Memo no.BH/15/1500 Dated: 26/6/15

EXPRESSION OF INTEREST

Expression of Interest is invited from bonafied agencies for setting up of pathological and radiological service with a collection centre through PPP model at the North 24 Pargana District hospital, Barasat.

Tender forms, specifications along with terms and conditions to be handed over on TR-7 payment of Rs 500.00 (Five hundred) only from the Accounts Personnel of Rogi Kalyan Samity of the office of the undersigned which will be available on and from 26.6.15 to 11.7.15 in between 11am to 2pm and the same will be received till 11.7.15 upto 1pm and opened on 13.7.15 the at 1pm, submitted directly in the tender box or through speed post in sealed covers addressing “Superintendent, North 24-Parganas District Hospital, Barasat”.

Details of tender documents can also be downloaded from the website: www.north24parganas.gov.in

Sd/-

SUPERINTENDENT
NORTH 24 PARGANAS DISTRICT HOSPITAL
BARASAT
EOI FOR DIAGNOSTIC AND
RADIOLOGICAL TEST
FACILITIES UNDER PPP
MODEL

AT
NORTH 24 PARGANAS
DISTRICT HOSPITAL,
BARASAT.

(VIDE MEMO NO BH/15/1500 DT 26.6.15)
Considering the requirement, the Rogi Kalyan Samiti (RKS) of the hospital has felt the need for Introducing facilities for pathological and radiological Collection Centre (Pathology/Bio-Chemistry etc), USG as well as ECG and ECHO under PPP engaging competent organization selected through defined selection criteria.

The existing services provided by this hospital for Clinical Laboratory (Pathological/Bio-chemical etc) and radiology will continue to function as per present practice.

Description of the Scheme

A) Partnership Model

a) The partnership would be governed by a legal agreement with detailed terms and conditions to be signed by the selected Private Sector Partner (PSP) with the Superintendent of the Hospital for establishment and running of the pathological and radiological Collection Centre with prescribed services.

b) The initial duration of the agreement will be for a period of two years there will be an annual review of performance. The renewal of the contract at the end of two years will be subject to satisfactory consecutive annual review reports during the contract period.

c) Under this agreement, the selected PSP will set up pathological and radiological Collection Centre for 8am -10pm services.

d) As per terms of the agreement, the Hospital Authority will provide ready-to-use space as per requirement of The West Bengal Clinical Establishment Act 1950 as amended hereafter and The West Bengal Clinical Establishment Rules 2003 as modified hereafter. Water supply will also be provided free of cost. The PSP will be required to install separate electric meter and pay consumption charges directly to the energy supplier as per prevailing rules of the energy supplier. The PSP shall be responsible for the entire operation and management of the centre.

e) The PSP shall install necessary equipment for setting up the Centre at their own cost in the hospital for round the clock operation and management of the services.

f) The PSP may also extend the services to patients referred from private practitioners/private hospitals and charge, collect and retain user charges at the market rate. However, it is to be noted that patients referred from the hospital will be done as per the rates mentioned in schedule no A.

g) The patient’s referred from the hospital under different schemes like RSBY, RBSK, JSSK and JSY will also be treated as free cases. At the end of the month the PSP will be bill the Superintendent with supporting documents for such cases which are made free.

Causes for Termination

Any of the following events shall constitute an event of default by the PSP entitling the Hospital Authority to terminate this agreement:

a) Failure to commence services in the Hospital within two months of signing the agreement.

b) Collecting charges from the patients in violation of the Policy on User Charges.

c) Failure by the PSP to deliver timely reports in respect of the Standard Diagnostic Services (mandatory tests) on more than five occasions in a month.

d) Inaccuracy detected in at least three occasions in a period of three months in the diagnostic reports delivered to the patients.

e) Error detected in more than two occasions in six months in recording the correct entry of the number of patients referred from the concerned hospital as well as by the private practitioners/private hospitals in each month.

f) Failure to comply with the statutory requirements, Clinical Establishment Acts, Rules and other applicable norms.

g) Engagement of unqualified persons for running of the Services.

