignment (specify source)	
1.23	Built – in 2 way intercom facility to communicate with patient is required	
1.24	Emergency helium release button should be provided at least in two places[inside MR examination room and console room]	
1.25	Please mention the exact dimension and structure details of the Faraday Cage ( <b>Please note that larger but optimum dimensions would be an added advantage</b> )	

**Specification of 2D Echo Machine with TEE Probe**

A State of art fully digital, compact Colour Doppler Ultrasound machine is required with following technical features:

1. The unit must be compact, portable and lightweight, weighing less than 5 kg.
2. Imaging modes Real time 2D, Color Doppler, Power Doppler, Pulsed wave Doppler, Continuous wave Doppler (on all cardiac transducers), Tissue Doppler Pulsed Wave Doppler (TDI PW) must be available.
3. Unit should be able to give very high image quality with advance technologies like compound imaging for better cardiac contrast resolution, tissue differentiation and edge detection, equivalent to high end cart based systems. Please specify the technology.
4. System should be able to support speckle reduction imaging for better tissue differentiation and edge enhancement please specify the technology.
5. The system shall have the ability to enhance tissue margins and improve contrast resolution by reducing artifacts and improving visualization of texture patterns & needle tip within the image, please specify the technology.
6. System should have both online (Read) as well as offline (Write) zoom facility.
7. System must have fast start up to scanning in less than 30 seconds from off condition, for use in critical and emergency situations.
8. System should support transducer technologies like phased array, convex, linear, TEE etc.
9. Cine memory on all modes.
10. The system shall process a dynamic range that is at least 165db. The system must display at a maximum depth of 35 cm.
11. The system must have a dedicated cardiac calculation packages with PISA, TDI calculation packages, vascular calculations package.
12. Unit must be sturdy, resistant to breakage & damage on fall/hit against the wall or hard surface for within the hospital use.
13. Flat LCD/TFT monitor of at least 10 inches with flicker free image.
14. Alphanumeric soft keys keyboard with easy access scans controls, facility to sanitize the system keyboard to avoid cross contamination.
15. The system must have the ability to function by AC/DC or battery power with the same degree of functionality, the battery life (run time) shall be at least 2 (Two) hours, this need to be demonstrated.
16. The system must have archive capability for storage and retrieval of images and clips data.
17. Data Transfer facility should be available as standard, to transfer images etc. easily onto another system/computer etc.
18. The system shall support the all DICOM functionality, storage, print, and work list, also ready to connect to PACS.
19. Unit should be USFDA approved.
20. The manufacture shall provide a loaner system in case of failure of system.
21. The equipment should be mountable on trolley & locking mechanism should be inbuilt into the trolley for safety & security of the system.

**Transducers to be supplied as standard**

- **TEE probe with high resolution.**
- **5-1 MHz 21-mm broadband phased array cardiology.**
- **8-4 MHz 10-mm broadband phased array Paediatric cardiology.**

13-6 MHz Broadband Linear Array Transducer.

**Essential Requirement:** The firm must have minimum number of 50 installations of the same model in India, attach list of installations, and also provide performance certificates.

### Specification of Treadmill Computerized

The system should be dedicated stress test machine with industrial grade PC architecture and should work on Licensed *Windows software*.

***The system should include following hardware & software:***

- Alphanumeric PC Keyboard with dedicated key for programming routine functions.
- Standard PC Mouse kit with system's integrated Trackball.
- CD ROM Drive for software up gradation.
- Should incorporate Hard Disk Drive storage for minimum 1000 patient's data.
- CDRW drive to record ECG data.
- 19" or more high resolution colour LCD TFT Screen.
- Ergonomic Cart.
- Built in Thermal Printer to print report on A4 size Thermal Paper.
- Additional Laser Printer to print on A4 size ordinary bond paper. This should be provided as standard scope of supply.
- Selection should be available as to printout of all reports to be on thermal printer or External laser printer.
- Built in Uninterrupted Power Supply for min. Of 3 minutes.
- RS-232 port.
- Parallel port.
- USB port.
- DC in/out
- QRS Trigger output
- Set of STD accessories to perform Resting ECG as well as Exercise Test.
- System should accept ECG signals from other unit and also should have ECG out.
- System should be upgradeable to automatic Blood pressure measurement unit. The unit should directly interface/integrate with stress test system.

***System's software should consist of :***

- Windows Licensed copy.
- Resting ECG Software with detailed interpretation statements for all 12 leads.
- System should measure 16 lead resting ECG.
- Detailed ECG Measurement Software for storage and review of entire stress test as well as review test after modification of J, J+ points for all 12 leads.

• ***Basic Exercise Test software should provide:***

1. Enlarged QRS complex with Superimposition technique.
2. Real time average Complex.
3. Real time ST Analysis in Bar Graph.
4. Reanalysis of final summary report.
5. Built-in standard exercise test protocols along with min. 5 user defined protocols.
6. 24 bit amplitude resolution with 7000 Hz or more sampling frequency.
7. 12/16 channel full disclosure- Beat by Beat analysis of complete test.

***System should have following standard softwares***

- Signal Averaging Software.

