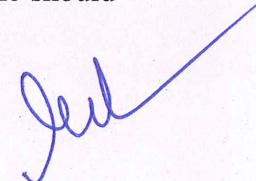


SPECIFICATION FOR COAGULOMETER (FULLY AUTOMATED)

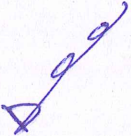

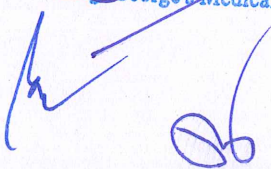
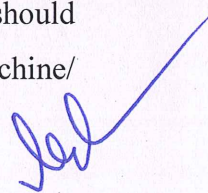
1. The unit should be with the following superior features:
2. The equipment should be a random-access system.
3. The instrument should be able to provide simultaneous measurement of Clotting, Chromomeric, and Immunological assays.
4. Principle based on the change in viscosity by electromagnetic clot detection system with steel ball oscillation or multi-wavelength scanning and sample liquid-sensing technology.
5. Technology should be insensitive to LIPEMIC, COLOURED, HEMOLYSED plasma, and turbid reagents.
6. It can calculate low levels of factor VIII and weak clots.
7. The instrument should be able to use a primary sample tube.
8. The instrument should be capable of continuous sample & reagent loading during the run.
9. The instrument should be able to add, delete, and rerun tests during the run.
10. Availability of 30 programmed and up to 60 Test methodologies should be provided.
11. Minimum of 96 sample positions with all STAT facilities should be provided.
12. Refrigerated reagent positions of a minimum of 30 all at 15c should be available.
13. Instrument should have an in-built Barcode reader for identification of sample and reagents i.e., name, stability, volume, position, etc.
14. Instrument should be able to detect automatically positive sample and reagent positions.
15. Possibility of Auto Rerun and Auto Redilution of samples should be available.
16. Positive sample and reagent level detection should be provided.
17. Instruments should have online sample reagents monitoring.
18. Instrument should have a data storage capacity of 600 patients including 12 results per patient.
19. Multi batch Q.C. Capacity on levy- Jennings graphs should be available in the system.
20. Flexibility to rerun, add a test or delete a test, handling of stat sample at any time should be provided.
21. Automatic dilution for samples and calibrators should be possible.
22. Provision for bi-directional LIS connectivity should be available.


Prof. Avinash Agrawal
MD, IDCC, IFCCM, FICCM, FIACCM, FCCP (USA)
Head, Department of Critical care,
King George's Medical University, UP, Lko.

23. Minimum test menu available should include PT, APTT, Fibrinogen, TT, LA, All Factors, ATIII, Heparin, PC, PS, PLG, AP, APCR, DDI, FDP, FM, vWf.

Conditions for tenderer:

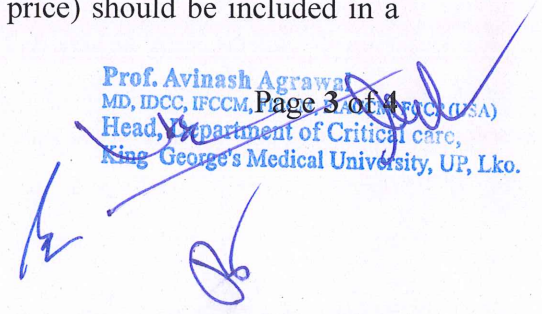
1. All accessories should be from the same Original Equipment Manufacturer for the main unit.
2. Instruments must be ISO certified and a copy should be enclosed. (The ISO Certificate must be issued by any organization accredited by the Bureau of Indian Standard or accredited by the international accrediting forum "IAF" (Certificate to be attached).
3. Should be USA FDA and/ or European CE be approved by 4 digits notified body.
4. Other necessary certifications if any required will be provided by the bidder for the smooth functioning of the machine.
5. Installation process should be performed by O.E.M trained service engineers/ service representatives on OEM letterhead or Service Report within 15 days of supply, with the mandatory provision of providing preventive services visit of OEM trained Service Engineer/ Service Representative quarterly per year till the completion of warranty period (i.e., 20 visits for the first 05 years) & further quarterly visits (04 visits/year) year till the completion of CMC period.
6. The equipment should have a Brand name/ Model Number embossed/etched on the equipment.
7. All the technical specifications in the compliance statement must be supported by Original Literature from the firm/ O.E.M with highlighting Numbering & flagging of all technical certificates.
8. Offered Equipment should have a strong Government Installation base.
9. Offered Equipment should have a Regional Sales Service Centre of the Original Equipment Manufacturer in the region for a 95 % uptime guarantee.
10. For the offered main unit, the essential, optional required consumables'/accessories' shelf life should be declared on the Original Equipment Manufacturer's letterhead.
11. In case of technical snag/failure/breakdown the response time for the inspection should be within 24 hours and repair within 05 days otherwise provide a service machine/





Prof. Avinash Agrawal
MD, IDCC, IFCCM, FICCM, FICCM (USA)
Head, Department of Critical care,
King George's Medical University, UP, Lko.

