



आरोग्यम् परमं सुखम्

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR**

**अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर**

INSTITUTE OF NATIONAL IMPORTANCE UNDER MINISTRY OF HEALTH AND FAMILY WELFARE

(स्वास्थ्य और परिवार कल्याण मंत्रालय के अंतर्गत राष्ट्रीय महत्व की संस्थान)

Devipur campus, Ramsagar, Deoghar, (Jharkhand) - 814152

देवीपुर परिसर, रामसागर, देवघर, (झारखण्ड) - ८१४१५२

Invitation of quotation  
For  
Reagents for Blood Storage Unit  
at AIIMS Deoghar

Reference No.: AIIMS/Deoghar/Reagents/BSU/2024-25/09

Date of Issue: 22<sup>nd</sup> April, 2024

Last Date of Submission: 01<sup>st</sup> May, 2024 at 05:00 PM.

All India Institute of Medical Sciences, Deoghar  
Devipur campus, Ramsagar, Deoghar: 814152, Jharkhand  
Email: office.aiimsdeoghar@gmail.com

## **Invitation of quotation for supply of Reagents for Blood Storage unit at AIIMS Deoghar.**

**Sealed Quotations** are invited on behalf of AIIMS, Deoghar for supply of Reagents for Blood Storage unit (**Annexure-1**), of the Institute as per terms & conditions mentioned below. The filled quotations along with the entire required document must reach in the office of the undersigned on or before **01.05.2024 at 05:00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under:-**

“QUOTATION FOR REQUIREMENT OF REAGENTS FOR BLOOD STORAGE UNIT AT AIIMS DEOGHAR FOR REFERENCE NO.: AIIMS/DEOGHAR/REAGENTS/BSU/2024-25/09 **01.05.2024 DUE ON at 05.00 PM**”

**The Quotation should be send to the address:-**

LPC Committee  
AIIMS Deoghar Devipur Campus,  
IPD Block – A, 4<sup>th</sup> floor LPC Office  
Ramsagar, Deoghar, Jharkhand -814152.

### **1. Terms & Conditions:**

- a) The quotations received **after this deadline or unsealed shall not be entertained** under any circumstances whatsoever. In case of postal delay this Institute will not be responsible. The offer submitted by Fax / email shall not be considered and no correspondence will be entertained in this matter.
- b) Quotations must be in the **enclosed prescribed Performa (Annexure -2) on the letter head of the firm duly signed** by the Proprietor/ Partner/ Director or their authorized representative, In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation.
- c) The supplier should supply all the items.
- d) Rates must be quoted in Indian rupees.
- e) Rates must be inclusive of all charges (including Freight charges, Insurance, installation, taxes etc.).
- f) **No overwriting or cutting** is permitted in the rate. If found, the quotation shall be summarily rejected.
- g) The **rates quoted must be valid for 90 days minimum from the date of opening of the quotation** and silence of any tendered on this issue shall be treated as agreed with this condition.
- h) **Total cost/amount will be taken in consideration for L1.** Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- i) The firm/agency may satisfy the following conditions and **attach self-attested copy of the same with the quotation:**
  - The firm shall have valid GST/Other taxes and IT PAN.
  - The firm should not be black listed by any Government agency/Department.
  - Purchase order of any government institute./ Undertaking on rupees 10 affidavit that the mentioned items has not been supplied by the vendor below the quoted rates to any institute or anybody

- j) Quotations qualified by such vague and indefinite expressions such as “subject to prior confirmation”, “subject to immediate acceptance” etc. will be treated as vague offers and it will be rejected accordingly. Any conditional quotation shall be rejected summarily.
- k) **Delivery Period** – within **15 days** from Purchase order.
- l) **Liquidated Damage:** - If the supplier fails to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5 % per week of the total order value shall be levied subject to maximum of 10% of the total order value.
- m) **Payment Terms:** Payment will be only after satisfactorily delivery / commissioning of material and after inspection by the AIIMS Deoghar.
- n) **Disputes:** -In the event of any dispute or disagreement arising between the contractors and any other department of AIIMS Deoghar with regards to the interpretation of “Terms & Conditions” of this inquiry, the same shall be referred to arbitrator appointed by The Executive Director, AIIMS, Deoghar, whose decision will be final and binding upon the contractor.
- o) AIIMS, Deoghar reserves the right to increase or decrease quantity. Decision of Quantity of items in the AIIMS, Deoghar will be final in this regard.
- p) AIIMS, Deoghar reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of The Executive Director, AIIMS, Deoghar, will be final in this regard.
- q) The envelope containing quotation should be sealed with WAX/TAPE on both sides. The quotation received after due date will not be accepted.
- r) Procurement will be as per rule **GFR-154** of Government of India.

