PRE-BID CLARIFICATION / AMENDMENT IN RESPONSE TO QUERIES RAISED BY THE PROSPECTIVE BIDDERS IN THE PRE-BID MEETING HELD ON 26.12.2025, 3.30 PM AT CONFERENCE HALL OF MISSION DIRECTORATE, NHM ODISHA FOR REQUEST OF PROPOSAL (RFP) FOR SELECTION OF SERVICE PROVIDER FOR DIAGNOSIS OF SICKLE CELL ANEMIA AND THALASSEMIA DISEASE BY HPLC/CAPILLARY METHOD *[Bid Advt. No.OSH&FWS / SER / 2025 / Diagnostics / SCA / 2] Dated 21.12.2025.*

Different queries raised by the prospective bidders on the tender terms & condition, scope of work etc. were discussed. In response to the written queries by the prospective bidders, the clarifications / amendments as decided by the committee are mentioned below:

Sl.	Clause No.	Tender Terms & condition	Queries raised by prospective bidders	Clarification / Amendment in response
1	Instructions to Bidder, Clause 3 Earnest Money Deposit (EMD) Page No. 5	The EMD of unsuccessful Bidder will be returned to them without any interest, after conclusion of the resultant agreement. The EMD of the successful Service provider will be returned without any interest after receipt of performance security as per the terms of agreement.	It is respectfully requested that the Earnest Money Deposit (EMD) of unsuccessful bidders be refunded within fifteen (15) days from the date of opening of the financial bids. The execution of the agreement with the successful bidder is entirely dependent upon the Authority and the L1 bidder and any delay in such execution is beyond the control of the unsuccessful bidders. Hence, withholding the EMD of unsuccessful bidders until completion of agreement execution is not justified. We therefore request the Authority to kindly ensure refund of the EMD to unsuccessful bidders within fifteen (15) days from the financial bid opening.	**No Change**
2	Instructions to Bidder Clause 3 Earnest Money Deposit (EMD) Page No.5	EMD of Bidder may be forfeited without prejudice to other rights of the bid inviting authority subject to the opportunity of representation to the bid inviting authority, if the Bidder withdraws or amends its Bid or impairs or derogates from the Bid	It is kindly requested to clarify the procedure and timeline for providing an opportunity of representation before forfeiture of EMD. Kindly clarify whether EMD forfeiture shall apply only in case of material misrepresentation or also for inadvertent clerical	**No Change**

		in any respect within the period of validity of its Bid or if it comes to notice that the information / documents furnished in its Bid is incorrect, false, misleading or forged. In addition to the aforesaid grounds, the successful Bidder's EMD will also be forfeited without prejudice to other rights of bid inviting authority subject to the opportunity of representation to the bid inviting authority, if it fails to furnish the required performance security within the specified period.	errors, subject to rectification. Kindly clarify the mode through which the bidder shall be informed and permitted to submit its representation. Kindly consider an extension of time for submission of Performance Security in case of genuine difficulty or any unwarranted situation that is beyond the control of the bidder, without attracting EMD forfeiture. The EMD of the 2nd Lowest bidder shall be refunded online to their bank account within 21 (twenty-one) days from the date of Award of Contract to the Selected bidder.	
3	Instructions to Bidder Clause 5 Bid Validity & Contract Period Page No. 6	For the purpose of award of contract, the bids shall remain valid for a period of 180 days from the date of bid submission. The contract shall be executed for a period of "2 years" from the date of signing of contract and hence the prices quoted shall remain valid for the duration of the contract. The contract may be extended for another period of 1 year based on satisfactory performance of the service provider.	It is kindly requested that the term of the contract may be extended for an additional term and the prices shall be mutually decided by the parties.	**No Change**
4	Section 3 Eligibility Criteria Clause 3.8 Page No 8	Bidder who has been blacklisted / debarred / banned (valid as on the bid submission date) by any State Government/ Central Govt. Organization / State Medical Corporations / Societies will not be eligible to participate in the tender during the blacklisting / debarred	Kindly provide the Format-T8.	**Amended** Bidder who has been blacklisted / debarred / banned (valid as on the bid submission date) by any State Government / Central Govt. Organization / State Medical Corporations / Societies will not be eligible to participate in the tender during the blacklisting / debarred period. Declaration shall

		period. Declaration shall have to be submitted by an undertaking regarding the same on Non Judicial Stamp paper of Rs. 20/-as per Format-T8)		have to be submitted by an undertaking regarding the same on Non Judicial Stamp paper of **Rs.100/-** as per **Format-T7**. Note: Due to typographical error, the Stamp paper value and format no. is wrongly mentioned as Rs.20/- & Format - T8 respectively. It is amended as Format-T7 which is to be made on a Non judicial Stamp Paper of **Rs.100/-.**
5	Section 3, Clause 3.4, Page 8	The bidder must have a valid NABL accredited laboratory setup for testing of Sickle Cell Anemia, Thalassemia & other haemoglobinopathies. Photocopies of the valid NABL certificate shall have to be furnished in technical bid.	Considering the large geographical coverage, expected sample volume and timely turnaround requirements under the scope of this project, a single NABL-accredited laboratory may not be sufficient to ensure efficient service delivery, quality assurance, and adherence to prescribed timelines. In view of the above, we respectfully request the Authority to amend the clause as follows: "The bidder must have at least three (3) valid NABL-accredited laboratory setups for testing of Sickle Cell Anemia, Thalassemia, and other haemoglobinopathies. Photocopies of valid NABL certificates shall be furnished as part of the technical bid."	**No Change**
6	Section 4 Terms of Reference Clause 4.1 Scope of work Page No.9	The above-mentioned services must be provided for approximately 32 Lakhs population ("Target Population in the community") across 21 sickle cell prevalence districts of Odisha. Note: * The target population indicated	Kindly clarify whether the estimated target population of approximately 32 lakhs shall be used only for planning purposes and whether payments shall be released based on achievement of agreed milestones or actual	**Clarification** The target population of approximately 32 lakhs is the estimated target. However payment shall be made based on the actual benificiary covered based on the price per benificiary as per price bid format (Format-F).

		above is tentative and it may increase during the contract period or any extension thereof.	deliverables. It is kindly requested that the event of an increase in the target population during the contract period or any extension thereof, the Bid Inviting Authority shall provide prior written intimation and payments shall be adjusted based on the actual population covered. Further, in the event of a decrease in the target population, the bidder shall charge for the estimated population specified in the Tender.	
7	Section 4 – TOR Clause 4.2.1 Page 10–11	Screening & Confirmation approach should be adopted to cover the 0 - 40 year old target populations. The community screening & confirmation stage will involve coordination between District Authority's deployed staff, including ASHA workers (for house-to-house screening), CHOs (for opportunistic screening), ANM (Screening during VHSND sessions) and MHTs at Health Institutions (School students and AWC samples collection to be done) of the populations with the objective of identifying the affected persons with Sickle Cell Anaemia and Thalassemia diseases. Effective screening & confirmation shall be one of the core and key components of the programme since the further processes and activities to be followed will be dependent on the screening & confirmation done within the	Kindly clarify that sample recollection due to improper collection by district staff shall not attract penalties to the agency.	Pl. refer the amendment mentioned in Sl. No. 23

		community. The Blood sample collection for screening & confirmation shall be done at the above mentioned sites by the District Authority's deployed staff, including ASHA workers (for house-to-house screening), CHOs (Screening to be done during opportunities), ANM (Screening during VHSND sessions) and MHTs at Health Institutions (School students & AWC samples collection to be done) and the samples so collected shall be transported by the concerned district authority's deployed staff to the concerned block CHC. The Agency will receive the sample from the concerned block CHC and transport it to their laboratory for confirmatory testing.		
8	Section 4 Terms of Reference 4.2.2 Stage - 2 : Transportation of samples for screening & confirmation to the Agency's laboratory A. Responsibility of the Agency:	2 (b)The agency shall provide one real-time dashboard / software solution for tracking the sample handover date / time and the result uploading date / time . The date & time of handing over of the sample shall be recorded by the agency in the real-time dashboard / software of the agency for tracking of the time taken by the agency from collection to testing & uploading the result for calculation of penalty. The detailed records shall be maintained for all the collected samples for future purposes by the Agency. The Agency will ensure that all such entries	It is kindly requested that the Authority provides its own portal for recording sample handover and result data to ensure accurate and standardized tracking while avoiding duplication of effort by the agency along with a dedicated technical personnel who shall be responsible for updating such information on the portal upon the instructions of the agency.	**No Change**

		are updated in the real-time dashboard / software for tracking and monitoring purposes.		
9	Section 4 Terms of Reference 4.2.2 Stage - 2 : Transportation of samples for screening & confirmation to the Agency's laboratory	B. Responsibility of the District Authority. The concerned district authority's designated staff shall undertake the handover of samples to the agency at the block CHC. The sample by the concerned district authority shall have to be handed over to the agency at the concerned block CHC within 7 days (max.) from the date of blood collection. However, the storage requirement if any for storing of sample from the point of screening till handover of sample at block CHC (Max. 7 days) is the responsibility of the agency	Kindly clarify as the agency does not control the collection, handling, or timing of handover by the district authority, we request confirmation that the responsibility for safe storage and maintenance of sample integrity during this period rests with the district authority, while the agency's role is limited to receiving the samples in proper condition.	**Clarification** Though collection of sample & handing over of the sample is the responsibility of the district authority, the supply of the sample collection kit is the responsibility of the agency. The storage of the sample after collection depends upon the collection kit methodology (capillary collection tube / dry Filter Whatman 903 paper). The storing requirement of collected samples with cold chain differs based on the type of methodology (capillary collection tube / dry Filter Whatman 903 paper). Therefore, depending upon the methodology used, the **storage requirement if any** for storing of sample from the point of screening till handover of sample at block CHC (Max. 7 days) and another 15 days (from sample handover to testing of samples) is the responsibility of the agency.
10	Section 4 – Clause 4.2.2 Page 13	Post sample collection from the members of the groups from the community, the samples shall be accumulated at one designated location for each block CHC of the concerned district, from where the samples will be handed over to the Agency, who will be responsible for the transportation of the samples to the Agency's Laboratory for testing.	Kindly confirm whether transportation timelines will be calculated from the date of handover at Block CHC, and not from the date of sample collection in the field.	**Clarification** The timeline for transportation to the testing laboratory, testing & uploading of the test result is calculated from the date of handing over of the sample by the district authority at each block CHC. This timeline is 15 days (max.) failing which penalty shall be calculated as specified in the tender document. Similarly, the sample after collection has to be handed over by the concerned district authority to the agency within 7 days

				(max.) at the block CHC. The technology adopted for blood sample collection (finger tip blood) and its storing shall be such that it can be tested within 21 days.
11	Section 4 – Clause 4.1 Page 09	The above mentioned services must be provided for approximately 32 Lakhs population ("Target Population in the community") across 21 sickle cell prevalence districts of Odisha.	We kindly request confirmation on whether the mentioned target population of 32 lakh is tentative in nature and subject to variation during the contract period or any extension thereof. We also request clarification on whether an increase in the target population, if any, would entail corresponding revisions in scope, timelines, or commercial terms of the contract. Kindly clarify whether the above-mentioned target population of approximately 32 lakh across 21 sickle cell prevalence districts of Odisha is for a period of 12 months or for the entire contract duration.	**Clarification** The target population of approximately 32 lakh across 21 sickle cell prevalence districts of Odisha is for a period of 12 months. This is tentative in nature and subject to variation during the contract period or any extension thereof. In case of any increase in target population, there shall be no revision in contract price.
12	Section 5 Terms and Conditions 1. Signing of Contract	The bid inviting authority shall issue the Notice for Award of Contract to the successful bidder within the bid validity period and the successful bidder will be required to sign and submit the contract unconditionally within 15 days of receipt of such communication.	It is kindly requested to consider changing the period of signing of contract to 30 (thirty) days.	**No Change**

13	Section 5- terms and conditions Page no 16	The contract shall be valid for a period of 2 years from the date of signing of contract by the bid inviting authority and it could be cancelled at any time after providing an opportunity of hearing by the bid inviting authority, in case the Service provider does not follow the rules, regulations and terms and condition of the contract. The contract may be extended for another period of 1 year based on satisfactory performance of the service provider.	We seek clarification on the process and conditions governing cancellation of the contract, including whether any notice period will be provided to the service provider and the manner in which the opportunity of hearing will be conducted. We also request clarification on whether termination may be invoked for minor or partial non-compliance or only in cases of material breach of the contract terms. Further, we seek guidance on the criteria and performance parameters that will be considered for assessing satisfactory performance for the purpose of contract extension, and whether such extension will be automatic upon satisfactory performance or subject to approval and issuance of a formal extension order by the competent authority. These clarifications will help us in clearly understanding the contractual obligations and in submitting a fully compliant bid.	**Clarification** The termination for any default is clearly mentioned at clause no. 10.2 with 30 days notice period. The contract extension is not automatic based on satisfactory performance. Satisfactory performance means fulfilling the contract obligations as per the terms and conditions of the contract. The contract extension if any shall be subject to approval and issuance of formal extension order by the tender inviting authority.
14	Section 5 Terms and Conditions 5. Payment and its Periodicity 5.1.1 Invoicing (General) Page No.17	(c) Payment shall be made on a monthly basis. (d) Invoices for payment for each month to be submitted by 5th (Fifth) day of the next month.	Kindly clarify that the agency shall submit the invoices by the last day of each calendar month for the services provided in that particular month and the authority shall make payment within thirty (30) days of date of such invoice.	**Clarification** The agency should submit the invoice of a calendar month within the 5th day of the next month so as to enable the authority to make payment within 30 days from the date of submission of invoice.
15	Section 5 Terms and Conditions 5. Payment and its	(e) The payment in favor of the Selected Agency shall be released within 30 (thirty) days from the date of submission of invoice	It is kindly requested that in the event of any delay in payment by the Authority, the agency shall be entitled to charge	**No Change**

	Periodicity 5.1.2 Invoicing Page no.18	by the Selected Agency but no interest/charges shall be paid on delayed payments.	interest on the overdue amount at a rate equivalent to the prevailing market rate plus the current RBI repo rate, until the payment is made in full.	
16	Section 5 Terms and Conditions 5. Payment and its Periodicity 5.1.3 Disputed Invoice Page no.18	(a) In case of a dispute in the invoice amount, or any other payment related matter; such matter shall be discussed with tender inviting authority / concerned district authority. In such cases, the Selected Agency, shall produce requisite supporting documents, communications, acknowledgement of the tender inviting authority etc. to support the disputed Invoice amount, or any other payment related matter; however, the decision of the Mission Director, NHM in this matter shall be considered as final.	It is kindly requested that the authority shall release payments of such undisputed amounts with decided timeline.	**No Change**
17	Section 6 – Evaluation Criteria Page 22	Technical presentation	Kindly confirm whether virtual presentations will be permitted in case of unavoidable circumstances.	In case of unavoidable circumstances, virtual presentation shall be permitted.
18	General	Additional Clause	Kindly provide the agreement draft for further perusal of the Bidder.	**Clarification** The agreement to be signed with the selected agency shall contain the terms of reference and terms & conditions of the RFP document.
19	General	Additional Clause	Any medico-legal issues arising in the course of or out of treatment of patients, the responsibility of the same lies with the Authority. In such cases, the Service Provider will provide any necessary supporting documents.	**Clarification** Any medico-legal issues arising in the course of or out of treatment of patients, the responsibility of the same lies with the Service Provider, as the confirmatory test of Sickle Cell & Thalassemia is to be carried out by the service provider.