- QT Dispersion Software
- QT analyser software for non invasive diagnosis of ischemic heart disease.
- Vector Analysis
- Pacemaker
- Should have colored representation of all heart beats during entire exercise test to provide visual trends

***Treadmill Specification:***

Unit should be supplied with a heavy duty imported treadmill, fully interfaced with main unit

- Automatic operation from the main unit as per test protocol.
- Belt Speed: 0.5 to 12.5 mph
- Inclination Range: upto 22 Deg.
- Permissible patient load upto 180 kgs.
- Floor/Surface Area: 700x1970 mm
- Walking Area: 500x1500 mm

***Accessories:***

- 14 lead ECG patient Cable – 2 nos.
- Suitable Servo Stabiliser for Treadmill – 1 nos.
- Thermal paper packs & ECG electrodes for 100 patients should be provided with the machine.

***Optional:***

Online UPS for whole system including treadmill.

Defibrillator: Should be supplied with stress test

- Defibrillator should be Bi-Phasic.
- Should have a high resolution colour TFT display of minimum 8 inch or more
- Should have energy levels for defibrillation: 2 to 200 joules or more.
- Should have direct trim knob and direct function keys for mute and freeze.
- Should be mains and battery operated. Internal battery should provide backup operation up to 2-3 hours in monitoring mode or at least 100 defibrillation shocks should be delivered from fully charged battery.
- Facilities of ECG pickup from paddles in case of ECG electrodes are not connected to the Defibrillator.
- Integrated external re-usable adult and paediatric paddles for defibrillation.
- Should have non synchronised and synchronised cardio version.
- System should have 24 hrs graphical as well as tabular memory for all parameters.
- The charging time should be less than 10 seconds for charging upto 200 joules.
- Should have USB/Data card storage facility wherein data gets recorded & can be retrieved with the help of software on computer. The software should be provided as standard scope of supply.
- Should have integrated Printer.
- Should be supplied with suitable trolley to mount the machine
- Company should be ISO 9001:2000 and ISO:13485
- Machine should be CE Certified



*System should be upgradable to following parameters:*

- SpO2
- NIBP
- AED & External Pacemaker
- EtCO2 monitoring

Note: The prices of Upgradable parameters should be Quoted without which the bed is liable to be rejected.

The Whole system of stress test including defibrillator should be of same manufacturer.

**Specification of Holter Monitor with complete Unit**

- Holter system provides for 24/48 hours of continuous ECG recording and analysing for detecting ECG abnormalities.
- Compact & Light weight for patient comfort, less than 50gm excluding battery.
- Holter Recorder should have display to view ECG for initial hook-up for verifying quality of ECG acquired.
- Full disclosure. Sample rate up to 1000 samples per second or more and without any data compression.
- 12 Channel recording. 10 lead patient cable
- Sampling rate: 8,10,12 or 16 bit sampling
- Powered by single AAA size alkaline
- LCD Display.
- Removable SD card
- Pacemaker detection
- Choice of recording time: 24 hrs, 48 hrs
- Detailed Software: QRS template classification, Arrhythmia analysis, HR turbulence analysis, ST segment change analysis, evaluation of myocardial ischemia, Pacemaker analysis, Obstructive sleep apnea syndrome analysis, AF analysis, HRV, QTC measurement in the report.
- WINDOWS compatible Software

**A. RATES OF VARIOUS TESTS AND INVESTIGATION ETC:****CHARGES OF CATH LAB WITH ANCILLARY SERVICES**

S. No.		VISITING CHARGES in Rs.			
		Room Tariff	First	Second Visit	Night/Emergency
1.	CCU/CTVS ICU	3000.00	600.00	300.00	800.00

**ANGIOGRAPHY**

S. No.	ANGIOGRAPHY	Charges in Rs.
1.	Coronary Angiography	6000.00
2.	Carotid Angiography	6000.00
3.	Peripheral / Renal	6000.00

Note:

- The above tariff is inclusive of Room Rent upto one day, one ECG, one Chest X-Ray, Cardiologist Fee and routine lab tests. It does not include charges for Echo or TMT or any other special tests.
- If Angio CD is demanded, Rs. 500.00 will be charges extra. (Non-refundable). If non-ionic dye is used, Rs. 2500.00 will be charges extra.

**ANGIOPLASTY**

S. No.	ANGIOPLASTY	Charges in Rs.
1.	Valvuloplasty	45000.00
2.	Angioplasty	45000.00

(The above mentioned tariff is inclusive of DOCTORS FEES & exclusive of ANGIOGRAPHY)

Note:

1. The above tariff is inclusive of Room Rent upto 3 days, (including one day in CCU), ECG, Chest X-ray, routine Lab Tests and Cardiologists fees. More than one day stay in CCU will be charges extra. It does not include charges for Echo or TMT or any other special tests.
2. If a Rotablator or Athrectomy device is used, additional charges will be charged at applicable rates. If Non-ionic dye or any life saving (Expensive) drugs used, charges will be extra.
3. In case of primary PTCA Rs. 5000.00 will be charges extra.
4. Cost of Balloon, Dye, Stent, Medicine shell be charges extra.
5. Visiting charges of Super-specialty consultant (other than cardiologist) will be charged extra.

**PERMANENT PACEMAKER PROCEDURE CHARGES**

S. No.	PERMANENT PACEMAKER PROCEDURE CHARGES	Charges in Rs.
1.	Single Chamber	35000.00
2.	Dual Chamber	50000.00
3.	Biventricular Pacing	65000.00
4.	AICD Single Chamber	55000.00
5.	AICD Dual / Combo	75000.00

The above package includes 3 days room rent (including one day in CCU), cardiologist fees, anesthetist fees, routing blood investigations, one ECG & one chest X-Ray.

