

EOI

South Eastern Railway

Medical Department, CKP Division

For & on behalf of President of India, Divisional Railway Manager (Medical), Chakradharpur, S.E.Railway invites "Expression of Interest (EOI)" for tie up with South Eastern Railway /Chakradharpur Division for the under mentioned work .

Srl. No.	Description of work
1.	Applications are invited from various hospital/investigation centres/Diagnostic centers near Divisional Railway Hospital, Chakradharpur, Sub. Divisional Railway Hospital, Tatanagar, BNDM & Health units of CKP Division, for under taking investigations like pathological, C.T Scan, MRI, USG etc. for Railway beneficiaries on CGHS rate for a period of 01 year. Interested Hospital/Investigation centres should apply to CMS/Divisional Railway Hospital, Chakradharpur, Dist- West-Singhbhum, Jharkhand, Pin - 833102 by post/by hand at CMS's office/Chakradharpur on any working days along with all relevant documents in sealed cover. Closing date and time- <u>14.00 Hrs of 11.07.2023</u> Details are available at the websites:-www.ser.indianrailway.gov.in (gotodivision>Chakradharpur>Department>Medical>Notification) for details. Note : Previous Tender notice no. - CMS/CKP/Pathology/1198 dated 16.05.2023 is cancelled (dropped).

Chief Medical Superintendent
Chakradharpur

(Expression of Interest)

Sub: EOI for Pathological tests/ Investigation Service Provider for Railway Patients of DRH/CKP,SDRH/BNDM & TATA & Health units through MoU (Memorandum – of Understanding).

Ref: Ministry of Railways/Rail Board's Letter No 2011/H/6-4/Policy dated 03/02/2015.

Chief Medical Superintendent, Divisional Railway Hospital, S. E. Railway, Chakradharpur hereby invites "Expression of Interest (EOI)" from the interested and reputed diagnostic centers/ hospitals for shortlisting the interested parties to provide Pathological/Radiological investigation facility (as detailed in Annexure A) to the railway beneficiaries of Divisional Railway Hospital Chakradharpur, Sub-Divisional Railway Hospital Bondamunda, Sub-Divisional Railway Hospital Tatanagar, Health unit Dangoaposi & Health Unit Jarsuguda. The successful service provider(s) will formulate a mutual agreement with the Chief Medical Superintendent Chakradharpur and will work on the basis of terms and condition of the MOU (Memorandum of understanding) immediately from the date of finalization of the MOU. The responses on the prescribed format (as enclosed in annexure-B) may be submitted to the Chief Medical Superintendent, Divisional Railway Hospital, S. E. Railway, Chakradharpur on or before **11.07.2023**.

Special terms and conditions: -

- (1) The Diagnostic center should be of good standard, preferably NABL accredited, ISO 9001:2008 certification. Testing center should have all necessary valid documents issued by regulatory bodies to operate such centers.
- (2) In exigencies such as breakdown of equipment/non availability of technicians etc. in Railway Hospital/Health Unit, all routine test will be done by empaneled diagnostic center.
- (3) All tests must be carried out in house in the diagnostic center with good quality report. Rare investigations, if done from other centre must be mentioned. List of major equipment/instruments available in the Diagnostic center may be submitted with EOI.
- (4) Name & educational qualification of Doctors, Technicians etc. who are appointed/ engaged at the testing center may be submitted with EOI.
- (5) Samples to be collected mainly from Railway Hospital/Health Unit at regular working hours i.e. from 9a.m. to 5 p.m. on daily basis at their own cost. For emergency cases outside working hours, samples are to be collected whenever required.
- (6) Routine reports to be delivered within 24 hours in Railway Hospital/Health Unit . However, special Investigation reports are to be delivered within stipulated time as per NABL guidelines.