20	General	Non-Payment of Dues and Loan Repayment:	In the event that the Bidder fails to make timely payments of dues or delays the payment of dues, resulting in the Bidder inability to repay loans or encumbrances taken on the equipment or otherwise, the Tender Inviting Authority shall assume responsibility for such obligations. The Tender Inviting Authority shall bear the cost and repay the outstanding loans or encumbrances on behalf of the Bidder.	**Clarification** The payment shall be made by the authority as per the timeline mentioned in clause 5 of terms & conditions (Section 5) of RFP.
21	General	Early Determination of Contract and Payment of Outstanding Dues:	In the event of early termination or determination of the contract, irrespective of the cause, the Tender Inviting Authority shall immediately settle all outstanding dues owed to the Bidder. Failure to make payment within the stipulated time frame shall entitle the Bidder to recover the outstanding amounts along with interest at the prevailing bank rate until full payment is received.	**Clarification** Pl.refer the clause 10 (termination of Contract) of terms & conditions (Section 5) of RFP.
22	Terms of Reference	The type of fingertip prick blood collection method (Capillary Collection tube / Dry Filter Whatman 903 paper) proposed by the bidder shall have to be clearly mentioned by the bidder in its methodology at Format T 4.	Kindly consider permitting **only capillary blood collection or whole blood EDTA samples** for thalassemia screening and hemoglobin variant analysis using High Performance Liquid Chromatography (HPLC). As per ICMR, NACO and WHO guidelines, HPLC-based hemoglobin fraction analysis is the recommended confirmatory method for thalassemia screening with specific reliance on accurate quantification of	**No Change**

			HbA_2 and HbF fractions. For the diagnosis of β-thalassemia trait, an HbA_2 level ≥ 3.5% is considered the accepted diagnostic cut-off, while HbF levels > 1-2% in adults may indicate thalassemia intermedia or other hemoglobinopathies. Accurate discrimination of these fractions requires adequate hemoglobin concentration, uniform sample matrix and stable chromatographic behavior, which **cannot be consistently achieved using dried blood spot (DBS) / filter paper samples** in non-neonatal populations. **DBS-based testing is primarily standardized for newborn screening**, where physiologically elevated hemoglobin levels and predictable hemoglobin fractions (HbF predominance) allow acceptable analytical performance. In older children and adults - particularly in individuals with iron deficiency anemia or moderate to severe anemia - DBS samples suffer from low hemoglobin yield, variable hematocrit and inconsistent elution, leading to poor peak resolution, inaccurate HbA_2 quantification and potential overlap between HbA_2, HbE, and other variant peaks on HPLC. Such analytical limitations can result in false-negative or inconclusive thalassemia screening outcomes. In contrast, capillary or EDTA whole blood	

			samples provide optimal sample integrity, consistent hemoglobin concentration and reproducible chromatographic separation, enabling reliable measurement of HbA_2 and HbF cut-off values in accordance with national and international guidelines. Therefore, in line with ICMR / NACO / WHO recommendations and good laboratory practice, restricting thalassemia HPLC testing to capillary or EDTA whole blood samples is essential to ensure diagnostic accuracy, quality assurance and patient safety.	
23		Supply of Kit (by Service provider) Sample (Blood) collection from the target population in the community (by dist. authority)	In the event of **loss, wastage, damage, or misplacement** of sample collection consumables attributable to handling by Government staff, the same shall be reimbursed separately to the service provider, subject to the conditions outlined below. **This clause shall apply to DBS filter paper cards, capillary tubes, sterile lancets, and other associated sample collection consumable**s, which have a higher per-unit cost and directly impact the bidder's overall consumption levels. 1. Cap on Reimbursable Quantities: Reimbursement for such wastage or loss shall be capped at a maximum of up to ___% of the total consumables issued or utilized per quarter (or per annum, as specified). Any loss beyond this threshold shall be	**Amended** The following clause 5.1.2 (f) is added in the payment Clause : In the event of **loss, wastage, damage, misplacement of sample collection kit** or improper sample beyond **10 % of the supplied quantity,** the cost of collection kit (as per the price breakup in Price bid format F2 for costs of collection kit) shall be paid and such payment shall be considered only upon documented justification and post verification / approval of the competent authority. Joint Stock Register & Reconciliation Mechanism: A joint stock register (physical / digital) shall be maintained at each collection or testing site, recording receipt, issuance, utilization, and balance of consumables. The register shall be jointly verified and signed on a monthly basis by

			reviewed jointly by the authorized representatives of the Government authority and the service provider, and reimbursement shall be considered only upon documented justification and approval of the competent authority. 2. Joint Stock Register & Reconciliation Mechanism: A joint stock register (physical or digital) shall be maintained at each collection or testing site, recording receipt, issuance, utilization, and balance of consumables. The register shall be jointly verified and signed on a monthly basis by the authorized Government representative and the designated representative of the service provider. All claims for reimbursement due to wastage or loss shall be supported by entries from this jointly signed stock register. 3. Documentation & Approval: Reimbursement claims shall be submitted along with supporting documentation, including stock reconciliation statements, incident reports (where applicable), and the jointly certified stock register extract. Reimbursement shall be processed at pre-approved per-unit rates as specified in the financial annexure / BOQ. This mechanism is intended to ensure transparency, accountability, cost control, and uninterrupted service delivery, while safeguarding the service	the authorized Government representative and the designated representative of the service provider. All claims for payment due to loss, wastage, damage, misplacement shall be supported by entries from this jointly signed stock register. Note: Additionally the price bid **Format F2 (Breakup of the Price bid in Format F1)** is **added with price breakup for the collection kit, testing, reporting etc.** Pl.refer the Revised price bid formats in the revised RFP enclosed.

			provider from financial impact arising due to factors beyond their operational control.	
24	Section 3: Eligibility Criteria – Clause 3.3 (Page No. 8) Experience in Laboratory Diagnostics Services The	The bidder must have experience in Laboratory Diagnostics Services using **blood collection & confirmatory testing** of **Hemoglobinopathies** using HPLC / Capillary Zone Electrophoresis method for a minimum cumulative of 7,50,000 beneficiaries across Govt. healthcare facilities / communities in India during calendar years 2023, 2024 & 2025. In case of a consortium, the technical experience of the consortium members can be taken combinely to fulfil the above criteria. [Details of contracts / work orders / client certificates clearly mentioning the date of commencement of work, number of population screened / test conducted and specific experience in screening / testing of Hemoglobinopathies using HPLC / Capillary Electrophoresis in support of the experience of the bidder is to be furnished in Format T5].	Clause Nos. 4.2.1 A (2) a (Page 11), 4.2.1 B (3) & (4) (Page 12) and 4.2.3 (Page 13) clearly specify sample collection through finger-prick blood collection using capillary collection tube or Whatman 903 dried filter paper. However, Clause 3.3 only mentions "**blood collection**" and does not explicitly specify **finger-prick / capillary / DBS methodology.** If a bidder does not have experience specifically in fingerprick blood collection using capillary tube or Whatman 903 dried filter paper, will such bidder still be considered eligible under Clause 3.3 of the RFP?	**Amended** Clause 3.3 is amended as The bidder must have experience in Laboratory Diagnostics Services with **blood collection through fingerprick using capillary collection tube or dried filter paper & confirmatory testing** of **Hemoglobinopathies** using HPLC / Capillary Zone Electrophoresis method for a minimum cumulative of 7,50,000 beneficiaries across Govt. healthcare facilities / communities in India during calendar years 2023, 2024 & 2025. In case of a consortium, the technical experience of the consortium members can be taken combinely to fulfil the above criteria. Details of contracts / work orders / client certificates clearly mentioning the date of commencement of work, number of population screened / test conducted and specific experience in blood collection **by fingerprick using capillary collection tube or dried filter paper** & testing of Hemoglobinopathies using HPLC / Capillary Electrophoresis in support of the experience of the bidder is to be furnished in Format T5]. Note : The format T5 is accordingly amended.
25	Section 3: Eligibility Criteria –	The bidder must have a valid NABL accredited laboratory for testing of	1. As per Clauses 4.2.1 (Page 10) and 4.2.1 A (4) (Page 11), the project	**Amended** Clause 3.4 is amended as

	Clause 3.4 (Page No. 8) NABL Accreditation	Sickle Cell Anaemia, Thalassemia & other hemoglobinopathies. Photocopies of the valid NABL certificate shall have to be furnished in thechical bid.	covers population from 0-40 years. **Many laboratories are NABL accredited either for adult testing or for newborn testing.** Newborn accredited labs generally do not have HbA2 under NABL scope, which is mandatory for Beta Thalassemia testing. Kindly clarify **whether a lab accredited only for adult testing or only for newborn testing** shall be considered eligible, or **whether NABL accreditation for both adults and newborns is mandatory**. 2. As per Clause 4.2.4 (Page 14), the project involves screening and confirmation of Sickle Cell, Beta Thalassemia, HbE, HbD, HbH and other variant hemoglobinopathies. Since NABL accreditation (ISO 15189) is test specific, we humbly request that it may be made mandatory for bidders to have HbF, HbA, HbA2, HbS, HbE, HbD and other variant hemoglobinopathy parameters under the scope of NABL accreditation on HPLC/CE, as an eligibility criterion (Please refer Annexure A & B).	The bidder must have a valid NABL accredited laboratory setup with scope of accreditation for testing of manadatory parameters (HbA, HbA2, HbC, HbD, HbE, HbF, HbS) alongwith other hemoglobinopathies using HPLC / Capillary Zone Electrophoresis for both newborn and adults. Photocopies of the valid NABL certificate alongwith the scope of accreditation shall have to be furnished in thechical bid.
26	Section 4 – Clause 4.2.2 A (2) (d) (Page No. 13) Retesting and Recollection of Samples	**No extra payment** for **recollected samples**; payment is per member screened & tested.	1. Kindly clarify the responsibility in cases where collection kits supplied to districts are lost / misplaced, leading to wastage. 2. Based on our field experience, nearly 25% of samples may be rejected due to **improper**	Pl. refer the amendment mentioned at Sl. No. 23

			collection, incomplete data or delayed handover (beyond 2 months). Since **this loss is not attributable to the agency**, we humbly request consideration for reimbursement of collection kit costs in such cases.	
27	Section 5 – Clause 5.1.2 (c) (Page No. 17) Retesting	**No payment for transportation of recollected samples**.	Request clarification in continuation of Point No. 3 above, particularly regarding financial implications on agencies for large-scale wastage beyond their control.	Pl. refer the amendment mentioned at Sl. No. 23
28	Section 4 – Clause 4.2.1 A (1) (d) Page 11; Clause 4.2.1 B (2) Page 12; Clause 4.2.5 A (1) & (2) Page 15 NSCAEM Portal Responsibilities	District authority registers beneficiaries and generates Sickle ID; Agency enters diagnostic data.	1. Is the agency required to verify the correctness of the Sickle ID mentioned on the sample card? a) If yes, how will NHM Odisha enable real-time verification? b) If no: i) What happens **if an incorrect Sickle ID** results in wrong data upload? ii) **If data upload fails due to incorrect Sickle ID, how will billing be processed as billing is linked to portal data**? 2. Kindly clarify the procedure if **no Sickle ID** is mentioned on the sample collection card.	**Clarification** 1. The agency is not required to verify the correctness of the Sickle ID mentioned on the sample card at the time of collection. However during data verification prior to testing by the agency if an incorrect sickle cell ID is found, then the card cost only shall be made if the quantity caping is exceded based on the fulfilment provisions of the amended payment clause mentioned at Sl. No.23. **2.** The Sickle ID is to be checked by the agency at the time of collection of sample at the block CHC and in case of no sickle ID, the same is not to be received by the agency.
29	Section 4 – Clause 4.2.2 B (Page No. 13)Sample Handover Timeline	Samples to be handed over to agency within 7 days of collection.	Kindly clarify the course of action for samples handed over **after 7 days**. Should the agency accept such samples or reject them?	**Clarification** The agency can accept such samples handed over to them after 7 days provided the agency can test those samples and upload the test result in the sickle cell portal within 21 days from the blood collection.

