MEDICAL SUPERINTENDENT OFFICE GURU GOBIND SINGH HOSPITAL, FARIDKOT



Sadiq Road, Faridkot-151203 (Pb.) Indian Ph. No. 01639-250098 Email- msggshospital@gmail.com

No. Pur/2021/ 17565

Date:- 01 11/21

IT Cell

BFUHS, Faridkot (for uploading on website)

Sub:- Quotations for Purchase of Sticker For Blood Bank

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

Sr. No.	Name of the item	Quantity Required
1	Component's Group Label Sticker (Size 3.5"x5")	As per enclosed list
	(Sample Enclosed)	

Terms & Conditions:-

Payment

By Cheque/RTGS

1. On receipt of material in good condition.

2. On receipt of material satisfactory report from the Concerned

Deptt./Store.

F.O.R

Store Section, 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 enclosed specifications.

3. The final decision of branded item would be reserves to

consumer/concerned deptt.

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 Purchase of Sticker" 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 $\frac{(8)!}{2}$ by 5.00 PM through Registered/Speed Post/Traceable Courier only.

Medical Superintendent

1. Notice Board.

DEPT. OF IH&BT (BLOOD BANK) GGS MC HOSPITAL FARIDKOT Dated: 06.09-2021

To,

The Medical Supdt.

GGS MC&H Faridkot.

office Souds.

Subject:- Supply of Components' group label stickers (Size 3.5"x5"each).

Sir,

With reference to the subject, it is stated that kindly supply following Components eroup label stickers at the earliest, so that these can be utilised for Components' Units & compliance as per Drugs & Cosmetic Act , 1940 and rules, 1945 can be shown at the time of Inspection (Specimen copy of each

Sr.No.	Blood group	Tuno et O	
1.	A+ve	Type of Components Unit	Quantity
2.	A-ve	1 · · · · · · · · · · · · · · · · · · ·	
₹3 .	A+ve	Fresh Frozen Plasma B.P on white paper with Group in Yellow colour Platelet Concentrate / PRP USP on white paper with Group in Yellow colour	150
	,	Platelet Concentrate / PRP USP on white paper with Group in Yellow colour colour	50
4.	A-ve	Platelet Committee Committ	400
7	1	Platelet Concentrate / PRP USP on white paper with Group in Yellow	100
5.	B+ve	Fresh Frozon Diagram P. 2	100
6.	B-neg	Fresh Frozen Plasma B.P on white paper with Group in Pink colour	450
7.	B+ve	Fresh Frozen Plasma B.P on white paper with Group in Pink colour Platelet Concentrate / PRP USP on white paper with Group in Pink colour	150
	1	Platelet Concentrate / PRP USP on white paper with Group in Pink colour colour	50
8.	B-neg	Platelet Concert	400
		Platelet Concentrate / PRP USP on white paper with Group in Pink	100
9.	O+ve	Fresh Frozen Di	100
10.	O-neg	Fresh Frozen Plasma B.P on white paper with Group in Blue colour	
11.	O+ve	Fresh Frozen Plasma B.P on white paper with Group in Blue colour Platelet Concentrate / PRP USP on white paper with Group in Blue colour	150
		Platelet Concentrate / PRP USP on white paper with Group in Blue colour colour	50
12.	O-neg	Plotolet O	400
	og	Platelet Concentrate / PRP USP on white paper with Group in Blue	
13.	AB+ve	Eroch C.	100
14.		Fresh Frozen Plasma B.P on white paper with reversed print of Group Fresh Frozen Plasma B.P on white paper with reversed print of Group	
15.	AB+ve	Fresh Frozen Plasma B.P on white paper with reversed print of Group Platelet Concentrate / PRP USP on white paper with reversed print of Group	150
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Platelet Concentrate / PRP USP on white paper with reversed print of Group Group	50
16.	AB-neg	District O	400
	neg	Platelet Concentrate / PRP USP on white paper with reversed print of	
	4	Group Group Group of	100
	and the second second		

Prof & Head, IH & BT(Blood Bank), GGS MC & H,Faridkot.

GGS MEDICAL COLLEGE HOSPITAL FARIDKOT DEPT. OF IH & BT(BLOOD BANK LICENSE NO.1602-B) FRESH FROZEN PLASMA B.P.

Prepared from 350/450 ml whole Blood collected in 49/63 ml CPDA1 sol.

VOLUNTARY DONOR

BLOOD GROUP A Rh Positive

Blood Ba	g NoCollection Date
Tube seg	ment No Expiry Date
Non Rea	active for HIV 1&2, HbsAg, HCV, VDRL & Neg. For MP
)	
Cross ma	tched for Patient
CR No.	Ward Dr I/c
Hospital	on Dated
, loopitu.	
	Sign.
INSTRU	JCTIONS :
1.	Examine contents and Check the Labels before use.
2.	Store below30° C
3.	Thaw at 37° C & Use as early as possible.
4.	Mix thoroughly before use.
5,	Administer Group compatible.
6.	Use disposable sterile transfusion set with filter.
7.	Do not use if any visible evidence of deterioration.

