

**Brihanmumbai Mahanagarपालिका**  
**TNMC and B.Y.L. Nair Ch. Hospital, Mumbai**  
**Department of Clinical Pharmacology**

Outward Number/ Tender Number: CP/163

Date: 24<sup>th</sup> July 2024

M/s.....

**Subject:** Procurement of Equipment's and accessories approved through DDF funds.

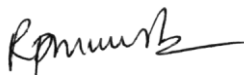
Sir,

Sealed quotations are invited for the attached listed items.

1. Name/Names of the item
2. Rate: basic rate + GST =total
3. Vendor Name:
4. Name of the Proprietor:
5. Contact number of Authorised person:
6. Company Stamp and valid signature.
7. Technical Bid & commercial bid in separate packets

Envelope to be addressed to	Professor and Head, Department of Clinical Pharmacology
Start Date to submit the Sealed Quotation	01 <sup>st</sup> August 2024
Last date to submit the quotation	10 <sup>th</sup> August 2024
Place of Submission of sealed envelops	DDF office, First Floor, G-Building
Time for submission	10.30 am to 1.30 pm

Terms and conditions and other relevant details are mentioned in Bid document attached.



Professor and Head  
Department of Clinical Pharmacology  
T.N. Medical College & B.Y.L. Nair Ch. Hospital, Mumbai

**Brihanmumbai Mahanagarपालिका**  
**TNMC and B.Y.L. Nair Ch. Hospital, Mumbai**  
**Department of Clinical Pharmacology**

**List of equipment's and accessories to be procured:**

1. Nitrogen Evaporator with Regulator- 1 No.
2. Lithium Analyzer- 1 No.
3. Automated Nucleic Extraction Machine with maximum of 4 Samples- 1 No.
4. Laminar Air Flow- 1 No.
5. HPLC C18 Column- 1 No.

## **PURCHASE OF EQUIPMENT REQUIRED FOR THE DEPARTMENT OF CLINICAL PHARMACOLOGY**

### **General Instructions:**

#### **Documents to be submitted in Technical Bid:**

1. Attested copy of PAN Card and Aadhar Card.
2. General requirement of the company to be provided on company letter head.
3. Details of the equipment along with accessories without disclosing the rates with sign and stamp on company letterhead.
4. Authorization letter in case of bidder quoting for the equipment.
5. Technical Brochure of the equipment.

#### **Documents to be submitted in Commercial Bid:**

Rates of the quoted model along with standard accessories and 3 years warranty to be provided and GST rates to be mentioned separately in the quotation.

**I. PURCHASE OF NITROGEN EVAPORATOR WITH REGULATOR FOR THE DEPARTMENT OF CLINICAL PHARMACOLOGY-1No.**

**A. General Requirements to be provided on Company letter Head**

1. Name of the Company:
2. Address & Contact No.
3. GST No.
4. Company PAN No.
5. Name of Equipment:
6. Name of the Manufacturing company:
7. Company Bank Details:
  - a. Bank Name:
  - b. Account No:
  - c. IFSC Code:
  - d. Branch Address:

**Name of the Company:**

**Authorized Person Name & Contact details:**

**Full Signature of the tenderer:**

**with Official Seal**

## **B. Equipment details**

**Name of the equipment:**

**Make:**

**Model:**

**Quantity:**

### **Terms and Conditions:**

- 1. Warranty: 3 years**
- 2. Delivery: Within 3-4 weeks of receipt of Purchase Order**
- 3. Installation & Transportation: Free of cost**

**Full Signature of the tenderer:**

**with Official Seal**

## TECHNICAL SPECIFICATIONS FOR NITROGEN EVAPORATOR

1. The system should be microprocessor controlled.
2. LED display for temperature and time
3. The Outer body should be MS Powder coated and inner body of Stainless steel.
4. Tank with drain valve and Water Level Marking and should be provided with Test Tube Rack for 10/15ml tubes.
5. Nozzles manifolds make SS316.
6. Number of samples - 10-50 at one time
7. Temperature range- Ambient to 85°C
8. Time range-30 secs to  $\leq$  10hrs
9. Gas station with LED indication-  $\geq$  2 nos.
10. Pressure gauge range-0-100Psi
11. Water tank capacity- 6.5 Liters
12. Heater on-off LED
13. The door should be transparent.
14. N<sub>2</sub> Supply auto cut off on door opening.
15. The system should be provided with:
  - Standard accessories (Exhaust Pipe, Nozzle Caps, PU connector, PU Tube, Remover, Power Cord etc.)
  - Two stage SS316 Gas Cylinder regulator with SS 316 Diaphragm and Pressure Guage with 2 ports. Inlet gas pressure of 280kg/cm<sup>2</sup> and outlet gas pressure required 0-16kg/ cm<sup>2</sup>.
16. Three years comprehensive warranty should be provided for the machine
17. Training to the User department
18. Demonstration compulsory
19. The operating manual should be supplied with the instrument.
20. Power supply: 230V  $\pm$ 15%; 50Hz  $\pm$ 3%.