30	Section 6 – Clause 6.1.3 (2) (iii) (Page No. 22) Technical Evaluation – NABL & Capacity	NABL details, confirmatory method, equipment capacity, etc.	1. We request that NABL accreditation for **both adult and newborn testing be made mandatory** to meet the 0-40 years coverage. 2. We further request **mandatory inclusion** of HbF, HbA, HbA2, HbS, HbE, HbD and other variants under NABL scope on HPLC/CE as an eligibility criterion.	**Amended** Section 6.1.3(2) (iii) is amended as Details of the **NABL Labaratory** with accreditation of the manadaory tests (HbA, HbA2, HbC, HbD, HbE, HbF, HbS) alongwith other hemoglobinopathies using HPLC / Capillary Zone Electrophoresis for both newborn and adult, maximum capacity of the service provider using the CE / US FDA certified HPLC / Capillary zone electrophoresis equipment in terms of number of samples to be processed per day and the number of HPLC / Capillary zone electrophoresis equipment to be installed in its **NABL laboratory** to achieve the target of confirmatory tesing as per the requirement of the project.
31	Section 6 – Clause 6.1.3 (3) (Page No.22)Financial Strength	Average annual turnover	Kindly **specify the financial years** for which the average annual turnover is to be considered.	**Amended** Clause 6.1.3 (3) is amended as FINANCIAL STRENGTH - Avg. Annual Turnover (Rs.) during the financial years **2021-22, 2022-23 & 2023-24 OR 2022-23, 2023-24 & 2024-25 (if audited).** >50 ≤ 55 crores = 15 marks > 55 ≤ 60 crores = 20 marks > Rs.60 Crores =25 marks
32	Section 6 – Clause 6.1.6 (Page No. 23)Validation Process	Validation of test results before technical committee	We humbly request you to kindly elaborate and specify the validation process, including sample source, parameters, acceptance criteria and number of samples.	**Clarification** Validation process shall be for a sample size as per the recommedation of the technical committee and comparision of the test result (using their proposed HPLC / Capillary zone Elecrtophoresis method) with a standard test sample (the result of which are tested by

				the authority using the gold standard method)
33	Format F – Financial Bid (F-A) (Page No. 36) Rate per beneficiary	Financial bid format	Kindly clarify whether the rate for each individual line item (1– 5) is to be quoted separately, or whether one consolidated priceper beneficiary is to be mentioned. "We humbly request you to kindly allow the bidders to quote for each of the line items along with the total consolidated rates for beneficiary by which the expenses at each step can be calculated."	**Amended** The price bid **Format F2 (Breakup of the Price bid in Format F1)** is **added.** Pl. refer the Revised price bid formats in the revised RFP enclosed.
34	General comment The word "screening" is used at multiple instances in the RFP document	The word "screening" is used at multiple instances in the RFP document	**To be removed from all locations**-The intended RFP does not intend to **use any of the screening test methods such as POCTs** but indends to perform only the confirmatory testing using HPLC/CE. Therefore the word screening must be dropped from all instances	**Clarification** No POCT devices shall be used as only confirmatory testing of the fingerprick blood is to be done using HPLC/CE. The intent of screening mentioned here is to be construed as the mass fingerprick blood collection at the community level. However, the scope of the service provider is confirmatory testing of fingerprick blood samples using capillary collection tube or dried filter paper at the community using through HPLC/ CZE method.
35	Page 8, Section 3.3	The bidder must have experience in Laboratory Diagnostics Services using blood collection & confirmatory testing of Hemoglobinopathies using HPLC / Capillary Zone Electrophoresis method for a minimum cumulative testing of 7,50,000 benificiaries across Govt. Healthcare facilities / Communities in India during the calendar years 2023, 2024 & 2025	The bidder must have experience of : i) Sample Collection from a minimum of 100 government healthcare facilities / communities in India during calendar years 2023, 2024 and 2025. ii) Sample Transportation of a minimum cummulative volume of 7,50,000 samples across government healthcare facitlities / communities in India during calendar years 2023, 2024 and 2025. iii) providing Laboratory	Pl. refer the amendment of clause 3.3 mentioned at Sl. No. 24.

			Diagnostics Services using HPLC / Capillary Zone Electrophoresis method for a minumum cummulative testing of 7,50,000 beneficiaries across government healthcare facilities / communities in India during calendar years 2023, 2024 and 2025.	
36	Page 8, Section 3.4	The bidder must have a valid NABL accrdited laboratory setup for testing of Sickle Cell Anemia, Thalassemia & other haemoglobinopathies. Photocopies of the valid NABL certificate shall have to be furnished in thechical bid.	The bidder must have a valid NABL accrdited laboratory setup with **scope covering HPLC**. Photocopies of the valid NABL certificate shall have to be furnished in thechical bid.	Pl. refer the amendment of clause 3.4 mentioned at Sl. No. 25.
37	Page 12, Section 4.2.1 A) Responsibility of Agency. Point c)	Sample storage from the point of screening till handover of the samples at block CHC, transportation of sample to Agencie's laboratory for testing.	**Needs further clarity**- Transportation of sample from the point of collection from the beneficiary to the block CHC is in the scope of the District Authority, as explained in Part B, Point (3) of Section 4.2.1. - Is the agency required to provide storage material for transporation of samples? Or - is the agency required to provide storage infrastructure for samples at the Block CHC? Or - both of the above. This is critically important to know because in high humidity and 37 degrees C storage conditions, HbA and Hb S decline by almost 40%. Whereas this decline reaches 80% by the 21 day mark - the deadline for the test to be conducted under the proposed program. This is evidenced in the paper titled "Stabilities of hemoglobins A and S in	**Clarification** Depending on the technology to be adopted (Filter Paper / Capillary tube), the selected service provider has to provide the storage material for Cold chain / Storage Infrastructure etc. for storage requirement of the samples if any from the time of sample collection to sample testing.

			dried blood spots stored under controlled conditions" by Barbara W. Adam et al. published in Clin Biochem. 2013 August; 46(12): 1089–1092. To prevent the decline of hemoglobins, the storage of Dried Blood Spots must be done at -70 degrees C and at humidity level <30%. This needs to be clarified by NHM to ensure accurate results are obtained, minimal overheads result from spoilt patient samples, and incovenience is not caused to patients from obtaining samples again and again.	
38	Page 13, Section 4.2.2 B) Responsibility of District Authority	The concerned district authority's designated staff shall undertake the handover of samples to the agency at the block CHC. The sample by the concerned district authority shall have to be handed over to the agency at the concerned block CHC within 7 days (max.) from the date of blood collection. However, the storage requirement if any for storing of sample from the point of screening till handover of sample at block CHC (Max. 7 days) is the responsibility of the agency.	**Needs further clarity** Transportation of sample from the point of collection from the beneficiary to the block CHC is in the scope of the District Authority, as explained in Part B, Point (3) of Section 4.2.1. - Is the agency required to provide storage material for transporation of samples? Or - is the agency required to provide storage infrastructure for samples at the Block CHC? Or - both of the above. This is critically important to know because in high humidity and 37 degrees C storage conditions, HbA and Hb S decline by almost 40%. Whereas this decline reaches 80% by the 21 day mark - the deadline for the test to be conducted under the proposed program. This is evidenced in the paper	**Clarification** Pl. refer the clarification mentioned at Sl.37.

			titled "Stabilities of hemoglobins A and S in dried blood spots stored under controlled conditions" by Barbara W. Adam et al. published in Clin Biochem. 2013 August ; 46(12): 1089–1092. To prevent the decline of hemoglobins, the storage of Dried Blood Spots must be done at - 70 degrees C and at humidity level <30%. This needs to be clarified by NHM to ensure accurate results are obtained, minimal overheads result from spoilt patient samples, and incovenience is not caused to patients from obtaining samples again and again.	
39	Page 22, Section 6.1.3 Evaluation Criteria	EXPERIENCE OF THE BIDDER Experience in Laboratory Diagnostics Services using blood collection & confirmatory testing of Hemoglobinopathies using HPLC / Capillary Zone Electrophoresis for benificiaries across Govt. Healthcare facilities / Communities in India during the calendar years 2023, 2024 & 2025. i) Cumulative testing of 7,50,001-10,00,000 benificiaries : 10 ii) Cumulative testing of 10,00,001 - 12,50,000 benificiaries : 15 iii) Cumulative testing of 12,50,001-15,00,000 benificiaries: 20 iv) Cumulative testing of more than 15,00,000 benificiaries : 25	Allocated equal weightage to the 3 components of Scope (Collection, Transportation and Testing) -Include importance to robustness of software solution to ensure accuracy of patient data Uploaded - Also scoring begins at 7,50,001 so a bidder who has performed exactly 7,50,000 tests may be eligible but will score 0 points	**Amended** Based on the amendment of clause no. 3.3 of eligibility criteria, the evaluation criteria at 6.1.3 (1) is amended as EXPERIENCE OF THE BIDDER Experience in Laboratory Diagnostics Services with **blood collection through fingerprick** using capillary collection tube or dried filter paper **& confirmatory testing** of **Hemoglobinopathies** using HPLC / Capillary Zone Electrophoresis method for beneficiaries across Govt. healthcare facilities / communities in India during calendar years 2023, 2024 & 2025 i) Cumulative testing of 7,50,001-10,00,000 benificiaries : 10 ii) Cumulative testing of 10,00,001 - 12,50,000 benificiaries : 15

				iii) Cumulative testing of 12,50,001-15,00,000 benificiaries: 20 iv) Cumulative testing of more than 15,00,000 benificiaries : 25
40	Page 8, Section 3.3	The bidder must have experience in Laboratory Diagnostics Services using blood collection & confirmatory testing of Hemoglobinopathies using HPLC / Capillary Zone Electrophoresis method for a minimum cumulative testing of 7,50,000 benificiaries across Govt. Healthcare facilities / Communities in India during the calander years 2023, 2024 & 2025.	It is recommended that the Eligibility criteria be revised in one or both of the following ways: 1. Rationalizing the cumulative Confirmatory testing requirement to a more realistic, evidence based threshold (for example, **50,000 HPLC/CE tests**), which remains sufficient to demonstrate competence while reflecting actual programmatic demand in India; and/or 2. Broadening the eligibility framework to allow proven operational expertise in managing high throughput and technically sophisticated laboratory platforms, such as clinical chemistry analyzers, complete blood count (CBC) systems, immunoassay analyzers, molecular diagnostics platforms, and other advanced laboratory instrumentation, particularly where such services have been delivered at scale within government or large public health programmes.	Pl. refer the amendment of clause 3.3 mentioned at Sl. No. 24.
41	**Other Changes (Format T3)**		**Amended** The Format T3 is amended. Pl refer the revised RFP enclosed.	

42	**Extension of bid submission & Opening Date**	**Extended** The bid submission & Opening date & time is extended as Bid submission Date & Time : **Extended to 31st January 2026, 3 PM** Bid Opening Date & Time : **Extended to 31st January 2026, 4 PM**
43	Revised RFP	The Revised RFP by incorporating the above amendments is enclosed with this prebid clarification / amendment.

Sd/-

Mission Director,
NHM, Odisha

ODISHA STATE HEALTH & FAMILY WELFARE SOCIETY, ODISHA

MISSION DIRECTORATE,
NATIONAL HEALTH MISSION, ODISHA

REQUEST FOR PROPOSAL
(Revised)

NATIONAL COMPETITIVE BIDDING

FOR

SELECTION OF SERVICE PROVIDER FOR DIAGNOSIS OF SICKLE CELL ANEMIA & THALASSEMIA DISEASE FOR THE COLLECTED BLOOD SAMPLES OF THE TARGET POPULATION AT COMMUNITY LEVEL THROUGH CONFIRMATORY TEST USING HPLC / CAPILLARY ZONE ELECTROPHORESIS METHOD

RFP Reference No.: OSH&FWS/SER/2025/ Diagnostics/SCA/2

`

CONTENTS

ODISHA STATE HEALTH & FAMILY WELFARE SOCIETY, ODISHA
Annex Building of SIH&FW, Nayapalli, Unit-8, Bhubaneswar - 751012
Website: www.nhmodisha.gov.in **e-mail: proc.nhmodisha@gmail.com**

NOTICE INVITING TENDER (NIT)

Bid Reference No. : OSH&FWS/SER/2025/ Diagnostics/ SCA/2 **Date: 21.12.2025**

Odisha State Health & Family Welfare Society (OSH&FWS) invites sealed Tender from eligible service providers for **Diagnosis of Sickle Cell Anemia, Thalassemia & other haemoglobinopathies diseases for the collected blood samples of the target population at community level through confirmatory test using HPLC / Capillary Zone Electrophoresis method** as per job description given in Section - IV of this document.

1. This document contains eight sections as follows:

I. Section I : Notice inviting Tender
II. Section 2: Instruction to Bidder
III. Section 3: Eligibility Criteria
IV. Section 4: Terms of Reference
V. Section 5: Terms & Conditions
VI. Section 6: Evaluation Criteria
VII. Section 8: Formats
VIII. Section 9: Annexures

2. **Schedule of Events**

Sl.	Description	Date/Place
1	Date of availability of Tender Document	**21.12.2025 to 31.1.2026**
2	Website for downloading of Tender Document	**www.nhmodisha.gov.in**
3	Cost of the Tender Document	**Rs. 5,000/-**
4	Pre bid Meeting (Date & Time)	**26.12.2025, 3.30 PM**
5	Venue for Pre-Bid Meeting / Opening of Tender	**At Conference Hall, Mission Directorate, NHM Annex Building of SIH&FW, Nayapalli, Unit-8, Bhubaneswar - 751012, Odisha**
6	Closing Date and Time of Receipt of Tender	**20.1.2026 up to 3 PM, Extended to : 31.1.2026, up to 3 PM (Address same as mentioned above)**
7	Time, Date and Venue of Opening of Technical Bid	**20.1.2026 , 4 PM Extended to : 31.1.2026, 4 PM At Conference Hall, Mission Directorate, NHM Annex Building of SIH&FW, Nayapalli, Unit-8, Bhubaneswar - 751012, Odisha**

3. The tender document may be downloaded from the official website: www.nhmodisha.gov.in The bidder downloading the tender document from the website will be required to deposit Rs.5,000/-(non-refundable) in the form of Demand Draft drawn in favour of "Mission Director, NHM" payable at Bhubaneswar while submitting the Tender. Tender without the fee of Rs.5,000/- will not be accepted.

4. All prospective bidders are requested to attend the **Pre-bid meeting** either in person or through their authorized representative. No representative is allowed to represent more than one prospective Bidder. The venue, date and time are indicated in Schedule of Events as in Para 2 above.

5. Bidders shall ensure that their bids complete in all respects, are sent through Registered post / Courier or dropped in the Tender Box located at Mission Directorate, Annex. Building of SIH&FW, Nayapalli, Unit - 8, Bhubaneswar on or before the closing date and time indicated in the Para 2 above. Bids submitted after the prescribed time will be treated as late bid and will not be considered. The bids can also be submitted by Registered Post / Courier. The Bids sent by Registered Post/Courier must reach the above said address on before the closing date & time indicated in Para 2 above, failing which the Bid will be treated as late bid and will not be considered.

6. In the event of any of the above mentioned dates being declared a holiday/closed day for the tender inviting authority, the Bids will be received/opened on the next working day at the same time.

