

**STATE HEALTH SOCIETY BIHAR** 



#### NOTICE INVITING

#### **REQUEST FOR PROPOSAL (RFP)**

#### SUPPLY, INSTALL AND MANAGEMENT OF 20BEDDED ICU IN GOVERNMENT MEDICAL COLLEGE & HOSPITAL AND 10 BEDDED ICU IN DISTRICT HOSPITALS OF BIHAR UNDER PPP MODE

Request for Proposal (RFP) is invited from reputed agencies for supply, install and management of 20 bedded Intensive Care Unit (ICU) in Government Medical College & Hospital and 10 bedded Intensive Care Unit (ICU) in District Hospitals under PPP mode. The broad details of requirement, terms & conditions may be downloaded from website (http://www.statehealthsocietybihar.org/). A pre-bid meeting is scheduled at 11:30 A.M. on 27/08/2014 in the Conference Hall of State Health Society, Bihar, Pariwar Kalyan Bhawan, Sheikhpura, Patna-800014. Based upon the pre-bid meeting discussion, terms and conditions can be modified. Competent interested agencies are requested to submit the details to the undersigned on or before 2.00 P.M. on 05/09/2014 by speed/ registered post/courier/ by hand to The Executive Director, State Health Society, Bihar (SHSB), Parivar Kalyan Bhawan, Sheikhpura, Patna- 800014, Bihar. All the applications received by due date will be opened at 03:00 P.M. on 05/09/2014 in front of bidders or their representatives.

For any further clarification, please contact on office number 0612-2290351 during official working hours or can also be mailed on ribihar2013@gmail.com.

**Executive Director** State Health Society Bihar

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#### **REQUEST FOR PROPOSAL (RFP)**

#### SUPPLY, INSTALL AND MANAGEMENT OF 20BEDDED ICU IN GOVERNMENT MEDICAL COLLEGE & HOSPITAL AND 10 BEDDED ICU IN DISTRICT HOSPITALS OF BIHAR UNDER PPP MODE

#### 1. INTRODUCTION

In order to provide health care "to the last household and to the last person of the state", Government of Bihar seeks to provide quality dedicated access to quality care for all the people of the state. Towards this effort, GoB wants to provide clean and hygienic Intensive Care Unit (ICU) in all Government Hospital in Bihar.

State Health Society, Bihar (SHSB) invites Request for Proposal (RFP) from reputed agencies for supply, install and management of Intensive Care Unit (ICU) in all government medical college & hospital (MCH) and district hospital (DH) of the state. The applicants may be supplier of equipments/ running hospitals/ nursing homes/ individuals who have the capability to supply equipment, support staff and manage the whole ICU.

#### 2. PURPOSE

Purpose of this RFP is intended to identify firms/ individuals that have the capacity to supply, install and manage ICU services in all government medical college & hospital and district hospital of the state across 38 districts of Bihar.

#### **3. SCOPE OF WORK**

There are three separate components under current RFP for ICU management. Separate agreement will be signed for each type of work and location. Depending upon the response and costs quoted by agency, the Government will take decision on type and location of for ICU management.

#### A. Set Up new ICU (turnkey basis):

The selected partner is expected to invest in all required equipments, provide skilled manpower including doctors, nurses, technicians, housekeeping staff, etc. for efficient functioning of the ICU. The selected partner will have to procure & fully equip ICU including beds, mattress, linens, maintenance of all infrastructure including water & electricity, refurbishment of existing infrastructure, toilet cleanliness, etc. The government will provide appropriate covered space in hospitals. The ICU beds will be 20 beds in government medical college & hospital and 10 beds in district hospital of the state. The agency will have to quote the consolidated per month costs for carrying out the complete operational activities in their financial bids. The bids are invited separately for MCH and DH. The agency will have to quote separately for Infrastructure & Manpower cost on monthly basis.

#### B. Supply, install and manage ICU

Under this work, the private partner is to refurbish the space and install all ICU related equipments and provide all the required manpower except the Doctors. Doctors will be provided by the State Government

and agency has to provide only paramedics staff and technicians including support staff like attendants & housekeeping. The selected agency will have to maintain the ICU for efficient working conditions.

#### C. Supply and install ICU

Under this work, the private partner is to refurbish the space and install all ICU related equipments. Agency has to provide only technicians to maintain the equipments & housekeeping. The selected agency will have to ensure the proper maintenance of the ICU for efficient working conditions.