**II. PURCHASE OF LITHIUM ANALYZER FOR THE DEPARTMENT OF CLINICAL PHARMACOLOGY – 1No.**

**A. General Requirements to be provided on Company letter Head**

1. Name of the Company:
2. Address & Contact No.
3. GST No.
4. Company PAN No.
5. Name of Equipment:
6. Name of the Manufacturing company:
7. Company Bank Details:
  - a. Bank Name:
  - b. Account No:
  - c. IFSC Code:
  - d. Branch Address:

**Name of the Company:**

**Authorized Person Name & Contact details:**

**Full Signature of the tenderer:**

**with Official Seal**

## **B. Equipment details**

**Name of the equipment:**

**Make:**

**Model:**

**Quantity:**

### **Terms and Conditions:**

- 1. Warranty: 3 years**
- 2. Delivery: Within 3-4 weeks of receipt of Purchase Order**
- 3. Installation & Transportation: Free of cost**

**Full Signature of the tenderer:**

**with Official Seal**



## TECHNICAL SPECIFICATIONS FOR LITHIUM ANALYZER

<b>Measuring Parameters</b>	Lithium (Li), Potassium (K), Sodium (Na)	
<b>Sample Type</b>	Serum, Plasma, Whole Blood, diluted Urine	
<b>Measuring Method</b>	Direct Measurement by Ion selective electrode (ISE)	
<b>Minimum Sample Volume</b>	<= 150 Micro Litre	
<b>Throughput</b>	Approx. 60 tests per hour	
<b>Sample Analysis Time</b>	<= 60 sec	
	<b>Blood/Serum/Plasma</b>	<b>Urine</b>
<b>Measuring Range Li</b>	0.2 to >= 3.5 mmol/L	--
<b>Measuring Range of Na</b>	20-200 mmol/L	35 - 1000 mmol/L
<b>Measuring Range of K</b>	0.2 - 40 mmol/L	50 - 200 mmol/L
<b>Display Type</b>	LCD	
<b>Calibration</b>	Automatic and/or On-Demand (User controlled manual calibration)	
<b>Data Storage</b>	Approx. 1,00,000 results in built	
<b>Results</b>	On Screen LCD Display + Printouts	
<b>Printing</b>	In-built thermal printer	
<b>External Interface</b>	RS-232 port for integration with our LIS	
<b>Startup Reagents</b>	Solution pack-1 no., Daily cleaning solution -1 no. and 3 levels Quality Control samples- 4nos. each	
<b>Additional Consumables</b>		
Solution Pack	04 nos	
Daily Cleaning solution	04 nos	
Electrodes	4 nos. (1 no. for each parameter)	
Control (3 levels)	1 kit each	
<b>General Specifications</b>		
Three years comprehensive warranty and 5 years AMC after the completion of warranty period.		
Demonstration of quoted model is compulsory.		
Training to the User department		
Operating manual should be provided		
Power supply: 230V ± 15%, 50-60Hz		
Tropicalization: Operating room temperature: up to 40° C Relative Humidity: up to 85% non-condensing		

**III. PURCHASE OF AUTOMATED NUCLEIC EXTRACTION MACHINE WITH  
MAXIMUM OF 4 SAMPLES FOR THE DEPARTMENT OF CLINICAL  
PHARMACOLOGY-1No.**

**A. General Requirements to be provided on Company letter Head**

1. Name of the Company:
2. Address & Contact No.
3. GST No.
4. Company PAN No.
5. Name of Equipment:
6. Name of the Manufacturing company:
7. Company Bank Details:
  - a. Bank Name:
  - b. Account No:
  - c. IFSC Code:
  - d. Branch Address:

**Name of the Company:**

**Authorized Person Name & Contact details:**

**Full Signature of the tenderer:**

**with Official Seal**

## **B. Equipment details**

**Name of the equipment:**

**Make:**

**Model:**

**Quantity:**

### **Terms and Conditions:**

- 1. Warranty: 3 years**
- 2. Delivery: Within 3-4 weeks of receipt of Purchase Order**
- 3. Installation & Transportation: Free of cost**

**Full Signature of the tenderer:**

**with Official Seal**

## **TECHNICAL SPECIFICATIONS FOR AUTOMATED NUCLEIC EXTRACTION MACHINE**

1. Sample Type: Whole Blood, Serum, Plasma, Throat Swab, Sputum, Plant/Animal Tissue, FFPE, cf-DNA etc.
2. Extraction of Samples per run: 1-4 samples
3. Sample Volume: 50 $\mu$ L-500 $\mu$ L
4. Elution Volume: upto 100  $\mu$ L
5. CV:  $\leq 3\%$
6. Processing time:  $\leq 15$  minutes depending on the type of sample
7. Sensitivity: Detection rate of 50-100 copies/ml positive samples is  $\geq 95\%$   
(Minimum 10 copies/ml Viral sample)
8. Operation Interface: LCD and touch screen
9. Disinfection Sterilization: Ultraviolet sterilization
10. Startup kit for DNA and RNA -1Kit each (40 preps)
11. Consumables:
  - Whole blood DNA kit (40 preps)-2 kits
  - Whole blood RNA kit (40 preps) -2 kits
12. Machine should be CE certified
13. Three years comprehensive warranty should be provided for the machine
14. The operating manual should be supplied with the instrument.
15. Demonstration compulsory
16. Training to User department
17. Power supply: 100V-240V  $\leq 70W$

**IV. PURCHASE OF LAMINAR AIR FLOW FOR THE DEPARTMENT OF CLINICAL PHARMACOLOGY- 1No.**

**A. General Requirements to be provided on Company letter Head**

1. Name of the Company:
2. Address & Contact No.
3. GST No.
4. Company PAN No.
5. Name of Equipment:
6. Name of the Manufacturing company:
7. Company Bank Details:
  - a. Bank Name:
  - b. Account No:
  - c. IFSC Code:
  - d. Branch Address:

**Name of the Company:**

**Authorized Person Name & Contact details:**

**Full Signature of the tenderer:**

**with Official Seal**

## **B. Equipment details**

**Name of the equipment:**

**Make:**

**Model:**

**Quantity:**

### **Terms and Conditions:**

- 1. Warranty: 3 years**
- 2. Delivery: Within 3-4 weeks of receipt of Purchase Order**
- 3. Installation & Transportation: Free of cost**

**Full Signature of the tenderer:**

**with Official Seal**

## TECHNICAL SPECIFICATIONS FOR LAMINAR AIR FLOW

<b>Size</b>	2×2
<b>Main Body</b>	MS Powder Coated
<b>Work Zone</b>	Completely in Stainless Steel (304)
<b>Filter Type</b>	HEPA filter
<b>Efficiency</b>	99.99%
<b>Particle Retention</b>	0.3 Micron
<b>Pre Filter</b>	Disposable, non-washable polyester fiber
<b>Cleanliness</b>	Class 100
<b>Ultraviolet tube light</b>	254 Nanometer
<b>Surface Illumination</b>	Fluorescent tube light
<b>Blower-motor assembly</b>	Dynamically balanced
<b>Static pressure measurement</b>	Magnehelic Gauge
<b>Air Flow Velocity</b>	0.3 – 0.5 m/s
<b>Noise Level</b>	65 decibels
<b>Front Sash</b>	Polycarbonate sheet or Shattered proof/ toughened glass door
<b>Power</b>	Works on 230 V AC single phase 50Hz
<b>Standard Model</b>	Inner made of Stainless Steel – 304 & Exterior of MS sheet duly powder coated.
Training to user department.	
Three years comprehensive warranty should be provided for the machine	
Demonstration compulsory	
Operating manual should be supplied with the instrument	

**V. PURCHASE OF HPLC COLUMN/S FOR THE DEPARTMENT OF CLINICAL PHARMACOLOGY [Consumables]- 1No.**

**TECHNICAL SPECIFICATIONS FOR HPLC COLUMN**

1. C18 Column compatible with Jasco (LC 4000 series) and Thermo Scientific (Surveyor) HPLC machine.
2. Dimensions: 250mm x 4.6mm x 5 $\mu$ m