**ANNEXURE I**

**Details of Bidder for Techno Commercial Bid**

A. Details of the Testing Laboratory of the Bidder which will service the requirements of Hindlabs

Address – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Chief Pathologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at the Laboratory

Contact Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Medical Biochemist

at the Laboratory

Contact Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Medical Microbiologist

at the Laboratory

Contact Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature :

Name :

Designation :

Company Name :

**ANNEXURE II**

|  |  |  |
| --- | --- | --- |
| **Sr. no.** | **ELIGIBILITY CRITERIA** | **REMARKS** |
| 1 | Annual Turnover of the bidder during the last 2 financial year and Turnover from Path Lab testing | Annual Turnover 2010-11 – Rs. Lk\_\_\_\_\_  Annual Turnover 2011-12 – Rs. Lk\_\_\_\_\_  Annual Turnover from Path Lab testing  2010-11- Rs. Lk \_\_\_\_\_\_\_\_  2011-12- Rs. Lk \_\_\_\_\_\_\_\_ |
| 2 | (a)-The testing facility/facilities should be NABL and/or CAP accredited for the past 2 years and the accreditation should be available for the next 2 years. | NABL Accreditation- Yes / No  NABL Certificate No.-\_\_\_\_\_\_\_\_  Valid Till - \_\_\_\_\_\_\_\_\_\_\_  CAP Accreditation – Yes / No.  CAP Accreditation Details-\_\_\_\_\_\_\_ |
| 4 | The reference lab should have following in house capabilities.   * Routine Biochemistry * Special Biochemistry * Hematology * Immunoassay * Serology * Microbiology- Bacteriology, Mycology * Flowcytometry * Cytology * Cytogenetics * Histopathology * Immuno histopathology & IF * Molecular Biology | Applicants should mention the machines in each department and the methods of each test in each scope.  Please use a Separate Sheet. |
| 5 | Is the testing facility of the bidder participating in proficiency testing as per NABL | Yes / No |
| 6 | Provide the list of tests under NABL scope department wise | Please use a separate sheet |
| 7 | Is the Testing Laboratory having the facility of online /web reporting . | Yes / No |
| 8 | Are you willing to provide sample transport system as per requirement of NABL or defined in your own SOP. | Yes / No |
| 9 | Are you willing to provide interfacing/ other facility to Hindlabs to print reports of outsourced tests on Hindlabs letter head | Yes / No |
| 10 | Are you willing to provide all collection materials required for samples sent to you for tests? Collection material should be approved by Hindlabs. | Yes / No |
| 10 | Are you willing to provide dedicated Staff at Hindlabs for Phlebotomy, Sample and test coordination. 1 Person for every Rs.1.00 Lk of business provided. | Yes / No |
| 11 | Are you willing to provide 24 hour online or telephonic customer care facility dedicated to Hindlabs? | Yes / No |

**Format for Compliance to tender conditions**