**Encl.:** Annexure 1 (Specification)

Annexure 2 (Format of price bid)

Reference no: AIIMS/Deoghar/Reagents/BSU/2024-25/09

**Technical specifications of reagents required for blood storage unit.**

<b>S.No.</b>	<b>Name of Reagent</b>	<b>Qty</b>	<b>Specification</b>
<b>1</b>	<b>Anti-A antisera, monoclonal</b>	<b>1 pack (minimum 6 vials of 10 ml each)</b>	<ol style="list-style-type: none"> <li><b>1. Antisera must be appropriate for microplate and tube technique.</b></li> <li><b>2. Must be monoclonal antibody.</b></li> <li><b>3. Should give clear positive reactions with cells bearing the corresponding antigen.</b></li> <li><b>4. Should give clear negative reactions with cells without the corresponding antigen.</b></li> <li><b>5. Should not haemolyse the cells.</b></li> <li><b>6. Should not show prozone phenomenon.</b></li> <li><b>7. Should not produce rouleaux.</b></li> <li><b>8. Avidity (time to positive reaction) <math>\leq</math> 4 sec.</b></li> <li><b>9. Titre: 256 or more.</b></li> <li><b>10. Must be evaluated and approved by NIB. Must be NIB certified for specific blood centre use.</b></li> <li><b>11. The quality requirements must comply with latest editions of national standards (DGHS, NACO).</b></li> <li><b>12. The expiry date of the reagent should be minimum 18 months from the date of receipt in the user department.</b></li> </ol>
<b>2</b>	<b>Anti-B antisera, monoclonal</b>	<b>1 pack (minimum 6 vials of 10 ml each)</b>	<ol style="list-style-type: none"> <li><b>1. Antisera must be appropriate for microplate and tube technique.</b></li> <li><b>2. Must be monoclonal antibody.</b></li> <li><b>3. Should give clear positive reactions with cells bearing the corresponding antigen.</b></li> <li><b>4. Should give clear negative reactions with cells without the corresponding antigen.</b></li> <li><b>5. Should not haemolyse the cells.</b></li> <li><b>6. Should not show prozone phenomenon.</b></li> <li><b>7. Should not produce rouleaux.</b></li> <li><b>8. Avidity (time to positive reaction) <math>\leq</math> 4 sec.</b></li> <li><b>9. Titre: 256 or more.</b></li> </ol>

<b>S.No.</b>	<b>Name of Reagent</b>	<b>Qty</b>	<b>Specification</b>
			<p><b>10. Must be evaluated and approved by NIB. Must be NIB certified for specific blood centre use.</b></p> <p><b>11. The quality requirements must comply with latest editions of national standards (DGHS, NACO).</b></p> <p><b>12. The expiry date of the reagent should be minimum 18 months from the date of receipt in the user department.</b></p>
<b>3</b>	<b>Anti-A,B antibody, monoclonal</b>	<b>2 vials of 10 ml each</b>	<p><b>1. Antisera must be appropriate for microplate and tube technique.</b></p> <p><b>2. Must be monoclonal antibody.</b></p> <p><b>3. Should give clear positive reactions with cells bearing the corresponding antigen.</b></p> <p><b>4. Should give clear negative reactions with cells without the corresponding antigen.</b></p> <p><b>5. Should not haemolyse the cells.</b></p> <p><b>6. Should not show prozone phenomenon.</b></p> <p><b>7. Should not produce rouleaux.</b></p> <p><b>8. Avidity (time to positive reaction) <math>\leq</math> 4 sec.</b></p> <p><b>9. Titre: 256 or more.</b></p> <p><b>10. Must be evaluated and approved by NIB for specific blood centre use.</b></p> <p><b>11. The quality requirements must comply with latest editions of national standards (DGHS, NACO).</b></p> <p><b>12. The expiry date of the reagent should be minimum 18 months from the date of receipt in the user department.</b></p>
<b>4</b>	<b>Anti-D IgM (monoclonal, low protein)</b>  <b>Note: Anti D are to be purchased from two different manufacturers</b>	<b>1 pack (minimum 6 vials of 10 ml each)</b>	<p><b>1. Antisera must be appropriate for microplate and tube technique.</b></p> <p><b>2. Must be monoclonal antibody.</b></p> <p><b>3. Should give clear positive reactions with cells bearing the corresponding antigen.</b></p> <p><b>4. Should give clear negative reactions with cells without the corresponding antigen.</b></p> <p><b>5. Should not haemolyse the cells.</b></p>