In all the models, the agency will be paid consolidated amount on monthly basis. The agency have to calculate the costs and quote in financial bid.

## 4. SCOPE OF SERVICES

- 1. They must provide emergency care for patients throughout 24 hours.
- 2. They must provide training to the hospital staff as required by the Hospital Administration without any condition or any other obligation.
- 3. They must submit the required reports and duty roster to the Hospital Administration as will be agreed to in the MOU.
- 4. They should use the space provided only for the purpose of care of patients.
- 5. They must issue Identity cards and uniforms to their staff, workers and patients. It must also be seen that staff and workers stick to the dress code. The service providers should ensure timely payment to all staff. The service providers will be required to disclose the details of each staff with the SHSB.
- 6. Service provider will ensure remedial measures with regard to any deficiency in services pointed out by the hospital administration.
- 7. Posting of round the clock security staff at entrance for security of facility.
- 8. Provisions of housekeeping services to maintain the hygiene within the facility.
- 9. They must maintain duty roster accessible to hospital administration and submit weekly report to hospital administration.
- 10. The staff to be recruited should be skilled and dedicated towards the care of patients.

#### 11. The selected partner must put special emphasis on decent behaviour & attitude of their staff.

#### 5. GENERAL TERMS & CONDITIONS

- 1. The tenure will be for a period of 5 (five) years initially extendable on satisfactory performance.
- 2. A dedicated contact number with name of the person for managing, coordination & complaint about the services to be provided by the selected agency.
- 3. Selected agency will operate and maintain these centres as per the requirement specifications to be laid down in the MoU document.
- 4. Agency may bid for establishing centre at single or multiple locations. MoU shall be decided separately for each location.
- 5. Services to be provided as per standard treatment guidelines prescribed by the Government.
- 6. An appropriate committee would be appointed by SHSB to monitor the quality and delivery of services.

- 7. Selected agency will also establish the clinical monitoring system through EICU. Cost of software & hardware is to quoted as optional component for further decision by State Health Society. Connection to command centre of clinical agency will be done at vendor's cost whereas in case if it is desired that any nodal centre in Bihar is to be developed as command centre then the vendor has the obligation to assist for the development of the same. (Cost of hardware & software for development of Command centre within the state will be borne by the state)
- 8. . The selected agency will have to provide uninterrupted power supply through online UPS system and DG Set for back up at each ICU.
- 9. The agency will lay down the medical gas pipeline and supply services as per EN Standards and connections and ensure proper upkeep of this facility.
- 10. Complete internal fabrication along with air conditioning & air sterilization system will be installed by the agency.
- 11. JV/ Consortium will be allowed upfront during bidding as consortium partners/members with evidences thereof in the form of Letter of Association (LOA) for specific activities in which one party will be the lead partner having all the legal and statutory responsibilities, all the other members of consortium will submit their authorization letter in favour of lead partner for the same. No sub-letting for any or whole work will be allowed thereafter.
- 12. The consortium will be technically evaluated based on the credentials of the lead firm.
- 13. The selected agency will have to carry out civil work inside of ICU area. If required, civil work of related area will also be carried out by the selected agency to ensure proper functioning and maintenance of ICU.
- 14. Establish a real-time audio-visual web enabled patient care management system for real time service provision and decision making of intensive/critical care at various public health care through a remote location. This means that the vendor has to participate in the process to meet two clear requirements of the GoB:
- a) Provision of real time audio-visual technology and online patient care management system to guide management of critical care patients through a remote location.
- b) Capacity building and handholding the facilities for Critical care service provision through the e-ICU system

# Therefore the vendor should participate as individual or consortium to support both the activities in the scope of service.

- 15. By the end of 5 years of handholding the e-ICU system, the service provider should ensure that it a team of fully trained critical care e-ICU staff is developed within the public health facilities and the e-ICU console to sustain the initiative.
- 16. Should establish the system for medico-legal management of patients treated through e-ICU, which should typically rest with the treating critical care specialist housed in public health facility.