Cost of pacemaker/ICD/Combo Device, drugs & medicines are chargeable extra.

- |                                  |   |              |
|----------------------------------|---|--------------|
| 1. Temporary pacing charges      | : | Rs. 7500.00  |
| 2. Electrophysiology Studies :   |   |              |
| • Minor                          | : | Rs. 15000.00 |
| • Major                          | : | Rs. 25000.00 |
| • EPS & Radio Frequency Ablation | : | Rs. 50000.00 |

Note :-

The above mentioned rates are only procedural charges. Room rent investigations, Medicines shall be charged extra.

- |                            |   |             |
|----------------------------|---|-------------|
| 3. Pacemaker Check         | : | Rs. 500.00  |
| 4. ICD/Biventricular Check | : | Rs. 1000.00 |

### **DEVICE CLOSURES**

S. No.	DEVICE CLOSURE	Charges in Rs.
1.	ASD	1,75,000.00
2.	VSD	1,90,000.00
3.	PDA	1,00,000.00
4.	Coil Closure	70,000.00

The above procedure includes hospital stay upto four days (including one day in CCU), routine blood tests, one ECG, one chest X ray, cost of device and cardiologist fees.

It does not include charges for Echo or TMT or any other special tests.

**NOTE: FOR STATE GOVERNMENT EMPLOYEES, THE CHARGES WILL BE IN ACCORDANCE WITH THE MEDICAL REIMBURSEMENT RULES APPLICABLE AT THAT POINT OF TIME.**

### **ADVANCED CARDIAC TEST**

S.No.	LAB	Test Name	Amount (in Rs.)
1.	Cardiac	COMPUTERISED TREADMILL TEST(CTMT)	440.00
2.		2-D ECHO CARDIOGRAPHY	630.00
3.		E C G BED SIDE	30.00
4.		E C G	20.00
5.		HOLTER MONITORING	630.00
6.		TEE	630.00

**IMAGING RATES FOR CT & MRI**

<b>Sr. No.</b>	<b>Description</b>	<b>Amount (in Rs.)</b>
1.	CT Brain Plain	1100.00
2.	CT Brain Plain & Contrast	1100.00
3.	CT Brain Repeat (within 7 Days)	0.00
4.	CT Pituitary Fossa	715.00
5.	CT Scan Thigh	715.00
6.	NCCT Whole Abdomen	770.00
7.	CT Scan Whole Spine	2145.00
8.	CT Scan Cheek	715.00
9.	CT Scan Virtual Bronchoscopy	1870.00
10.	CT Scan Sacrum	715.00
11.	CECT Naso-pharynx	715.00
12.	CECT Larynx Pharynx Neck	715.00
13.	CT Angiography Chest	1870.00
14.	CT Temporal Bone	715.00
15.	CT Scan CV Junction	715.00
16.	CT Scan Foot	715.00
17.	CT Scan Arm	715.00
18.	CT Scan Mastoid Temporal Bone	715.00
19.	CT Scan Lower Limb	715.00
20.	CT Scan Femur	715.00
21.	CT Scan Sterno Clavicular Joint	715.00
22.	CT Scan Base of Skull	715.00
23.	NCCT Neck	715.00
24.	CT Joint (Any one)	715.00
25.	CT Scan Scanogram	715.00
26.	CT Spine (Any one Part)	715.00
27.	CT Angioscopy of Bronchus	1870.00
28.	CT Fluoroscopy	1210.00
29.	CT Angiography (Any one Part)/Calcium Scoring	1870.00
30.	CT Musculoskeletal	715.00
31.	CT Thorax & Chest	770.00
32.	CT Angiography Brain	1870.00
33.	CT Angiography Carotids	1870.00
34.	CT Angiography Pulmonary	1870.00
35.	CT Angiography Great Vessels	1870.00
36.	CT Scan Clavicular Joint	715.00
37.	CT Angiography Coeliac	1870.00
38.	CT Angiography Venous Phase	1870.00
39.	CT Angiography	1870.00
40.	CT Angiography of Mesenteric	1870.00
41.	CT Angiography of Renal	1870.00
42.	CT Angiography Peripheral Vessels	1870.00
43.	CT Angiography of Hepatic etc.	1870.00
44.	CT Guided Procedures	1210.00
45.	CT Denta Scan	1870.00
46.	CT Dynamic Study	2200.00
47.	CT Myelography	1760.00
48.	CT of Head (Bony Cuts and 3D Reconstruction)	1760.00
49.	CT of Head with Direct Coronal Cuts	1100.00
50.	CT of Head with Thin Post Fossa Cuts	880.00
51.	CT Face with 3D Reconstruction	770.00
52.	CT Angiography of Coronary Arteries along with Calcium scoring	3960.00
53.	CT Angiography of Aorta and Peripheral Vessels with 3D Reconstruction	2640.00
54.	CT Angiography of Cardiac Veins and Coronary Sinus with Calcium scoring	3960.00
55.	CT Angiography of pulmonary arteries and veins	2640.00
56.	CECT Upper Abdomen	715.00

