



Chief Medical Superintendent
Divisional Railway Hospital
Sabarmati, AHMEDABAD-19.

No. MD/SBI/173/BLOOD BANK
Dtd: 21/11/2024

To,

EXPRESSION OF INTREST (EOI) FOR EMPANELMENT OF HOSPITALS/TIE-UP CENTRE/BLOOD BANK

Sub: Recognition/Empanelment of Blood Bank centres /Hospitals/ Blood products for Railway beneficiaries.

Ref: EOI Dtd: 21/11/2024

The undersigned is interested to have a tie up with your Centre for performing the Blood bank for Railway beneficiaries as given in the enclosed Annexure I as and when required.

Expression of Interests (EOI) is invited from reputed Government /Semi government/ Private/centers /Labs for railway beneficiaries at CGHS rates.

The application form may be downloaded from the website www.wr.indianrailways.gov.in and send your offer sealed covers super –scribed EOI for Blood products

Service Objective

The objective of this agreement is to ensure that eligible blood bank centers provide blood components and related services to the Divisional Railway Hospital, Sabarmati, for the benefit of railway beneficiaries, thereby enhancing facilities.

Services to be covered

The main elements of the services to be covered by this agreement are;

- Provision of blood components for emergency stock
- Provision of compatible red cells for named patients
- Provision of blood components for storage as required

Quality Management Specification

- The Supplier undertakes to ensure that all blood components supplied will be accompanied by appropriate documentation and will be transported in a validated manner which ensures that the supplied components remain within specification throughout the transport period and until they are transferred to controlled temperature storage.

The supplying centers will adhere to the quality system for hospital blood banks as required by the blood safety and Quality Regulations and policies, the following particulars will apply:

1. Eligible centers should be ensured to standard operating procedures for the storage, distribution and transport of blood and blood components with the supplying hospitals.
2. Ensure the blood banking services are provided through the Directorate of laboratory Medicine in Ahmedabad.

3. Blood components will be issued and transported in accordance with the Regional/National Transfer policy.
4. Ensure full records will be maintained of the distribution of all components from the supplier to the receiving hospital and there will be a documented process in place to confirm the member of staff who received the supplied components and when they were received
5. Blood /Blood Components are to be carried in appropriate transportation boxes
6. MOU is valid only for license period to issue by the Drug controller Department and Licensing Authority.

Terms & Conditions:

1. The exclusive Blood Bank centres should be independent & should not be part of any hospital.
2. The Eligible Blood Bank centres should be accreditation with NABH& a copy of the certificate/letter issued by NABH should be enclosed with the offer.
3. The rates quoted will be **valid for a period of two years from the date of signing MOU.**
4. **Rates applicable will be that of CGHS-Ahmedabad rates as given in Annexure-I as prevailing on the date of signing of MOU. The centre should submit willingness letter accepting the CGHS Ahmedabad rates only for list of Blood products given in Annexure I.**
5. Eligible Blood bank centers shall not charge higher than the CGHS rates
6. The hospital/Centre has not been de-recognized/blacklisted by CGHS
7. Copy of the referral letter should be enclosed along with the monthly bill for cross verification.
8. Mode of payment will be through NEFT/ECS.
9. No additional charges will be paid for Blood products, if done in emergency.
10. TDS will be deducted from the bill amount as per extant rules.
11. The in-charge/owner has to submit a declaration with the EOI, stating that the firm in-charge/ owner is related or not to any Railway official.
12. Eligible blood bank centers ensure to provide blood products /Blood to the Railway employees and their beneficiaries at CGHS-ADI rates only.
13. Eligible blood bank centers should be ensured that all the necessary documents / Licenses / NOC / certificates requires for valid during the tenure of execution of MoU
14. The required blood products will be provided by blood bank centers based on recommendations/referrals from Railway Doctors, submitted on the prescribed proforma.
15. Blood bank services will not be stopped in case of delay in payment for reasons beyond one's control.
16. The contract can be terminated by either side after giving one month notice.
17. All rights reserved with Chief Medical Superintendent-Ahmedabad
18. The blood bank centre should 24 hours open for patients including holy day.
18. The centre should have GST registration. Copy of the same may be provided with the EOI.
19. The centers willing for empanelment with railway should submit a consent letter with the offer for submission of PBG of Rs.200000/- before the entering into the MOU.

If interested, please submit your sealed EOI for the Blood products mentioned in Annexure I, in a sealed cover super scribed "**EOI for Blood Bank**" to the undersigned along with your acceptance of terms and conditions & rates for Annexure 1, to reach the office of Chief Medical Superintendent, Sabarmati, Ahmedabad latest by 16/12/2024 at 14.00 hrs and opening of EOI on 16/12/2024 at 15.00 hrs.

(Dr. Bhanumathi Shekhar)
CMS-Ahmedabad.

Chief Medical Superintendent
Ahmedabad (W.R.)

nnexure-I

**LIST OF BLOOD AND BLOOD COPONENTS
COVERED UNDER CGHS-AHMEDABAD**

SN	Name of Test (both eyes)	CGHS- ADI sr no	Non- NABH Rate Rs.	NABH Rate Rs.
1	Blood component charges –Whole Blood per Unit	1825	1450	1450
2	Blood Component charges-Packed Red cell per unit	1826	1450	1450
3	Blood Component charges-Fresh Frozen Plasma	1827	400	400
4	Platelet Concentrate-Single Donor Platelet (RDP)	1828	400	400
5	Blood component charges –Cryoprecipitate	1829	200	200
6	Platelet Concentrate –Single Donor Platelet (SDP) Apheresis per unit	1830	11000	11000

[Signature of the In-charge/owner/director of eye centre]
Stamp/seal of the centre

DECLARATION

I am / we are not related to any employee in any capacity on the Western Railway.

OR

I/We draw attention to the fact that I/We are related to the following employees of the Western Railway.

Sr. No	Name of the employee	Department	Degree of relationship

[Signature of the In-charge/owner/director of eye centre]

Full Address: