No.S.12015/23/2007-NACO (LS)
Government of India
Ministry of Health and Family Welfare
(National AIDS Control Organisation)
9th Floor, Chanderlok Building,
36, Janpath, New Delhi-110001
Dated the 28th June, 2016

Invitation of Quotation
for
Printing of carbonless booklets

National AIDS Control Organisation (NACO), Ministry of Health and Family Welfare, Government of India, invites quotations from the firms/ agencies for printing of carbonless booklets for NACO on urgent basis as per sample.

(A). The specifications for the same are as follows:-

(i). DNA PCR test requisition cum result form (TRRS) triplicate (70 GSM) and Front Cover (100 GSM) 50 pages of carbonless booklets (3 copies of each page= 150 pages). **Total Booklets= 5133.**

(ii). HIV-I, DNA PCR Specimen delivery check list (triplicate 70 GSM color) Front Cover (100 GSM) 50 pages of carbonless booklets (3 copies of each page= 150 pages). **Total Booklets= 5133.**

(iii). Consent form (100 GSM) each pad **(containing 100 sheets). Total pads= 5133.**

(B). Qualification Requirement:-

1. The bidder should have past experience in carrying out similar high quality services. A copy of work order in support of the past experience should be submitted along with service satisfactory certificate.

2. The bidder should be a legal entity. The copy of Registration No. PAN, TAN & TIN of the bidder should be submitted.

3. The bidder should submit last 3 Financial Years Audit Report (i.e. F.Y. 2013-14, 2014-15 & 2015-16).

4. Minimum turnover of the bidder should be Rs. 5 Lakh per year (Average last 3 Years).

(C). Terms and Conditions:-

1. The quotations submitted, should be inclusive of all taxes as applicable. Any quotations with over writing/without taxes/ and ambiguous in any manner will not be considered.

2. NACO reserves the right to accept and reject any or all quotations, without assigning any reason whatsoever.

Cont...

3. Any act on the part of the firm/agency to influence anybody in NACO would make him liable for rejection of the quotation.

4. In case of any dispute arising out of this contract, provisions of Arbitration and Conciliation of India Act, 1996, will apply.

5. The payment shall be made after submission of invoice along with proof of delivery of total quantity of the booklets, duly verified by the concerned authority.

6. Each bidder shall submit only one quotation.

7. The contact will be awarded to the lowest qualified bidder.

8. After the award of contract, firm/agency should submit Performance Security of 5% of contract value within 21 days of award of contract.

9. The draft copy of the sample is attached. However, the final copy of sample will be provided at the time of signing of the Contract.

10. The quotations should be submitted in a sealed envelope, clearly mentioning **"Quotation for printing carbonless booklets for NACO"** to The Under Secretary (Admin.), 9th Floor, Chanderlok Building, 36, Janpath, New Delhi-110001, **by 13th July, 2016, till 3:00 PM.**

11. The quotations will be opened in the presence of the bidders or their representatives who choose to attend at 3:30 PM on 13.07.2016 in the office of undersigned.

Yours faithfully,

Enclosures: Draft Copies of sample.

(M.G. Nimje)
Under Secretary to the Govt. of India

Annexure 4: Test Requisition cum Result Form (TRRF)

HIV-1 PCR TEST REQUISITION cum RESULT FORM (TRRF)

A. Name and address of referring ICTC centre:

B. Authorizing clinician name & signature:

C. Name of testing lab:

D. Infant ID: _____

E. Unique infant code: _____ **F. Sex:** ☐ Female ☐ Male

G. Name of Infant/child: _____ **H. Age:** _____ **(months)**

I. Date of birth of infant/child : _____ (DD/MM/YY)

J. PID of mother: _____

K. Name of mother/father/guardian: _____

L. Home address of mother/father/guardian: _____

_____

M. Phone number of mother/father/guardian: _____

N. Date & time of sample collection: _____

Name & Signature of laboratory technician: _____

O. Test Type: ☐ Screening DBS ☐ Confirmatory DBS1 ☐ Confirmatory DBS2 ☐ Verification DBS

Number of complete spots collected: _____

Is the specimen a repeat? (Yes/No) _____

If Y[1], reason for repeat: _____

If Confirmatory DBS1 (for screening-positive cases), date of screening test: _____ (DD/MM/YYYY)

If Confirmatory DBS2 (screening-positive, confirmatory DBS1-negative cases), date of confirmatory DBS1 test: _____ (DD/MM/YYYY)

P. Current feeding practice: ☐ Breastfed ☐ Not Breastfed ☐ Mixed Feeding

If not currently breastfed, how many weeks ago was infant last put to breast? _____ (weeks)

Q. Was screening with PCR test on DBS done previously? (Y/N) _____

If Yes, date of previous PCR test on DBS: _____ (DD/MM/YY) Result: HIV-1 ☐ Detected ☐ Not Detected

