



NO. MSO/Pur/2023/ 11467

Date:- 30/5/23

IT Cell

BFUHS, Faidkot (For uploading on university website)

Sub:- Quotations for Printing of Blood/Component Reaction Form (300 Booklets)

Sealed quotations are invited for purchase of following items on the terms & conditions mentioned below:-

Sr.No.	Name of the item & Specifications	Qty
1	Blood/Component Reaction Forms (Size 1x100 pages) Specifications: Paper Size- A4 with numbered pages Colour & Print- Single colour & Print on both sides GSM- 75 GSM Approx. Perforation on Paper- At 2 Places on each page	300 booklets

Terms & Conditions:

Payment : The payment of the material shall be released through RTGS/Cheque after satisfactory inspection report of the material by the Institution Inspection Committee.

F.O.R : General Store, GGSMH, Faridkot.

Rate : 1. Taxes (as applicable), if any, be mentioned separately in the quotation.
2. The rates of taxes, be charged as per prevailing Govt. Notified Schedule.

Quantity/Item : Quantity may increase or decrease.

Others : 1. The firm should have PAN No, GST No and Bank Account No.
2. The material should be as per mentioned specifications only.
3. The final decision of branded item would be reserved to consumer/concerned deptt.

Expiry : The material shall have maximum shelf life, where ever applicable.

Warranty/guaranty: Warranty/Guaranty of the item should be specified separately by the company if any.

Bank Details : Bank details/RTGS details shall clearly be mentioned.


Note: Quotations received after due date will not be entertained and no communication in this regard will be done.

Quotation should be submitted on the Letter Head of the company duly dated/signed and stamped.

You are therefore requested to quote your lowest rates of above items and submit Quotations addressed to "**The Medical Superintendent, Guru Gobind Singh Medical Hospital, Faridkot (Punjab)**". The words "**Quotations for Printing of Blood/Component Reaction Form (300 Booklets)**" may please be inscribed on top of the envelope.

The Medical Superintendent reserves the right to reject the quotations without assigning any reason.

The sealed quotations should reach this office on or before 22/06/2023 by 5.00 PM through **Registered/Speed Post/Traceable Courier** only.


Medical Superintendent

1

**BLOOD/COMPONENT
REACTION FORM
BLOOD CENTRE G.G.S. MCH
FARIDKOT**

Issue No. Date
Name of Pt.
C.R. No.
Blood Group
Hosp/Ward

Indications of transfusion :

Bleed/Exchange transfusion/Trauma
Dialysis/Anaemia/Surgery/IUT/Burn

PRBC WB FFP PC/PRP/SDAP

*Physically the bag(s) show no haemolysis, discolouration, Clots or gas formation at the time of issue

* The blood Centre is not responsible for deterioration in the quality after issue

BAG No.(s) **Blood Group**
1.
2.
3.
4.
5.

Signature of
Technologist

Blood is screened as per the rules under drugs & cosmetic Act prevailing at the time

1

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REACTION FORM
BLOOD CENTRE G.G.S. MCH
FARIDKOT**

Issue No. Date
Name of Pt.
C.R. No. Blood Group
Hosp..... Ward Bed No.
Compatible with donor 1.
2.
3.
4.

Transfusion started at Completed at

Rate of transfusiondrops per minute

Actual Quantity of blood transfused(ml)

CLINICAL OBSERVATION

General Condition	Pre Transfusion	During Transfusion	Post Transfusion
Pulse			
Resp.			
Temp.			
B.P.			
Rigor			
Chills			
Myalgia			
Urticaria			
Other observation			

Resident Doctor
IMPORTANT : Please read Instructions overleaf before starting transfusion and in any case of transfusion reaction, inform Blood Centre immediately. Send blood bag, transfusion set post-transfusion sample (EDTA and Plan vial)