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

No. MD/SBI/173/SPL Invg (PET & NUCLEAR SCAN) 2025 Dtd: 13.01.2025

To,

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Sub: Recognition/Empanelment of CGHS empanelled Centre/Hospital or Private center /hospital for Diagnostic Radiological Special investigations (PET SCAN/ NUCLEAR SCAN).
Ref: EOI Dtd: 13 .01.2025

Expressions of interest are invited from CGHS-empanelled centres/hospitals or private centres for nuclear scan and related /radiological investigations.

If there is no expression of interest received from CGHS-empanelled centre/hospital, then non CGHS empanelment centres/ hospitals may also be considered from the centres offering all required investigations and procedures, as per the CGHS-ADI rate list and extant Railway Board policy guidelines.

The undersigned is interested to have a tie up with your Diagnostic Centre for performing the special investigations/tests for Railway beneficiaries as given in the enclosed Annexure I as and when required.

TERMS AND CONDITIONS FOR DIAGNOSTIC RADIOLOGICAL SPECIAL INVESTIGATIONS

1. The investigations will be done on recommendation/referrals of Railway Doctors on prescribed Performa.
2. The tie-up will be on contractual basis on CGHS rates for the period of **two years** from the date of signing of MOU.
3. **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/hospital should submit willingness letter accepting the extant CGHS Ahmedabad rates for list of investigations given in Annexure I.**
4. Payment will be made on monthly bill system.
5. Payment will be made within 45 days of your submission of the bill through ECS/NEFT.
6. Investigation will not be stopped in case of delay in payment for reasons beyond one's control.
7. Pre-condition such as anesthetic charges, contrast charges and scans done during emergency hours should not be charged separately.
8. The centre should have Radiologists of expertise for reporting, which should be given within 24 hours or immediately in case of emergent situation.
9. Copy of the investigation report should be enclosed with the bill.
10. TDS will be deducted as per CBDT clause from the monthly bill.
11. The centre should fulfill all the criteria mentioned below for the radiological diagnosis and imaging.
12. The laboratory 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.

13. **Incomplete application/format without mandatory enclosures/documents will summarily be rejected.**

If interested, please submit your sealed EOI for the investigations mentioned in Annexure I, in a sealed cover super scribed "**EOI for Special Investigation- PET SCAN/ NUCLEAR SCAN** " to the undersigned along with your acceptance of terms and conditions, to reach the office of Chief Medical Superintendent, Sabarmati, Ahmedabad latest on or before **03.02.2025 at 14.00 hrs and it will be opened on the same day at 15.00 hrs**.

Chief Medical Superintendent-Ahmedabad.

LIST OF SPECIAL INVESTIGATIONS
AS PER CGHS AHMEDABAD RATE LIST

Annexure-I

CGHS-A'BAD SR No	LIST OF INVESTIGATIONS	Non-NABH/NABL Rate Rs.	NABH/NABL Rate Rs.
	NAME OF INVESTIGATION/PULMONARY		
1342	LUNG VENTILATION & PERFUSION SCAN (V/Q SCAN)	3240	3726
1343	LUNG PERFUSION SCAN	1800	2070
	NAME OF INVESTIGATION / OSTEOLOGY		
1344	WHOLE BODY BONE SCAN WITH SPECT.	3079	3541
1345	THREE PHASE WHOLE BODY BONE SCAN	3079	3541
	NAME OF INVESTIGATION/NEUROSCIENCES		
1346	**Brain Perfusion SPECT Scan Technetium 99m radiopharmaceuticals**	**8798**	**10118**
1347	**Radionuclide Cisternography for CSF leak**	**3366**	**3871**
	NAME OF INVESTIGATION / GASTRO AND HEPATOBILIARY		
1349	Gastro intestinal Bleed (GloB.) Study with Technetium 99m labeled RBCs	**3079**	**3541**
1351	MECKEL'S SCAN	1955	2248
	NAME OF INVESTIGATION / GENITOURINARY		
1354	RENAL CORTICAL SCINTIGRAPHY WITH TECHNETIUM 99M DIMERCAPTOSUCCINIC ACID (DMSA)	3079	3541
1355	Dynamic Renography.	3079	3541
1357	DYNAMIC RENOGRAPHY WITH CAPTOPRIL	1960	2254
1358	TESTICULAR SCAN	1445	1700
	NAME OF INVESTIGATION / ENDOCRINOLOGY		
1359	THYROID UPTAKE MEASUREMENTS WITH 131-IODINE	1408	1619
1360	THYROID SCAN WITH TECHNETIUM 99M PERTECHNETATE	1615	1900
1361	IODINE-131 WHOLE BODY SCAN	2800	3220
1362	WHOLE BODY SCAN WITH MIBG	15836	18211
1363	PARATHYROID SCAN	4399	5059
	NAME OF INVESTIGATION/CARDIOLOGY		
1372	STRESS THALLIUM/ MYOCARDIAL PERFUSION SCINTIGRAPHY	8505	9781

