PRE-BID CLARIFICATION / AMENDMENT IN RESPONSE TO QUERIES RAISED BY THE PROSPECTIVE BIDDERS IN THE PRE-BID MEETING HELD ON 6.3.2026, 4 PM AT CONFERENCE HALL OF MISSION DIRECTORATE, NHM ODISHA FOR THE REQUEST OF PROPOSAL (RFP) (RE-TENDER) FOR SELECTION OF SERVICE PROVIDER FOR DIAGNOSIS OF SICKLE CELL ANEMIA AND THALASSEMIA DISEASE BY HPLC/CAPILLARY METHOD *[Bid Advt. No.OSH&FWS/SER/2026/ Diagnostics/SCA/3] dated 27.2.2026.*

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 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.	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 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.	**No Change**
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	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**

		extended for another period of 1 year based on satisfactory performance of the service provider.		
4	Section 3 Eligibility Criteria Clause 3.3 Page No 8	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.	We requested here amended clause as below: The bidder must have experience in Laboratory Diagnostics Services for confirmatory testing of Hemoglobinopathies using HPLC / Capillary Zone Electrophoresis method for a minimum cumulative testing of 5,00,000 beneficiaries across Govt. Healthcare facilities / Communities in India during the calendar years 2023, 2024 & 2025. Keeping finger prick or capillary collection becomes redundant clause for wider participation and so please allow experience of carrying out thalassemia testing using HPLC / Capillary zone electrophoresis confirmatory testing methods	**No Change**
5	Section 3, Clause 3.4, Page 8	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	We request here to amended clause as below: The bidder must have a valid NABL accredited laboratory for testing related to Sickle Cell Anemia and Thalassemia screening. Accreditation for HbA2 testing shall be considered sufficient for meeting this eligibility requirement, as the remaining reportable parameters are sub-fractions of hemoglobin that are covered under	**No Change**

		scope of accreditation shall have to be furnished in thechical bid.	the HbA2 testing methodology. The bidder shall submit self-attested photocopies of the valid NABL accreditation certificate, clearly indicating the relevant scope of testing, as part of the Technical Bid.	
6	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 hemoglobinopathies. 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**
7	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 above is tentative and it may increase during the	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 deliverables. It is kindly requested that the event of an increase in the target population during	**Clarification** The target population of approximately 32 lakhs is the estimated target. However payment shall be made based on the test result of benificiaries uploaded in the **NSCAEM Portal.**

		contract period or any extension thereof.	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.	
8	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 &	Kindly clarify that sample recollection due to improper collection by district staff shall not attract penalties to the agency.	**Clarification** Pl. refer the clause no. 5.1.2 (f) of Section 5 (Terms & Conditions)

		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.		
9	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	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**

		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 real-time dashboard / software for tracking and monitoring purposes		
10	Section 4 Terms of Reference 4.2.2 Stage - 2 : B 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.	**Amended** 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 7-10 days time period 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 (7-10 days time period) is the responsibility of the agency. Similarly in the clause no. 4.2.3 (last paragraph) and the Format T4, where this time is mentioned as 7 days is to be replaced as 7-10 days. **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 (7-10 days time period) and another 15 days from the date of handover to the agency for transportation & testing, is the responsibility of the agency.
11	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 of blood samples is calculated from the **date of handing over of the sample** by the district authority to thebagency 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 7-10 days 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 15 days from the date of sample handover to the agency.
12	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 is approximately 32 lakhs across 21 sickle cell prevalence districts of Odisha. This target population is tentative and it may increase during the contract period or any extension thereof. In case of any increase in target population, there shall be no revision in contract price.
13	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**

14	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 (Section 5 - Terms & conditions) 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.
15	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.

16	Section 5 Terms and Conditions 5. Payment and its Periodicity 5.1.2 Invoicing Page no.17	(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	It is kindly requested that in the event of any delay in payment by the Authority, the agency shall be entitled to charge 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.	**No Change**
17	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**
18	Evaluation Criteria Sr.1 Experience of the bidder Page no.22	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	We request to amended clause as below: Experience in Laboratory Diagnostics Services using blood collection & confirmatory testing of Hemoglobinopathies using HPLC / Capillary Zone Electrophoresis for beneficiaries across Govt. Healthcare facilities / Communities in India during the calendar years 2023, 2024 & 2025. i) Cumulative testing of 5,00,001 - 5,50,000	**No Change**

		years 2023, 2024 & 2025 i) Cumulative testing of 7,50,001 - 10,00,000 beneficiaries : 10 ii) Cumulative testing of 10,00,001 - 12,50,000 beneficiaries : 15 iii) Cumulative testing of 12,50,001 - 15,00,000 beneficiaries: 20 iv) Cumulative testing of more than 15,00,000 beneficiaries : 25	beneficiaries : 10 ii) Cumulative testing of 5,50,001 - 6,00,000 beneficiaries' : 15 iii) Cumulative testing of 6,00,001 - 7,00,000 beneficiaries': 20 iv) Cumulative testing of more than 7,00,000 beneficiaries' : 25	
19	Evaluation Criteria Sr.2 - Approach and methodology point iii. Page no.22	Details of the NABL Laboratory with accreditation of the mandatory 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 testing as per the requirement of the project.	We requested amended clause as below: Details of the NABL Laboratory **with 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.	**No Change**
20	Section 6 – Evaluation Criteria Page 22	Technical presentation	Kindly confirm whether virtual presentations will be permitted in case of unavoidable circumstances.	**Clarification** In case of unavoidable circumstances, virtual presentation shall be permitted.
21	General	Additional Clause	Kindly provide the agreement draft for further perusal of the	**Clarification** The agreement to be signed with the selected