<b>S.No.</b>	<b>Name of Reagent</b>	<b>Qty</b>	<b>Specification</b>
	<i>(will be required to be run parallelly as Anti D1 &amp; Anti D2)</i>		<p><b>6. Should not show prozone phenomenon.</b></p> <p><b>7. Should not produce rouleaux.</b></p> <p><b>8. Avidity <math>\leq</math> 10 sec.</b></p> <p><b>9. Titre: 64 or more at room temperature.</b></p> <p><b>10. Must be evaluated and approved by NIB for specific blood centre use.</b></p> <p><b>11. The quality requirements must comply with latest editions of national standards (DGHS, NACO).</b></p> <p><b>12. The expiry date of the reagent should be minimum 18 months from the date of receipt in the user department.</b></p>
<b>5</b>	<p><b>Anti-D IgM + IgG</b> <b>(Monoclonal Blend, low protein)</b></p> <p><i>Note: Anti D are to be purchased from two different manufacturers (will be required to be run parallelly as Anti D1 &amp; Anti D2)</i></p>	<b>1 pack</b> <b>(minimum 6 vials of 10 ml each)</b>	<p><b>1. Antisera must be appropriate for microplate and tube technique.</b></p> <p><b>2. Should be blend of IgG and IgM monoclonal antibody.</b></p> <p><b>3. Should give clear positive reactions with cells bearing the corresponding antigen.</b></p> <p><b>4. Should give clear negative reactions with cells without the corresponding antigen.</b></p> <p><b>5. Should be capable of detecting weak D and partial D.</b></p> <p><b>6. Should not haemolyse the cells.</b></p> <p><b>7. Should not show prozone phenomenon.</b></p> <p><b>8. Should not produce rouleaux.</b></p> <p><b>9. Avidity <math>\leq</math> 20 sec.</b></p> <p><b>10. Titre: 32 or more at room temperature, and 128 or more at 37°C.</b></p> <p><b>11. Must be evaluated and approved by NIB for specific blood centre use.</b></p> <p><b>12. The quality requirements must comply with latest editions of national standards (DGHS, NACO).</b></p> <p><b>13. The expiry date of the reagent should be minimum 18 months from the date of receipt in the user department.</b></p>
<b>6</b>	<b>Anti-A1</b>	<b>2 vials of 5 ml</b>	<b>1. Ready to use Dolichos biflorus lectin</b>

<b>S.No.</b>	<b>Name of Reagent</b>	<b>Qty</b>	<b>Specification</b>
	<b>(Dolichos biflorus lectin)</b>	<b>each</b>	<p><b>solution.</b></p> <p><b>2. Should give clear positive reaction within 20 seconds with A1 and A1B cells. Should give clearly no reaction with A2, A2B, B and O cells.</b></p> <p><b>3. Should have a titre of at least 32 for A1 cells and 16 for A1B cells.</b></p> <p><b>4. Should not hemolyse or form rouleaux. Should not show prozone phenomenon.</b></p> <p><b>5. Should be approved by NIB for specific blood centre use, for A1/A2 discrimination.</b></p> <p><b>6. The expiry date of the reagent should be minimum 18 months from the date of receipt in the user department.</b></p>
<b>7</b>	<b>Anti H (Ulex europeus lectin)</b>	<b>2 vials of 5 ml each</b>	<p><b>1. Ready to use Ulex europaeus lectin solution.</b></p> <p><b>2. Should give clear positive reaction with cells of all ABO groups, and clearly no reaction with Bombay (Oh) cells.</b></p> <p><b>3. Should react with O cells within 10 seconds. Should have a titre of at least 16 for O cells.</b></p> <p><b>4. Should not haemolyse or form rouleaux. Should not show prozone phenomenon.</b></p> <p><b>5. Should be approved by NIB for specific blood centre use.</b></p> <p><b>6. The expiry date of the reagent should be minimum 18 months from the date of receipt in the user department.</b></p>
<b>8</b>	<b>Anti-D IgG (monoclonal, low protein)</b>	<b>1 vial (10 ml)</b>	<p><b>1. Antisera must be appropriate for microplate and tube technique.</b></p> <p><b>2. Should be monoclonal antibody.</b></p> <p><b>3. Should be capable of detecting weak D and partial D.</b></p> <p><b>4. Should give clear positive reactions with cells bearing the corresponding antigen.</b></p> <p><b>5. Should give clear negative reactions with cells without the corresponding antigen.</b></p> <p><b>6. Should not haemolyse the cells.</b></p> <p><b>7. Should not show prozone phenomenon.</b></p>