GGS MEDICAL COLLEGE HOSPITAL FARIDKOT

DEPT. OF IH & BT(BLOOD BANK LICENSE NO.1602-B)

PLATELET CONCENTRATE/PRP U.S.P

Prepared from 350/450 ml whole Blood collected in 49/63 ml CPDA1 sol. **VOLUNTARY DONOR**

BLOOD GROUP A Rh Positive

Blood Bag No.	Collection Date
Tube segment No.	Expiry Date
Non Reactive for HIV 1&2, Hbs.	Ag, HCV, VDRL & Neg. For MP
Cross matched for Patient	
CR NoWard	Dr I/c
Hospital	on Dated
•	Sign.
INSTRUCTIONS:	
1. Examine contents and (Check the Labels before use.
2. Store between 20°-24°	
3. Use as early as possible	
4. Mix thoroughly before	

5. Administer Group compatible.

6. Use disposable sterile transfusion set with filter7. Do not use if any visible evidence of deterioration.

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FRESH FROZEN PLASMA B.P.

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BLOOD GROUP A Rh Negative

lood Ba	ng No	_Collection Date Expiry Date
	•	z, HCV, VDRL & Neg. For MP
NOII Ne	active for the local trans	2
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ross m	atched for Patient	<u> </u>
R No.	Ward	Dr I/c
ospital		on Dated
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		Sign.
INSTR	UCTIONS:	
1.	Examine contents and	d Check the Labels before use.
	Store below30° C	
		s and as nossible
3.	Thaw at 37° C & Use a	is early as possible.

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Prepared from 350/450 ml whole Blood collected in 49/63 ml CPDA1 sol. **VOLUNTARY DONOR**

BLOOD GROUP A Rh Negative

Blood Bag No.	_Collection Date
Tube segment No.	Expiry Date
Non Reactive for HIV 1&2, HbsAg,	, HCV, VDRL & Neg. For MP
Cross matched for Patient CR NoWard	
CR No. Ward	Dr I/c
Hospital	on Dated
	Sign.
INSTRUCTIONS:	
1. Examine contents and Che	eck the Labels before use.
2. Store between 20°-24° C	
Use as early as possible.	•
4. Mix thoroughly before us	e.

- 5. Administer Group compatible.
- 6. Use disposable sterile transfusion set with filter.
- 7. Do not use if any visible evidence of deterioration.

DEPT. OF IH & BT(BLOOD BANK LICENSE NO.1602-B)

FRESH FROZEN PLASMA B.P.

Prepared from 350/450 ml whole Blood collected in 49/63 ml CPDA1 sol. **VOLUNTARY DONOR**

BLOOD GROUP B Rh Positive

Blood Bag NoCollection Date	Blood Bag NoCollection Date
Tube segment No Expiry Date	Tube segment No Expiry Date
Tube segment No Expiry bute	
Non Reactive for HIV 1&2, HbsAg, HCV, VDRL & Neg. For MP	Non Reactive for HIV 1&2, HbsAg, HCV, VDRL & Neg. For MP
Cross matched for Patient	Cross matched for Patient
CR No. Ward Dr I/c	CR No Ward Dr I/c
Hospitalon Dated	Hospitalon Dated
1105pital	
Sign	Sign.
INSTRUCTIONS:	INSTRUCTIONS:
1. Examine contents and Check the Labels before use.	1. Examine contents and Check the Labels before use.
2. Store below30° C	2. Store between 20°-24° C
3. Thaw at 37° C & Use as early as possible.	3. Use as early as possible.
4. Mix thoroughly before use.	4. Mix thoroughly before use.
5. Administer Group compatible.	5. Administer Group compatible.
6. Use disposable sterile transfusion set with filter.	Use disposable sterile transfusion set with filter.
 Do not use if any visible evidence of deterioration. 	Do not use if any visible evidence of deterioration.

GGS MEDICAL COLLEGE HOSPITAL FARIDKOT

DEPT. OF IH & BT(BLOOD BANK LICENSE NO.1602-B)

PLATELET CONCENTRATE/PRP U.S.P

Prepared from 350/450 ml whole Blood collected in 49/63 ml CPDA1 sol. VOLUNTARY DONOR '

BLOOD GROUP B Rh Positive

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		G. H. Wien Date	
Blood Bag No.		Collection Date	
Tube segment	No	Expiry Date	
		LICIA VODI 9 Nos For I	MD.
Non Reactive f	or HIV 1&2, Hbs/	Ag, HCV, VDRL & Neg. For I	vir
Cross matched	I for Patient		
CR No.	Ward	Dr I/c	
Hospital		on Dated	· · · · · · · · · · · · · · · · · · ·
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		Sign.	
INSTRUCTIO		·	
1. Examine	contents and C	heck the Labels before ι	use.
2. Store be	tween 20°-24°	C	
3. Use as e	arly as possible	•	
4. Mix thor	oughly before	use.	
E Administ	tor Group com	atible	

DEPT. OF IH & BT(BLOOD BANK LICENSE NO.1602-B)

FRESH FROZEN PLASMA B.P.