57.	CT Angiography of Cardiac Chambers with 3D Reconstruction	3960.00
58.	CT Cardiac Angiography of Congenital Heart Disease	3960.00
59.	CT Guided Cardiac Interventional Procedures	4400.00
60.	CT Angiography of Cerebral Vessels with 3D Reconstruction	2200.00
61.	CT Joint (Any one) Musculoskeletal with 3D Reconstruction	1540.00
62.	CT Hip Joint with 3D Reconstruction	1540.00
63.	CT Angiography of Neck Vessels	2200.00
64.	CT Guided Biopsy of Brain and Spinal Region	990.00
65.	CT Dynamic CT CV junction/ or any region of Spine	1760.00
66.	CT Perfusion	2200.00
67.	CECT Whole Abdomen	770.00
68.	CECT Lower Abdomen	770.00
69.	CECT ABDOMEN/PELVIS	770.00
70.	NCCT ABDOMEN/PELVIS	770.00
71.	CT Angiography Lower Limb	1870.00
72.	CT scan Triple Phase Whole Abdomen	2310.00
73.	HRCT Chest	770.00
74.	CECT Chest	770.00
75.	NCCT KUB	1870.00
76.	CT Lumbosacral Spine Flexion Extension	1760.00
77.	CECT Pelvis	770.00
78.	NCCT Abdomen	770.00
79.	CECT Abdomen	770.00
80.	CT Urography	1870.00
81.	CT Angiography Abdomen	1870.00
82.	CT Angiography Aorta	1870.00
83.	CT Angiography Upper Limb	1870.00
84.	CT Cervical Spine	715.00
85.	CT Dorsal Spine	715.00
86.	CT LS Spine	715.00
87.	CT Thoraco Lumbar Spine	1430.00
88.	CECT PNS	715.00
89.	CT Cervico Dorsal Spine	1430.00
90.	CECT Temporal Bone	715.00
91.	CECT Neck	715.00
92.	CT PNS	715.00
93.	CT Scan Knee Joint	715.00
94.	CT Scan Shoulder Joint	715.00
95.	CT Venography Brain	1870.00
96.	CT Scan Ankle Joint	715.00
97.	CT Scan Leg	715.00
98.	CT Scan SI Joint	715.00
99.	CT Scan Elbow Joint	715.00
100.	CT Scan Wrist	715.00
101.	CT Scan Hand	715.00
102.	CT Scan Pelvis	770.00
103.	CT Scan Triple Phase Upper Abdomen	2145.00
104.	HRCT Temporal Bone	715.00
105.	CT Angiography Face	1870.00
106.	NCCT Orbit	715.00
107.	CT Scan TM Joint	715.00
108.	CECT Orbit	715.00
109.	CT Scan Mandible	715.00
110.	CT Scan Maxilla	715.00
111.	CT Parotid Region & Contrast	715.00
112.	CT Scan Humerus	715.00
113.	CECT Face	715.00
114.	CECT Maxilla	715.00
115.	CECT Mandible	715.00
116.	NCCT Chest	770.00
117.	CT Venography	1870.00

<b>118.</b>	CT Scan Tibia	<b>715.00</b>
<b>119.</b>	CT Cisternogram	<b>1870.00</b>
<b>120.</b>	CT Angiography	<b>1870.00</b>
<b>121.</b>	CECT Oral Cavity	<b>715.00</b>
<b>122.</b>	CECT Sella	<b>715.00</b>
<b>123.</b>	CT Scan Venous Phase	<b>1870.00</b>

