

## ANNEXURE

### Item No.1 Blood Bag Labels (Gum coated sticker paper)

Sl. No.	Particulars of items to be printed	Description	Quantity (Approx. requirement)
1	Whole Human Blood IP (Annexure A)	O	500
		A	500
		B	500
		AB	550
	PRBC IP (Annexure B)	O (+ve)	5000
		A (+ve)	4000
		B (+ve)	4000
		AB (+ve)	2000
		O (-ve)	100
		A (-ve)	100
		B (-ve)	100
	FFP IP (Annexure C)	AB (-ve)	50
		O(+ve)	1000
		A(+ve)	1000
		B(+ve)	1000
	Platelet concentrate IP (Annexure D)	AB(+ve)	500
		O(+ve)	1000
		A(+ve)	1000
		B(+ve)	1000
	Cryoprecipitate IP (Annexure E)	AB(+ve)	500
O(+ve)		1000	
A(+ve)		1000	
B(+ve)		1000	
	Immunohaematological Investigation report (Annexure F)		6000
	Blood Doner Questionnaire & Consent Form (white)		12,000
	Blood Doner Questionnaire & Consent Form (Yellow) (Annexure G)		5000

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**Item No. 2 Printed Registers (Approximate requirement for a projected collection of 12500 blood units)**

Sl. No.	Particulars	Quantity	Printing charges, including cost of paper, binding, cutting, numbering, cover paper (Rupees)
A	Blood donor record (Left and right page) <u>Requirement:-</u> * 5 entries/numbers in both pages * 13 (thirteen) registers (Demy register) for 12500 donors	15 Registers	
B	Master record for blood and components (Left and right page) <u>Requirement: (for one year for expected collection of 12500 units)</u> * 10 entries/numbers in both pages * 6 (six) registers (Demy Register) for 12500 donors	10 Registers	
C	Issue register: RIMS Hospital (Left and right page) <u>Requirement: (for one year for expected issue of 12500 units)</u> * 10 entries/numbers in both pages * 7 (seven) registers (Bound book) for 12500 issues	6 Registers	
D	Issue register: Outside RIMS Hospital <u>Requirement: (for one year for expected issue of 2500 units)</u> * 10 entries/numbers in both pages * 2 (two) registers (Bound book) for 2500 issues	2 Registers	
	Stock register: Blood Bag <u>Requirement: (for one year for expected issue of 2500 units)</u> * 10 entries/numbers in both pages * 2 (two) registers (Bound book) for 2500 issues	2 Registers	
	Stock register: Reagents <u>Requirement: (for one year for expected issue of 2500 units)</u> * 10 entries/numbers in both pages * 2 (two) registers (Bound book) for 2500 issues	2 Registers	

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	Phlebotomy register <u>Requirement: (for one year for expected issue of 2500 units)</u> * 10 entries/numbers in both pages * 2 (two) registers (Bound book) for 2500 issues	4 Registers	
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**Item No. 3 Cross Matching Report**

Sl. No.	Particulars	Quantity
A	Cross matching report/Component issue form, Xerox paper FS (both sides)	16000

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### T.R. Money Receipt Books

Sl. No.	Particulars	Quantity	Printing charges, including cost of paper, binding, cutting, numbering, cover paper (Rupees)
1	2	3	4
1	<u>T.R. Money Receipt Book.</u> Contain Sl.No.1 to 50 in triplicate form (white, yellow & pink) -(size: 7½ x 4½).	15000 books	

Sl. No.	Particulars	Quantity	Printing charges, including cost of paper, binding, cutting, numbering, cover paper (Rupees)
1	2	3	4
2	<u>Bill Book.</u> Contain Sl.No.1 to 50 in triplicate form (white, yellow & pink) -(size: 7½ x 4½).	2000 Nos.	

### Item No. 5 Log Book for Vaginal Delivery

Sl. No.	Particulars of items to be printed	Description	Quantity (Approximate)	Printing charges, including cost of paper, binding, cutting, numbering, cover paper (Rupees)
1	Log book for vaginal delivery	Demy bound book (containing 150 leaves)	20 nos. For 2 years.	
2	Log book for caesarean section	Demy bound book (containing 150 leaves)	6 nos. For 2 years.	

