अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
स्वास्थ्य और परिवार कल्याण मंत्रालय,भारत सरकार के तत्वावधान में एक वैधानिक निकाय
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)

Ref No.: 4-39/2022-23/AIIMS/GHY/PROC.-VE/II/1 Date:01.04.2025

REQUEST FOR PROPOSAL(RFP)

On behalf of Executive Director, AIIMS Guwahati RFP is hereby sought from registered vendor for printing of necessary items which are summarised in the table below:-

Dept./Section	Sl.No.	Item with Specifcation	Qty.	Attachment
Pathology	1.	Clinical Pathology Requisition Forms	30,000	Annexure-I
Microbiology	2.	Lab Requisition Form	Pink- 80 Pads of 100 forms each	Annexure-II
			Yellow- 80 Pads of 100 forms each	
In-Patient Department	3.	IPD FILE (Clip) for Patient Records	15,000	Annexure-III
Hospital Administration	4.	Log book for Laundry 1. 50 pages in 1 log book 2.3 identical pages with a carbon copy	50 books	Annexure-IV

Prospective vendors are encouraged to quote clearly indicating the price and GST applicable for each item as per table shown above on or before 16.04.2025. Partial quote by any party shall not be accepted for evaluation. Further to inform you that the printing should be made in good quality paper.

A sample copy of the above items is placed as attachment viz., Annexure I to Annexure-IV. The vendors should prepare strictly according to the specifications mentioned in the corresponding Annexure. An expert team will evaluate the sample copies and if any discrepancies arise, the decision of the Competent Authority will be final.

The party quoting the L1 price will be awarded the contract to supply the items of specific quantity. You are requested to submit quotes in the box, to be placed for the said purpose in the Admin. Section of AIIMS Guwahati in sealed envelope superscribing “Quotation for printing items of AIIMS Guwahati w.r.t.. Ref. No…… dt……” Clearly mentioning the name and address of the bidder.

Sd/-

Asst. Administrative Officer(I/c)

AIIMS, Guwahati

Copy to:

1. I/c Institute Website – for publishing on the Website
2. Office Copy.

DELIVERY CHALLAN

ALL INDIA INSTITUTE OF MEDICAL SCIENCES GUWAHATI

LAUNDRY DETAIL

S.NO.001 DEPARTMENT ---------- DATED---------- TIME----------

S.NO.	DESCRIPTION OF LINEN	QUANTITY				REMARKS	S.NO.	DESCRIPTION OF LINEN	QUANTITY				REMARKS
		OPENING	DELIVERED	RECEIVED	BALANCE				OPENING	DELIVERED	RECEIVED	BALANCE	
1	BEDSHEET YELLOW						30						
2	BEDSHEET RED						31						
3	BEDSHEET BLUE						32						
4	BEDSHEET PURPLE						33						
5	BEDSHEET GREY						34						
6	BEDSHEET GREEN						35						
7	BEDSHEET BROWN						36						
8	PILLOW COVER YELLOW						37						
9	PILLOW COVER RED						38						
10	PILLOW COVER BLUE						39						
11	PILLOW COVER PURPLE						40						
12	PILLOW COVER GREY						41						
13	PILLOW COVER GREEN						42						
14	PILLOW COVER BROWN						43						
15	BLANKET						44						
16	GREEN SHEET						45						
17	PATIENT SHIRT						46						
18	PATIENT PANT						47						
19	HAND TOWEL						48						
20	M.P. SHEET						49						
21	GREEN CUT SHEET						50						
22	DR.SHIRT						51						
23	DR. PANT						52						
24	GREEN GOWN						53						
25	CURTAIN						54						
26	SCRUB						55						
27	GREEN WRAPPER(L)						56						
28	GREEN WRAPPER(M)						57						
29	GREEN WRAPPER(S)						58						

GIVEN BY NURSING STAFF----------

RECEIVED BY LAUNDRY STAFF ----------

TOTAL WEIGHT RECEIVED ---------- IN KGS.

TOTAL WEIGHT RECEIVED ---------- IN KGS.

QUALITY ASSURANCE OF LINEN----------

GIVEN BY LAUNDRY STAFF----------

RECEIVED BY NURSING STAFF----------

ANNEXURE-IV Urgent 329

अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
और परिवार कल्याण मंत्रालय,भारत सरकार के तत्वावधान में एक वैधानिक निकाय
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Guwahati-781101

PRINTING SPECIFICATIOON FORM OF AIIMS GUWAHATI

1. Name of the Item : IPD FILE (Clip) for patient records.
2. Quantity (with appropriate unit) : 15,000
3. Size :

A4 ✓	A5	LEGAL	OTHERS*

* Plz. Specify

4. Printing : Single side/ both sides
5. Language :

~~English~~	Hindi	~~Assamese~~	Others*

(Tick on applicable one)

6. Font colour : Black.
7. Paper Colour : Yellow, hard paper.
8. Binding :

Staple	Pad	Hard	OTHERS*

* Plz. Specify

9. Whether Sl. No. to printed page wise (Tick on applicable one) : Yes ~~No~~ ✓
10. If yes, Sl. to be started from :

NB: A sample copy of the indented item (forms. Etc.) shall be presented to the Indenting Officer before the print out of the total quantity.