#### 6. PERIOD OF SERVICE

- i. Initially 5 (five) years, thereafter extendable on negotiated terms and conditions.
- ii. No subletting of part or whole of the process/infrastructure/services shall be allowed.
- iii. Before submitting an RFP, the bidder will be deemed to have satisfied themselves by actual inspection of the site and locality of the works that all conditions liable to be encountered during the execution of the works are to be taken into account.
- iv. The State Health Society Bihar reserves all rights to reject/ modify any terms and conditions and/or all the RFP without assigning any reason.

#### 7. ELIGIBILITY CRITERIA

The Bidder can be a company/ individual/ management companies/ HR agencies with capability of providing the required services along with dedicated staff on their own within the set time lines. The interested party should have an office or capable of opening the same within three month from the date of signing of the contract. **Preference will be given to service providers who have experience of running the same type of services.** 

#### 7.1 Technical Eligibility

- a) The vendor / members of consortium should have the minimum experience of three years of running the same type of services.
- b) The bidder must be running minimum one hospital of 100 beds with minimum 10 bedded ICU for three years.
- c) Supplier of equipment of reputed companies (<u>GMP/ISO/US FDA/European approved CE</u>) for the last three years and is <u>not black listed by any State Government/ Govt. of India/Corporation/PSU.</u>
- d) The clinical partner for development of EICU (Electronic Incentive Care Unit) will be responsible for the operations of EICU, in terms of clinical protocols, services, manpower.
- e) The vendor / partners of consortium should not be found guilty of malpractice, misconduct or blacklist / debarred either by Public Health Department, Government of Bihar or any local authority, other state government, Central Government's organization. The agency should submit a notarized affidavit for the same.
- f) All the equipment / instrument should be as per international standards.
- g) The Bidder (members in case of a Consortium) should be an established Information Technology services company, having experience in development of EICU (including networking software command centre) and should have been in operation for a period of at least 3 years as on March 31, 2014.

#### 7.2 Financial Eligibility

- a) The vendor / consortium should have minimum turnover of Rs 5 Crores per annum per ICU set up and vendor / consortium can apply for multiple locations as per the turnover of lead partner (in case of consortium),
- b) EMD of Rs 8 Lacs per ICU location along with tender document is mandatory (EMD will be given as per location basis and vendor has the option to apply for either 1, 2 or all 3 models) (refundable).

#### c) LEGAL

- 1. SHSB will have the full power and authority and full legal capacity to enter into an agreement for performing defined obligations by the Service Provider.
- 2. The Service Provider will be given access to other areas of the hospital after showing identity card.
- 3. Service Provider will be authorized to make changes in civil work, fittings, cablings etc. as per requirement for smooth operation of ICU Services.
- 4. No modifications of permanent structure will be allowed.
- 5. Force Majeure clause will be added in the agreement.
- 6. Any medico-legal issues arising in the course of or out of treatment of patients will be the responsibility of Service Provider.
- 7. Any difference or disputes will be submitted for arbitration as per MoU to be entered into.
- 8. Provisions of Consumer Protection Act and RTI Act are applicable to the Service rendered by Service Provider.
- 9. All the Laws of land including Minimum Wages Act, EPFO Act etc. are applicable to Service Provider.
- 10. SHS has the right to finalize any model of operation for any location.
- 11. Multiple vendors may be selected as per the decision of SHS.

## 9 SPECIAL TERMS AND CONDITIONS

# <u>Commencement of the Center: The Center shall have to be commissioned within 3 (three) months of the peaceful handover of the site.</u>

Penalty Clause: The agency will be bound to provide hygienic and clean environment to the patients. The penalty clause will be:

- a. In case of delay in the starting the work after successful handover of the site they will a penalty of 0.5% of the security deposit per week will be imposed subject to a maximum of 25% of the security deposit.
- b. **Poor service delivery, dereliction of duty, insufficient staff, rude behavior and breach of protocol of the wards:** A penalty of 0.5% of the security deposit per week will be imposed subject to a maximum of 25% of the security deposit.
- c. **Non-submission of monthly report:** The selected partner will have to submit the monthly report for each month before 5<sup>th</sup> day of the next month to the concerned authority. The report should contain details about the all staff, consumables, etc. On failure of same, a penalty of 0.5% of the security deposit per week will be imposed subject to a maximum of 25% of the security deposit.