Upon occurrence of any of the defaults, the Hospital Authority would follow the procedures of issuing time bound Notice/Show Cause before deciding on termination of the agreement. The decision of the Hospital Authority shall be final and binding on the PSP.
WHOM TO APPLY:

‘Application for establishment of Diagnostic and radiological collection centre under PPP model at the North 24 Parganas District hospital, Kolkata-124’.

The application is to be submitted in the following address:

The Superintendent,

North 24 Parganas District Hospital

Banamalipur, barasat -124

The last date for submission of application is 11.7.15. Applications received after 4.00 pm on 11.7.15, will not be opened / accepted. The EOI will be opened on 13.7.15 at 1:00 pm. One representative from each bidder shall be allowed to attend the same.

If any of the documents as asked for are not submitted along with the application, the application form submitted by the applicant may be rejected.

Interested Organizations desiring to undertake physical inspection of the Hospital before submission of EOI as well as for any clarification, if required, relating to filling of application may contact the Assistant Superintendent of the hospital on Mobile no. 9836991193 (between 10 am to 4 pm)
Annexure I (Application form)
(*Please fill up the form with relevant documents and legible handwriting)

1. Name of the Organization:

2. Status of the Organization: Limited Co./Private Limited Co./
Partnership Firm/Proprietorship Firm /NGO /Trust/Others (specify):

2. Nature of Business/Activities of the Applicant:
   a. __________________________________________________________
   b. __________________________________________________________
   c. __________________________________________________________
   d. __________________________________________________________

3. Complete address: __________________________________________________

4. Phone & Fax number: _________________________________________________

5. E-Mail ID: __________________________________________________________

6. Web site (if any): __________________________________________________

7. Registration details of the Organization: ________________________________

8. Number of years of experience in Health Care: __________________________
9. Name and Address of the Hospital/Nursing Home/Diagnostic center: (If the name/address is different than that of the Organization)


10. Year of Incorporation of the Hospital/Nursing Home/Diagnostic center:


11. Services/Facilities provided in-house (Please Tick)
   - Clinical Laboratory (Pathology, Biochemistry etc): Yes/no
   - USG facilities: Yes/No
   - ECG: Yes/No
   - Echo: Yes/No

12. Annual turnover of the Organization for the last two financial years ending March 2015:

   Financial year ending 2013:
   Financial year ending 2014:
   Total:

13. Details of License for the diagnostic unit (CE) of the organization under WB CE Act & Rules (Enclose copies of license):
   a) 
   b) 
   c) 

14. Other information as required in terms of Eligibility Criteria & Selection Process described above (Supporting documents need to be submitted):

   A). Accreditation: ISO Certification: Yes/No; NABL: Yes/No
B.) Number of Specialists with the existing diagnostic unit for clinical laboratory

Microbiologist: Yes/No
Pathologist: Yes/No
Bio-chemist: Yes/No
Sonologist/s in the existing centre: yes/no

15) The existing centre is operational round the clock: Yes/No

16) Experience of running diagnostic unit under PPP, if any: Yes/No

If yes, name of the hospital and services provided: ________________________________
Number of years of experience under PPP: ________________________________

17) Whether the PSP will operate on its own or through authorised facilitator:
If through facilitator, Name of the facilitator firm:
(Please submit relevant documents)

a) ____________________________________________
b) ____________________________________________
c) ____________________________________________

18) Payment to be released to the PSP or the Authorised vendor. Please mention the details of bank account:
__________________________________________
__________________________________________

19) List of documents submitted with the application (please tick)

- Copy of Registration Details of the Organization
- Memorandum & Article of Association (if applicable)
- Copy of the partnership deed if it is a partnership firm
- Copy of audited Balance Sheet and accounts statements for the last two financial years ending the financial year March 2015
- Copies of all relevant licenses
- Supporting documents for information required if any.
- Specifications & Make of the equipment proposed to be installed in the diagnostic units for USG(with Services), if selected

Signature:

Name in full:
Designation:
### ANNEXURE A
Price Notification applicable for patients referred from the North 24 Parganas district Hospital, Government of West Bengal