7. The Bid Documents are not transferable.

8. All Bids must be accompanied by **Earnest Money Deposit (EMD)** amount to **Rs.90,00,000/- (Rupees Ninety Lakhs)** only in the form of Demand Draft / Banker's Cheque / Bank Guarantee (As per Format Annexure-A) favouring "Mission Director, NHM" payable at Bhubaneswar. Earnest Money Deposit in any other form will not be accepted. Earnest Money Deposit will not earn any interest. Tenders without EMD shall be rejected. Other details regarding EMD are mentioned at Clause 3 in Section - 2.

Mission Director
National Health Mission, Odisha

SECTION 2

INSTRUCTIONS TO BIDDER

1. General Instructions

a. The Bidder should prepare and submit its offer as per instructions given in this section.
b. The Bids should be complete with all documents dully signed by Authorized personnel. Those submitted by telex, telegram or fax shall not be considered.
c. The Bids which are for only a portion of the components of the job /service shall not be accepted. The bids should be for all components of the job /service.
d. The prices shall be quoted in the format as per attached Format - F only.
e. The Bids (technical and financial) shall be submitted (with a covering letter as per Format-T1 before the last date of submission. Late bids shall not be considered.

2. Inspection of Site

The interested bidder may inspect the sites at the respective locations where the services are to be rendered during 10.00 AM to 5.00 PM on all working days till last date of bid submission as given in the Schedule of Events. The tender inviting authority shall not be liable for any expenditure incurred in such inspection for the preparation of the bids.

3. Earnest Money Deposit (EMD)

a. The bid shall be accompanied by **Earnest Money Deposit (EMD)** of **Rupees Ninety Lakhs** in the form of Bank Draft / Bankers cheque / Bank Guarantee (as per Format Annexure-A) from any National / Schedule Bank in favour of "**Mission Director, NHM" payable at Bhubaneswar** while submitting the Tender.
b. In the absence of the EMD, technical proposal of the bidder shall be rejected. However, as per the Finance Department, Govt. of Odisha office memorandum no. 21926 dated 12.8.2015, the **local** Micro & Small Entrepreneurs (sole bidder or Lead bidder in case of a consortium) registered with respective DICs, Khadi, Village, Cottage & Handicraft Industries, OSIC and NSIC are exempted from submission of EMD while participating in tenders of Govt. Departments and Agencies under its control. It is further clarified that the above exemption is applicable to local MSEs registered in **Odisha only**. This exemption to the local MSEs shall be applicable if the kind of service as required under this tender enquiry is clearly specified against the details of the service to be provided in their DIC / NSIC registration certificate (to be furnished in the technical bid).
c. The EMD of unsuccessful Bidder will be returned to them without any interest, after conclusion of the resultant agreement. The EMD of the successful Service provider will be returned without any interest after receipt of performance security as per the terms of agreement.
d. EMD of Bidder may be forfeited without prejudice to other rights of the bid inviting authority subject to the opportunity of representation to the bid inviting authority, if the Bidder withdraws or amends its Bid or impairs or derogates from the Bid in any respect within the period of validity of its Bid or if it comes to notice that the information / documents furnished in its Bid is incorrect, false, misleading or forged. In addition to the aforesaid grounds, the successful Bidder's EMD will also be forfeited without prejudice to other rights of bid inviting authority subject to the opportunity of representation to the bid inviting authority, if it fails to furnish the required performance security within the specified period.

e. For EMD by BG, the following bank details may be required by bidders :

Bank Account details of NHM, Odisha:

i. Name of the Account: **OSH&FWS A/C SHS GROUP**
ii. Account Number: **32256475103**
iii. Name & Branch of the Bank: **STATE BANK OF INDIA, SECRETARIATE BRANCH, ODISHA STATE SECRETARIATE, BHUBANESWAR.**
iv. IFSC Code: **SBIN0010236**

4. Preparation of Bid

The bids shall be made in **two separate sealed envelopes** as follows:

I. The **first envelope** shall be marked in bold letter as "TECHNCIAL BID" which shall be sent with forwarding letter **Format-T1** and shall include the following:

a. Bid document cost in the shape of Bank draft drawn in favour of "Mission Director, NHM" payable at Bhubaneswar for the amount of non refundable fee, if the Bid documents have been downloaded from web.

b. Bid Security (EMD) of Rs. Ninety Lakhs.

c. Confirmation regarding agreeing to all terms & conditions of the bid including bid & price validity, declaration regarding non-blacklisting / debarment, furnishing of Performance Security in case of award of agreement (Affidavit as per Format-T8).

d. Original Bid document duly stamped and signed by the authorized personnel in each page along with the Forwarding Letter confirming the performing the assignment as per **Format-T1.**

e. All Formats **T2 – T7** with all relevant supporting documents as mentioned in the concerned format.

f. Check list

II. The **second envelope** shall contain the financial proposal and shall be marked in bold letters as "**FINANCIAL BID**". Prices shall be inclusive of all taxes & duties and quoted in the proforma enclosed at **Format-F** as per scope of work/ service to be rendered.

III. Both the envelops (Technical Bid & Financial Bid) shall be put in another **outer envelope** and shall be sealed and superscripted with "**Proposal for Diagnosis of Sickle Cell Anemia, Thalassemia & other haemoglobinopathies diseases for the collected blood samples of the target population at community level through confirmatory test using HPLC / Capillary Zone Electrophoresis method", RFP Reference No.____ & Due date _____.**

5. Bid Validity & Contract Period

For the purpose of award of contract, the bids shall remain valid for a period of 180 days from the date of bid submission. The contract shall be executed for a period of **"2 years"** from the date of signing of contract and hence the prices quoted shall remain valid for the duration of the contract. The contract may be extended for another period of 1 year based on satisfactory performance of the service provider.

6. **Bid Submission**

The **two envelopes** containing **both technical and the financial bid** shall be put in an **Outer envelope**, which shall be sealed and superscripted with "BID Name & Reference No.....due for opening on....."

The offer shall contain no interlineations or overwriting except as necessary to correct errors, in which cases such correction must be initialled by the person or persons signing the Bid. In case of discrepancy in the quoted prices, the price written in words will be taken as valid.

7. **Opening of Bids:**

The technical bid will be opened at the time & date specified in the schedule. The bidders may attend the bid opening if they so desire.

SECTION 3

ELIGIBILITY CRITERIA

3.1 The bidder shall be a sole provider or a consortium (Company/Society/Trust/Partnership Firm). The bidder cannot be an individual (Sole Proprietor). The bidder should be registered in India with relevant act, such as a Company (Companies Act 2013/1956) / Partnership Firm (Indian Partnership Act 1932 / Limited Liability Partnership Act 2008), Society (Societies Registration Act 1860) or a Trust (Indian Trust Act 1882) and its amendments thereof. No bidder can place more than one bid in any form.

3.2 Consortium of maximum **2 bidders** (including the Lead member) is allowed. The lead / consortium member must be in the business of Laboratory Diagnostics Services using blood collection & testing. In case of consortium, the lead member should have at least 51% stake of the consortium and have all legal liabilities. In case of consortium, a duly notarized **consortium agreement** (as per format enclosed at Annexure B) prepared on a non-judicial stamp paper of Rs.100/- shall have to be submitted in the technical bid. The Clause nos. 3.7 & 3.8 shall be applicable to both the members (Lead member as well as consortium member) of the consortium.

3.3 The bidder must have experience in Laboratory Diagnostics Services with blood collection through fingerprick using capillary collection tube or dried filter paper & confirmatory testing of Hemoglobinopathies using HPLC / Capillary Zone Electrophoresis method for a minimum cumulative of 7,50,000 beneficiaries across Govt. healthcare facilities / communities in India during calendar years 2023, 2024 & 2025.

In case of a consortium, the technical experience of the consortium members can be taken combinely to fulfil the above criteria.

[Details of contracts / work orders / client certificates clearly mentioning the date of commencement of work, number of population screened / test conducted and specific experience in fingerprick blood collection & testing of Hemoglobinopathies using HPLC / Capillary Electrophoresis in support of the experience of the bidder is to be furnished in Format T5].

3.4 The bidder must have a valid NABL accredited laboratory setup with scope of accreditation for testing of manadatory parameters (HbA, HbA2, HbC, HbD, HbE, HbF, HbS) alongwith other hemoglobinopathies using HPLC / Capillary Zone Electrophoresis for both newborn and adults. Photocopies of the valid NABL certificate alongwith the scope of accreditation shall have to be furnished in thechical bid.

3.5 The bidder should have at least **average annual turnover** (audited) of **Rs.50 Crores** during the financial years 2021-22, 2022-23 & 2023-24 OR 2022-23, 2023-24 & 2024-25 (if audited). **In case of consortium, the lead member should fulfil the above turnover criteria.** Details shall have to be furnished in Format T3.

3.6 The bidder should have a **positive networth** in each of the financial years 2021-22, 2022-23 & 2023-24 OR 2022-23, 2023-24 & 2024-25 (if audited). **In case of consortium, the lead member should fulfil the above turnover criteria.** Details shall have to be furnished in Format T3.

3.7 Bidder needs to submit audited Statement of Accounts and Turnover Certificate duly certified by Chartered Accountant. The annual turnover statement must be furnished in the **Format-T3 duly supported by audited accounts statement**. While calculating turnover, only audited statement shall be considered.

3.8 Bidder who has been blacklisted / debarred / banned (valid as on the bid submission date) by any State Government / Central Govt. Organization / State Medical Corporations / Societies will not be eligible to participate in the tender during the blacklisting / debarred period. Declaration shall have to be submitted by an undertaking regarding the same on Non Judicial Stamp paper of Rs. 100/-as per Format-T7).

3.9 The bidder who have Poor / Unsatisfactory performance of Services rendered in any projects of the tender inviting authority shall not be eligible to participate in the tender.

SECTION 4

TERMS OF REFERENCE

4.1 Scope of Work

The Service Provider shall be required to provide sample (blood) collection kits, consumables etc. for screening of the **target population in the community**, sample transportation to the Service Provider's laboratory for testing using **HPLC / Capillary zone Elecrtophoresis method** towards confirmation of the **sickle cell anemia, thalassemia & other haemoglobinopathies diseases** along with **entry of final test results in the National Sickle Cell Portal**. The primary objective to engage an Agency is to expand the coverage of screening through training regarding collection of blood samples, sample transportation of collected blood sample to the agency's laboratory, identification of Sickle Cell Anaemia Thalassemia and curbing morbidity rates by using single step quantitative test for Sickle Cell Anaemia and Thalassemia.

The above mentioned services must be provided for approximately **32 Lakhs population** ("Target Population in the community") across **21 sickle cell prevelance districts of Odisha.**

The **districtwise target population in the community** is mentioned below for the purpose of this RFP document.

TABLE 1 - District and Target Population Details

Sl.	District Name	*Total Target Population 0-40 yrs. of age
1.	ANUGUL	141507
2.	BALANGIR	185578
3.	BALESHWAR	292098
4.	BARGARH	173020
5.	BOUDH	50009
6.	DEOGARH	37035
7.	GAJAPATI	102553
8.	GANJAM	123792
9.	JHARSUGUDA	73465
10.	KALAHANDI	189525
11.	KANDHAMAL	94132
12.	KENDUJHAR	200476
13.	KORAPUT	192848
14.	MALKANGIRI	73894
15.	MAYURBHANJ	355796
16.	NABARANGPUR	150969
17.	NUAPADA	69511
18.	RAYAGADA	146208
19.	SAMBALPUR	210868
20.	SONEPUR	70617
21.	SUNDARGARH	266099
Total		**32,00,000**

Note : * The target population indicated above is tentative and it **may increase** during the contract period or any extension thereof.

The scope of work of the Service Provider & the district authority is broadly classified into the **following stages** as mentioned below:

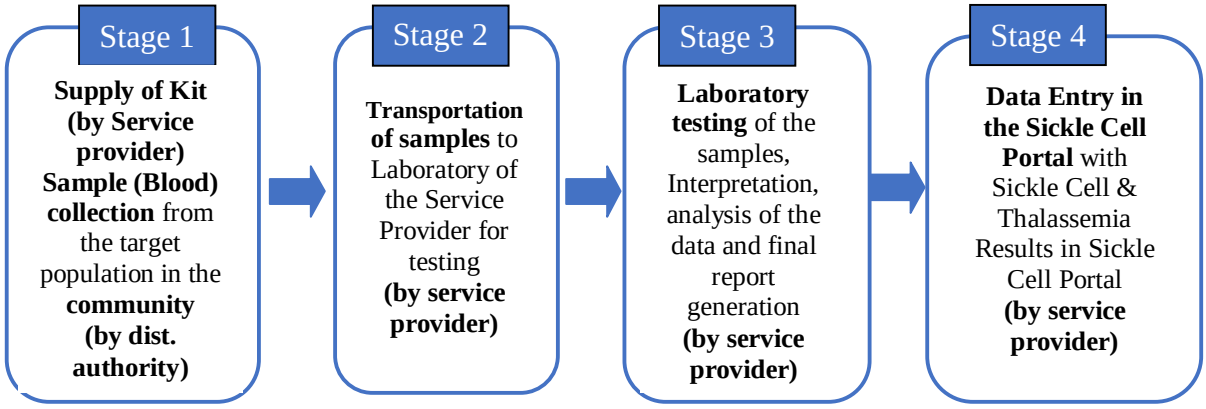

Figure 1: Stages of Scope of Work

The overall Scope of Work of the Service Provider & the district authority shall include implementation (Supply of Kit, Sample Collection, Transportation of Samples, Laboratory Testing, Data entry in the portal), coordination, management, and monitoring the progress of the programme during the Contract Period and any extended term, thereafter. The **details of the different stages of scope of work** to be executed by the Service Provider are as mentioned below:

4.2.1 Stage -1 : Sample collection for Screening & Confirmation

Community level screening & confirmation shall be done for sickle cell anemia and thalassemia across the specified groups of population of 0-40 years over the project duration. The screening & confirmation shall be done for specified population groups as mentioned below:

Screening & Confirmation approach should be adopted to cover the 0 - 40 year old target populations. The community screening & confirmation stage will involve coordination between District Authority's deployed staff, including ASHA workers (for house-to-house screening), CHOs (for opportunistic screening), ANM (Screening during VHSND sessions) and MHTs at Health Institutions (School students and AWC samples collection to be done) of the populations with the objective of identifying the affected persons with Sickle Cell Anaemia and Thalassemia diseases. Effective screening & confirmation shall be one of the core and key components of the programme since the further processes and activities to be followed will be dependent on the screening & confirmation done within the community. The **Blood sample collection** for screening & confirmation shall be done at the above-mentioned sites by the **District Authority's deployed staff**, including ASHA workers (for house-to-house screening), CHOs (Screening to be done during opportunities), ANM (Screening during VHSND sessions) and MHTs at Health Institutions (School students & AWC samples collection to be done) and the samples so collected shall be transported by the concerned district authority's deployed staff to the **concerned block CHC**. The Agency will **receive the sample** from the concerned block CHC and transport it to their laboratory for confirmatory testing.

