

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)	1000
		O (-ve)	300
		A (-ve)	300
		B (-ve)	300
		AB (-ve)	200
	FFP IP (Annexure C)	O	1000
		A	1000
		B	1000
		AB	500
	Platelet concentrate IP (Annexure D)	O	1000
		A	1000
		B	1000
		AB	500
	Cryoprecipitate IP (Annexure E)		300

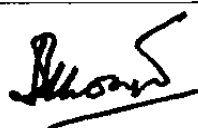
Item No. 2 Cross Matching Report

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



Item No. 3 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	10 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	5 Registers	



Item No. 4 T.R. Money Receipt & Bill 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).	4000 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.	



Item no.6: Forms/Certificates

Approximate requirement for 1 (one) year

Sl. No	Particulars	Projected qty. Required	Printing Charges per 1000 copies 1 st . impression	Printing Charges per 1000 copies 2 nd . 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, 11x9 (both side)	11,000							
2.	Admission Record Form – MR-2, 11x9 (both side)	11,000							
3.	Continuation Form MR-3, 11x9 (1 side)	2,04,000							
4.	TPR Chart MR-4, 11x9 (1 side)	84,000							
5.	Treatment Chart MR-5, 11x9 (1 side)	90,000							
6.	Nurses Daily Record MR-6, 11x9 (1 side)	60,000							
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)	36,000							
10.	Anaesthetic Record MR- 9A, 11x9 (both side) yellow.	12,000							
11.	Intake output MR-10, 11x9 (1 side)	66,000							
12.	Discharge slip (maplitho) MR-11, 8x10 (1 side)	72,000							
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)	2,400							
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)	1,000							
17.	Treatment plan chart MR-16, 11x9 (1side)	1,000							
18.	Chemotherapy chart MR-18, 11x9 (1side)	10,000							

Sl. No	Particulars	Projected qty. Required	Printing Charges per 1000 copies 1 st . impression	Printing Charges per 1000 copies 2 nd . 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)	5,40,000							
22.	Biochemistry Investigation Report form MR-23, 11x9 (1 side)	1,80,000							
23.	Request for Histopathology Examination MR-24, 11x9 (1 side)	13,200							
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	8,000							
27.	Attendant Pass MR-29, 5x4 thick paper	50,000							
28.	Hematology Report MR-29, 11x9 (1 side)	60,000							
29.	Urine Examination Report MR-30, 11x9 (1 side)	60,000							
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 (1 side) 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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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	5,000							
47.	Family profile counseling sheet - 11x9 (1side)	1,000							
48.	History sheet-11x9 (1 side) PMR	1,000							
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	1,000							
55.	M.R.I report form - Xerox paper F/S	3,000							
56.	X-ray report form - Xerox paper F/S	2,000							
57.	Echocardiography Report form - 11x9 (1 side)	18,000							
58.	C.T. Scan report form - Xerox paper F/S	5,000							
59.	Biochemistry Investigation Report form-I Xerox paper A/4	2,000							

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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							