<table>
<thead>
<tr>
<th>SL NO</th>
<th>SERVICES</th>
<th>RATE (in Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BIO-CHEMISTRY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Sugar (Blood/CSF/Ascitic fluid) each</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>Urea</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>Uric Acid</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>Creatinine</td>
<td>15</td>
</tr>
<tr>
<td>5</td>
<td>CPK</td>
<td>90</td>
</tr>
<tr>
<td>6</td>
<td>CPK with MB</td>
<td>100</td>
</tr>
<tr>
<td>7</td>
<td>LDH</td>
<td>90</td>
</tr>
<tr>
<td>8</td>
<td>Aldolase</td>
<td>90</td>
</tr>
<tr>
<td>9</td>
<td>Blood Gas Analysis</td>
<td>170</td>
</tr>
<tr>
<td>10</td>
<td>Amylase (Serum)</td>
<td>75</td>
</tr>
<tr>
<td>11</td>
<td>Serum Triglyceride</td>
<td>60</td>
</tr>
<tr>
<td>12</td>
<td>Serum Cholesterol</td>
<td>15</td>
</tr>
<tr>
<td>13</td>
<td>HDL Cholesterol/VLDL Cholesterol</td>
<td>30</td>
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<tr>
<td>14</td>
<td>LDL Cholesterol</td>
<td>60</td>
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<tr>
<td>15</td>
<td>Lithium</td>
<td>70</td>
</tr>
<tr>
<td>16</td>
<td>Alfa fetoprotein</td>
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<tr>
<td>17</td>
<td>Serum Iron</td>
<td>100</td>
</tr>
<tr>
<td>18</td>
<td>Acid Phosphatase</td>
<td>40</td>
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<tr>
<td>19</td>
<td>Alk Phosphatase</td>
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<tr>
<td>20</td>
<td>Urine VMA</td>
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<tr>
<td>21</td>
<td>Catecholamines</td>
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<tr>
<td>22</td>
<td>SGOT/SGPT/Bilirubin</td>
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<tr>
<td>23</td>
<td>Na/K/Ca/bicarbonate/Choride</td>
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<tr>
<td>24</td>
<td>Fecal fat estimation</td>
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<td>25</td>
<td>Doxylase Excretion of urine</td>
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<tr>
<td>26</td>
<td>Protein Electrophoresis</td>
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<tr>
<td>27</td>
<td>Urinary Copper</td>
<td>100</td>
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<tr>
<td>28</td>
<td>Lactose Intolerance</td>
<td>20</td>
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<tr>
<td>29</td>
<td>Phosphate</td>
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<tr>
<td>30</td>
<td>Ceruplasmin</td>
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<td>31</td>
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<td>32</td>
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<td></td>
<td>Test Description</td>
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<tr>
<td>33</td>
<td>Hb Electrophoresis</td>
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<tr>
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<td>Glycosylated Hb</td>
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<tr>
<td>35</td>
<td>NPN/BUN</td>
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<tr>
<td>36</td>
<td>Liver Function Test</td>
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<tr>
<td>37</td>
<td>Lipid Profile</td>
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<td>38</td>
<td>Glucose Tolerance with Curve</td>
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<tr>
<td>39</td>
<td>Gastric Analysis</td>
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<tr>
<td>40</td>
<td>Urine Creatinine Clearance (3 hrs/24)</td>
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<td>41</td>
<td>Urinary Protein 24 hrs (Quantitative)</td>
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<tr>
<td>42</td>
<td>CSF- Protein, Chloride (each)</td>
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<tr>
<td>43</td>
<td>Stone Analysis</td>
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<tr>
<td>44</td>
<td>Urine-Urea</td>
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<tr>
<td>45</td>
<td>Urine-Creatininie</td>
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<tr>
<td>46</td>
<td>Urine-Albumin/Sugar (each)</td>
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<tr>
<td>47</td>
<td>Urine Calcium</td>
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<tr>
<td>48</td>
<td>Urine BJ Protein</td>
<td>25</td>
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<tr>
<td>49</td>
<td>T3/T4 each</td>
<td>75</td>
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<tr>
<td>50</td>
<td>T3 T4 TSH combined</td>
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<tr>
<td>51</td>
<td>TRH Stimulation</td>
<td>100</td>
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<tr>
<td>52</td>
<td>Prolactin / Oestrogen / LH / FSH / Progesterone</td>
<td>120</td>
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<tr>
<td>53</td>
<td>Testosterone 110</td>
<td>110</td>
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<tr>
<td>54</td>
<td>Urine Corticosteroids</td>
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<tr>
<td>55</td>
<td>Cortisol</td>
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<tr>
<td>56</td>
<td>DHEA 115</td>
<td>115</td>
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<tr>
<td>57</td>
<td>HCG/Urine Estriol</td>
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<tr>
<td>58</td>
<td>Urine Na/Cl/K</td>
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<tr>
<td>59</td>
<td>Thymol Turbidity</td>
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<tr>
<td>60</td>
<td>Vanden Berg Reaction</td>
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<td>60</td>
<td>Urine-Bile Salt/Pigment</td>
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**HAEMATOLOGY**