			Bidder.	agency shall contain the terms of reference and terms & conditions of the RFP document.
22	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.
23	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.
24	General	Early termination 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.

25	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 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.	**No Change**

			In older children and adults-particularly in individuals with iron defeciency 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.	
26	Term of refernce	Supply of Kit (by Service provider) Sample (Blood) collection from the target population in the	In the event of loss, wastage, damage, or misplacement of sample collection consumables attributable to handling	**Clarification** Pl. refer the clause no. 5.1.2 (f) of Section 5 (Terms & Conditions)

		community (by dist. authority)	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 consumables, 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 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 provider from financial impact arising due to factors beyond their operational control.	
27	Format T5	1. Whether blood collection mechanism through Fingerprick or not (Yes / No) 2. If blood collection is by fingerprick, whether blood collection is by capillary collection tube / dried filter paper.	We kindly request you to delete this column from Format T5.	**No Change**

28	Section 3 Clause 3.3, Page No. 8	Eligibility criteria for bidding	It is humbly requested that recommendation from Government of India and DG, Indian Council of Medical Research (ICMR), along with successful validation by ICMR for use of validated and nationally recommended technology may kindly be included as an eligibility criterion in RFP to ensure use of validated and nationally recommended technology.	**No Change**
29	Section 4 Clause 4.2.2 (B), Page No.13	Stage-2: Transportation of samples for screening & confirmation to the Responsibility of the District Authority. The concerned district authority's staff shall hand over samples to the agency at the Block CHC within 7 days (maximum} from the date of blood collection. Storage requirement till handover shall be the responsibility of the agency.	It is humbly requested to kindly clarify that **if** collected samples do not reach the Block CHC within 7 days from the date of collection, whether such samples will be treated as rejected samples. If rejected kindly clarify the payment terms and conditions applicable in *such* cases, as the delay may occur due to circumstances beyond the agency's control.	**Clarification** The agency can accept such samples handed over to them by the district authority within 7-10 days from the date of sample collection, provided the agency can test those samples within 15 days from the handover of blood samples at block CHCs by the district authority to the agency.
30	Section-5 (Clause 6) : Penalty for Late Reporting of Test Result	Penalty for Late Reporting of Test Result - 95% of test results must be uploaded in the NSCAEM portal within 15 days. If more than 5% are delayed 25% deduction per test shall be imposed.	1) It is humbly requested that the penalty provision may kindly be revised in line with the Genetic Card tender, wherein the penalty is 1% of the payment per test per week, subject to a maximum cap of 10% of the contract value of the delayed reports. Further, as per the provisions of the General Financial Rules 2017 and the standard contract terms followed on the Government e-Marketplace (GeM)	**Amended** The **clause no. 6** of Terms & Condition (Section 5) is amended as The maximum time permitted for testing of blood samples and updation in the **realtime dashboard** (developed by the agency) is **15 days**. ***95% of the valid tests in a month*** *shall be reported & updated in the* **realtime dashboard** ***within the stipulated time frame, as***

			portal, liquidated damages are generally limited to 0.5% of the value of delayed Goods / services per week or part thereof, subject to a maximum ceiling of 10% of the contract value of the delayed portion. In view of the above, it is requested that the penalty provision may kindly be rationalized, as the current penalty may cause operational and financial challenges in effective project implementation. 2. The RFP document indicates that approximately 10% of the collected samples may be expected as wastage or rejected samples. However, at the same time, a penalty is proposed if 95% of the test results are not uploaded within the stipulated timeline. These two provisions appear contradictory, as the expected rejection / wastage rate itself may impact the reporting percentage. Therefore, it is humbly requested that the threshold for timely uploading of results may kindly be relaxed to 90% or suitably revised, considering the practical operational challenges associated with sample rejection and wastage.	***mentioned above**. In the event of **more than 5% of test not being updated in the** realtime dashboard within stipulated time frame, **10% of the payment per test (Rate per benificary) shall be deducted** for **all tests updated beyond the stipulated time frame** in every month.*
31	Section-4 Clause 4.2.5 (A)1 & 2, Page No.15	Stage-4: NSCAEM Portal Data Entry - Responsibility of Agency: Once screening and confirmatory tests are conducted, the	1. For uploading results on the portal, the agency requires mandatory parameters such as HFID (Health Facility ID) Code and HF Type (Health Facility Type) Code,	**Clarification** 1. As per the amendment mentioned in Sl.30, the penalty is **not linked with updation in NSCAEM portal**. However, the