- (7) For emergency cases, e-reports to be sent to the concerned Ward In-charge/authorized person immediately along with copy to Pathology/Radiology Department followed by routine delivery of reports on the next day.
- (8) The firm's representative will collect the pathology samples/ specimens etc. from the OPD and IPD patients of the Railway Hospital/ health Unit. Phlebotomy will be performed by the firm's representative. The firm's representative will inform the Sister-in-charge or patient / patient party of the date, time and place of delivery of reports.
- (9) The test reports will be delivered to the (i) Authorized person of the Railway Hospital/Health Unit and (ii) The patients/patient party in case of OPD patients. The delivery of report shall be done under clear signature of receipt.
- (10) There shall be alternative back up arrangement in the diagnostic center to handle any failure and testing not to be refused.
- (11) Pre-Qualifying Criteria - A team of three nominated Railway Medical Officers of the Division will inspect the facilities available in diagnostic center and will submit their report to CMS/CKP. Final MoU/agreement will be signed on the basis of satisfactory report submitted by the three member committee.
- (12) The decision of the Railway authority for selection of diagnostic center is binding and final.
- (13) The Railway patient will be given preference in appointment etc. by the diagnostic center.
- (14) GST will be applicable as per extant rule. Only GST Registered firm will be considered for empanelment.
- (15) The rates to be paid by Railway to the diagnostic center shall be as per the CGHS rate; In case CGHS rate for a particular investigation is not available then AIIMS rate or any other Govt. hospital rate shall be applicable. In case no govt. rate is available then reasonable rate as per mutual agreement between Railway and the center shall be payable.
- (16) The services will be cashless for the patients duly referred by the person authorized by CMS/ACMS(I/C) of the railway Hospital/Health Unit. Bills to be submitted every month along with a copy of the referral letter. Payment will be arranged by the Railway administration through RTGS/ NEFT. Details about the bank's name, account no., branch, IFSC code etc. to be provided for this purpose.
- (17) MOU will be valid for 01 (one) years. MOU may be entered with more than one testing centers.
- (18) Performance Bank Guarantee for Rs. 2,00,000/- (Two lakh) shall be furnished at the time of MoU & its validity period should be 30 months from the date of issue.

On receiving the EOIs, a nominated team of doctors from the Railways will inspect the diagnostic centres, if necessary. On being selected for empanelment, the diagnostic centres will be informed over phone or/and by speed post . The diagnostic centres may depute their



authorised representative for signing of MOU. The Railway beneficiary / patient will be referred to the diagnostic centre (as per choice of the patient) with a referral letter indicating the patient's detail and name of investigation to be conducted. The patient's ID Card No/ Medical Treatment Identity Card Number will be mentioned on the said referral letter. The diagnostic centre will verify the identity card of the Rly. patient/Rly. beneficiary and satisfy themselves prior to conducting the tests/investigations. In case of any doubt, the diagnostic centre will contact the authorized person from the Railways whose name(s) and telephone number(s) will be provided at the time of signing of MoU. The bills to be prepared in triplicate by the Diagnostic Centre on monthly basis and submitted to the office of the Chief Medical Superintendent, Divisional railway Hospital, Chakradharpur, West-singhbhum, Jharkhand 833102 along with copies of referral letter, for arranging payment. Payment will be made through NEFT/RTGS. For any other information, the office of the undersigned may be contacted. For specific queries, Dr. Subrat Kumar Mishra, CMS/Div. Rly Hospital, Chakradharpur(Mob no: 9771482500 & email: cmsckpser@gmail.com) may also be contacted.



Chief Medical Superintendent
S.E. Railway, Chakradharpur
West-Singhbhum
Jharkhand- 833102

ANNEXURE-B
Prescribed Format for Application

1. NAME OF THE HOSPITAL, DIAGNOSTIC CENTRE/ORGANISATION/ ADDRESS/
TELEPHONE NUMBER/ E-MAIL ID.
2. NAME OF THE RAILWAY HOSPITAL(S)/HEALTH UNIT(S) WITH WHOM THE FIRM
(APPLICANT) IS INTERESTED FOR TIE-UP
3. EXPERIENCE OF WORKING WITH PRIVATE SECTOR/GOVT. SECTOR IF ANY (ATTACH
SUPPORTING DOCUMENT)
4. PROPOSED RATES FOR VARIOUS PATHOLOGICAL TEST/INVESTIGATION AS PER
FOLLOWING FORMAT (Anexure-A)

Srl. No.	CGHS Sl. No (If available)	Name of the Investigation	CGHS(Non-NABL) /Departmental rate	Rate offered by the firm

5. DETAILS OF THE MACHINE-AVAILABLE WITH YOUR FACILITY.
6. ANY SPECIAL TERMS AND CONDITIONS REGARDING OPERATION OF PATHOLOGICAL
TESTS/INVESTIGATION
.....
7. APPROXIMATE DISTANCE FROM THE RAILWAY HOSPITAL/ HEALTH UNIT
.....
8. LIST OF THE DOCUMENT SUBMITTED AS PER SPECIAL TERMS AND CONDITION OF EOI

(Signature)
HEAD OF THE INSTITUTION
ADDRESS:-
PHONE No.:-
E-mail ID:-
SEALS/STAMP

ANNEXURE-A (List of Investigation)

Sl. No.	CGHS SL.NO	Name of Investigation	CGHS approved rate Ranchi 2021(2014) Non-NABL/ Departmental rate (in Rs.)	Rate offered by the firm (Rate to be Quoted)
1	1435	HistopathologyFrozen Section	702	
2	1436	Parafin section	309	
3	1439	FNAC	200	
4	1438	Body Fluids(Malignant test)	150	
5	1416	Thalassemia studies	504	
6	1460	Body fluid(CSF/Ascitic)Sugar, protein etc	90	
7	1437	Cx Smear(PAP smear)	150	
8	1394	Complete hemogram (DC,HB,RBC,count and indices, TLC, DLC Platelets, ESR, Peripheral Smear, examination	135	
9	1389	Hb	18	
10	1390	TLC	31	
11	1391	Differential count	31	
12	1395	Platelet count	48	
13	1393	Red cell count with MCV, MCH,MCHC,RDW,(Red cell width)	32	
14	1398	Packet cell volume(PCV)	13	
15	1399	Comment on peripheral smear examination body	43	
16	1392	ESR	25	
17		L e cell	65	
18	1417	Sickling	69	
19	1420	Combs test	90	
20	1402	OFT(Osmotic fragality test)	50	
21	1492	PT	110	
22	1406	APTT(Activated partial thromboplastin time)	102	
23	1401	BT	32	
24	1409	Bleeding disorder panel, PT, APTT, Thrombin time, Fibrinogen D-dimeer, FDP	360	
25	1400	Malaria Parasite(side test)	41	
26	1403	Bone marrow smear exam	70	
27	1404	Bone marrow smear exam withIron	250	
28	1405	Bone marrow smear exam with cyto chemistry.	396	
29		Bone marrow Biopsy	1060	
30	1426	HIV I &II	150	
31	1424	Hb S Ag	102	
32	1425	HCV	128	
33		ASO quantitative	122	
34	1459	CRP Quantative	160	
35	1427	VDRL	43	
36	1453	RA factor	90	

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23	1401	BT	32	
24	1409	Bleeding disorder panel, PT, APTT, Thrombin time, Fibrinogen D-dimeer, FDP	360	
25	1400	Malaria Parasite(side test)	41	
26	1403	Bone marrow smear exam	70	
27	1404	Bone marrow smear exam withIron	250	
28	1405	Bone marrow smear exam with cyto chemistry.	396	
29		Bone marrow Biopsy	1060	
30	1426	HIV I &II	150	
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33		ASO quantitative	122	
34	1459	CRP Quantative	160	
35	1427	VDRL	43	
36	1453	RA factor	90	