1373	REST THALLIUM/ MYOCARDIAL PERFUSION SCINTIGRAPHY	7200	8280
	NAME OF INVESTIGATION/PET SCAN		
1380	FDG WHOLE BODY PET/CT SCAN	10000	11500
1381	Brain I Heart FDG PET / CT Scan	10000	11500
1382	Gallium-68 Peptide PET / CT imaging for	10000	11500

- **We are willing/unwilling to accept the CGHS Ahmedabad 2024 (latest list Auust-2024) rates for the above listed investigations.**

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

Stamp/seal of the centre

CRITERIA FOR RADIOLOGICAL DIAGNOSIS AND IMAGING CENTER

PC-PNDT Registered

All radiologists/ sonologists / doctors using USG machines need to have their names entered in the PC-PNDT certificate or on a separate sheet that must be displayed along with the PC-PNDT registration certificate. These doctors should be qualified to perform ultrasound according to their degree/ diploma certificate recognized by Medical council of India or any other authoritative Body formed by Govt. of India for the purpose mentioned aforesaid.

Accommodation and Environmental Conditions

The MI-CAB shall have adequate space for efficient functioning, a pleasant ambience and conditions to avoid cross contamination.

The MI-CAB shall have effective separation for incompatible activities.

Note: MI-CAB shall ensure adequate space for patient reception, changing rooms, patient preparation, workbenches, equipment and storage of volatile & inflammable reagents and bio- hazardous materials. Radiation safety aspects shall be taken care of as per requirements of the regulatory agency (AERB).

MI-CAB shall implement the layout plan, shielding requirements, class requirement, storage, waste management and environmental conditions as per type approval and applicable safety codes/guidelines of AERB.

The MI-CAB shall have adequate lighting, power plugs and uninterrupted power supply. Use of exposed cables should be kept to a minimum. The MI-CAB shall ensure that adequate uninterrupted power supply is available so that there is no compromise/loss of stored data. All computers, peripherals, equipment and communication devices shall be supported in such a way that service is not likely to be interrupted. In the event of a power failure or any emergency breakdown, the MI-CAB shall have procedures in place to ensure the integrity of contrast media/intermediate drug/reagents/consumables/ radiopharmaceuticals or whatsoever used in the procedure of MI-CAB.

Gas cylinders and other auxiliaries if any, shall be kept secured to prevent unintended movement.

MI-CAB shall ensure clean, hygienic, dedicated and clearly marked areas for reception, patient waiting and patient preparation, pre-examination and patient Toilet facility. MI-CAB shall ensure that only authorized personnel get access to the dedicated areas. CAB shall also ensure the availability of appropriate patient clothing at the time of Imaging, if required.

PET/ SPECT/ NUCLEAR SCAN

MI-CAB shall ensure:

1. Scanning room
   - Control, reporting and computer module equipment rooms

- Patient changing area

2. Anesthesia arrangements wherever necessary (e.g. pediatric). Patient Injection Facility and waiting area before imaging (e.g. after injection of radiotracer)
3. Radio tracer handling and preparation room, fume hood and Laminar flow wherever required.
4. Radiopharmaceutical activity measurement area
5. Sub waiting areas - Access to patient amenities and patient preparation and monitoring, if required
6. Support area including bays for linen, hand washing and utility.,
7. Toilet facility exclusively for Radio-active patient
8. Radio-active waste storage room with radioactive waste management plan.

MI-CAB Equipment, Reagents and Consumables

MI-CAB shall:

- Ensure procurement and installation of medical equipment only from the manufacturers/suppliers registered with regulating agencies for that purpose.
- Have valid service contract for all imaging equipment at all time.
- Manage and monitor appropriate operation and working of the equipment to deliver the service.
- Manage and monitor appropriate maintenance and repair of the equipment to deliver the service.
- Manage and monitor appropriate replacement of existing equipment & planning for new equipment for continuation and expansion of service. – May requirement.