		laboratory results must be uploaded on the NSCAEM portal.	which are to be provided by the concerned authority. Therefore, it is requested that the timeline for data updating may be considered as 15 days from the date of receipt of these mandatory parameters required for uploading the results. 2. As per clarification provided earlier in the same tender (Serial No. 28 in pre-bid query replies}, it was mentioned that **the** agency must perform data verification prior to testing. Assuming the same applies to this re-tender, kindly clarify how the agency is expected to perform such data verification prior to testing.	registered database will be provided to the agency on a regular basis (preferably in every month) for updation of test result of blood samples in NSCAEM portal. The agency shall also be provided with the **API Link** for uploading of data in the NSCAEM portal. This is to clarify that **the payment on a monthly basis** shall be made as per the test result of benificiary **uploaded in the NSCAEM portal** for both sickle cell & thalassemia. 2. The data verification prior to testing includes validity of the blood sample, correctness of the benificiary data provided in the DBS kit and identification of the correct record in the database.
32	Section 4 & 5, Clause 4.2.5 (A), Page No.15	NSCAEM Portal Data Entry and Testing Process - 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	1. Payment conditions on wastages not mentioned (Before testing rejected & after testing rejected) in RFP - Pl add in the RFP. In certain cases, the DBS sample may appear acceptable upon visual inspection and all details written on the card may be proper and verified. However, when the sample is processed on the HPLC system, no peaks are observed on the chromatogram (which may occur due to improper sample collection or non human / artificially coloured	**Clarification** 1. The payment clause mentioned at clause no. 5.1.2 (f) includes **all wastages** before & after testing subject to verification by a committee. 2. In cases where the Sickle ID written on the sample collection card is found to be incorrect, the Agency may attempt to identify the correct record in the database using beneficiary details such as name, gender, father's name, phone

			samples). In such situations, no valid result or diagnosis can be generated. 2. In cases where the Sickle ID written on the sample collection card is found to be incorrect, kindly clarify whether the Agency may reject such samples outright, or whether the Agency may attempt to identify the correct record in the database using beneficiary details such as name, gender, father's name, phone number, etc.	number, etc
33	Clause 3.3 of the Eligibility Criteria.	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.	We kindly request the competent authority to consider one of the following relaxations: Option A: Allow experience in hemoglobinopathy testing using HPLC / Capillary Electrophoresis irrespective of beneficiary volume, subject to valid NABL accreditation and EQAS participation. Option B (Performance - Based Qualification): Replace high-volume criteria with submission of: • Valid NABL certificate with scope • EQAS performance reports for last 2-3 cycles • QC documentation • Sample signed report • Undertaking for pilot demonstration if required.	**No Change**

34	General Query		Will the project collect 32 lakh samples across district happen simultaneously across districts or phased roll out?	**Clarification** The target population of 32 lakhs across 21 districts is tentative. It will not happen simultaneously but a contineous process during the contract period. Therefore the payment mechanism is on a monthly basis. Please also refer the clarification at Sl. No. 12.
35	General Query		Will training have to be given each time a new ASHA worker joins post completion?	**Clarification** One time training shall be imparted to the designated staffs of the district authority.
36	General Query		How to record or document 10% wastage / hemolysed sample that may require recollection? Is there an SOP	**Clarification** Details shall be incorporated in the SOP after signing of contract with the selected agency.
37	General Query		Is there any exemption provided to start-ups registered in Odisha against the financial eligibility as provided under clause 3.5 and clause 3.6 of section 3, page 8 of the RFP.	**Clarification** No exemption to Startup registered in Odisha in financial elegibility as per clause 3.5 & 3.6 of elegibility criteria (Section 3).
38	Section 2 clause 3 (b) : EMD		Will the exemption provided against deposit of EMD under Section 2 clause 3 (b) extend to start up company which has a MSME registration but is not registered under OSIC or NSIC?	**Clarification** The exemption against deposit of EMD for MSEs registerd in Odisha [as mentioned in Clause 3(b) - Section 2] shall also extend to Startups registered in Odisha.
39	Section 4.2.2 – 2(e)			**Amended** 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 testing is adequately disposed of as per the statutory guidelines.
40	Section 4.2.2 – A (2) b) Realtime dashboard			**Amended** The agency shall provide **one realtime dashboard / software solution** for tracking the date / time of the sample collection, sample handover and testing (benificiary wise) alongwith the details of validity of the tested blood samples. 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. The agency shall have to demonstarte the full proof realtime dashboard / software solution (incorporating the above minimum features) to the tender inviting authority witin 1 month from the date of signing the contract.
41	Section 4.2.5 – A (5) Relatime Dashboard / Software Solution			The clause 4.2.5 – A (5) is **deleted.**

Sd/
Mission Director
NHM, Odisha