R. Date & time specimen dispatched from ICTC centre to testing laboratory:

Name & Signature of laboratory technician: _____

[1] *Possible reasons for repeat include rerun for confirming equivocal / invalid result, unlabele / mislabeled specimen, or, insufficient specimen, invalid DBS specimen (layered, incompletely dry, supersaturated, presence of yellow rings around dried blood spot), rerun due to run failure; rerun due to contamination; rerun on centre/doctor request; rerun due to kit failure; rerun due to instrument failure; technical problem at lab, or other reason (please specify)*

FOR TESTING LABORATORY USE ONLY:

S. Date & time specimen received by PCR testing laboratory from ICTC centre: _____

T. Lab specimen ID: _____

U. Date and time specimen tested: _____

Name & Signature of Laboratory technician: _____

V. Was a conclusive result obtained? (Y/N) _____ Result: HIV-1 ☐ Detected ☐ Not Detected

If N, reason[2]: _____

_____

Final advice of laboratory in-charge: _____

_____

Name & Signature of Laboratory in-charge: _____

If repeat specimens are required, they have been requested from ICTC centre via: ☐ Phone ☐ E-mail

Name & Signature of testing laboratory personnel who contacted ICTC centre: _____

Name of ICTC centre employee informed: _____

[2] *Possible reasons for not obtaining a conclusive result include unacceptable specimens(mislabeled, unlabelled, insufficient or invalid), run failure, contamination, kit failure, instrument failure, technical problem at lab or other reason (please specify)*

Establish definitive diagnosis at 18 months by HIV antibody testing

Annexure 13: HIV-1 PCR Specimen Delivery Checklist

HIV-1 PCR TEST SPECIMEN DELIVERY CHECKLIST

A. Stamp with name and address of referring ICTC centre

B. Date package dispatched from ICTC centre (DD/MM/YY): _____

*C. Date package received by laboratory (DD/MM/YY): _____

D. Testing laboratory name: _____

E. Signature of employee at centre dispatching specimens: _____

F. List of specimens included in this package:

Unique Infant Code	Specimen sent by ICTC centre (check if sent):	*Specimen received by laboratory (check if received):	Date report received by ICTC centre (DD/MM/YY):	Signature of person receiving report:
1. _____	☐	☐	_____	_____
2. _____	☐	☐	_____	_____
3. _____	☐	☐	_____	_____
4. _____	☐	☐	_____	_____
5. _____	☐	☐	_____	_____
6. _____	☐	☐	_____	_____

FOR TESTING LABORATORY USE ONLY (once specimens have been received):

*G. Number of specimens missing: _____ *Signature: _____

*H. Number of specimens without matching TRRF: _____ *Signature: _____

*ICTC centre contacted about missing specimens or specimens without matching TRRF via: ☐ Phone ☐ Email

*Signature of laboratory personnel who contacted ICTC centre: _____

*Name of ICTC centre employee informed: _____

FOR ICTC CENTRE USE ONLY (please maintain a copy of this form before dispatching specimens):

I. Number of specimens sent: _____ Signature: _____

Has testing laboratory contacted centre about missing specimens or specimens without matching TRRF? (Y/N): _____

Signature of centre employee who spoke with laboratory personnel: _____

Name of laboratory personnel who contacted centre: _____

J. Number of reports received: _____ Signature: _____

Information about missing reports conveyed to testing laboratory via: ☐ Phone ☐ Email

Signature of centre employee who contacted testing laboratory: _____

Name of testing laboratory personnel informed: _____

Signature of centre/laboratory-in-charge: _____

*Items with an asterisk are to be completed by testing laboratory personnel.

Annexure 2: Consent Form

Collect blood and test for HIV antibodies using rapid test. Also prepare a Dried Blood Spot (DBS) for HIV-1 PCR test (at ICTC)

Consent form for determining HIV Status of a Child less than 18 Months

In local language

Name of the Child: _____

Sex:_____

Date of Birth: ____/____/_____

Age: ____Months

Name of the Parent / Guardian: _____

Patient/Infant ID: _____

I have been provided information about the HIV (PCR & / Rapid Antibody) test to be conducted on my child and have been explained regarding the implications of the test result 'HIV Detected' or 'HIV Not Detected'. Its limitations and interpretation of results have been explained to me in a manner that I can understand.

I clearly understand that the ART will be initiated after the confirmatory HIV-1 PCR test on Dried Blood Spots (DBS), and will be continued lifelong.

I am also informed that the national programme shall collect, store and test my child's blood sample in future also for the benefit of public health. This will help the doctors to improve the care and treatment of all patients undergoing treatment at this clinic, and possibly at other clinics of the country. It was also explained that non-voluntary disclosure of confidential medical information including HIV status may be made where such disclosure is medically beneficial for the client. The disclosure can be made to a health care worker who is directly involved in the care or treatment of the client.

I, hereby, give my consent for the test HIV PCR/ HIV Rapid Test to be conducted on my child in order to determine results and the subsequent initiation of ART if required, as mentioned above.

Signature / Thumb impression:

_____ Date ____/____/_____

_____

(Name in capital letters)

This consent form is approved by Ethics Committee of NACO