Attached Sample.

Name of the Indenting Faculty/ Officer : Sandhyamoni Gogoi

Sign. with Seal of the Indenting Faculty/ Officer :

11/03/25

Blood Group:	File No.

सर्वভাৰতীয় আয়ুর্বিজ্ঞান প্রতিষ্ঠান, গুৱাহাটী

अखिल भारतीय आयुर्विज्ञान संस्थान, गुवाहाटी

All India Institute of Medical Sciences, Guwahati

IN-PATIENT FILE

CONFIDENTIAL

Name of Patient	
Hospital number	
Date of Admission	
Allergies	

Not to be handled by the patient/attendant

Not to be taken out of Hospital

Please return this to Medical Record Department

Received on 04/03/25

ANNEXURE 327

अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
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(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Guwahati-781101

PRINTING SPECIFICATIOON FORM OF AIIMS GUWAHATI

1. Name of the Item : LAB REQUISITION FORM
2. Quantity (with appropriate unit) : PINK - 80 pads of 100 forms each.
   YELLOW - 80 pads of 100 forms each.
3. Size : ✓

A4	A5	LEGAL	OTHERS*

* Plz. Specify

4. Printing : ✓ Single side/ both sides
5. Language :

English	Hindi	Assamese	Others*

(Tick on applicable one)

6. Font colour : BLACK
7. Paper Colour : PINK – (BACTERIOLOGY/MYCOLOGY/MTB)
   YELLOW – (SEROLOGY/IMMUNOLOGY).
8. Binding :

Staple	Pad ✓	Hard	OTHERS*

* Plz. Specify

9. Whether Sl. No. to printed page wise (Tick on applicable one) : Yes No ✓
10. If yes, Sl. to be started from : NA

NB: A sample copy of the indented item (forms. Etc.) shall be presented to the Indenting Officer before the print out of the total quantity.

Name of the Indenting Faculty/ Officer : Kausalya 4/3/25

Sign. with Seal of the Indenting Faculty/ Officer

DR KAUSALYA RAGHURAM
MD (MICROBIOLOGY)
ASSISTANT PROFESSO
DEPT.OF MICROBIOL
AIIMS GUWAHATI

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, GUWAHATI

DEPARTMENT OF MICROBIOLOGY

SEROLOGY & IMMUNOLOGY REQUISITION FORM

Name of the Patient: Age: Sex:
Hospital CR NO:
Department: OPD/IPD/Emergency
Consultant Name:
Collection Date & Time:
Specimen type:

Provisional Diagnosis:
Clinical History:

Clinical Details (Tick all that apply) ☑ :			
Fever With Duration …….. days ☐	Retro Orbital Pain ☐	Abdominal Pain ☐	Seizures ☐
Chills ☐	Headache ☐	Vomiting ☐	Dysentery ☐
Cough ☐	Rash/Eschar ☐	Irritability ☐	Diarrhoea ☐
Myalgia ☐	Jaundice ☐	Neck rigidity ☐	H/O Haemorrhagic manifestations ☐
Arthralgia ☐	Dark Urine ☐	Altered sensorium ☐	Others (Specify) ……..

Kindly tick the required tests ☑ :

SEROLOGY & IMMUNOLOGY	
☐ HIV Antibody 1 & 2	☐ RA latex agglutination test (Semi Quantitative)
☐ HBsAg	☐ CRP latex agglutination test (Semi Quantitative)
☐ Anti HCV	☐ Weil felix test
☐ VDRL (RPR/TRUST)	☐ Widal test
☐ RDT for Malaria (Pf & Pv)	☐ ASO latex agglutination test (Semi Quantitative)
☐ Dengue NS1	☐ ANA (IFA based test)
☐ Dengue IgM	☐ Peripheral blood smear for malaria
☐ Dengue IgG	☐ Mantoux Test
☐ Scrub typhus	☐ If any Other test, mention the name of the test
☐ Leptospira	
☐ Anti HAV	
☐ Anti HEV	
☐ rK39 (kala azar)	
☐ Filariasis	
☐ Typhidot	
☐ JEV IgM	
☐ HSV (HSV-1 & HSV-2)	
☐ Rotavirus Ag	

Name & Signature of N.O/JR/SR/Faculty

Please Note:
1.Blood should be collected in Red vacutainer for all the serological tests and in EDTA vial for Peripheral smear for malaria
2.Form should be duly filled with the proper history

