

**All-India Institute of Medical Sciences**  
**Ansari Nagar, New Delhi-29**  
(RESEARCH SECTION)

Ref. No. 19/Prop/Ped/MK/2020-21/RS

Dated: 27.11.2020

**Subject: Purchase of Delfia Kits for the Deptt. of Pediatrics, AIIMS, New Delhi-29 on proprietary basis- Inviting comments thereon.**

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The request has been received from Dr. Madhulika Kabra , Deptt. of Pediatrics, AIIMS to purchase the subject item from M/s Vinay Brother Diagnostics (Mfg. M/s Perkin Elemer India Pvt. Ltd.) on proprietary basis. The proposal submitted by M/s Vinay Brother Diagnostics (Mfg. M/s Perkin Elemer India Pvt. Ltd.) and Performa Invoice and Departmental PAC certifications are attached.

The above documents are being uploaded for open information to submit objections, comments, if any, from any manufacturer regarding proprietary nature of the equipment/item within issue of 15 days giving reference **No. 19/Prop/Ped/MK/2020-21/RS**. The comments should be received by office of Stores Officer (RS), Research Section at AIIMS on or before **14/12/2020 upto 12:00 p.m.**, failing which it will be presumed that any other vendor is having no comment to offer and case will be decided on merits.

**STORES OFFICER (RS)**

**Encl: Related documents enclosed.**

- 1. PAC Certificate enclosed.**
- 2. Performa Invoice**

# VINAY BROTHERS DIAGNOSTICS

## Q U O T A T I O N

Ref No.: VBD/2020-21/01 dtd.: 27th October, 2020

The Officer In-charge  
Genetic Unit, Pediatric Department  
All India Institute of Medical Sciences  
Ansari Nagar  
New Delhi.



Kind Attn: Prof. Madhulika Kabra

Dear Sir/Mam,

Please find below herewith our lowest rates for the products quoted below for DBT Project for Perkin Elmer New Born Screening markers:

S.No.	Item Name	Cat no.	Pack Size	Unit Price (Price per kit)	Qty	Total Price	GST in %	Total Price including GST
1	Delfia Neonatal hTSH Kit	A032-310	Eack kit	83,450.00	5	4,17,250.00	12%	4,67,320.00
2	Delfia Neonatal 17A-OH progesterone kit	A024-110	Eack kit	89,040.00	5	4,45,200.00	12%	4,98,624.00
3	Neontal G6 PD Kit	ND-1000	Eack kit	85,150.00	5	4,25,750.00	12%	4,76,840.00
4	Neontal Total Galactose kit	3029-0010	Eack kit	85,700.00	4	3,42,800.00	12%	3,83,936.00
5	Neontal Biotinidase Kit	3018-0010	Eack kit	89,040.00	5	4,45,200.00	12%	4,98,624.00
				Total Amount		20,76,200.00		23,25,344.00

Rupees: Twenty three lacs twenty five thousand three hundred forty four only.

### Terms & Conditions:

- 12% GST will be charge as mentioned above or as applicable at the time of Delivery as per Govt. Rules.
- Delivery within 90 days after the receipt of Confirmed written order.
- Delivery at your stores only.

For VINAY BROTHERS DIAGNOSTICS

AUTHORISED SIGNATORY

GSTIN : 07AECPJ3699G1ZB

T.I.N. : 07090131712 DRUG LICENCE NO. : 19(389) 20b & 21b  
(Subject to Delhi Jurisdiction)

Dr. Madhulika Kabra / Professor  
Department of Pediatrics  
All India Institute of Medical Sciences  
New Delhi

authorised distributors : rfcl-diagnova, tulip diagnostics, orchid biomedical systems, coral clinical systems, qualpro diagnostics, zephyr biomedical, accurex biomedical, bio-rad laboratories, ortho clinical diagnostics -J&J, B.D.-vaccutainers, roche diagnostics Dealers : sophisticated medical laboratory equipments



Wallac Oy  
P.O. Box 10  
FI-20101 Turku, Finland

Phone +358 (0)2 267 8111  
Fax +358 (0)2 267 8357  
www.perkinelmer.com

To Whom It May Concern

### Proprietary Certificate


PerkinElmer Wallac Oy, located at Mustionkatu 6, 20750 Turku, Finland is an only manufacturer of the following kits which are compatible and can be used on Victor 2D Instrument. None of the other kits are available from any other manufacturer compatible on this system as per IVD guidelines.