The various tasks to be undertaken by District Authority's deployed staffs (ASHA Workers, ANMs, MHTs and other field level healthcare staffs) and Agency for the screening & confirmation activities are mentioned below:

A. Responsibility of the Agency

(1) The Agency shall be responsible for the different requirement in the areas of:

a) Methodology adopted for screening & confirmation, interpretation etc.
b) Trainings to the support staffs / District Authority's deployed staffs for use.

c) Sample storage from the point of screening till handover of the samples at block CHC, transportation of sample to Agencie's laboratory for testing.
d) Entry of the results on mobile app or on the software / NSCAEM portal as required by the tender inviting authority.

(2) Supplying inventory management of the **bar-coded blood sample collection kit** consisting of:

a) Bar coded blood sample collection Kit containing capillary collection tube / dry Filter Whatman 903 paper for **fingertip prick blood samples**, test requisition form to capture person's demographic details in local language
b) Zip lock plastic bag
c) Self-sealable envelope to hold the collection kit
d) Automatic retractable Lancet (CE marked) from a reputed manufacturer
e) Alcohols swab
f) Band Aid
g) Desiccant bag
h) Instruction leaflet in local language
i) IEC material (provided by State)

The type of **fingertip prick blood collection** method (Capillary Collection tube / Dry Filter Whatman 903 paper) proposed by the bidder shall have to be clearly mentioned by the bidder in its methodology at Format T 4.

(3) Providing training to the stake holders and support staffs [ASHA Workers (for house-to-house screening), ANM (during VHSND sessions), CHOs (during opportunistics screening) and MHTs Health Institutions (School students & AWC samples collection to be done)] for sample collection, storage, transportation of the sample and about the principal goals of the screening & confirmation program.

(4) The Agency will also be responsible for the sample collection, transportaion & confirmatory test to be conducted **across the population of 0-40 years of age** as per SOP. The SOP developed by the state shall be provided to the agency in order to manage the various process/ activities. The SOPs shall have to be duly signed by Tender Inviting Authority and the Agency (in case of Consortium, the Lead member being the Power of Attorney holder shall sign on behalf of the other Consortium members) to come into force.

(5) The Agency shall be responsible for the coordination and facilitation of Project related activities for all blocks within the concerned district for supply of blood collection kit, sample collection and transportation to the agency's laboratory in a timely manner to cover the targeted population.

(6) Troubleshooting of any problems and promptly respond to any questions / concerns from hospital/Health department authorities.

(7) The Agency must also comply with all guidelines issued by GoI/Govt. of Odisha/MoHFW etc. from time to time.

B. <u>Responsibility of District Authority</u>

(1) To help the Agency in arranging the training for District Authority's deployed staff for sample collection and utilize the network of healthcare ASHA Workers (for house-to-house campaigning mode), ANM (during VHSND sessions), CHOs (during opportunistics screening) and MHTs Health Institutions (School students & AWC samples collection to be done) to collect blood samples in accordance with the Sample collection SOP.

(2) Registartion of the benificiary in NSCAEM portal.

(3) District Authority's deployed staffs including ASHA Workers (for house-to-house screening), ANM (during VHSND sessions), CHOs (during opportunistics screening) and MHTs Health Institutions (School students & AWC samples collection to be done)] and other field-level healthcare staffs, shall be responsible for the collection of **fingertip prick blood samples** in **capillary collection tube / dry Filter Whatman 903 paper**. They shall greet, explain and educate the target population about the importance of the initial screening & confirmation test for sickle cell anaemia and thalassemia and how it is performed. Explain the limitations, process and objectives of the sickle cell anaemia and thalassemia screening & confirmation test before collecting the blood sample screening & confirmation test from the member of the population. The IEC material (provided by the State) supplied in the kit shall be distributed to the benificiary after collection of blood sample.

(4) Blood collection for Screening & confirmation test: Draw a **blood sample via fingertip prick** using the lancet provided in the kit, observe aseptic precautions and collect it through the capillary collection tube / Dry Filter Whatman 903 paper provided in the kit by the agency as per the SOP.

(5) Hand over the blood collection kits on which samples have been collected to one central location, i.e., **block CHC**, as decided by the concerned district authority, from where the agency can pick up and transport the sample to the Agency's laboratory.

(6) The concerned district authority will cross-verify enough positive and negative samples to assess the quality of tests performed by the Agency in order to avoid false certification and forgery of data.

(7) Surprise checks are to be performed in order to assess the quality of the work being done, adherence to protocols, deviations from SOPs, if any and the quality of the resources being used.

(8) Providing the Agency with the login to the NSCAEM Portal for the purpose of uploading of results into the portal.

4.2.2 Stage - 2 : Transportation of samples for screening & confirmation to the Agencie's laboratory

Post sample collection from the members of the groups **from the community**, the samples shall be **accumulated at one designated location for each block CHC** of the concerned district, from where the samples will be handed over to the Agency, who will be responsible for the transportation of the samples to the Agency's Laboratory for testing.

A. Responsibility of the Agency:

(1) The Agency shall be responsible for the coordination for Transportation of all blood samples collected from block CHCs of each district to the agency's laboratory for testing including

(a) Coordination for recollection and retesting of samples and transportation in case the sample is not fit for testing;

(b) Keeping record of all the collected samples for transportation.

(2) Standard blood sample collection & transportation protocols shall have to be followed by the Agency.

a) The entire sample transportation process shall be clearly defined and laid down in the SOP in order to ensure there is a seamless transfer of samples from screening & confirmation locations to Agencie's testing laboratory. When the sample is being handed over by the concerned authoruity to the agency at the concerned Block CHC, the serial number & sickle cell ID shall be recorded in a logbook at the preliminary screening & confirmation location before handing over the samples to the transportation personnel of the agency. The district authority's designated staff shall get a signed receipt from the agency's transportation personnel after handing over the sample.

b) The agency shall **provide** one **realtime dashboard / software solution** for tracking the sample handover date / time and the result uploading date / time. **The date & time of handing over of the sample shall be recorded by the agency in the realtime dashboard / software of the agency for tracking of the time taken by the agency from colletion to testing & uploading the result for calculation of penalty.** The detailed records shall be maintained for all the collected samples for future purposes by the Agency. The Agency will

ensure that all such entries are updated in the **realtime dashboard / software** for tracking and monitoring purposes.

c) The sample shall be transported by the Agency to its testing laboratory and it shall be the responsibility of the Agency to transport samples from the concerned block CHC to the agency's laboratory.
d) **Re-testing and recollection of samples**: There will be occasions where the sample received might not be fit for processing as it might have spoiled or was not collected properly. In such scenarios, the Agency shall inform the concerned district and block officer responsible, that the sample will have to be collected again. Post recollection of the sample, the above mentioned process would be followed for further processing. The Agency would not be paid any extra amount for the transportation of recollected samples. The cost per member screened & tested (confirmatory test) would be paid to the agency.
e) The Agency must comply with all the statutory provisions of biomedical waste management, biosafety, occupational and environmental safety. The Agency must ensure that the biomedical waste generated during the sample collection, screening & confirmation processes is adequately disposed of as per the statutory guidelines. Any default on the same shall be liable for strict action and penalties may be imposed on the Agency in lieu of the same.

B. Responsibility of the District Authority

The concerned district authority's designated staff shall undertake the handover of samples to the agency at the block CHC. The sample by the concerned district authority shall have to be handed over to the agency at the concerned block CHC within 7 days (max.) from the date of blood collection.

However, the storage requirement if any for storing of sample from the point of screening till handover of sample at block CHC (Max. 7 days) is the responsibility of the agency.

4.2.3 Storage of Blood Collection Sample

Depending on the type of **fingertip prick blood collection** method (Capillary Collection tube / Dry Filter Whatman 903 paper), the agency shall make adequate storage arrangement for confirmatory testing.

The storage condition to be adopted by the agency shall be capable of storing the blood sample for a period of **atleast 21 days** from the day of blood collection to the day of confirmatory test.

The storing arrangement to be done by the agency shall include the storing from the point of screening till handover of sample at block CHC (7days) **and also storing of samples after handing over during transportaion as well as in the agency's laboratory for testing (15 days).**

The storage procedure to be adopted shall have to be clearly mentioned by the bidder in its methodology at Format T 4.

4.2.4 Stage-3 : Sample Testing & Result Reporting:

Once the samples reach the Agency's Laboratory, the confirmatory test will be performed by the Agency and the Test results shall be released and uploaded in the NSCAEM portal.

The Agency's Laboratory must be NABL acredited laboratory for the tests to be carried out. The details of the NABL accredited laboratory and the details of the tests for which the laboratory is NABL accredited must be furnished in the technical bid.

Sub-contracting of the Laboratory testing and report analysis under this RFP is not permitted at any stage during the engagement.

The screening & confirmation to be carried out shall be done by the following methods:

High Performance Liquid Chromatography (HPLC) / Capillary Zone Elecrtophoresis method shall have to be followed by the agency to cover the following hemoglobinopathies in **one single test** in a confirmatory manner:

1. Sickle Cell Anemia (Hb SS)
2. Sickle Cell Trait (Hb AS)
3. Beta Thalassemia (major and minor)
4. Variant Hemoglobinopathies (C, D, H, Bart Band) Including HbE
5. Double/Compound Heterozygous cases of Sickle with thalassemia, HbE , HbC etc.

A. Responsibility of Agency:

(1) Establishing the laboratory with enough capacity to undertake the project as per the daily capacity of the HPLC/CAPILLARY ELECRTOPHORESIS equipment and the number of samples to be processed per day.

(2) Install the HPLC/CAPILLARY ZONE ELECRTOPHORESIS equipment with **adequate numbers** in its laboratory based on the caseload requirement /day with the following configurations:

a) CE/US FDA approved HPLC/CAPILLARY ELECRTOPHORESIS equipment with all necessary ancilliary equipment for confirmatory test.

b) Software for analysis of the data generated.

(3) The agency shall carry out the test as per the prescribed guidelines / methodology for the same. The agency shall carry out repeat investigations in case any of the doubtful observations.

(4) Once the screening & confirmation tests have been conducted, the laboratory test results for the same will be generated. **The agency shall deliver the test report in the designated email id of the concerned district**. The details of the email ids shall be shared by the State to the agency.

(5) The Agency shall be responsible for reporting of test result by registered Pathologists / Hematologists in order to ensure that the daily workload is managed in a seamless manner.

B. Responsibility of District Authority:

To ensure that all the results are captured in the Sickle Cell portal in order to track and monitor the screened population.

4.2.5 Stage - 4: NSCAEM portal data entry:

A. Responsibility of Agency:

(1) Once the screening & confirmation tests have been conducted, the laboratory test result need to be entered/ updated on the NSCAEM portal.

(2) The data entry for all the tests conducted along with their outcomes shall be done by the Agency in NSCAEM portal. The Agency shall ensure that the information has been timely entered and updated in NSCAEM portal after the test has been conducted. The data entry and updating of the test results on the mentioned NSCAEM portal would be one of the key parameters for tracking the performance of the Agency.

(3) Ensure all the transactions are captured in NSCAEM portal in order to track and monitor the screened personnel within the community groups.

(4) The data generated while screening & confirmationthe target population shall be highly confidential in nature therefore, utmost confidentiality needs to be exercised.

(5) In addition to the data entry in the NSCAEM, data entry shall also have to be done in the **real time dashboard / software solution** to be provided by the agency for **capturing the date / time of sample handover at block CHCs of the concerned district and the date / time** of test result uploading in order to claculate the penalty as specified at Clause 6 (Section 5 – Term & Conditions).

B. Responsibility of the District Authority

Ensuring that all the transactions are captured in the NSCAEM portal in order to track and monitor the cards to be issued to the screened population.

SECTION 5

TERMS AND CONDITIONS

1. Signing of Contract

The bid inviting authority shall issue the Notice for Award of Contract to the successful bidder within the bid validity period and the successful bidder will be required to sign and submit the contract unconditionally within 15 days of receipt of such communication.

2. Duration of the Contract (Period of Engagement) & Modification to the Contract

The contract shall be valid for a period of **2 years** from the date of signing of contract by the bid inviting authority and it could be cancelled at any time after providing an opportunity of hearing by the bid inviting authority, in case the Service provider does not follow the rules, regulations and terms and condition of the contract. The contract **may be extended for another period of 1 year** based on satisfactory performance of the service provider.

The contract when executed by the parties shall constitute the entire contract between the parties in connection with the jobs / services and shall be binding upon the parties. Modification, if any, to the contract shall be in writing and with the consent of the parties.

3. Performance Security

The successful bidder shall furnish a performance security in the shape of a Demand Draft/Bank Guarantee issued by a Nationalized / Scheduled Bank in favour of Tender Inviting Authority for an amount equal to 3 % of the contract value. In case of Bank guarantee, it shall have to be furnished as per proforma at "Annexure C" and remain valid for a period, which is six months beyond the date of expiry of the contract. This shall be submitted within 15 days of receiving the Notice for Award of Contract, failing which the EMD may be forfeited and the contract may be cancelled:

a) If the successful bidder violates any of the terms and conditions of contract, the Performance Security shall be liable for forfeiture, wholly or partly, as decided by the Purchaser and the contract may also be cancelled.

b) The Purchaser will release the Performance Security without any interest to the firm / contractor on successful completion of contractual obligations.

4. Compliance of Minimum Wages Act and other statutory requirements

The bidder shall comply with all the provisions of Minimum Wages Act and other applicable labour laws. The bidder shall also comply with all other statutory provision including but not limited to provisions regarding medical education and eligibility criteria of human resources used by the bidder for providing the services, biomedical waste management, bio-safety, occupational and environmental safety.

Legal liability to the extent of reporting of images for each reported case extends to the service provider. However overall legal responsibility of provision of medical care lies with the bid inviting authority / public health facility. The Service provider shall maintain confidentiality of medical records and shall make adequate arrangement for cyber security.

5. Payment and its Periodicity

The payment mechanism shall be **centralized by the tender inviting authority.**

The **payment processing mechanism** is mentioned below:

5.1.1 Invoicing (General)

(a) No advance payment shall be made at the time of signing of contract with Selected Agency.