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<tr>
<th></th>
<th>Test Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Haemoglobin (Hb)</td>
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<tr>
<td>2</td>
<td>TC, DC, Hb &amp; ESR</td>
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</tr>
<tr>
<td>3</td>
<td>Platelet Count/ Reticulocyte Count/Clot</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td>Complete Hemogram</td>
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<tr>
<td>5</td>
<td>PCV, ESR</td>
<td>10</td>
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<tr>
<td>6</td>
<td>Abs Eosinophil Count</td>
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<td>7</td>
<td>LE Cells</td>
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<td></td>
<td>Test Description</td>
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</tr>
<tr>
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<tr>
<td>8</td>
<td>Osmotic Fragility</td>
<td>40</td>
</tr>
<tr>
<td>9</td>
<td>BT/CT</td>
<td>15</td>
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<tr>
<td>10</td>
<td>Prothrombine Time</td>
<td>35</td>
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<tr>
<td>11</td>
<td>Coombs Test</td>
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<tr>
<td>12</td>
<td>Bone Marrow Aspiration</td>
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<td>13</td>
<td>Coagulation Profile</td>
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<tr>
<td>14</td>
<td>G6PD</td>
<td>75</td>
</tr>
<tr>
<td>15</td>
<td>Foetal Hb</td>
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<tr>
<td>16</td>
<td>Blood Grouping</td>
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**HISTOPATHOLOGY & CYTOLOGY**

<table>
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<tr>
<th></th>
<th>Test Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Each Specimen block &amp; slide</td>
<td>60</td>
</tr>
<tr>
<td>2</td>
<td>Frozen Section Report</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>Cytology with PAP Stain</td>
<td>50</td>
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<tr>
<td>4</td>
<td>PAP Stain for Cytochrome assay</td>
<td>85</td>
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<tr>
<td>5</td>
<td>Peritoneal/Pleural/Ascitic Fluid/Other Body Fluids for Cytology</td>
<td>40</td>
</tr>
<tr>
<td>6</td>
<td>FNAC</td>
<td>150</td>
</tr>
<tr>
<td>7</td>
<td>Sex Chromatin (Buccal Smear)</td>
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</tr>
<tr>
<td>8</td>
<td>Cytogenetics</td>
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**MICROBIOLOGY**