#### **10 EVALUATION OF PROPOSAL**

- 1. After opening of offer, on the scheduled date, time and venue, the committee shall examine the contents of the RFP along with all prescribed mandatory documents.
- 2. The committee shall also analyze that there is no collusive or fraudulent practice involved in the entire process amongst all the RFP received.
- 3. Any RFP during the evaluation process do not meet the RFP conditions laid down in the RFP document will be declared as not acceptable and such RFP shall not be considered for further evaluation.
- 4. RFPs which are in full conformity with RFP requirements and conditions shall be declared as Eligible RFP.
- 5. The proposals of the eligible RFPs will then have to be presented to the committee.

#### a. Technical Bid

The technical bid should contain all relevant details of the interested agency. The technical bid should have all **Annexure** as mentioned in RFP document. The technical bid should reflect the work experience and financial strength of the interested agency.

#### b. Financial Bid

As mentioned above, the agencies have to quote the monthly costs for each of the three discussed models separately. Format for financial bid is:

#### Financial Bid in INR

| Sl.<br>No. | Model                          | Monthly costs for 20<br>bedded ICU in MCH | Monthly costs for 10<br>bedded ICU in DH |
|------------|--------------------------------|---|--|
| 1          | Set Up new ICU (turnkey basis) |   |  |
| 2          | Supply, install and manage ICU |   |  |
| 3          | Supply and install ICU         |   |  |

#### 11 SUBMISSION REQUIREMENTS

Interested Agencies wishing to undertake the above task on behalf of State Health Society Bihar, may submit their application in a sealed envelope marked "RFP for Managing ICU Services in Government Districts in PPP Mode" Interested Agencies wishing to undertake the above task on behalf of State Health Society Bihar, may submit their application in a sealed envelope marked "**RFP for Management of ICU in Various Medical College Hospitals & District Hospitals of Bihar under PPP mode**". Inside outer envelope, the applicant should submit their proposal separately for (i) **Set Up new ICU (turnkey basis); (ii) Supply, install and manage ICU; (iii) Supply and install ICU,** if applying for all, in separate envelopes clearly marked as above. The agency may quote for any or all of the three models.

The interested agency should submit technical and financial bid separately in two envelopes inside a outer envelope as mentioned above.

Agency is required to clearly indicate the relevant page number against each of the submission requirements mentioned below in your cover letter/application accompanying the RFP.

The offer should be complete in all aspects as mentioned below. The offer shall be prepared in Duplicate. The Original Copy should be marked Original on top right and the duplicate copy shall be marked Copy on top right of the envelope. Offer must be submitted along with following documents.

- 1. RFP Form as per ANNEXURE- I.
- 2. Details of the bidder in the format given in **ANNEXURE II**. Copy of the Consortium agreement entered should be attached.
- 3. The instruments such as power of attorney as per **ANNEXURE III** authorizing an officer of the tenderer and nominating a responsible person of the tenderer to transact the business with the Authority.
- 4. Affidavit on non-judicial stamp paper of Rs.100/- regarding the firm has not been found guilty of malpractice, misconduct, or blacklisted/debarred either by Public Health Department, Govt. of Bihar or by any local authority and other State Government/Central Government's organizations in the past three years as per ANNEXURE IV.
- 5. Work Experience information as per ANNEXURE V.
- 6. Financial Information as per ANNEXURE VI.
- 7. Indicative list of equipment for ICU is at ANNEXURE VII.
- 8. A non-refundable fee of INR 1,000/- in the form of bank draft on a scheduled bank in favour of State Health Society, Bihar payable at Patna.

#### 12 DEADLINE FOR SUBMISSION OF RFP

For Submission of RFP tenderer must submit the complete sealed RFP on or **before 2:00 PM by 05/09/2014** by Speed/ registered post/courier/By hand ONLY at the below mentioned address.

#### The Executive Director

State Health Society, Bihar (SHSB) Parivar Kalyan Bhawan, Sheikhpura, Patna-800014, Bihar

Offers not submitted within time will not be accepted under any circumstance. The decision of the State Health Society Bihar shall be final, and no enquiries, or application for review, shall be entertained. The State Health Society Bihar reserves the right to modify the terms & conditions partially or wholly or cancel the RFP without assigning any reason.

For any further clarification, please contact on office number 0612-2290351 during official working hours or can also be mailed on ribihar2013@gmail.com.

Executive Director State Health Society Bihar

## RFP Form Affidavit (on stamp paper of min. INR 100 value)

To The Executive Director Bihar Health Society Patna Bihar

Dear Sir

- Having examined the RFP document for "RFP FOR MANAGING ICU SERVICES IN GOVERNMENT DISTRICTS IN PPP MODE", the receipt of which is hereby acknowledged, we, the undersigned, offer to provide our equipment and services under the above-named Contract in full conformity with the said RFP document.
- 2) We submit our interest for the following locations:.....
- 3) The information, documents, data of financial status and credibility, details of operational experience etc. furnished along with the RFP are true and authentic to the best of my knowledge and belief. I / we, am / are well aware of the fact that furnishing of any false information / fabricated document would lead to rejection of my RFP at any stage besides liabilities towards prosecution under appropriate law.
- 4) I have appraised myself fully about the job to be done during the period of agreement and also acknowledge to bear consequences of non-performance or deficiencies in the services on my part.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

In the capacity of \_\_\_\_\_

Duly authorized to sign this bid for and on behalf of \_\_\_\_\_

Note:

Signature & stamp of tenderer

• This form must be signed & stamped in original to be submitted to this office along with EMD

## ANNEXURE II

## **DETAILS OF THE BIDDER**

#### DATE OF OPENING:

## NAME OF THE BIDDER...

(To be attached with Technical bid documents.)

| 1 | Name Of Tendering<br>Hospital/Institution                    |  |
|---|--|--|
| 2 | Name Of Owner / Directors                                    |  |
| 3 | Full Particulars Of<br>Office                                |  |
|   | A) Address   |  |
|   | B) Contact Telephone<br>Nos.                                 |  |
|   | C) Fax No.   |  |
|   | D) E-Mail  |  |
| 4 | Registration Details:  |  |
|   | (A) PAN / GIR NO.  |  |
|   | (B) Service Tax  |  |
|   | Registration No.   |  |
|   | C) ESI   |  |
| 5 | Details Of Non Refundable fee                                |  |
|   | A) Amount (INR.)   |  |
|   | B) D.D. / P.O. No. and date                                  |  |
|   | C) Drawn On Bank   |  |
|   |  |  |
| 6 | Name Telephone and Mobile No. of the dealing representative: |  |
| 7 | Any other information.                                       |  |

N.B Submit similar details of consortium partners also in case it is a consortium

Signature of authorized signatory

Name: Place: Seal

#### **Power of Attorney**

#### Format for Power of Attorney for Signing of Application

(On a Stamp Paper of relevant value)

#### **Power of Attorney**

Know all men by these presents, We M/s .....

Dated this the ..... day of 2014

For\_\_\_\_\_

(Name, Designation and Address)

Accepted \_\_\_\_\_

(Signature)

(Name, Title and Address of the Attorney)
Date : \_\_\_\_\_

#### Format for Affidavit

Format for Affidavit certifying that Entity/Promoter(s) / Director(s)/Members of Entity are not Blacklisted (On a Stamp Paper of relevant value)

#### Affidavit

I, M/s..... (Sole Applicant / Lead Member / Member/Affiliate), (the names and addresses of the registered office) hereby certify and confirm that we or any of our promoter(s) /director(s) are not barred by State Health Society, Bihar/ or any other entity of GoB or blacklisted by any OTHER state government or central government / department / organization in India from participating in Project/s, either individually or as member of a Consortium as on the \_\_\_\_\_\_ (Date of Signing of Application).

We further confirm that we are aware that, our Application for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the agreement period and the amounts paid till date shall stand forfeited without further intimation.

Dated this ....., 2014.

Name of the Applicant

Signature of the Authorized Person

Name of the Authorized Person

Note: To be executed separately by all the Members in case of Consortium.

## ANNEXURE - V

## Information on prior experience

| SI.<br>No. | Name of<br>Hospital | Type of<br>Hospital<br>(multispecialty<br>hospital/Super<br>Specialty<br>hospital &<br>what type of<br>facility | Location | Month & Year<br>of<br>commencement | Number<br>of beds | Ownership<br>Type<br>(Own<br>managed<br>/Managed<br>by other) | Running<br>Status (<br>Unit<br>Running/<br>Unit<br>Closed<br>w.e.f) | Documentary<br>Proof<br>Submitted<br>(Yes/No) |
|------------|---------------------|---|----------|------------------------------------|-------------------|---|---|---|
| 1          |                     |   |          |                                    |                   |   |   |   |
| 2          |                     |   |          |                                    |                   |   |   |   |
| 3          |                     |   |          |                                    |                   |   |   |   |
| 4          |                     |   |          |                                    |                   |   |   |   |
| 5          |                     |   |          |                                    |                   |   |   |   |
| 6          |                     |   |          |                                    |                   |   |   |   |
| Total      |                     |   |          |                                    |                   |   |   |   |