Verification of all imaging equipment is required for quality assurance from competent authority of the MI-CAB. Verification of all ancillary automated or semi-automated system is required. This may be conducted through manufacturer prescribed method or any other standard protocols.

The MI-CAB shall check each lot of consumables used in imaging procedures as per the established guidelines followed internationally (First satisfactorily exposed film/test print).

Storage, Handling & Labelling

All contrast, radiopharmaceuticals and other consumables, shall be labelled and stored as recommended by the manufacturer/regulatory bodies. The label shall contain information like: name and characteristics of content, quantity, activity, concentration, date received / prepared, date of opening, storage requirements and expiry dates wherever applicable. Similarly, radiopharmaceuticals and oral contrast prepared in-house shall have the name & signature of individual who prepared the reagent, storage requirements, date of preparation & expiry.

Calibration:

The equipment shall be calibrated, as applicable, from NABL accredited calibration laboratories or accredited agencies recognized by Govt. of India.

All equipment must be calibrated following preventive maintenance, breakdown and repairs or more frequently as recommended by the manufacturers.

At the time of installation of new equipment, the Installation report, acceptance testing report/ QA report /Performance testing report should be documented.

Format for Medical Imaging Services

1. Name of the Centre/HCO:
2. Address:
3. Ownership:
4. Name of Parent Organization:

(If part of any other organization)

Telephone No. _____ Fax No. _____ e-mail

5. Name on Certificate if NABH Accreditation is granted:
6. Contact person(s):

Chief Executive Officer/Head of Department/equivalent:

Designation:

Contact number:

Email id:

7. Whether the Medical Imaging Service is registered with Local Authorities:

(Wherever applicable as per the State or Central Norms)

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8. Details regarding Equipment registration with PC-PNDT:

Equipment	Registration number & date	Valid upto	Remarks (if any)

9. Details regarding AERB approval of equipment, facility design and installation, Operation certificate and Personnel:

Name of equipment	License/certificate	Number and date	Valid upto	Remarks (f any)
	NOC/Type-approval certificate of equipment			
	Site layout approval			
	Installation/operation			

	certificate			
	Personnel (RSO)			

10. List of other relevant legal documents applicable:

License certificate	Number and date	Valid upto	Remarks (if any)
General			
Biomedical waste management and handling authorization			
PAN/TAN			
Registration of company			
Registration under clinical establishment ac (or similar)			
Registration with local authorities			
Facility management			
Building occupancy /completion certificate			
Fire (NOC)			
License for diesel storage			
License for electrical installations			
License to store compressed gas			
Sanction for lifts			
Prevention & control of Pollution Act			
Pharmacy (if over multiple locations license for each of them separately			
Drugs bulk license			
Drugs retail license			
License for possession and use of methylated spirit, denatured spirit, methyl alcohol and ethyl alcohol			
Narcotic license			
Nuclear medicine and radiation therapy			
Authorisation to use radiopharmaceuticals in humans			
Authorization for radionuclide imaging			
NOC for procurement of radiopharmaceuticals			

Note: Please submit scanned copies of all the statutory requirements

11. Staff Information:

Details with educational qualification and experience of all Imaging Personnel (Radiologist and technicians)

SN	Name	Designation	Qualification	Experience in Medical Imaging Services (yrs)

12. Equipment: Details of all equipments in the Medical Imaging Services

SN	Name of Equipment	Make/	Date of	AMC/CMC	Average

		Model	Installation	status	patient load

Note: Each equipment should be listed separately.

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 centre/hospital]

Address

CHECKLIST FOR EOI		
SN	DETAILS	If attached, State YES/NO (MENTION PAGE NO)
1	Statutory and legal obligation as applicable with date, number & validity of registrations/license (attach the Photocopies of all legal documents)	
2	Mention if the organization is a public/government or a independent private sector provider	
3	Specify e.g. clinical establishment, shop, etc,	
4	Indicate if there are individuals holding recognized degrees managing the department. Please mention full time and part time consultants separately	
5	List of Doctors, Nursing and technical staff with credentials and privileges	
6	NABH accreditation	
7	Staff documents	
8	Equipment details	
9	Declaration	

Note: Checklist should be duly filled & complete in all respect with all annexures/documents duly countersigned by the designated signatory with your offer for EOI.