<b>S.No.</b>	<b>Name of Reagent</b>	<b>Qty</b>	<b>Specification</b>
			<p><b>8. Should not produce rouleaux.</b></p> <p><b>9. Titre: 128 or more at 37°C.</b></p> <p><b>10. Must be evaluated and approved by NIB for specific blood centre use.</b></p> <p><b>11. The expiry date of the reagent should be minimum 18 months from the date of receipt in the user department.</b></p>
<b>9</b>	<b>Anti-D IgG (Human polyclonal, low protein)</b>	<b>1 vial (10 ml)</b>	<p><b>1. Antisera must be appropriate for microplate and tube technique.</b></p> <p><b>2. Should be human polyclonal antibody.</b></p> <p><b>3. Should be capable of detecting weak D and partial D.</b></p> <p><b>4. Should give clear positive reactions with cells bearing the corresponding antigen.</b></p> <p><b>5. Should give clear negative reactions with cells without the corresponding antigen.</b></p> <p><b>6. Should not haemolyse the cells.</b></p> <p><b>7. Should not show prozone phenomenon.</b></p> <p><b>8. Should not produce rouleaux.</b></p> <p><b>9. Titre: 32 or more at 37°C.</b></p> <p><b>10. Must be evaluated and approved by NIB for specific blood centre use.</b></p> <p><b>11. The expiry date of the reagent should be minimum 18 months from the date of receipt in the user department.</b></p>
<b>10</b>	<b>Antihuman globulin antisera (AHG), polyspecific (Anti-IgG + Anti-C3d), monoclonal blend</b>	<b>6 vials of 5 ml each</b>	<p><b>1. Antisera must be appropriate for microplate and tube technique.</b></p> <p><b>2. Should give clear positive reactions with appropriately sensitised cells.</b></p> <p><b>3. Should give clear negative reactions with unsensitised cells.</b></p> <p><b>4. Should not haemolyse the cells.</b></p> <p><b>5. Should not show prozone phenomenon.</b></p> <p><b>6. Should not produce rouleaux.</b></p> <p><b>7. Titre: Minimum 64 for Anti-IgG and minimum 4 for Anti-C3d.</b></p>



<b>S.No.</b>	<b>Name of Reagent</b>	<b>Qty</b>	<b>Specification</b>
			<p><b>8. Must be evaluated and approved by NIB for specific blood centre use.</b></p> <p><b>9. The quality requirements must comply with latest editions of national standards (DGHS, NACO).</b></p> <p><b>10. The expiry date of the reagent should be minimum 18 months from the date of receipt in the user department.</b></p>

Reference no:

Date:

**[Letter head of firm]**

PRICE BID FORM

To,  
LPC Chairperson,  
AIIMS, Deoghar.  
Jharkhand

Dear Sir,

I/We ..... am/are submitting the quotation for reference "QUOTATION FOR REQUIREMENT OF REAGENTS FOR BLOOD STORAGE UNIT AT AIIMS DEOGHAR FOR REFERENCE NO.: AIIMS/DEOGHAR/REAGENTS/BSU/2024-25/09 **01.05.2024 DUE ON at 05.00 PM**" at AIIMS Deoghar.

1. I/We have thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
2. I/We hereby offer to supply at the following rates:

S. no.	Name of Item with specification	Unit Price	GST %	Unit price With GST	Total Qty	Total cost
1						
2						
		Total cost/ amount				
Total cost/amount (in words)						

Note:-

- The bidder must quoted their quotation only in above said format on the letter of firm otherwise quotation will be REJECTED.
- Catalog must be attached with quotation for technical evaluation.

Date:

(Name):

Place:

Name of Firm/Company/Agency:

GSTIN No.:

Phone No:

Email:

(Signature of Authorized Person) \_\_\_\_\_

Seal: \_\_\_\_\_