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## Item no.6: Forms/Certificates

Approximate requirement for 1 (one) year

Sl. No	Particulars	Projected qty. Required	Printing Charges per 1000 copies 1 <sup>st</sup> . impression	Printing Charges per 1000 copies 2 <sup>nd</sup> . Impression	Total Printing Charges	Requirement of paper/ream	Rate per Ream	Total Cost of Paper	Grand Total of Printing Charges and Cost of paper
1	2	3	4	5	6	7	8	9	10
1	OPD Registration Card MR-1, Computer Paper 106 GSM 10x12x1 size	2,00,000							
2.	Admission Record Form ~ MR-2, Computer paper 106 GSM 10x12x1 size (both side printed)	1,00,000							
3.	Continuation Form MR-3, 11x9 ( 1 side)	3,00,000							
4.	TPR Chart MR-4, 11x9 ( 1 side)	56,000							
5.	Treatment Chart MR-5, 11x9 ( 1 side)	72,000							
6.	Nurses Daily Record MR-6, 11x9 ( 1 side)	30,000							
7.	Blood & Bld. Component Form MR-7, 11x9 (both side) pink	36,000							
8.	Operation list MR-8, 11x9 ( 1 side)	42,000							
9.	Operation Record MR-9, 11x9 ( 1 side)	60,000							
10.	Anaesthetic Record MR- 9A, 11x9 (both side) yellow.	12,000							
11.	Intake output MR-10, 11x9 ( 1 side)	40,200							
12.	Discharge slip (maplitho) MR-11, 8x10 ( 1 side)	1,18,800							
13.	Prescription of Medicine MR-12, 9x5 ½ ( 1 side)	1,000							
14.	Death Certificate (maplitho) MR-13, 9x5½ (small size thick paper) ( 1 side)	7,200							
15.	Diet requisition slip MR-14, 11x9 ( 1 side)	6,000							
16.	Indent/Receipt/Quantity for dietary articles RIMS hospital MR-15, 14x8 ½ DFC ( 1 side)	5,000							
17.	Treatment plan chart MR-16, 11x9 (1side)	72,000							
18.	Chemotherapy chart MR-18, 11x9 (1side)	10,000							

Sl. No.	Particulars	Projected qty. Required	Printing Charges per 1000 copies 1 <sup>st</sup> . impression	Printing Charges per 1000 copies 2 <sup>nd</sup> . Impression	Total Printing Charges	Requirement of paper/ream	Rate per Ream	Total Cost of Paper	Grand Total of Printing Charges and Cost of paper
1	2	3	4	5	6	7	8	9	10
19.	Clinical History Chart MR-19, 11x9 (1side)	1,000							
20.	Discharge slip Radiotherapy MR-21, 11x9 ( 1 side)	1,000							
21.	Requisition & Report of Investigation MR-22, 9x5 ½ (both side)	12,00,000							
22.	Biochemistry Investigation Report form MR-23, 11x9 ( 1 side)	1,80,000							
23.	Request for Histopathology Examination MR-24, 11x9 ( 1 side)	84,000							
24.	Cytology Report MR-25, 9x5 ½ ( 1 side)	1,000							
25.	Audiometric Report MR-26, 11x9 ( 1 side)	18,000							
26.	Ultrasound Report MR-27, Xerox paper F/S, 11x9	33,500							
27.	Attendant Pass MR-29, 5x4 thick paper	50,000							
28.	Hematology Report MR-29, 11x9 (1 side)	84,000							
29.	Urine Examination Report MR-30, 11x9 (1 side)	1,00,000							
30.	Bone marrow report MR-31, 11x9 (1side)	1,000							
31.	Impedance audiometric Report MR-32, DFC 14x8 ½	8,000							
32.	Clausen's butterfly chart MR-33, 9x5 ½ ( 1 side)	1,000							
33.	Diabetic chart MR-34, 11x9 ( 1 side)	6,000							
34.	Diagnosis code card MR-35, 9x5 ½ (1side) thick	1,000							
35.	Histopathology report Form MR-37, 11x9 ( 1 side)	12,000							
36.	Donor's blood group (label) MR-38, (8 items) 4x 3 ½ thick paper.	20,000							
37.	Radiotherapy OPD record Form, F/S (12 leaves)	11,000							