Prepared from 350/450 ml whole Blood collected in 49/63 ml CPDA1 sol.

* VOLUNTARY DONOR

BLOOD GROUP B Rh Negative

Blood Bag No.	Collection Date
Tube segment No.	Expiry Date
•	
Non Reactive for HIV 1&2, H	bsAg, HCV, VDRL & Neg. For MP
Cross matched for Patient_	
CR NoWard _	Dr I/c
Hospital	on Dated
· Service Control of the Control of	•
	Sign.

INSTRUCTIONS:

- 1. Examine contents and Check the Labels before use.
- 2. Store below --30° C
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- 4. Mix thoroughly before use.
- 5. Administer Group compatible.
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BLOOD GROUP B Rh Negative

Blood Bag No		Collection Date
		Expiry Date
Non Reactive	for HIV 1&2, Hbs/	Ag, HCV, VDRL & Neg. For MP
		•
Cross matched	for Patient	
CR No	Ward	Dr I/c
		on Dated
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		Sign.
INSTRUCTIO	NS:	rike .
1. Examine	contents and Cl	heck the Labels before use.
	tween 20°-24° (

- 3. Use as early as possible.
- 4. Mix thoroughly before use.
- 5. Administer Group compatible.
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FRESH FROZEN PLASMA B.P.

Prepared from 350/450 ml whole Blood collected in 49/63 ml CPDA1 sol. **VOLUNTARY DONOR**

BLOOD GROUP O Rh Positive

Blood Bag No. _____Collection Date ____ Tube segment No. _____ Expiry Date _____ Non Reactive for HIV 1&2, HbsAg, HCV, VDRL & Neg. For MP ross matched for Patient_____ CR No. _____ Ward ____ Dr I/c ___ on Dated ___ Hospital _____

INSTRUCTIONS:

- 1. Examine contents and Check the Labels before use.
- Store below --30° C
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- 4. Mix thoroughly before use.
- Administer Group compatible. 5.
- Use disposable sterile transfusion set with filter.
- Do not use if any visible evidence of deterioration.

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BLOOD GROUP O Rh Positive

Blood Bag No),	Collection Date
Tuhe segment No.		Expiry Date
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Non Reactive	for HIV 1&2, Hbs	Ag, HCV, VDRL & Neg. For MP
Cross matche	ed for Patient	
		Dr I/c
CR No.	waru	01 1/ €
CR No	vvaru	on Dated
CR No Hospital	vvaru	
	waru	

- 1. Examine contents and Check the Labels before use.
- 2. Store between 20°-24° C
- 3. Use as early as possible.
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BLOOD GROUP O Rh Negative

Blood Bag No),	Collection Date	
		Expiry Date	
Non Reactive	for HIV 1&2, Hb	sAg, HCV, VDRL & Neg. Fo	or MP
Cross matche	d for Patient		
CR No.	Ward	Dr I/c	
		on Dated	
Hospital			
Hospital		Sign.	

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Prepared from 350/450 ml whole Blood collected in 49/63 ml CPDA1 sol. **VOLUNTARY DONOR**

BLOOD GROUP O Rh Negative

Blood Bag No	o	Collection Date	
		Expiry Date	
Non Reactive	for HIV 1&2, Hbs.	Ag, HCV, VDRL & Neg. For MP	
Cross matche	ed for Patient		
CR No	Ward	Dr I/c	
		on Dated	
		Sign.	
INSTRUCTIO			

- 1. Examine contents and Check the Labels before use.
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BLOOD GROUP AB Rh Positive

Blood Bag No.		Collection Date		
Tube segment	No	Expiry Date		·····,
Non Reactive	for HIV 1&2, Hb	sAg, HCV, VDRL & Neg. F	or MP	
Cross matched	d for Patient			
		Dr I/c		
Cross matched CR No Hospital		Dr I/c on Dated _		

INSTRUCTIONS:

- 1. Examine contents and Check the Labels before use.
- 2. Store below --30° C
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BLOOD GROUP AB Rh Positive

Blood Bag No	Collection Date
Tube segment No	
0	T T T T T T T T T T T T T T T T T T T
Non Reactive for H	HIV 1&2, HbsAg, HCV, VDRL & Neg. For MP
Cross matched for	r Patient
Cross matched for	
CR No.	WardDr I/c
Hospital	on Dated
	Sign.
INSTRUCTIONS:	

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VOLUNTARY DONOR

BLOOD GROUP AB Rh Negative

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Blood Bag No Tube segment No	Collection Date Expiry Date
Non Reactive for HIV 1&2, Hb	osAg, HCV, VDRL & Neg. For MP
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Cross matched for Patient	
CR NoWard	Dr I/c
Hospital	on Dated
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BLOOD GROUP AB Rh Negative

Blood Bag No Tube segment No	Collection Date Expiry Date
Non Reactive for HIV 1&2, Hbs/	Ag, HCV, VDRL & Neg. For MP
Cross matched for Patient	1
CR NoWard	Dr I/c
Hospital	on Dated
INSTRUCTIONS:	Sign.

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