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37	1508	Pregnancy test	65	
38	1407	Malaria Antigen(card test)	44	
39	1388	Semen Analysis	35	
40	1383	Urine RE	35	
41	1385	Stool RE	35	
42	1386	Stool Occult Blood	24	
43	1559	T3, T4. & TSH	200	
44	1,481	Electrolytes (Na+)	50	
45	1,482	Electrolytes (K+)	50	
46	1,531	Electrolytes (Cl+)	60	
47		Urine culture & sensitivity	100	
48		Pus culture & sensitivity	136	
49		Other body fluids etc culture and sensitivity.	85	
50		Blood culture and sensitivity	255	
51	1823	Widal test for tube agglutination method	60	
52	1510	HBA1C	130	
53	1473	ANA	200	
54	1539	PSA -Total	312	
55	1542	CA 125	391	
56	1565	PRL	150	
57	1563	LH	150	
58	1564	FSH	150	
59	1470	Serum IgG	250	
60	1517	Ferritin	100	
61	1528	Hb Electrophoresis	69	
62	1529	Serum Protein Electrophoresis	220	
63	1444	FBS	24	
64	1446	Urea	54	
65	1447	Creatinine	55	
66	1463	Total cholesterol	62	
67	1475	SGPT	55	
68	1476	SGOT	55	
69	1487	TRIGLYCERIDE	75	
70	1514	Lipid Profile	200	
71	1456	S.Bilirubin	80	
72	1455	Uric Acid	55	
73	1418	Blood grouping & typing	30	
74	1555	Anti CCP antibody	450	
75	1477	Serum AMYLASE	117	
76	1534	Serum Lipase	239	
77	1517	Serum Ferritin	100	
78	1384	Urinary Microalbumin	70	
79	1466	Serum Calcium ,	60	
80	1524	CD3/CD4/CD8 cell count	170	
81	1552	Vitamin D	550	
82	1518	Vitamin B12 Assay	250	
83	1519	Folic Acid Assay	270	

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84	1567	Serum Parathormone phosphate(PTH)	500
85	1454	Serum BensJones Protein	47
86	1569	Serum Insulin	150
87	1574	Testing Growth Hormone assay	340
88	1566	Serum Cortisol	250
89		Dengue Card test IGM	300
90	1615	DigitalX-Ray (Skull Other part of Body)	255
91	1637	CT-Scan Brain Plain	900
92	1638	CT-Scan Brain contrast	1350
93	1639	CT-Scan Thorax	1700
94	1642	CT-Scan Abdomen	3000
95	1641	CT-Scan Pelvis	1500
96		MRI any part with contrast	4250
97		MRI any part without contrast	2125
98	1627	IVP	1190
99	1628	MCU	680
100		Upper GI Endoscopy	1700
101		Total Colonoscopy	2300
102	595	ECHO Cardiogram	1403
103	1375	Tread Mill	489
104	590	12 Led ECG Multi channel	50
105		Digital ECG	298
106	586	24 Hrs Holter Monitoring	850
107	1513	Liver funct on test	225
108	1718	Nerve conduction velocity (at least 2 limbs)	638
109	1516	Total iron binding capacity	72
110	1442/677	Karyotyping	800/800
111	1524	CD3,CD4,CD8, count	170
112	1525	CD3,CD4,CD8, percentage	170
113	1574	Growth Hormone estimation	352
114	1468	Serum Phosphorus	60
115	1498	Tropinin -I	100
116	1542	HCG	289
117	1577	Echinococcus ig/Hydalic Serology	318
118	1445	24 hours urinary for protein sodium & creatinine	50
119	1584	Mycobacterium Tuberculosis for PCR	900
120	1792	Procalcitonin/Calcitonin	500
121	1562	TSH	90
122	1499	Troponin-T	540
123		blood alcohol examination	650
124	1512	Kidney Function test	225
125	1824	dengue serology	510
126	1496	CPK MB/CK MB	190
127	1579	Hepatitis B virus(HBV)DNA Qualitative	1800
128	1580	Hepatitis B virus(HBV)DNA Quantitave	1500
129	1581	Hepatitis C Virus (HCV) RNA Qualitative	1522
130	1429	Hepatitis C	128
131		INR	110

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