

**HLL LIFECARE LIMITED**  
(A Government of India Enterprise)  
Projects Division  
Corporate Head Office, Poojappura.P.O,  
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**AMENDMENT NO. 2**

**Amendment Date: 02-11-2018**

**AMENDMENTS BASED ON PRE-BID MEETING DATED 24.10.2018**

<b>Sub:</b>	<b>Supply, Installation, Testing and Commissioning of Immunoassay Analyser &amp; its accessories for Diagnostic Lab Facility at Sector 39, Gurugram, Haryana</b>		
<b>Ref No.</b>	<b>HLL/CHO/PROJ/HCS/MCG-EQP/IAA/2018-19 dated 10.10.2018</b>		
<b>Sl No.</b>	<b>Tender Details (Page No, Clause etc.)</b>	<b>Original Clause</b>	<b>Amendment</b>
1	Schedule II - Pt. 2	The equipment should be floor mounted model.	The equipment should be floor mounted or bench top model.
2	Schedule II - Pt. 14	Rack types: Routine, STAT, Control, Calibrator.	There should be provision for doing Routine, STAT, Control and Calibrator
3	Schedule II - Pt. 15	STAT handling: Dedicated STAT port on rack feeder.	There should be provision for doing STAT samples.
4	Schedule II - Pt. 17	Sample cup: 2 ml, 5 ml or less	Sample cup: 2 ml, 3 ml or less
5	Schedule II - Pt. 18	Sample Volume: 10 to 50 µl or more per test, depending on assay protocol.	Sample Volume: 5 to 250 µl per test, depending on assay protocol.
6	Schedule II - Pt. 35	<b>Reagent Cost:</b> Format for Quoting reagent price on Cost per Reportable test basis is given in Schedule V - Annexure III which will be considered for finalizing the L1 bidder and order placement on the Supplier for minimum 10 years, after supply of equipments. Rate validity for reagents shall be provided for minimum 10 years.	<b>Reagent Cost:</b> Format for Quoting reagent price on Cost per Reportable test basis is given in the Amended Schedule V - Annexure III which will be considered for finalizing the L1 bidder and order placement on the Supplier for minimum 5 years, after supply of equipments. Rate validity for reagents shall be provided for minimum 5 years.
7	Schedule V - Annexure III	List of Parameters	Schedule V - Annexure III (Amended) is attached.

**All other terms and conditions of the tender remain unchanged.**

**SENIOR MANAGER (PROJECTS)**

## SCHEDULE V

### ANNEXURE III - AMENDED

#### FORMAT FOR QUOTING THE COST PER REPORTABLE TEST

<b>EQUIPMENT TYPE:</b>		<b>IMMUNOASSAY ANALYSER</b>					
<b>Equipment Brand Name:</b>							
<b>Equipment Model:</b>							
<b>Throughput (If applicable):</b>							
Sl.no	Test parameters	A	B	C	D	E	(E * D)
		Available Pack Sizes	Number of test possible to be performed using this pack size.	Price of Quoted Pack Size (Inclusive of GST)	Weightage (For 5 years)	CPRT (Inclusive of GST)	
1	T3				180000		
2	T4				180000		
3	TSH				216000		
4	FREE T3				5400		
5	FREE T4				5400		
6	VITAMIN D				18000		
7	TOTAL PSA				90000		
8	FERRITIN				7200		
9	PROLACTIN				90000		
10	BETA HCG				1800		
11	IMMUNOGLOBULIN E (OPTIONAL)				300		

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<b>Equipment Model:</b>							
<b>Throughput (If applicable):</b>							
<b>Sl.no</b>	<b>Test parameters</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>(E * D)</b>
		<b>Available Pack Sizes</b>	<b>Number of test possible to be performed using this pack size.</b>	<b>Price of Quoted Pack Size (Inclusive of GST)</b>	<b>Weightage (For 5 years)</b>	<b>CPRT (Inclusive of GST)</b>	
12	CORTISOL				3600		
13	CA 125				3600		
14	CEA				3600		
15	CA 19-9				3600		
16	LH				90000		
17	FSH				90000		
18	PROGESTERONE				18000		
19	ESTRADIOL				18000		
20	VITAMIN B12				90000		
21	TESTOSTERONE (T & F)				36000		
22	TROPONIN T				1800		
23	ANTI –TPO				3600		
24	ANTI –TG				300		
25	PTH (Optional)				1800		
26	ACTH (Optional)				300		
27	C-PEPTIDE (Optional)				1800		
28	AFP				300		
29	INSULIN				36000		
30	GROWTH HORMONE				5400		