**Note:** Contrast has to be provided by the patient himself, It is not the responsibility of service provider.

### **MRI**

<b>S.NO.</b>	<b>DESCRIPTION</b>	<b>Amount (in Rs.)</b>
<b>1.</b>	MR ANGIO LOWER LIMB	<b>2640.00</b>
<b>2.</b>	MR ANGIO UPPER LIMB	<b>2640.00</b>
<b>3.</b>	MR ANGIOGRAPHY ABDOMEN	<b>3520.00</b>
<b>4.</b>	MR ANGIOGRAPHY BRAIN ALL PHASES UPTO VENOUS PHASE / VENOGRAPHY	<b>3080.00</b>
<b>5.</b>	MR ANGIOGRAPHY INTRACRANIAL VESSELS	<b>3080.00</b>
<b>6.</b>	MR ANGIOGRAPHY NECK	<b>1760.00</b>
<b>7.</b>	MR ANGIOGRAPHY NECK VESSELS	<b>3080.00</b>
<b>8.</b>	MR ANGIOGRAPHY OF CORONARY ARTERIES	<b>3960.00</b>
<b>9.</b>	MR ANGIOGRAPHY OF THORACIC AORTA AND ITS VESSELS	<b>3960.00</b>
<b>10.</b>	MR BRAIN WITH PERFUSION & DIFFUSION	<b>4620.00</b>
<b>11.</b>	MR CSF FLOW STUDIES	<b>1375.00</b>
<b>12.</b>	MR MYLOGRAPHY	<b>1100.00</b>
<b>13.</b>	MR RENAL ANGIO / ARCH OF AORTA	<b>2200.00</b>
<b>14.</b>	MRCP	<b>2310.00</b>
<b>15.</b>	MRI ANGIO BRAIN	<b>3080.00</b>
<b>16.</b>	MRI BRAIN VENOGAPHY	<b>3080.00</b>
<b>17.</b>	MR CARDIAC FOR CHAMBERS	<b>3520.00</b>
<b>18.</b>	MRI CISTERNOGRAPHY TO STUDY CSF FLOW AT FORAMEN MAGNUM IF NEEDED	<b>3080.00</b>
<b>19.</b>	MRI DIFFUSION TENSOR IMGAING	<b>2640.00</b>
<b>20.</b>	MRI DYNAMIC SCAN OF PITUITARY GLAND	<b>2640.00</b>
<b>21.</b>	MRI DYNAMIC SCAN OF PROSTRATE	<b>2640.00</b>
<b>22.</b>	MRI DYNAMIC SCAN OF UTERUS	<b>2640.00</b>
<b>23.</b>	MRI FOR CARDIAC CARDIOMYOPATHY UNFILTRATIVE DISORDERS	<b>3520.00</b>
<b>24.</b>	MRI FOR CARDIAC CONGENITAL HEART DISEASE	<b>3960.00</b>
<b>25.</b>	MRI FOR CARDIAC VENTRICULAR FUNCTION ASSESSMENT	<b>3520.00</b>
<b>26.</b>	MRI FOR CARDIAC VIABILITY ASSESSMENT	<b>3960.00</b>
<b>27.</b>	MRI MAMMOGRAPHY	<b>1210.00</b>
<b>28.</b>	MRI OF ABDOMEN AORTA AND PERIPHERAL VESSELS	<b>4400.00</b>
<b>29.</b>	MRI OF ARTHOGRAM	<b>3960.00</b>
<b>30.</b>	MRI OF AXILLA	<b>3080.00</b>
<b>31.</b>	MRI OF B/L TM JOINT	<b>6160.00</b>
<b>32.</b>	MRI OF BASE OF SKULL	<b>1375.00</b>
<b>33.</b>	MRI OF BRACHIAL PLEXUS	<b>2310.00</b>
<b>34.</b>	MRI OF BRAIN	<b>3520.00</b>
<b>35.</b>	MRI OF BRAIN WITH CONTRAST	<b>3520.00</b>
<b>36.</b>	MRI OF BREAST	<b>3960.00</b>
<b>37.</b>	MRI OF BUCCAL MUCOSA	<b>2640.00</b>
<b>38.</b>	MRI OF C V JUNCTION SCREENING WHOLE SPINE	<b>3685.00</b>
<b>39.</b>	MRI OF CERVICAL + C V JUNCTION	<b>3685.00</b>
<b>40.</b>	MRI OF CERVICAL SPINE	<b>3245.00</b>
<b>41.</b>	MRI OF CERVICAL SPINE + SCREENING DORSAL SPINE	<b>3685.00</b>
<b>42.</b>	MRI OF CERVICAL SPINE + SCREEING L S SPINE	<b>3685.00</b>
<b>43.</b>	MRI OF CERVICAL SPINE + SCREENING WHOLE SPINE	<b>3685.00</b>

44.	MRI OF CERVICO DORSAL SPINE	3685.00
45.	MRI OF CHEST	1210.00
46.	MRI OF CV JUNCTION	3080.00
47.	MRI OF CV JUNCTION AND CERVICAL SPINE (EXTENSION FLEXION AND NEUTRAL)	3410.00
48.	MRI OF D L SPINE	3685.00
49.	MRI OF DL SPINE + SCREENING WHOLE SPINE	3685.00
50.	MRI OF DORSAL SPINE	3245.00
51.	MRI OF DORSAL SPINE + SCREENING CERVICAL SPINE	3685.00
52.	MRI OF DORSAL SPINE + SCREENING L S SPINE	3685.00
53.	MRI OF DORSAL SPINE + SCREENING WHOLE SPINE	3685.00
54.	MRI FO DWI	880.00
55.	MRI OF FACE	2200.00
56.	MRI FO FEMUR	3080.00
57.	MRI OF FUNCTIONAL IMAGING	2640.00
58.	MIR OF GLUTEAL REGION	3080.00
59.	MRI OF HIP JOINT	3080.00
60.	MRI OF KUB	2200.00
61.	MRI OF L S SPINE	3245.00
62.	MRI OF L S SPINE + SCREENING CERVICAL SPINE	3685.00
63.	MRI OF L S SPINE + SCREENING DORSAL SPINE	3685.00
64.	MRI OF L S SPINE + SCREENING WHOLE SPINE	3685.00
65.	MRI OF LEFT ANKLE JOINT	3080.00
66.	MRI OF LEFT ARM	3080.00
67.	MRI OF LEFT ELBOW JOINT	3080.00
68.	MRI OF LEFT FA	3080.00
69.	MRI OF LEFT FOOT	2200.00
70.	MRI OF LEFT HAND	2200.00
71.	MRI OF LEFT KNEE JOINT	3080.00
72.	MRI OF LEFT LEG	2200.00
73.	MRI OF LEFT SHOULDER JOINT	3080.00
74.	MRI OF LEFT THIGH	2200.00
75.	MRI OF LEFT TM JOINT	3080.00
76.	MRI OF LEFT WRIST JOINT	3080.00
77.	MRI OF LOWER ABDOMEN	1210.00
78.	MRI OF LUMBER PLEXUS	2200.00
79.	MRI OF MASTOID	1760.00
80.	MRI OF MEDIASTINUM	2200.00
81.	MRI OF MIDDLE EAR	1760.00
82.	MRI OF NASOPHARYNX	1375.00
83.	MRI OF NECK	3245.00
84.	MRI OF ORBIT	1375.00
85.	MRI OF PELVIS	1210.00
86.	MRI OF PITUTRY	1375.00
87.	MRI OF PNS	1375.00
88.	MRI OF PROSTATE	1210.00
89.	MRI OF PROSTATE / SPECTROSCOPY	1210.00
90.	MRI OF RIGHT ANKLE JOINT	3080.00
91.	MRI OF RIGHT ELBOW JOINT	3080.00
92.	MRI OF RIGHT FA	3080.00
93.	MRI OF RIGHT FOOT	2200.00
94.	MRI OF RIGHT HAND	2200.00
95.	MRI OF RIGHT KNEE JOINT	3080.00
96.	MRI OF RIGHT LEG	2200.00
97.	MRI OF RIGHT SHOULDER JOINT	3080.00
98.	MRI OF RIGHT THIGH	2200.00
99.	MRI OF RIGHT WRIST JOINT	3080.00
100.	MRI OF RIGHT ARM	3080.00
101.	MRI OF RIGHT TM JOINT	3080.00
102.	MRI OF S I JOINT	3080.00
103.	MRI OF SACRUM COCCYEX	2200.00



<b>104.</b>	MRI OF SCREENING OF WHOLE SPINE	<b>3685.00</b>
<b>105.</b>	MRI OF SCREENING ONE PART	<b>1100.00</b>
<b>106.</b>	MRI OF SCREENING ONE PART WITH OTHER ONE PART	<b>1760.00</b>
<b>107.</b>	MRI OF SELLA	<b>1375.00</b>
<b>108.</b>	MRI OF SIALOGRAPHY	<b>2200.00</b>
<b>109.</b>	MRI OF SPECTROSCOPY BRAIN	<b>3080.00</b>
<b>110.</b>	MRI OF SPLENOPORTOVENOGRAM	<b>3520.00</b>
<b>111.</b>	MRI OF TEMPORAL BONE	<b>1760.00</b>
<b>112.</b>	MRI OF TESTIS	<b>2200.00</b>
<b>113.</b>	MRI OF THORAX	<b>1210.00</b>
<b>114.</b>	MRI OF THORAX INCLUDING CARDIAC/PULMONARY GREAT VESSELS	<b>1210.00</b>
<b>115.</b>	MRI OF THYROID GLAND	<b>2200.00</b>
<b>116.</b>	MRI OF TM JOINT	<b>3080.00</b>
<b>117.</b>	MRI OF TOUNGE	<b>3080.00</b>
<b>118.</b>	MRI OF TRIPLE PHASE STUDY OF ABDOMEN	<b>4400.00</b>
<b>119.</b>	MRI OF UPPER ABDOMEN	<b>1210.00</b>
<b>120.</b>	MRI OF UROGRAPHY	<b>2200.00</b>
<b>121.</b>	MRI OF WHOLE ABDOMEN	<b>1210.00</b>
<b>122.</b>	MRI OF WHOLE BODY	<b>11000.00</b>
<b>123.</b>	MRI SCAPULAR REGION	<b>3080.00</b>
<b>124.</b>	MRI SPINAL ANGIOGRAPHY	<b>1980.00</b>

Note: Contrast has to be provided by the patient himself, It is not the responsibility of service provider.

**LAB TEST**

**BIOCHEMISTRY LAB**

S.No.	Test Name	Amount (in Rs.)
<b>ADVANCED INVESTIGATIONS</b>		
1.	Serum Iron	70.00
2.	Serum TIBC	70.00
3.	Blood Gas Analysis	250.00
4.	Ionic Calcium	80.00
5.	Lithium	80.00
6.	Acid Phosphatase	30.00
7.	Vitamin D	1100.00
8.	G6PD	30.00
9.	FT 3	110.00
10.	FT 4	110.00
11.	TSH(Third Generation)	110.00
12.	Anti TPO Ab	275.00
13.	Follicle Stimulating Hormone (FSH)	165.00
14.	Luteinizing Hormone (LH)	165.00
15.	S Prolactin	165.00
16.	Beta H C G	220.00
17.	Testosterone	220.00
18.	Cortisol	220.00
19.	Growth Hormone (GH)	220.00
20.	Parathyroid Hormone (PTH)	440.00
21.	Insulin	220.00
22.	Ferritin	165.00
23.	Vitamin B 12	330.00
24.	Folate	330.00
25.	Carcinoembryonic Antigen (CEA)	220.00
26.	Alpha Pheto Protein (AFP)	220.00
27.	C A -125	350.00
28.	PROSTATE SPECIFIC ANTIGEN (PSA) (Third Generation)	220.00
29.	TOTAL IgE	275.00
30.	24 Hrs Urine PROTEIN	30.00
<b>ROUTINE INVESTIGATIONS</b>		
31.	Blood Sugar (Random)	20.00
32.	Blood Sugar (Fasting)	20.00
33.	Blood Sugar P.P	20.00
34.	Blood Sugar P.G (0.30 Hrs)	20.00
35.	Blood Sugar P.G (1.00 Hrs)	20.00
36.	Blood Sugar P.G (1.30 Hrs)	20.00
37.	Blood Sugar P.G (2.00 Hrs)	20.00
38.	Blood Sugar P.G (2.30 Hrs)	20.00
39.	Serum Urea	30.00
40.	Serum Creatinine	30.00
41.	Serum Uric Acid	40.00
42.	Serum Calcium	40.00
43.	Serum Phosphorus	40.00
44.	Serum Total Proteins/Albumin/ A/G Ratio	40.00
45.	Serum Electrolytes	80.00
46.	Serum Total Bilirubin (D& T)	40.00
47.	S.G.O.T.	30.00
48.	S.G.P.T.	30.00
49.	Serum Alkaline Phosphatase	40.00
50.	Serum LDH	110.00
51.	Serum CPK	110.00
52.	Serum CPK MB	110.00
53.	Serum GGT	110.00
54.	Serum Amylase	70.00

55.	Serum Lipase	70.00
56.	Total Lipid Profile	230.00
57.	Triglycerides	80.00
58.	Total Cholesterol	30.00
59.	H DL Cholesterol	40.00
60.	Glycated Hb1ac	220.00
61.	C.S.F (Sugar, Protein, Cl)	80.00
62.	Ascitic Fluid	80.00
63.	Pleural Fluid	80.00
64.	Synovial Fluid	80.00

### **MICROBIOLOGY LAB**

S.No.	Test Name	Amount (in Rs.)
<b>ADVANCED INVESTIGATIONS</b>		
1.	Anaerobic Bacterial Culture	130.00
2.	Automated Identification & Sensitivity System	660.00
3.	Automated TB Culture	550.00
4.	Automated TB Drug Sensitivity Testing (SIREZ-5 Drugs)	2090.00
5.	Antimycobacterial Drug Sensitivity Testing	70.00
6.	AMEBIASIS IgG ANTIBODY	190.00
7.	AMEBIASIS IgM ANTIBODY	190.00
8.	ANTI ECHINOCOCCAL IgG ANTIBODY	520.00
9.	Anti Leishmanial Antibody	385.00
10.	Brucella Test (Brucellosis)	190.00
11.	CHLAMYDIA TRACHOMATIS ANTIBODY IgM	440.00
12.	CHLAMYDIA TRACHOMATIS ANTIBODY IgG	440.00
13.	CHLAMYDIA TRACHOMATIS ANTIBODY IgA	440.00
14.	Complement C3 Levels	385.00
15.	Complement C4 Levels	385.00
16.	Echinococcus Detection	20.00
17.	HELICOBACTER PYLORI IgM ANTIBODY	330.00
18.	HELICOBACTER PYLORI IgG ANTIBODY	330.00
19.	Immunoglobulin Ig A	495.00
20.	Immunoglobulin Ig E	495.00
21.	Immunoglobulin Ig G	495.00
22.	Immunoglobulin Ig M	495.00
23.	Leishmania Detection	20.00
24.	Mycobacterial Culture And Identification Other Than Urine	110.00
25.	Mycobacterial Culture And Identification Urine	180.00
26.	Paul Bunnell Test	30.00
27.	Qualitative Estimation of Chlamydia Trachomatis	1100.00
28.	Qualitative Estimation of Cytomegalovirus	880.00
29.	Quantitative Estimation of H B V (Viral Load)	2200.00
30.	Quantitative Estimation of H I V (Viral Load)	2420.00
31.	Quantitative Estimation of M T B (PCR)	1100.00
32.	Quantitative Estimation of H C V (RNA)	2750.00
33.	Qualitative Estimation of HPV(DNA)	880.00
34.	Qualitative Estimation of HSV1/2(DNA)	1650.00
35.	Quantitative Estimation of PANFUNGAL DNA	880.00
<b>ROUTINE INVESTIGATIONS</b>		
36.	Automated Culture And Sensitivity Bactec (Blood/Others)	660.00
37.	Aerobic Bacterial Culture And Sensitivity Blood	105.00
38.	Aerobic Bacterial Culture And Sensitivity Other Than Blood	80.00
39.	Albert / Neissers Staining	20.00
40.	ANTI HAV IgM	385.00
41.	ANTI HBe	385.00
42.	ANTI HEV IgM	385.00
43.	Anti Streptolysin O Titre (ASLO)	80.00