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Sl. No.	Particulars	Projected qty. Required	Printing Charges per 1000 copies 1 <sup>st</sup> . impression	Printing Charges per 1000 copies 2 <sup>nd</sup> . Impression	Total Printing Charges	Requirement of paper/ream	Rate per Ream	Total Cost of Paper	Grand Total of Printing Charges and Cost of paper
1	2	3	4	5	6	7	8	9	10
38.	Physiotherapy prescription Form (green ) 11x9 ( 1 side)	10,000							
39.	Muscle examination for lower limbs (green) 11x9 ( 1 side)	1,000							
40.	Muscle examination for upper limbs (green) 11x9 ( 1 side)	1,000							
41.	Prescription Form 9x5 ½	10,000							
42.	FIM (Functional Independent measure) (pink), 9x11	1,000							
43.	Occupational therapy assessment Form (pink), 9x11	3,000							
44.	Prosthetic/orthotic unit (yellow) 11x9 (1side)	1,000							
45.	Upper extremity prosthetic measurement form (yellow) 11x9 ( 1 side)	1,000							
46.	Blood donar card. 5x4 thick	8,000							
47.	Family profile counseling sheet - 11x9 (1side)	1,000							
48.	History sheet-11x9 ( 1 side) PMR	10,000							
49.	Electromyography Report - 11x9 ( 1 side)	1,000							
50.	Community Rehabilitation & Ext. Unit. – 11x9 ( 1 side)	1,000							
51.	Patient relative session. -11x9 ( 1 side)	1,000							
52.	Modified health assessment questioner-Xerox paper F/S	1,000							
53.	Physiotherapy Muscle examination form-2,11x9 ( 1 side)	1,000							
54.	Doctor order form - Xerox paper A/4	18,000							
55.	M.R.I report form - Xerox paper F/S	5,000							
56.	X-ray report form - Xerox paper F/S	1,60,000							
57.	Echocardiography Report form - 11x9 ( 1 side)	18,000							
58.	C.T. Scan report form - Xerox paper F/S	30,000							
59.	Biochemistry Investigation Report form-I Xerox paper A/4	2,000							

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Sl. No.	Particulars	Projected qty. Required	Printing Charges per 1000 copies 1 <sup>st</sup> . impression	Printing Charges per 1000 copies 2 <sup>nd</sup> . Impression	Total Printing Charges	Requirement of paper/ream	Rate per Ream	Total Cost of Paper	Grand Total of Printing Charges and Cost of paper
1	2	3	4	5	6	7	8	9	10
60.	Biochemistry Investigation form-II Xerox paper A/4	2,000							
61.	Biochemistry Investigation form-III Xerox paper A/4	2,000							
62.	Consent for Hemodialysis (Nephro) Xerox paper A/4	2,000							
63.	Consent for Peritoneal dialysis (Nephro) Xerox paper A/4	2,000							
64.	Consent for kidney biopsy (Nephro) Xerox paper A/4	1,000							
65.	Medical Certificate (cause of death Form No.4) Xerox paper A/4	1,000							
66.	Antenatal Record – Unit Xerox paper A/3	10,000							
67.	Hepatitis	25,000							
68.	Serology	15,000							
69.	Mycobacteriology	10,000							
70.	Mycology	10,000							
71.	ICTC HIV test	20,000							
72.	CA4CD3	10,000							
73.	Bacteriology	20,000							
74.	Injection form (PMR)	20,000							

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REGIONAL INSTITUTE OF MEDICAL SCIENCES, HOSPITAL,  
IMPHAL

PRINTING OF FILE COVER (INPATIENT CASE SHEET FOLDER)  
FOR USE OF MEDICAL RECORD DEPARTMENT, RIMS, IMPHAL.

Sl. No	Particular of Form: Kinds of paper, Paper size, colour.	Quantity	Printing charges per 1000 copies. 1 <sup>st</sup> impression. Rs.	Printing charges Subsequent rate (2 <sup>nd</sup> impression) Rs.	Total printing charge Rs.	Requirement of paper/ream.	Cost of paper per ream. Rs.	Total cost of paper Rs.	Grand total of printing charge and cost of paper. Rs.
1	2		4	5	6	7	8	9	10
	File cover folder (name printed) for filing of Inpatient Case Sheet (Thick file cover paper) Ht.—15cm, l—12cm	50,000							

*[Handwritten Signature]*