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<b>Equipment Model:</b>							
<b>Throughput (If applicable):</b>							
Sl.no	Test parameters	A	B	C	D	E	(E * D)
		Available Pack Sizes	Number of test possible to be performed using this pack size.	Price of Quoted Pack Size (Inclusive of GST)	Weightage (For 5 years)	CPRT (Inclusive of GST)	
	(Optional)						
31	DHEA-S				1800		
32	CA 72-4 (Optional)				3600		
33	FOLATE				3600		
34	HE4 (Optional)				300		
35	RUBELLA IgM				18000		
36	RUBELLA IgG				18000		
37	ANTI-HBc				300		
38	CYCLOSPORINE (Optional)				9000		
39	CMV IgM				18000		
40	PCT (Optional)				300		
41	PLGF (Optional)				300		
42	ANTI-TSHR (Optional)				300		
43	TOXO IgG				18000		
44	PAPP-A (Optional)				300		
45	ANTI-HAV IgM				9000		
46	ANTI-CCP (Optional)				9000		
47	HSV-1 IgG				18000		
48	ANTI-HCV				9000		

<b>EQUIPMENT TYPE:</b>		<b>IMMUNOASSAY ANALYSER</b>					
<b>Equipment Brand Name:</b>							
<b>Equipment Model:</b>							
<b>Throughput (If applicable):</b>							
<b>Sl.no</b>	<b>Test parameters</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>(E * D)</b>
		<b>Available Pack Sizes</b>	<b>Number of test possible to be performed using this pack size.</b>	<b>Price of Quoted Pack Size (Inclusive of GST)</b>	<b>Weightage (For 5 years)</b>	<b>CPRT (Inclusive of GST)</b>	
49	MYOGLOBIN				300		
50	DIGOXIN				18000		
51	TOXO IgM				18000		
52	HBsAgG2 (Optional)				300		
53	TOTAL P1NP				300		
54	SHBG				9000		
55	CA 15-3				9000		
56	THYROGLOBULIN (Optional)				9000		
57	ANTI HBc IgM				3600		
58	ANTI HBe (Optional)				3600		
59	IL 6 (Optional)				300		
60	Sflt1 (Optional)				300		
61	CMV IgG				300		
62	NSE (Optional)				300		
63	DIGITOXIN				300		
64	FREE PSA				9000		
65	FOLATE RBC (Optional)				12600		
66	HBsAg				9000		

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<b>Throughput (If applicable):</b>							
Sl.no	Test parameters	A	B	C	D	E	(E * D)
		Available Pack Sizes	Number of test possible to be performed using this pack size.	Price of Quoted Pack Size (Inclusive of GST)	Weightage (For 5 years)	CPRT (Inclusive of GST)	
67	Pro BNP (Optional)				300		
68	Free BETA-HCG (OPTIONAL)				1800		
69	ANTI HBs				9000		
70	HSV-2 IgG				18000		
71	CYFRA 21-1 (Optional)				300		
72	B-CrossLaps/serum (Optional)				300		
73	N-MID Osteocalcin (Optional)				300		
74	DHEA				300		
75	TROPONIN I				1800		
76	D –DIMER (Optional)				5400		
		<b>Total CPRT</b>					

**\*CPRT - Cost Per Reportable test (Inclusive of all consumables, reagents, calibrators, Cleaning & washing solutions whatsoever it may be required to perform test)**

**Note:-**

- 1) Total Reagent Cost = Total of (CPRT cost X Weightage)
- 2) The rate of reagents marked as "Optional" will not be considered for the above formula.**
- 3) The quoted rates for reagents (C), shall be valid for a minimum period of **5 years**.
- 4) The Supplier shall guarantee CPRT quoted above and payment for reagents will be based on CPRT. Proportional deduction will be effected in payments for any % reduction in the same.
- 5) Order for reagents will be placed in terms of pack size only