44.	Anti Streptolysin O Titre (For Each Dilution)	40.00
45.	ANTI HDV IgM	385.00
46.	Anti HCV	385.00
47.	ANTI HBc Igm	385.00
48.	Acid Fast Bacilli Stain For M. Leprae	20.00
49.	Acid Fast Bacilli (Concentration Method)	30.00
50.	Acid Fast Bacilli Stain (For Nocardia)	20.00
51.	Acid Fast Bacilli Stain For Cryptosporidium Detection	20.00
52.	Acid Fast Bacilli Stain For Isospore Belli	20.00
53.	Antinuclear Antibody	330.00
54.	ANTI ds DNA	330.00
55.	C Reactive Protein (CRP)	40.00
56.	Complete Torch Profile	1540.00
57.	CYTOMEGALOVIRUS IgM ANTIBODY	190.00
58.	CYTOMEGALOVIRUS IgG ANTIBODY	190.00
59.	DENGUE TEST IgG & IgM ANTIBODIES (RAPID)	520.00
60.	Fungus Culture	130.00
61.	Giardia Lambia Detection	20.00
62.	Gram Staining	20.00
63.	HBe Ag	385.00
64.	HBsAg	70.00
65.	HBs ANTIBODY	385.00
66.	HERPES SIMPLEX VIRUS IgM ANTIBODY	190.00
67.	HERPES SIMPLEX VIRUS IgG ANTIBODY	190.00
68.	KOH Mount And Smear	20.00
69.	Malarial Parasite Detection	20.00
70.	Microfilariae Detection	20.00
71.	Malaria Antigen Detection	385.00
72.	Malaria Antibody Detection	385.00
73.	Negative Staining For Cytococcus	20.00
74.	Pregnancy Test – Urine HCG (Qualitative)	30.00
75.	Pregnancy Test – Urine HCG (Quantitative)	40.00
76.	Rheumatoid Factor (RF)	40.00
77.	RUBELLA IgM ANTIBODY	190.00
78.	RUBELLA IgG ANTIBODY	190.00
79.	Swine Flu H1N1 Swab Test	1650.00
80.	Stool Examination	20.00
81.	Trichomonas Vaginals Detection	20.00
82.	Trypanosomes Detection	20.00
83.	TB IgG ANTIBODIES	220.00
84.	TB IgM ANTIBODIES	220.00
85.	TB IgA ANTIBODIES	220.00
86.	TOXOPLASMA IgM ANTIBODY	190.00
87.	TOXOPLASMA IgG ANTIBODY	190.00
88.	VDRL / RPR (Qualitative)	20.00
89.	VDRL / RPR (Quantitative)	30.00
90.	Widal Test	30.00

### **PATHOLOGY LAB**

S.No.	Test Name	Amount (in Rs.)
<b>ADVANCED INVESTIGATIONS</b>		
1.	M P By QBC	55.00
2.	Reticulocyte Count And Profile	110.00
3.	P.T.T.K.	70.00
4.	D-Dimer Test	275.00
5.	Fetal Hb	30.00
6.	HP LC	550.00
7.	HB Electrophoresis	100.00
<b>ROUTINE INVESTIGATIONS</b>		
8.	Blood Grouping And Cross Matching	20.00

9.	Haemoglobin	30.00
10.	Total Leucocyte Count	20.00
11.	Differential Leucocyte Count	20.00
12.	Total Eosinophil Count(T E C)	20.00
13.	Total Red Blood Cells	20.00
14.	Erythrocyte Sedimentation Rate(E S R)	10.00
15.	Peripheral Blood Film	20.00
16.	Malaria Antigen Detection	165.00
17.	Platelet Counts	20.00
18.	Bleeding Time	10.00
19.	Clotting Time	10.00
20.	Packed Cell Volume (Pathology)	20.00
21.	Complete Blood Count	100.00
22.	Urine Examination Complete	20.00
23.	Microalbuminuria	165.00
24.	Semen Examination	20.00
25.	C.S.F. Cell Count	20.00
26.	Ascitic Fluid	20.00
27.	Pleural Fluid	20.00
28.	Gastric Aspirate	20.00
29.	Pericardial Fluid	20.00
30.	Any Other Fluid	20.00
31.	Prothrombin Time	30.00
32.	FDP Test	330.00
33.	Coombs Test-Direct	30.00
34.	Coombs Test-Indirect	30.00
35.	AFB For Malignant Cell (Acid Fast Bacilli)	70.00
36.	Ascetic Fluid For Malignant Cell	70.00
37.	Bonemarrow Aspiration And PBF	70.00
38.	Bronchial Wash	70.00
39.	CRT	20.00
40.	CSS For Malignant	70.00
41.	Fluid For Cytology	70.00
42.	LE Cell	30.00
43.	Osmotic Fragility	30.00
44.	Pap Smear	70.00
45.	PBF	20.00
46.	Peritoneal Fluid For CPE	70.00
47.	Pus For Malignant Cell	70.00
48.	Reticulocyte Count	20.00
49.	Sickling Test	30.00
50.	Sputum For Malignant Cell	70.00
51.	Urine For Malignant Cell	70.00
52.	Urine For Cytology	70.00
53.	Misc.Test (Like Moulds. Fungi,Drugs Etc.)	165.00

#### **OTHER TEST**

S.No.	Test Name	Amount in Rs.
1.	Allergy Test From Serum	265.00

#### **Note:**

1. Routine investigations after OPD timings will be done by the service provider as on patient basis.
2. For state government employees, the charges will be in accordance with the medical reimbursement rules applicable at that point of time.

## OFFICE OF THE PRINCIPAL

## RUHS COLLEGE OF MEDICAL SCIENCES, JAIPUR

## Format of Financial Bid

- (1) Name of Item: - **Outsourcing of CT, MRI, Cath Lab with ancillary services, Advanced Cardiac and Laboratory test (UNDER PUBLIC PRIVATE PARTICIPATION POLICY) for Government RDBP Jaipuria hospital attached Hospital of RUHS College of Medical Sciences, Jaipur**

FORMAT OF FINANCIAL BID FOR ITEM NO.

S. No.	Outsourcing Services	Revenue Percentage to be given
1.	<b>Total revenue percentage (CT, MRI, Cath Lab with ancillary services, Advanced Cardiac and Laboratory test) to be given to the Hospital Administration (RMRS)</b>	

**Signature of tenderer with Rubber Stamp**