- alternate arrangement to be made till the period of recovery of the breakdown of the unit, failing which attracts penal action as per the decision of institute/ hospital.
12. For offered equipment the Training of technical staff and users should be performed by Original Equipment Manufacturer trained Service Engineers at the proper designated place- at bidders' cost.
 13. Company should quote their latest model and need to provide an affidavit for the same.
 14. As a tendering process the Demonstration of the offered Equipment is Mandatory at hospital/institute premises or other designated places at the bidder's cost.
 15. The bidder must comply with the General Financial Rules and their modifications if any issued by the Government of India- 2017.
 16. Any bidder from a country that shares a land border with India will be eligible to bid in the tender only if the bidder is registered with the Competent Authority (i.e., Registration certificate issued by the Ministry of Commerce and Industry (Department for Promotion of Industry and Internal Trade- DPIIT after October 2020). If any such bidder is not registered with DPIIT they will be liable for technical disqualification.
 17. Principal (OEM) must authorize only one agent to be quoted in the bid otherwise multiple quotes through different agents in the same bid will be canceled.
 18. The Bidder and its OEM both have to submit a notarized affidavit on the Indian Non-Judicial Stamp Paper of Rs.100/- that the bidder has not quoted the price higher than the current financial year and last financial year supplied to any government Institute/ Organization/ reputed Private Organization. OEM also has to submit that the price quoted by the bidder in the bid is on its behalf and the lowest in the current and last financial year in the country. Therefore, if at any stage it has been found that the supplier and its OEM have quoted lower rates than those quoted in this bid; the Institute (the purchaser) would be given the benefit of lower rates by the Supplier and any excess payment if any, will become immediately payable to the Institute (the purchaser). If such an affidavit is not submitted, the bid will be outrightly rejected. (Part of technical bid).
 19. Guarantee / Warranty Period: Separate offers of Comprehensive Maintenance Contract (CMC on main equipment) and Annual Maintenance Contract (AMC on main equipment) for further 5 years after expiry of 5 years of warranty (i.e., 6th, 7th, 8th, 9th and 10th years) in rupees only (and on basis of percentage of price) should be included in a

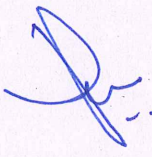
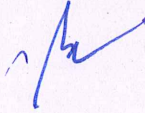
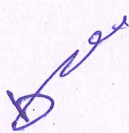

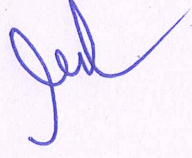


Prof. Avinash Agrawal
MD, IDCC, IFCCM, Page 3 of 4
Head, Department of Critical care,
King George's Medical University, UP, Lko.



financial bid in the absence of which the offer is liable to be rejected. Payment for CMC/AMC shall be made only after the expiry of the warranty of 5 years, in case the Institute (the purchaser) decides for availing of CMC/AMC services. Contract for CMC/AMC shall be decided on expiry of warranty but rates (not more than 5% inclusive of all taxes for 6th to 10th year) will be frozen at the price of an issued purchase order before the release of payment by the Institute (the purchaser). However, the Institute (the purchaser) may decide not to enter into any CMC/AMC contract without assigning any reason for the same, which shall be binding upon the bid.

20. Should provide 5-year CMC. CMC cannot be more than 5% of the contract value.
21. System configured application-specific educational video tutorials shall be provided as standard with the system.
22. Details of service outlet in India to render services during 5 years warranty period.
23. The principals must give a certificate if the supplier/vendor is changed during the course of the guarantee/warranty period, the principals would be responsible for the upkeep/maintenance of the quote/supplied equipment, besides honouring all the terms and conditions of CMC/AMC in letter and spirit.






Prof. Avinash Agrawal
M.D., IFCC, IFCCM, PICCM, FIACCM, FCCP (USA)
Head, Department of Critical care,
King George's Medical University, UP, Lt