

Office of the Chief District Medical Officer & Public Health Officer, Nuapada

Notice No. 1985 Date 28.06.24

**SHORT QUOTATION CALL NOTICE**

Sealed quotations are invited for supply of Gazelle HB variant Test Mukti pack from agencies/supplier having valid PAN/GSTIN registration. Details of items and requirements are as follows.

| Si. No | Name Of the Items   | Specification  | Requirement  |
|--------|---|--|--|
| 1      | Gazelle Hb Variant test Multipack -The Gazelle Hb variant Test Multipack (Product No-S10) is for use with the Gazelle reader (product no. GZ-100) | <b>Contents</b><br>25 Gazelle™ Hb Variant Cartridges<br>1 bottle of Hb Variant Buffer (45 mL)<br>1 bottle of Hb Variant Marker Fluid (5 mL)<br>25 Hb Variant Stampers (Blood Sample Applicators)<br>1 Stamper Stand<br><b>Principle</b> Electrophoresis<br><b>Time to Result</b> 8 minutes<br><b>Sample Material</b> 20 µL whole blood by fingerstick, heel prick, or venous draw<br><b>Storage Condition-</b> 0- 45 Celsius<br><b>Storage Temperature-</b> 0-40 Celsius | 500 pcs<br>(approximate quantity it may increase or decrease at the time of placing order) |

The Quotation should be reach O/o CDM&PHO, Nuapada 08/07/2024 (Till 5.00pm.) by speed post/regd.post/courier & quotation will be opened on next day at 11.00 AM. The envelope should be super scribed by "(Supply of Gazelle HB variant Test Mukti pack)". The rate quoted should inclusive of all taxes, transportation, charges etc. The undersigned reserves the right to reject any or all quotations without assigning any reason thereof. For details term and condition visit [www.nuapada.odisha.gov.in](http://www.nuapada.odisha.gov.in).

*ee pub*  
28/06/2024

Chief Dist. Medical Officer & Public Health Officer  
Nuapada

Memo No: 1986 Date: 28.06.24

- Copy to DSGM for information and requested to publish the notice in the district website.
- Copy to DMO (MS) /DPHO/ADPHO(FW)/DPM/DAM/TSK/FLC/PA, SICKLE CEII/LM(LPI) for information to attend the purchase committee meeting on 09/07/2024 at 11.00 PM for finalization of above quotation call notice.
- Copy to section officer for information and necessary action.

*ee pub*  
28/06/2024

Chief Dist. Medical Officer & Public Health Officer  
Nuapada

Telephone No-

Signature of the Owner with Seal

**General Term and Condition.**

- Bidder should quote the price in price bid documents attached in the quotation call notice.
- Should provide valid GSTIN certificate & Pan Card in the quotation call notice.
- Rate quoted should be inclusive of all taxes and transportation.
- The successful bidder has to provide one sample of the item for ensuring that the test strip is working with the Gazelle machine before delivery of items.
- The quantity mentioned in the bid is approximate requirement. It may vary while placing the order.
- The successful bidder has to supply the material as per the order received from this office.
- All documents should be sealed and signed by the quotationer.

**Price Bid**

**QUOTATION FOR GAZELLE HB VARIANT TEST MUKTI PACK**

To

The CDM&PHO,  
Nuapada

**Sub: Submission of quotation for supplying gazelle Hb variant test multi pack.**

Ref: Your Quotation call Notice No. \_\_\_\_\_ dated \_\_\_\_\_.

Sir,

This is to inform you that after gone through the terms & conditions in the notice, I am quoting the rate as follows -

| Si. No | Name Of the Items   | Specification  | Price Per Unit |
|--------|---|--|----------------|
| 1      | Gazelle Hb Variant test Multipack -The Gazelle Hb variant Test Multipack (Product No-S10) is for use with the Gazelle reader (product no. GZ-100) | <b>Contents</b><br>25 Gazelle™ Hb Variant Cartridges<br>1 bottle of Hb Variant Buffer (45 mL)<br>1 bottle of Hb Variant Marker Fluid (5 mL)<br>25 Hb Variant Stampers (Blood Sample Applicators)<br>1 Stamper Stand<br><b>Principle</b> Electrophoresis<br><b>Time to Result</b> 8 minutes<br><b>Sample Material</b> 20 µL whole blood by fingerstick, heel prick, or venous draw<br><b>Storage Condition-</b> 0- 45 Celsius<br><b>Storage Temperature-</b> 0-40 Celsius |                |

Note: 1. Rate per piece should be including of all taxes, transportation charges etc.

Address of the firm/Dealer: -

Telephone No -

Signature of the Owner with Seal