## **Financial Information**

| S. No. | Particulars   |                                    | Detail           |           |
|--------|---|------------------------------------|------------------|-----------|
| 1.     | PAN details ( pho   | oto copy attached)                 |                  |           |
| 2.     | TAN details ( pho   | oto copy attached)                 |                  |           |
| 3.     | Annual turnover Rs.5 Crores per year in the last three consecutive years with details (Audited Balance sheet to be submitted) |                                    |                  |           |
|        | Years   | Turnover<br>Amount (in INR Crores) | Profit after Tax | Net Worth |
|        |   |                                    |                  |           |

| S<br>N | DESCRIPTION   | QTY<br>IN<br>MCH | QTY IN<br>DH |
|--------|---|------------------|--------------|
| 1      | ICU BEDS FULL FOWLER 4 SECTION, REMOTE CONTROL<br>OPERATED, USFDA / CE APPROVED                                   | 20               | 10           |
| 2      | PATIENT BED SIDE MULTIPARA MONITOR (SPO2, NIBP, IBP, TEMP, PULSE, RR, ECG)  | 20               | 10           |
| 3      | CENTRAL NURSING STATION   | 1                | 1            |
| 4      | VENTILATOR (ADULT & PEDIATRIC)  | 6                | 3            |
| 5      | BIPAP & CPAP  | 1                | 1            |
| 7      | DEFIBRILLATOR WITH EXTERNAL PACING  | 1                | 1            |
| 8      | ECG MACHINE (12 CHANNEL)  | 2                | 1            |
| 9      | SYRINGE INFUSION PUMP   | 20               | 10           |
| 10     | VOLUME INFUSION PUMP  | 2                | 1            |
| 11     | FLEXIBLE BRONCHOSCOPE   | 1                | 1            |
| 12     | VIDEO LARYNGOSCOPE  | 1                | 1            |
| 13     | FURNITURE LIKE CRASH CART, CYLINDER TROLLEY, KICK<br>BUCKET, INSTRUMENT TROLLEY, DRESSING TROLLEY,<br>DIRTY BASIN | AR               | AR           |
| 14     | MISC ITEMS LIKE CURTAIN, GLUCOMETER, BP<br>INSTRUMENT, VIEW BOX, GENERAL INSTRUMENTS, AIR<br>STERILIZER ETC.      | AR               | AR           |
| 15     | NEEDLE DESTROYER & SYRINGE CUTTER & OTHER<br>BIOMEDICAL WASTE SEGREGATION FACILITIES                              | 2                | 1            |
| 16     | VEIN VIEWER   | 1                | 1            |
| 17     | FLASH STERILIZERS   | 1                | 1            |

## **Indicative requirement of equipment for ICUs**

### **INVESTIGATION FACILITIES**

| S<br>N | DESCRIPTION                   | QTY | QTY |
|--------|-------------------------------|-----|-----|
| 1      | 3 PART HEMATOLOGY ANALYZER    | 1   | 1   |
| 2      | SEMIAUTOANALYZER              | 1   | 1   |
| 3      | URINE ANALYZER                | 1   | 1   |
| 4      | OTHER LAB INSTRUMENTS         | 1   | 1   |
| 5      | ABG MACHINE WITH ELECTROLYTES | 1   | 1   |
| 6      | CARDIAC MARKER ANALYZER       | 1   | 1   |
| 7      | PORTABLE ECHO & ULTRASOUND    | 1   | 1   |
| 8      | MOBILE X RAY                  | 1   | 1   |
| 9      | MISCELLANEOUS ITEMS           | 1   | 1   |

| S<br>N | DESCRIPTION  | QTY | QTY |
|--------|--|-----|-----|
| 1      | CAMERA, NETWORKING & SOFTWARE FOR CONVERTING<br>IT AS EICU & CONNECTING IT TO COMMAND CENTRE | 1   | 1   |

Note: A technical brief on EICU connectivity along with details of Hardware & Software is mandatory along with the proposal is compulsory.