#### Newborn Screening Kits:

1	A032-310	DELFI <sup>®</sup> Neonatal hTSH kit
2	3018-0010	Neonatal Biotinidase kit
3	3029-0010	Neonatal Total Galactose kit
4	A024-110	DELFI <sup>®</sup> Neonatal 17 $\alpha$ -OH-progesterone kit
5	ND-1000	Neonatal G6PD kit
6	NG-1100	Neonatal GALT kit
7	NP-1000	Neonatal Phenylalanine kit
8	A005-210	DELFI <sup>®</sup> Neonatal IRT kit
9	A065-110	DELFI <sup>®</sup> Neonatal Thyroxine kit (T4)
10	A098-201	DELFI <sup>®</sup> PAPP-A
11	A097-101	DELFI <sup>®</sup> Free hCG $\beta$
12	A082-101	DELFI <sup>®</sup> hCG
13	A096-101	DELFI <sup>®</sup> hAFP
14	A067-101	DELFI <sup>®</sup> hAFP / Free hCB $\beta$ Dual
15	B055-301	DELFI <sup>®</sup> / Auto DELFI <sup>®</sup> PLGF 1-2-3
16	B095-101	DELFI <sup>®</sup> / Auto DELFI <sup>®</sup> Unconjugated Estriol (uE3)

Turku, September 11, 2019

Anna Godenhjelm  
Managing Director  
Wallac Oy, PerkinElmer company

  
डॉ. मनुजिका कावस / Dr. Manoj Kumar  
अध्यक्ष / Professor  
आनुवंशिकी सल्ला (वास्तविक निदान) /  
Division of Genetics (Diagnostic /  
आ.आ.आ.सं. - नई दिल्ली / A/11/2/2019/10/19  
D.M. Pathology

ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR, NEW DELHI-110029

PROPRIETARY/SPECIFIC BRAND GOODS CERTIFICATE

1. Item/Type/Model No. required Alongwith specification. DELFIA Neontal hTSH Kit, Delfia Neontal 17A-OH, Neontal G6 PD Kit, Neontal Total Galactose Kit, Neontal Biotinidase Kit
2. Is the item a spare parts attachment or accessory for an existing equipment. Yes.
3. Name of the manufacturers/supplier of the item proposed by the Indentor M/s PerkinElemer India Pvt Ltd/ Vinay Brothers Diagnostics.
4. Are they sole manufacturers/sold distributors of the item.
5. Is there any other item with similar/ equivalent specification available in the market to meet the job requirement envisaged. If the answer is yes, why the same can't be procured. Demanding officer should bring out comparative functional advantages/cost effectiveness of the recommended item from these offered by other  
Yes  
No
6. What were the efforts made to locate alternative source of supply or use other substitutes. Not Applicable. As Delfia Xpress is the closed system.
7. Why open/limited tender can't be resorted to, for locating alternative source. Since the Delfia Xpress is the closed system no other kits are compatible to the system.
8. Are the items certifying that the rates are reasonable or not. Yes
9. Any other justification for procuring item from single source. The above item is required for the specific purpose of antenatal screening to rule out chromosomal aneuploidy in pregnant ladies .

  
**Signature of Indentor  
(Demanding Officer)**

डॉ. मधुलिका काबरा / Dr. Madhulika Kabra  
आचार्य / Professor  
आनुवंशिकी एकक (बालरोग चिकित्सा विभाग)  
Division of Genetics (Department of Pediatrics)  
अ.भा.आ.सं., नई दिल्ली / A.I.I.M.S., New Delhi-29  
DMC Regn. No. 16800

  
**COUNTERSIGNED  
(Head of the Department)**

डॉ. मधुलिका काबरा / Dr. Madhulika Kabra  
आचार्य / Professor  
आनुवंशिकी एकक (बालरोग चिकित्सा विभाग)  
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