(b) Prices (exclusive of GST if applicable), to be charged by the Selected Agency for provision of services in terms of the Contract shall not vary from the prices agreed upon in the Financial Proposal / Contract.

(c) Payment shall be made on a **monthly basis**.

(d) Invoices for payment for **each month** to be submitted by 5th (Fifth) day of the next month.

(e) The payment will be subject to deduction of taxes at source (TDS) as per Income Tax Rules/ GST [(**"Goods and Service Tax**") if applicable] and other statutory deductions as per Applicable Laws.

(f) GST, (if applicable), should not be included in the Proposal price and shall be paid by the tender inviting authority. All other taxes, duties, license fee and levies shall be included in the Proposal price.

(g) All the remittances due to the Selected Agency shall be remitted to the bank account of the Selected Agency as per the details provided at the time of signing of the Agreement for all payments relating to monthly reimbursement of the invoices or any other payments related to the Project that shall become due in favour of the Selected Agency

(h) In case of the Selected Agency being a Consortium, all payments shall be remitted in the bank account of the Lead member.

(i) All the payments will be made in Indian Rupees (INR) only.

5.1.2 Invoicing

a) The Selected Agency shall quote the **rate per benificiary screened** within the population groups in the Financial Proposal. The rate per screened member shall encompass all the costs for operation of the services within the Scope of work including testing, reagents and consumables, training to district authority's personnel, sample transportation costs (mode of transportation, fuel, maintenance, cold chain storage boxes etc.), **result updation in the NSCAEM portal**, **realtime dashboard / software for keeping record of sample collection time and test result uploading time** etc.

b) Payment to the Selected Agency shall be made on a monthly basis based on the number of benificiaries screened within the population groups, as reported or updated in the Sickle Cell & Thalassemia Portal (NSCAEM portal).

c) In the event of retesting due to sample spoilage, no amount will be payable for the transportation of the recollected samples.

d) Invoice in 3 (three) copies with requisite documents/proofs to be submitted to the tender inviting authority. Documents / proofs to be submitted by the Selected Agency shall include:

(i) test results entered / updated in the NSCAEM portal for all the members who has been screened (including confirmatory test results also).

(ii) submission of **monthly performance report** by the agency as well as from NIC indicating the cumulative data uploaded on NSCAEM portal regarding overall screening information (Data uploaded for both Sickle Cell & Thalassemia cases in NSCAEM portal), Sickle Cell Screening details (No. of Sickle Cell -ve cases, No. of Sickle Cell Disease cases, No. of Sickle Cell Carrier cases), Thalassemia Screening details (No. of Thalassemia disease cases, No.of Thalassemia Carrier cases, No. of Thalassemia -ve cases) and other tests.

e) The payment in favor of the Selected Agency shall be released within 30 (thirty) days from the date of submission of invoice by the Selected Agency but no interest/charges shall be paid on delayed payments.

f) In the event of **loss, wastage, damage, misplacement of sample collection kit** or **improper sample** beyond **10 % of the supplied quantity,** the cost of collection kit (as per the price breakup in Price bid format F2 for costs of collection kit) shall be paid and such payment shall be considered only upon documented justification and post verification / approval of the competent authority. Joint Stock Register & Reconciliation Mechanism: A joint stock register (physical / digital) shall be maintained at each collection or testing site for recording receipt, issuance, utilization and balance of consumables. The register shall be jointly verified and signed on a monthly basis by the authorized Government representative and the designated representative of the service provider. All claims for payment due to loss, wastage, damage, misplacement shall be supported by entries from this jointly signed stock register.

5.1.3 Disputed Invoice

a) In case of a dispute in the invoice amount, or any other payment related matter; such matter shall be discussed with tender inviting authority / concerned district authority. In such cases, the Selected Agency, shall produce requisite supporting documents, communications, acknowledgement of the tender inviting authority etc. to support the disputed Invoice amount, or any other payment related matter; however, the decision of the Mission Director, NHM in this matter shall be considered as final.

b) Any dispute or difference or claim arising out of or in relation to the terms of the RFP, will be settled by reaching a mutual understanding and amicable settlement between the parties.

6. Penalty for Late Reporting of Test Result

The maximum time permitted for uploading the test result against each benificiary in NSCAEM portal from takenover of the blood sample at the block CHC to uploading of the confirmatory test result is **15 days**.

95% of the tests in a month shall be reported & uploaded in the NSCAEM portal **within the stipulated time frame, as mentioned above**. In the event of **more than 5% of test not being reported** & test result uploaded within stipulated time frame, **25% of the payment per test (Rate per benificary) shall be deducted** for **all tests reported & test result uploaded beyond the stipulated time frame** in every month.

7. Income Tax Deduction at Source

Income tax deduction at source shall be made at the prescribed rates from the agency's bills. The deducted amount will be reflected in the requisite Form, which will be issued at the end of the financial year.

8. Damages for Mishap/Injury

The tender inviting authority shall not be responsible for damages of any kind or for any mishap/injury/accident caused to any personnel/property of the successful bidder while performing duty in the tender inviting authority / concerned district authority's premises. All liabilities, legal or monetary, arising in that eventuality shall be borne by service provider.

9. Monitoring of Contract

a) The tender inviting authority shall designate a Nodal or authorized officer(s) or representative and/ or any third party for monitoring of the Project and delivery of the services under this Contract.

b) If delay in delivery of service is observed, a performance notice shall be given to the Selected Bidder/Agency to speed up the delivery of service. Any change in the constitution of the Selected Bidder/ Agency (as the case may be) etc. shall be notified forthwith by the such Selected Bidder/Agency in writing to tender inviting authority and such change shall not relieve Selected Bidder/Agency, from any liability under the Contract.

10. Termination of Contract

EVENTS OF DEFAULT AND TERMINATION

10.1 Agency's Events of Default

(a) The Agency has failed to furnish the Performance Security;
(b) The Agency has abandoned the Project for a period of more than 30 (thirty) days;
(c) Any representation made or warranty given by the Agency under this Agreement is found to be false or misleading;
(d) The Agency has unlawfully repudiated this Agreement or has otherwise expressed an intention not to be bound by this Agreement;
(e) The Agency is in material breach of any of its obligations as mentioned in terms of reference;
(f) Any other instance explicitly mentioned in Agreement as having constituted an event of default.

10.2 Termination for Default

(a) The tender inviting authority may, without prejudice to any other remedy for breach of Contract, by written 30 (thirty) days' notice of default send to the Agency, terminate the Contract in whole or part if the Agency fails to deliver any or all of the services within the period(s) specified in the Contract, or within any extension thereof granted by tender inviting authority pursuant to conditions of the terms and conditions set out in the Contract or if the Agency fails to perform any other obligation(s) under the Contract.

(b) In event of termination resulting under the aforesaid Clause 10.2(a) hereinabove, tender inviting authority shall be liable to make no payments in favor of the Agency; however, the tender inviting authority will be entitled to forfeit the Performance Security in addition to taking any other recourse available under the law, including blacklisting the Agency.

(c) In the event that the tender inviting authority terminates the Contract in whole or in part, pursuant to the terms and conditions set out in the Contract, it may procure services similar to those undelivered, upon such terms and in such manner as it deems appropriate and the Agency shall be liable to pay tender inviting authority for all costs and expenses relating to procurement of such similar systems or services. However, Agency shall continue the performance of the Contract to the extent not terminated.

10.3 Termination for Insolvency

The tender inviting authority may at any time terminate the contract by giving a written notice of at least 30 (thirty) days to the Agency, if the Agency becomes bankrupt or otherwise insolvent. In such event, termination will be without compensation to the Agency, provided that such termination will not prejudice or affect any right of action or remedy that has accrued or will accrue thereafter to tender inviting authority.

10.4 Termination for Convenience

Either Party, by giving 30 (thirty) days written notice sent to the other Party may terminate the Contract, in whole or in part at any time. The notice of termination shall specify that termination is for convenience, the extent to which performance under the Contract is terminated and the date upon which such termination becomes effective. However, any undisputed payment to the invoices of the task accomplished by Agency would be paid by the tender inviting authority.

10.5 Termination for Force Majeure

In event that a Force Majeure event continues for 90 (ninety) days and/or tender inviting authority or the Agency does not see any feasibility of continuing the Project due to a Force Majeure event, then the tender inviting authority may, on expiry of 90 (ninety) days or at any period before that in event of no foreseeability of Project, issue a termination notice to the Agency, terminating the Contract with immediate effect. The Agency shall be awarded 30 (thirty) days to complete any pending activities. Payments for works done prior to the commencement

of the Force Majeure period shall be duly paid to the Agency by the tender inviting authority.

11. Force Majeure

(a) Neither Party will be liable in respect of failure to fulfill its obligations, if the said failure is entirely due to Acts of God, Governmental restrictions or instructions, natural calamities or catastrophe, epidemics or disturbances in the country.

(b) Force Majeure shall not include,

(i) any event which is caused by the negligence or intentional action of a Party or by or of such Party's agents or employees; nor,

(ii) any event which a diligent Party could reasonably have been expected to take into account at the time of being assigned the work and avoid or overcome with utmost persistent effort in the carrying out of its obligations hereunder.

(c) A Party affected by an event of Force Majeure shall immediately notify the other Party within 07 (seven) working days of such event, providing sufficient and satisfactory evidence of the nature and cause of such event, and shall similarly give written notice of the restoration of normal conditions as soon as possible.

(d) The failure of a party to fulfil any of its obligations under the Work Order/ Contract shall not be considered to be a breach of, or default under the Work Order/ Contract insofar as such inability arises from an event of Force Majeure, provided that the Party affected by such an event,

(i) has taken all precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the Work Order/ Contract; and,

(ii) has informed the other party within 7 (seven) days from the occurrence of such an event, including the dates of commencement and estimated cessation of such event of Force Majeure; and,

(iii) the manner in which the Force Majeure event(s) affects the Party's obligation(s) under the Work Order/ Contract.

12. Settlement of Dispute

(a) In case of any dispute the Agency will at first, attempt in good faith to resolve any dispute initially through mutual understanding and amicable settlement with the nodal officer appointed for this project by the tender inviting authority. The decision of the Nodal officer in this matter shall be considered as final.

(b) If any dispute or difference of any kind whatsoever arises between the Parties with regard to the interpretation, difference or objection in connection with or arising out of or relating to or under this RFP or Contract, or the meaning of any part thereof, or on the rights, duties or liabilities of any party, which could not be settled through amicable discussions within 30 (thirty) days from the date of reference to discuss and attempt to amicably resolve the dispute., then the same shall be referred to the Mission Director, NHM-Odisha for decision, whose decision shall be final.

(c) If either party is not satisfied with the decision, then they may opt to proceed for arbitration.

13. Arbitration

a. If dispute or difference of any kind shall arise between the procurer and the service provider in connection with or relating to the contract, the parties shall make every effort to resolve the same amicably by mutual consultations.

b) If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the procurer or the service provider may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act, 1996 of India. In that event, the dispute or difference shall be referred to the sole arbitration of an officer to be appointed by the Mission Director, National Health

Mission, Odisha as the arbitrator. If the arbitrator to whom the matter is initially referred is transferred or vacates his /her office or is unable to act for any reason, he / she shall be replaced by another person appointed by the Mission Director, National Health Mission Odisha to act as Arbitrator. Such person shall be entitled to proceed with the matter from the stage at which it was left by his /her predecessor. The award of the provision that the Arbitrator shall give reasoned award in case the amount of claim in reference exceeds Rupees One Lac (Rs.1,00,000/-)

a. Work under the contract shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the Procurer or the service provider shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.
b. Reference to arbitration shall be a condition precedent to any other action at law.
c. Venue of Arbitration: The venue of arbitration shall be at **Bhubaneswar.**

14. Applicable Law and Jurisdiction of Court

The contract shall be governed by and interpreted in accordance with the laws of India for the time being in force. The Court located at the place of issue of contract / High Court of Odisha shall have exclusive jurisdiction over all disputes arising under, pursuant to and/or in connection with the contract. It is specifically agreed that no other Court shall have any jurisdiction in the matter.

SECTION 6

EVALUATION CRITERIA

6.1 Evaluation of Technical Bid

6.1.1 In the 1st stage, Technical Bid shall be opened and the eligibility shall be assessed as per the set criteria given in **Section 3**.

6.1.2 In the 2nd stage, the Technical Proposal of those bidders shall be considered for technical evaluation that qualifies the eligibility criteria as mentioned in Section 3. Technical Proposal will be evaluated on the basis of bidder's experience, financial capability, methodology adopted for tesing & confirmation including storage of blood samples and presentation. Only those bidders whose score, on evaluation of technical proposal is more than or equal to **sixty (60)** out of the total technical score of one hundred (100) shall be considered for next stage of technical evaluation.

6.1.3 Technical Proposal of all the Applicants will be evaluated based on appropriate marking system. The categories for marking and their respective marks are as under:

Sl.	CRITERIA	MAXIMUM MARKS
1	EXPERIENCE OF THE BIDDER Experience in Laboratory Diagnostics Services with **blood collection through fingerprick** using capillary collection tube or dried filter paper **& confirmatory testing** of **Hemoglobinopathies** using HPLC / Capillary Zone Electrophoresis method for beneficiaries across Govt. healthcare facilities / communities in India during calendar years 2023, 2024 & 2025 i) Cumulative testing of 7,50,001-10,00,000 benificiaries : 10 ii) Cumulative testing of 10,00,001 - 12,50,000 benificiaries : 15 iii) Cumulative testing of 12,50,001-15,00,000 benificiaries: 20 iv) Cumulative testing of more than 15,00,000 benificiaries : 25	25
2	**APPROACH AND METHODOLOGY** i) Project Implementation Plan including transition plan, approach, methodology, innovations, evaluation and monitoring, timeline from collection to testing etc. [5 marks] ii) Mechanism of blood collection, transportation and procedure for storage of collected blood samples from the time of takenover of blood samples at the block CHCs to confirmatory tesing at the agency's NABL laboratory (of atleast 21 days) [15 Marks] iii) Details of the **NABL Labaratory** with accreditation of the manadaory tests (HbA, HbA2, HbC, HbD, HbE, HbF, HbS) alongwith other hemoglobinopathies using HPLC / Capillary Zone Electrophoresis for both newborn and adult, maximum capacity of the service provider using the CE / US FDA certified HPLC / Capillary zone electrophoresis equipment in terms of number of samples to be processed per day and the number of HPLC / Capillary zone electrophoresis equipment to be installed in its **NABL laboratory** to achieve the target of confirmatory tesing as per the requirement of the project. [20 Marks]	40
3	FINANCIAL STRENGTH - Avg. Annual Turnover (Rs.) during the financial years **2021-22, 2022-23 & 2023-24 OR 2022-23, 2023-24 & 2024-25 (if audited).** >50 ≤ 55 crores = 15 marks > 55 ≤ 60 crores = 20 marks > Rs.60 Crores =25 marks	25
4	**TECHNICAL PRESENTATION (***BEFORE THE EVALUATION COMMITTEE)*	10
	TOTAL	**100**

6.1.4 All eligible bidders (if qualified as per eligibility criteria) shall be required to make a Power Point Presentations up to **15 minutes** to demonstrate their credentials before the Evaluation Committee and to submit hard / soft copies during the presentation. The presentation shall broadly cover the following aspects:

a. Brief Company profile, local presence, associates, major clients & projects etc.

b. Experience and capabilities of conducting similar assignments in health facilities /communities in India

c. Understanding of assignment alongwith methodology indicating the blood collection method, type of technology for testing (HPLC/ Capillary Zone Electrophoresis)

d. Proposed work plan how to achieve.

The time and venue for the presentation shall be intimated to the eligible bidders.

6.1.5 In the case of a consortium applicant, technical scoring under "Experience" and "Financial Strength" shall be conducted separately. Financial strength will only be considered for the lead member, while technical experience can be taken combinely.

6.1.6 In the 3rd stage of technical evaluation, the bidders who get qualified by securing the minimum technical marks as mentioned above shall be required to go through a **validation process** of their test result (using their proposed **HPLC / Capillary zone Elecrtophoresis method) with a standard test sample (the result of which are tested by the authority using the gold standard method)** before the technial committee. Based on the satisfactory assessment of the test result by the technical committee, the technical proposal of the bidders shall be finally qualified for opening of their financial proposal.

6.2 **Evaluation of Financial Bid**:

a) Financial bid of only those bidders whose technical score (as per the technical evaluation) is more than or equal to **sixty (60)** and based on the result of the validation process as mentioned above shall be considered for financial bid opening.

b) The bidder quoting the lowest price in the financial bid shall be considered for award of contract.

SECTION 7

SELECTION OF SERVICE PROVIDER FOR DIAGNOSIS OF SICKLE CELL ANEMIA & THALASSEMIA DISEASE FOR THE COLLECTED BLOOD SAMPLES OF THE TARGET POPULATION AT COMMUNITY LEVEL THROUGH CONFIRMATORY TEST USING HPLC / CAPILLARY ZONE ELECTROPHORESIS METHOD

FORMATS FOR SUBMISSION OF PROPOSAL

(TECHNICAL & FINANCIAL BID)

Formats of the tender

RFP Reference No: OSH&FWS/SER/2025/ Diagnostics/ SCA/2

SELECTION OF SERVICE PROVIDER FOR DIAGNOSIS OF SICKLE CELL ANEMIA & THALASSEMIA DISEASE FOR THE COLLECTED BLOOD SAMPLES OF THE TARGET POPULATION AT COMMUNITY LEVEL THROUGH CONFIRMATORY TEST USING HPLC / CAPILLARY ZONE ELECTROPHORESIS METHOD

TECHNICAL BID

==========

National Health Mission, Odisha
Annex Building of SIHFW, Nayapalli,
Unit -8, Bhubaneswar-751012

CHECK LIST

(To be submitted in ***Technical Bid Envelop*)**

The documents have to be arranged serially as per the order mentioned in checklist for ease of scrutiny.

Sl. No	Item	Whether included Yes / No	Page No.
A	**Commercial Documents**		
1	Format (Check List)		
2	Bid Document Cost of Rs.5,000/- as DD		
3	The Earnest Money Deposit(s) of Rs. 90 Lakhs as DD / Banker's Cheque / BG (as per Annexur A)		
4	Format –T1 (Forwarding Letter for Technical Bid)		
5	Format –T2 (Particulars of the Bidder)		
6	Format –T3 (Annual Turnover Statement)		
7	Copies of the annual audited statement / Annual Report for the financial years 2021-22, 2022-23, 2023-24 OR 2022-23, 2023-24, 2024-25 if audited (Provisional statement of account shall not be considered)		
8	Positive networth Statement certified by Chatered accountant in each of the financial years 2021-22, 2022-23 & 2023-24 OR 2022-23, 2023-24 & 2024-25 (if audited)		
9	Format-T4 (Detail Technical Specification of HPLC / Capillary Zone Electrophoresis Machine proposed for this project)		
10	Format-T5 Experience in Laboratory Diagnostics Services using blood collection & confirmatory testing of Hemoglobinopathies using HPLC / Capillary Zone Electrophoresis for benificiaries across Govt. Healthcare facilities / communities in India during the calander years 2023, 2024,2025)		
11	Copies of the Contract / Work Order in support of the information provided in Format-T5		
12	Copies of the User certificate from the organization where similar work had been executed as mentioned in **Format-T5**		
13	**Format –T6** (Approach & methodology for **this project)**		
14	**Format –T7** (Declaration Affidavit on Stamp Paper (notarized) of **Rs.100/-**		
15	In case of Consortium bid, Consortium Agreement (as per format Annexure C) on a stamp paper (notarized) of **Rs.100/-**		
16	Copies of the Income Tax Return for past three financial years		
17	Copy of the Registration Certificate of the Firm		
18	Copy of the EPF Certificate		
19	Copy of the ESI Certificate		
20	Copy of the GST registration certificate		
22	Copy of PAN		

Sl. No	Item	Whether included	Page No.
B	**Technical Documents**		
1	Copy of Leaflets / Technical Brochures / Product Data Sheets of the proposed equipment mentioned in Format-T4		
2	Copy of valid sCE / USFDA certificate of the Manufacturer of the concerned HPLC / Capillary Zone Electrophoresis Machine		
3	Certificate of the valid NABL acredited Laboratory (alogwith the list of sickle cell /Thalasseemia tests) of the bidder in which the Sickle cell / Thalassemia laboratory tests shall be carried out		

Note: The Price Bid with price schedule be submitted in a Separate Envelop marked as "Price Bid"

Format T1

(*To be furnished in the Technical Bid envelop*)

TECHNICAL TENDER SUBMISSION FORM

(On the letterhead of the Organization)

[*Location, Date*]

To

Mission Director,
National Health Mission, Odisha
Annex Building of SIHFW, Nayapalli,
Unit -8, Bhubaneswar-751012, Odisha

Sub. : Tender Enquiry No.**: OSH&FWS/SER/2025/ Diagnostics/SCA/2**

Dear Madam / Sir,

We, the undersigned do hereby offer to provide the service for **Diagnosis of Sickle Cell Anemia & Thalassemia disease for the collected blood samples through confirmatory test using HPLC / Capillary Zone Electrophoresis method**. We are submitting our bids, which include this Technical Bid and a Commercial Bid sealed in separate envelopes.

We accept all the tender terms & conditions of the tender under reference. We hereby declare that all the information and statements made in this bid are true and accept that any of our misrepresentations contained in it may lead to our disqualification.

Our proposal shall be binding upon us for a period for a period of 180 days from the date of opening of the bid, subject to the modifications resulting from Contract negotiations you may subsequently carry out with us to accept our tender. We undertake to carry out the work as per the terms and conditions of this tender document.

We hereby declare that my firm/company has not been debarred / blacklisted by any Government / Public Sector Undertaking / State Medical Corporation or convicted in any Court of Law across India or declared Bankrupt or insolvent**. I further certify that I am the competent authority in my organization, authorized to make this declaration.**

I/We hereby agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and or Performance Security Deposit and blacklist me/us for a period of 3 years if any information furnished by us proved to be false at the time of inspection / verification and not complying with the Tender terms & conditions.

We understand you are not bound to accept any bid you receive.

Yours sincerely,

Authorized Signatory [*In full and initials*]: _____
Name and Title of Signatory: _____
Name of Organization: _____

Address: _____

(Organization Seal)

Format T2

(*To be furnished in the Technical Bid envelop*)

(On the letterhead of the Organization

DETAILS OF THE BIDDER

GENERAL INFORMATION ABOUT THE BIDDER				
1	Pl. mention whether partipated as a **Sole Bidder** or **Consortium**			
2	Name of the Bidder (Lead bidder in case of Consortium)			
	Registered address of the bidder			
	State		District	
	Telephone No.		Fax	
	Email		Website	
3	Name of the Consortium Bidder 1 (in case of **consortium bid only**)			
	Registered address of the consortium bidder 1			
	State			
	Telephone No.			
	Email		Website	
4	Name of the Consortium Bidder 2 (in case of **consortium bid only**)			
	Registered address of the consortium bidder 2			
	State			
	Telephone No.			
	Email		Website	
Contact Person Details				
5	Name		Designation	
	Telephone No.		Mobile No.	
	Email		Website	
Communication Address				
3	Address			
	State		District	
	Telephone No.		Fax	
	Email		Website	

Type of the Firm (Please □ relevant box)						
4	Private Ltd.		Public Ltd.		LLP	
	Partnership		Society		Others, specify	
	Registration No. & Date of Registration.					
Nature of Business (Please□ relevant box)						
5	Manufacturer		Importer			
	Authorized Distributor					
Key personnel Details (Chairman, CEO, Directors, Managing Partners etc.)						
6	in case of Directors, DIN Nos. are required					
	Name		Designation			
	Name		Designation			
7	*Whether any criminal case was registered against the company or any of its promoters in the past?*			Yes / No		
8	*Other relevant Information*					
9	*GST Registration* *Furnish the copy of the GST registration certificate*					
10	*PAN:* *Furnish the copy of the PAN*					
11	*Registration certificate / Certificate of Incorporation of the bidder (Lead bidder in case of consortium) (furnish the copy)*					
12	*Bank Details of the Bidder: The bidders have to furnish the Bank Details as mentioned below for return of EMD /Payment for supply if any (if selected)* a. Name of the Bank : b. Name of the Account & Full address of the Branch concerned : c. Account no. of the bidder : d. IFS Code of the Bank:					
Date		*Office Seal*		*Signature of the bidder / Authorized signatory*		

Format T-3

Annual Turnover & Networth Statement

(In the letterhead of the Chartered Accountant)

The **Annual Turnover** for the last 3(three) audited financial years of M/s_____ _____ are given below and certified that the statement is true and correct.

Sl.	Financial Year	Turnover in (Rs.) both in figures & words
1	2021-22	
2	2022-23	
3	2023-24	
4	Or 2024-25 (if audited)	
	Average Annual Turnover (Rs.) of the **last three audited F.Y.**	

The **Networth** for the last 3(three) audited financial years of M/s_____ _____ are given below and certified that the statement is true and correct.

Sl.	Financial Year	Networthr in (Rs.) both in figures & words
1	2021-22	
2	2022-23	
3	2023-24	
4	Or 2024-25 (if audited)	

Date :

Signature of Auditor/ Chartered Accountant

Place:

(Name in Capital)

Seal

Membership No.:

UDIN No. :

N.B: 1) In case of a sole bidder, the annual turnover statement should also be supported by copies of audited annual statement of the last three financial years / Annual Report and the turnover figures mentioned above should be highlighted there.

2) In case of consortium bid, the annual turnover statement of Lead Member shall have to be furnished supported by copies of audited annual statement of the last three financial years / Annual Report and the turnover figures mentioned above should be highlighted there

Format – T4
(To be furnished with the Technical bid)
Technical Specification Details of HPLC / Capillary Zone Electrophoresis Machine, Blood Collection Kit and Storage of Blood Samples proposed for this project

A) Test Equipment (HPLC / Capillary Zone Electrophoresis Machine)

Name of the Device:

Make : Model No. :

Product Standard (CE / USFDA) : _____

Testing Capacity / Day: _____

* **Leaflets / Technical Brochures** / **Product Data Sheets** of the **Model offered** for the equipment **highlighting** the **features** and product standard of the product offered, **must be attached** in support of the information provided above.

B) Blood Collection Kit

Mention the detail methdology of blood collection to be used in **HPLC / Capillary Zone Electrophoresis Machine**

C) Methodology for Storage of Blood Samples from Collection Site to Block CHC (7 days) and storage of Blood Samples from taken over bllod samples from Block CHC till confirmatory testing at testing laboratory (Minimum storage time requirement is atleast 15 days)

Mention the detail methdology of storage

D) Details of realtime dashboard / software solution for tracking the sample handover date / time and the result uploading date / time.

E) Details of the NABL acredited Laboratory & valid NABL certificate

Signature of the Bidder

Name :

Date :

Place :

Seal

Format – T5

(To be submitted in Technical Bid Envelop)

Past Experience in Laboratory Diagnostics Services using blood collection through fingerprick using capillary collection tube or dried filter paper & confirmatory testing of Hemoglobinopathies using HPLC / Capillary Zone Electrophoresis during the Calendar years 2023, 2024 & 2025.

Details of No. of Similar Projects Executed (Year wise : 2023, 2024 & 2025)

Sl.	Assignment Contract No. & Date	*Name of the Organization	Description of work / services provided	Whether blood collection mechanism through Fingerprick or not (Yes / No)	If blood collection is by fingerprick whether blood collection is by capillary collection tube / dried filter	No. of Benificiaries for confirmatory testing of Hemoglobinopathies	Contract Price (Rs.) of assignment	Date of commencement	Date of Completion / Ongoing	** Was the assignment satisfactorily completed

Note: Attach extra sheet for above Performa if required.

*Attach Photocopies of the contract / work order of the assignments **serially** as mentioned above for ease of scrutiny.

** Attach the users' certificates regarding satisfactory completion of assignments as mentioned above

Signature of Authorized Signatory **Name & Designation:**

Date: **Seal**

Place:

Format –T6

(To be submitted in Technical Bid Envelop)

DESCRIPTION OF APPROACH & METHODOLOGY STATEMENT

DESCRIPTION OF APPROACH, METHODOLOGY STATEMENT [Technical approach, methodology and work plan are key components of the Technical Proposal. In this Section, bidder should explain their understanding of the scope and objectives of the assignment, approach to the services, methodology for carrying out the activities and obtaining the expected output and the degree of detail of such output. Further, it should highlight the problems to be addressed and their importance, and explain the technical approach to be adopted to address them. It is suggested to present the required information divided into following ***sections***]

1. Project Implementation Plan including transition plan, approach, methodology, innovations, evaluation and monitoring, timeline from collection to testing etc.
2. Mechanism of blood collection, transportation and procedure for storage of collected blood samples from the time of takenover of blood samples at the block CHCs to confirmatory tesing at the agency's NABL laboratory (of atleast 21 days) .
3. Details of the **NABL Labaratory** with scope of accreditation of the required sickle cell tests, Details of the Confirmatory testing method (HPLC / Capillary zone electrophoresis), maximum capacity of the service provider using the CE / US FDA certified HPLC / Capillary zone electrophoresis equipment in terms of number of samples to be processed per day and the number of HPLC / Capillary zone electrophoresis equipment to be installed in its **NABL laboratory** to achieve the target of confirmatory tesing as per the requirement of the project.
4. Details of **realtime dashboard / software solution** for tracking the sample handover date / time and the result uploading date / time.

Authorized Signatory / Signature [*In full and initials*]: _____

Name and Title of Signatory: _____

(Organization Seal)

Format –T7

DECLARATION BY BIDDER

(To be submitted in Technical Bid Envelop)

[**Affidavit** before Executive Magistrate / Notary Public on a **Rs.100/- non judicial stamp paper]**

We ..... agree that we will abide by all the terms & conditions set forth in the tender reference No. **OSH&FWS/SER/2025/ Diagnostics/ SCA/2.** We shall keep our bid and price validity for a period as specified in Clause 5 (Section-2) of the tender reference no. as cited above.

We do hereby declare that our organization has not been de-recognized / blacklisted / debarred (which is valid as on date of bid sumission) by any State Govt. / Union Territory / Govt. of India Organization / Govt. Health Institutions.

Signature of the bidder:

Date:

Name & Address of the Firm:

Seal

Notary Signature & Seal

Format – F1

FINANCIAL BID

(To be submitted in the letterhead of the bidder in the **financial bid envelop**)

A. Rate per benificiary (Rs.)

Rate per beneficiary (Valid Test result for both Sickle Cell & Thalassemmia & other hemoglobinopathies as mentioned in TOR) uploaded in portal)) shall include all cost (Equipment, Sample Collection Kit, Sample Transportation, manpower, Labortary Confirmatory testing, Data Entry of test result in portal) as per details mentioned below:	***Rate per beneficiary (Valid Test result for both Sickle Cell & Thalassemmia & other hemoglobinopathies as mentioned in TOR) in Rs. (both figures and words) exclusive of GST**
1. **SampleTransportation** from Block CHC to the agency's Laboratory **2. Sample collection kit** : • Bar coded sample Capillary Collection tube / Dry Filter Whatman 903 paper with test requisition form to capture person demographic details in local language • Zip lock plastic bag • Self-sealable envelope to hold the collection tube / filter paper • Automatic retractable Lancet -CE marked from a reputed manufacturer • Alcohols swab • Band Aid • Desiccant • Instruction booklet in local language 3. **Setting up of NABL laboratory infrastructure** for confirmatory testing of 32 lakhs (approx.) samples in 12 months, with sufficient trained Lab Technicians, Doctors (MD : Pathologists / Hematologists) and testing infrastructure (as per NABL norms) including sufficient HPLC/CAPILLARY ZONE ELECRTOPHORESIS METHOD systems (**CE/USFDA certified**) to manage the said sample load. 4. **Laboratory testing** of Blood Sample on HPLC / CAPILLARY ZONE ELECRTOPHORESIS METHOD for Sickle cell anemia, Beta Thalassemia and other variant hemoglobinopathies to determine diseased, carrier and compound heterozygote states in the **age group of 0-40 years** in an NABL complaint manner and reporting of the test report in the desired format 5. **Facilitation, Digitalization and Data entry** into the NSCAEM Portal, **Realtime webbased Dash Board interface / Software solution** for **tracking of date/time of taken over of sample at block CHC** and date / time of uploading of test result (benficiary / facility wise in a monthly basis)	

Note : Price breakup of Rate per benificiary shall have to be furnished in Format F2.

B. GST (if any applicable for this service in %): _____

*The rate per benificiary (exclusive of GST) shall be considered for evaluation

Signature of Authorized signatory

Name & Designation:

Date: **Office Seal**
Place:

Format – F2

PRICE BREAKUP OF FINANCIAL BID

(To be submitted in the letterhead of the bidder in the **financial bid envelop**)

Sl.	Price Breakup Parameters	Rate per Benificiary (Rs.) excluding GST
1.	**Sample Collection Kit** with transportation cost	
2.	**Laboratory testing** of Blood Sample on HPLC / CAPILLARY ZONE ELECRTOPHORESIS METHOD (including storage & transporation from block CHC, storage at laboratory and laboratory setup cost)	
3.	Test report Uploading including Facilitation, Digitalization and Data entry into the NSCAEM Portal, Realtime webbased Dash Board interface / Software solution for tracking of date/time of taken over of sample at block CHC and date / time of uploading of test result (benficiary / facility wise in a monthly basis)	
	***TOTAL (Rate per Benificiary)**	

Note : The Total (Rate per benficiary) figure (exclusive of GST) in Format F2 must be same as the Rate of benificiary (exclusive of GST) mentioned in Format F1.

SECTION - 9

ANNEXURES

Annexure-A

BANK GUARANTEE FORM FOR EMD

[The Bank shall fill in this Bank Guarantee Form in accordance with the instructions indicated.]

To

The Mission Director,
National Health Mission,
Odisha

Whereas (insert the name of the bidder) (hereinafter called the "Bidder") has submitted its proposal dated (insert date) for Diagnosis of Sickle Cell Anemia & Thalassemia disease for the collected blood samples through confirmatory test using HPLC / Capillary Zone Electrophoresis method (hereinafter called the "Proposal") against the RFP (Insert RFP reference number) issued by Mission Director, National Health Mission - Odisha (hereinafter called "Authority").

Know all persons by these presents that we (insert name of the bank) of (insert address of the bank) (Hereinafter called the "Bank") having our registered office at (insert regd. office address of bank) are bound unto <insert the name and address of the procuring authority> (hereinafter called the "Authority") in the sum of (insert guarantee amount) for which payment will and truly to be made to the said Authority, the Bank binds itself, its successors and assigns by these presents.

Sealed with the Common Seal of the said Bank this ____ day of _____ 2026____.

The conditions of this obligation are:

If the Bidder withdraws or amends, impairs or derogates from the tender in any respect within the period of validity of this Bid.
If the Bidder having been notified of the acceptance of his Bid by the Authority during the period of its validity: -

Fails or refuses to furnish the performance security for the due performance of the contract. or
Fails or refuses to accept/execute the contract. or
If it comes to notice that the information/documents furnished in its tender is incorrect, false, misleading or forged

We undertake to pay the Authority the above amount upon receipt of its first written demand, without the Authority having to substantiate its demand, provided that in its demand the Authority will note that the amount claimed by it is due to it owing to the occurrence of one or both the two conditions, specifying the occurred condition(s).

This guarantee will remain in force up to _____ *[(till the date), 8 months from the date of bid submission]* and any demand in respect thereof should reach the Bank not later than the above date.

Our..... branch at..... (Name & Address of the .....branch) is liable to pay the guaranteed amount depending on the filing of claim and any part thereof under this Bank Guarantee only and only if you serve upon us at our ..... branch a written claim or demand and received by us at our .....branch on or before Dt.....otherwise bank shall be discharged of all liabilities under this guarantee thereafter.

Signature of the Authorised Officer of the Bank
Name and Designation of the Officer

Seal, Name & Address of the Bank and the Branch

Annexure-B

Format for Consortium Agreement

*(**On stamp paper of Rs.100/-** to be purchased in the name of executants companies or as required by the jurisdiction in which executed)*

THIS Consortium Agreement executed on this ..... day of..... by:
M/s. ..... an organization incorporated under the act of ..... and having its registered office at ..... (hereinafter called the "**Lead Member**" which expression shall include its successors); and
M/s. ..... an organization incorporated under the act of .....and having its registered office at..... (hereinafter called the "**Second Member**" which expression shall include its successors)

The Lead Member, the Second Member shall collectively hereinafter be called as the "Consortium Members" for the purpose of submitting a proposal (hereinafter called as "Proposal") to Odisha State Health & Family Welfare Society (hereinafter called "OSH&FWS") in response to OSH&FWS's Request for Proposal Document (hereinafter called as "RFP" Document) no.....Dated..... to select a bidder for Diagnosis of Sickle Cell Anemia & Thalassemia disease for the collected blood samples through confirmatory test using HPLC / Capillary Zone Electrophoresis method .

AND WHEREAS this RFP document stipulates that a Consortium of maximum two organizations, meeting the requirements stipulated in the RFP document may submit a proposal signed by Lead Member of the Consortium Members so as to legally bind all the Members of the Consortium who will be jointly and severally liable for the performance and all obligations there under to OSH&FWS. A duly signed Consortium Agreement shall be attached to the Proposal.

NOW THIS AGREMENT WITNESSETH AS UNDER:

In consideration of the above premises all the Parties to this Consortium Agreement do hereby agree as follows:

1. M/s..... shall act as Lead Member for and on behalf of Consortium Members. The said Consortium Members further declare and confirm that we shall jointly and severally be bound and shall be fully responsible unto OSH&FWS for the successful performance of the obligations under the Request for Proposal (RFP) and resulting Agreement(s) submitted / executed by the Lead Member in the event of the selection of Consortium as Agency.

2. That M/s..... which is the Lead Member of the Consortium shall invest and have at least 51% stake in the Consortium for the contract Period as specified in the RFP document..

3. In case of any breach of the stipulations of the RFP Document by the Lead member, Consortium Members along with the Lead Member do hereby agree to be fully responsible to carry out all the obligations and responsibilities under the RFP and resulting Agreement(s).

4. If OSH&FWS suffers any loss or damage on account of any breach in the stipulation of the Agreements to be entered into by the Consortium Members, upon its selection as Agency pursuant to RFP (the "Agreements") or any shortfall in the performance of the Transaction or in meeting the performances guaranteed as per the RFP and the Agreements, the Consortium Members hereby jointly and severally undertake to promptly make good such loss or damages caused to OSH&FWS on its demand without any demur or contest. It shall not be necessary or obligatory for OSH&FWS to proceed against the Prime Bidder before proceeding against or dealing with the other Member(s).

5. The financial liability of the Consortium Members to the OSH&FWS, with respect to any of the claims arising out of the performance or non-performance of obligations under the RFP and the resulting Agreement(s) shall not be limited so as to restrict or limit the liabilities of any of the Members and the Members shall be jointly and severally liable to OSH&FWS.

6. It is expressly agreed by the Members that the sharing of responsibilities and obligations amongst the Members shall not in any way be a limitation of joint and several responsibilities and liabilities of the Members to the OSH&FWS. It is clearly understood that the Prime Bidder shall ensure performance under the Agreements and if one or more Consortium Members fail to perform its / their respective obligations under the Agreement(s), the same shall be deemed to be a default by all the Consortium Members.

7. It is also understood by all Consortium Members that the RFP Document stipulates various obligations as well as terms and conditions related to the Transaction during Proposal stage or thereafter during the subsistence of the RFP documents i.e. the Agreements.

8. This Consortium Agreement shall be construed and interpreted in accordance with the laws of India and the Courts of Bhubaneswar shall have the exclusive jurisdiction in all matters arising there under.

   If an invitation is issued by OSH&FWS for becoming Agency, we the Consortium Members do hereby agree that we shall be jointly and severally responsible for furnishing the Bank Security. It is also hereby agreed that Lead Member shall, on behalf of the Consortium submit the EMD in the form of DD/Banker's Cheque / Bank Guarantee drawn in favour of Mission Director, National Health Mission payable at Bhubaneswar (hereinafter called as "EMD" from a Nationalized/Scheduled Commercial Bank for the value and in the currency as specified by OSH&FWS.

9. It is further agreed that this Consortium Agreement shall be irrevocable and shall continue to be enforceable till the same is discharged by OSH&FWS. It shall be effective from the date first mentioned above for all purposes and intents.

10. The responsibilities of all the members of the Consortium for this Project would be as stated in the table below:

Member of Consortium	Responsibilities
Lead Member	
Second Member	

IN WITNESS WHEREOF, the Members to the Consortium Agreement have through their authorized representatives executed these presents and affixed common seal of their companies, on the day, month and year first mentioned above.

1. Common Seal of..... has been affixed in my/our presence pursuant	For and on behalf of **Lead Member** M/s..... (Signature of authorized representative)

WITNESS

1.....
(Signature)
Name.....
Designation.....

2.....
(Signature)
Name.....
Designation.....

Annexure-C

FORMAT FOR BANK GUARANTEE FOR PERFORMANCE SECURITY

(to be furnished by the selected Service Provider at the time of signing of contract)

To

The Mission Director
National Health Mission, Odisha

WHEREAS.....(Name and address of the Service Provider) (Hereinafter called " service provider" has undertaken, in pursuance of contract No..... dated ..... (herein after "the contract") for Diagnosis of Sickle Cell Anemia & Thalassemia disease for the collected blood samples through confirmatory test using HPLC / Capillary Zone Electrophoresis method .

AND WHEREAS it has been stipulated by you in the said contract that the service provider shall furnish you with a bank guarantee by a scheduled commercial bank recognized by you for the sum specified therein as security for compliance with its obligations in accordance with the contract;

AND WHEREAS we have agreed to give such a bank guarantee on behalf of the service provider;

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the service provider, up to a total of..... (Amount of the guarantee in words and figures), and we undertake to pay you, upon your first written demand declaring the service provider to be in default under the contract and without cavil or argument, any sum or sums within the limits of (amount of guarantee) as a foreside, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

We hereby waive the necessity of your demanding the said debt from the service provider before presenting us with the demand.

We further agree that no change or addition to or other modification of the terms of the contract to be performed there under or of any of the contract documents which may be made between you and the service provider shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition or modification.

This guarantee shall be valid up to _____ months *[(28 months: Max. contract Period 24 months + 4 months]* from the date of signing of contract i.e. up to..... (Indicate date)

.....
(Signature with date of the authorized officer of the Bank)
.....
Name and designation of the officer
.....
Seal, name & address of the Bank and address of the Branch