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<tr>
<th></th>
<th>Test Description</th>
<th>Fee</th>
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<tbody>
<tr>
<td>1</td>
<td>Blood Culture</td>
<td>50</td>
</tr>
<tr>
<td>2</td>
<td>Urine/Pus/Any other Culture (other than TB)</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>Culture for TB</td>
<td>50</td>
</tr>
<tr>
<td>4</td>
<td>Sputum/other smears for AFB or Gm stain</td>
<td>25</td>
</tr>
<tr>
<td>5</td>
<td>Throat/Conjunctival/other swab &amp; culture</td>
<td>30</td>
</tr>
<tr>
<td>6</td>
<td>Drug sensitivity</td>
<td>30</td>
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<tr>
<td>7</td>
<td>R.A. Test (Latex)</td>
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<tr>
<td>8</td>
<td>Australian Antigen</td>
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<tr>
<td>9</td>
<td>Australian Antigen</td>
<td>50</td>
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<tr>
<td>10</td>
<td>VDRL</td>
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<tr>
<td>11</td>
<td>Mantoux Test</td>
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<tr>
<td>12</td>
<td>Kahn/Aldehyde Test</td>
<td>10</td>
</tr>
<tr>
<td>13</td>
<td>Hbc/Ag/Anti Hbc1 gm Anti HD/Anti HAV1 gm</td>
<td>160</td>
</tr>
<tr>
<td>14</td>
<td>Anti Mitochondrial/Anti smooth muscle/Anti maternal antibody</td>
<td>200</td>
</tr>
<tr>
<td>15</td>
<td>ASO Titre</td>
<td>70</td>
</tr>
<tr>
<td>16</td>
<td>ANF (Agglutination)</td>
<td>200</td>
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<tr>
<td></td>
<td>Procedure</td>
<td>Cost</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>17</td>
<td>Widal Test</td>
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<tr>
<td>18</td>
<td>C Reactive Protein</td>
<td>55</td>
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<tr>
<td>19</td>
<td>Toxoplasma (Toxo IgG, IgM)</td>
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<tr>
<td>20</td>
<td>Brucella</td>
<td>100</td>
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<tr>
<td>21</td>
<td>Casoni’s Test</td>
<td>25</td>
</tr>
<tr>
<td>22</td>
<td>TORCH</td>
<td>300</td>
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<tr>
<td>23</td>
<td>Pregnancy Test</td>
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**CLINICAL PATHOLOGY**

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<tr>
<th></th>
<th>Procedure</th>
<th>Cost</th>
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<tbody>
<tr>
<td>1</td>
<td>Stool Routine</td>
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</tr>
<tr>
<td>2</td>
<td>Stool Occult Blood</td>
<td>10</td>
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<tr>
<td>3</td>
<td>Urine Routine</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>CSF-Cell count, Gram Stain, AFB, Cell</td>
<td>60</td>
</tr>
<tr>
<td>5</td>
<td>Semen Analysis</td>
<td>50</td>
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<tr>
<td>6</td>
<td>Elisa Test: TB (IgG, IgM, IgA)</td>
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**CARDIOLOGY**

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<tr>
<td>1</td>
<td>ECG</td>
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<tr>
<td>3</td>
<td>ECHO without plate</td>
<td>200</td>
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<tr>
<td>4</td>
<td>EEG</td>
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**RADIOLOGY**

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<th></th>
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<tr>
<td>1</td>
<td>USG Upper Abdomen</td>
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</tr>
<tr>
<td>2</td>
<td>USG Lower Abdomen</td>
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<tr>
<td>3</td>
<td>USG Whole Abdomen</td>
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<td>4</td>
<td>USG Liver/Gall Bladder/Pancreas/Spleen</td>
<td>225</td>
</tr>
<tr>
<td>5</td>
<td>USG Pregnancy</td>
<td>200</td>
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<tr>
<td>6</td>
<td>USG (KUB) &amp; Prostate</td>
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<tr>
<td>7</td>
<td>USG Trans vaginal/Trans rectal</td>
<td>250</td>
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<tr>
<td>8</td>
<td>USG Screening</td>
<td>150</td>
</tr>
<tr>
<td>9</td>
<td>USG Muscle/tendon/joints</td>
<td>225</td>
</tr>
<tr>
<td>10</td>
<td>USG Folliculometry</td>
<td>325</td>
</tr>
<tr>
<td>11</td>
<td>USG Breast: Both</td>
<td>250</td>
</tr>
<tr>
<td>12</td>
<td>USG Thyroid</td>
<td>150</td>
</tr>
<tr>
<td>13</td>
<td>USG Soft Tissue</td>
<td>225</td>
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<tr>
<td>14</td>
<td>USG Testis: Both</td>
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</tr>
<tr>
<td>15</td>
<td>X-ray per plate</td>
<td>35</td>
</tr>
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</table>