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, GUWAHATI

DEPARTMENT OF MICROBIOLOGY

BACTERIOLOGY/MYCOLOGY/MTB LAB REQUISITION FORM

Name of the Patient: _____ **Age/Sex:** _____

Hospital CR NO: _____

Department: _____ **OPD/IPD/Emergency** **Consultant Name:**

Type of Specimen: _____

Date & Time of collection: _____

Brief Clinical notes: _____

_____

History of any Antibiotics taken: _____

Kindly tick the required tests:

MICROSCOPY	CULTURE & SENSITIVITY TESTS
☐ Gram stain	☐ Urine culture & sensitivity
☐ AFB for sputum	☐ Throat swab for culture & sensitivity
☐ AFB for other than sputum	☐ Pus for culture & Sensitivity
☐ Albert stain	☐ Sputum for culture & sensitivity
☐ KOH for fungal elements	☐ Stool culture for enteric pathogens culture &sensitivity
☐ Stool for ova & cyst	☐ CSF for culture &sensitivity
	☐ Synovial fluid/Ascitic fluid/Any other fluid
☐ TRUNAT for MTB	☐ Fungal culture (Only Identification)
If any other tests, mention the name of the test	

Name & Signature of N.O/JR/SR/Faculty

Please Note:

1. **Specimen should be collected in the sterile container and sent to the lab as early as possible.**
2. **Form should be duly filled with proper history including the information on history of any antimicrobial therapy, if any.**

Received on 1/3/25 (324)

ANNEXURE-IV

अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
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(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Guwahati-781101

PRINTING SPECIFICATION FORM OF AIIMS GUWAHATI

1. Name of the Item : CLINICAL PATHOLOGY REQUISITION FORMS
2. Quantity (with appropriate unit) : 30,000/- (THIRTY THOUSAND)
3. Size : (A4) | A5 | LEGAL | OTHERS*
   * Plz. Specify
4. Printing : ~~Single side~~ / both sides
5. Language :
   ✓ English | ~~Hindi~~ | ~~Assamese~~ | ~~Others~~*
   (Tick on applicable one)
6. Font colour : BLACK
7. Paper Colour : LIGHT GREEN } (Sample attached)
8. Binding : ~~Staple~~ ✓ Pad | Hard | OTHERS*
   * Plz. Specify
9. Whether Sl. No. to printed page wise (Tick on applicable one) : ~~Yes~~ No ✓
10. If yes, Sl. to be started from : —

NB: A sample copy of the indented item (forms. Etc.) shall be presented to the Indenting Officer before the print out of the total quantity.

Name of the Indenting Faculty/ Officer : DR. PRASAD DANGE

Sign. with Seal of the Indenting Faculty/ Officer : Prasad

Dr. Prasad Dange / डॉ. प्रसाद डांगे
Associate Professor / सह. आचार्य
Dept. of Pathology / विकृति विज्ञान
All India Institute of Medical Sciences, Guwahati
अखिल भारतीय आयुर्विज्ञान संस्थान, गुवाहाटी

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, Guwahati
Department of Pathology and Lab Medicine
Clinical Pathology Request Form

Lab reference no

Name: _____ Age/Sex: _____

UHID number: | | | | | | | | | | | | | | | |

Date :

Ward/OPD:

Referring consultant:

Clinical Details: _____

_____

_____

_____

_____

_____

Investigation requested (Please tick mark the required investigations):

- ☐ Complete Blood Count
- ☐ Peripheral Blood Smear
- ☐ ESR
- ☐ Fluorescent Platelet Count (Plt-F) & IPF
- ☐ PT-INR
- ☐ Urine Routine
- ☐ Reticulocyte count
- ☐ Sickling test
- ☐ G6PD assay (Qualitative)
- ☐ Stool for Occult Blood
- ☐ APTT
- ☐ Semen Analysis
- ☐ Body Fluid- TLC and Differential (Please specify the site of fluid)

Signature: _____ Name of the doctor: _____

Contact details of the doctor/ ward: _____

(Please ensure that the all the appropriate samples are submitted along with this requisition form)

FOR LABORATORY USE ONLY

Sample Received on: (Date and time)	Sample condition	If rejected, reason for rejection

Any other remark

(822)

FOR INTERNAL USE

Fluid/Urine: Volume: Colour: Appearance:

pH: Sp. Gravity:

Glucose: Protein: Ketone:

Leuco/Nitrites/Urobilino/Blood/Bilirubin:

RBC: Pus cells: Epithelial cells:

Casts/ Crystals: Any other remark:

Fluid TLC: Fluid DLC:

PBS: _____

_____

_____

Any other: _____

Cytochemistry on PB: _____

_____

Impression: _____

Advice: _____

PT/INR:

APTT:

Remark: