

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-29
STORES SECTION(CNC)

Ref. No. 04/SSO(CNC)/CR&EI/PAC/2021-22/ST.

Dated: 16.06.2022

Sub:- Purchase of Syringe for Liebel-flarsheim Illumina Pressure Injector (150ml) on two year rate contract for the department of CR&EI & NI & INR, CNC, AIIMS, New Delhi-29 on proprietary basis-Inviting comments thereof.

The CNC (AIIMS) is in the process to purchase of **Syringes for Liebel-flarsheim Illumina Pressure Injector (150ml) on two year rate contract basis, CNC, AIIMS, New Delhi-29 on proprietary basis**, from M/s. Liebel-flarsheim Company LLC, USA through their supplier firm M/s. Hosta Medicare, Delhi-91. The proposal submitted by M/s. Hosta Medicare, Delhi-91 and PAC Certifications are attached.

Being regular requirement, Rate Contract will also be concluded for period of two years for future purchases as and when required basis being PAC item.

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. **04/SSO(CNC)/CR&EI/PAC/2021-22/St**. The comments/objections should be submitted in the office of Sr. Stores Officer (CNC), room No. 18, 1st Floor, New Pvt. Ward, CNC at AIIMS, New Delhi-29 on or before **02.07.2022 upto 12.30 p.m.**, failing which it will be presumed that any other vendor is having no comment to offer and purchase process will be initiated further for purchase of item as per procedure.

Yatendra
16/6/22
STORES OFFICER
(CNC, AIIMS, N.DELHI-29)

Encl: Related documents enclosed.

PROPRIETARY/SPECIFIC BRAND GOODS CERTIFICATE

- | | | |
|--|---|--|
| 1. Item/Type/Model No. required Along with specification. | : | Angiomat Illumena Lunden-Luer syringe with Hand fill (Syringe pack 150 ml) |
| 2. Is the item a spare part. Attachment of accessory for an existing equipment. | : | Accessories |
| 3. Name of the manufacturers/Supplier of the item proposed By the indenter. | : | M/S Guerbet / M/S Hosta Medicare |
| 4. Are they sole manufacturers/ Sold distributors of the item. | : | Yes. |
| 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. | : | No. |
| 6. What were the efforts made to Locate alternative source of Supply or use other substitute. | : | We have done market survey & through internet. |
| 7. Why open/limited tender can't Be resorted to for locating Alternative source. | : | No other item compatible with this system. |
| 8. Are the proprietary items Certifying that the rates are Reasonable or not. | : | Proprietary item. (Closed Systems) |
| 9. Any other justification for Procuring Item From single source. | : | Accessory is compatible with Bayer |

S. Signatory/Indenter
(Demanding officer)
Dept. NI & IIR
AIIMS, New Delhi

(COUNTERSIGNED)
B. GAIKWAD
Head of the Department
Dept. of NI & IIR
AIIMS, New Delhi

certify that the item at Sr. no. 1 above is required to be procured of single source on the basis of the supply is definitely know/the specified brand proposed was advantages in meeting own Additional Requirements and Itd. Tender system could be dispensed with as they would serve so useful purpose in this particular case. Strike out whichever is not applicable).

Liabel-Flarshelm Company LLC
2111 East Galbraith Road
Cincinnati, OH 45237
www.liuelbet.com

23 September 2020

To Whom It May Concern:

Proprietary Article Certificate

This to certify that the contrast media delivery systems listed below are proprietary to Liabel-Flarshelm Company LLC in the United States of America. These items have all been developed and exclusively manufactured in the United States of America by Liabel-Flarshelm Company LLC.

Angiomat™ Syringe with Handi-Fil™ Straw

CT9000™ Front Load Syringe with Handi-Fil™ Straw: 800096

Illumena™ Lumen-Luer Syringe with Handi-Fil Straw: 900103

Optistar™ MR Syringe 60/60/90 Multipack: 801800

Optistar™ MR Syringe – Lateral Flow Needle: 801801

CT9000™ ADV-CT Multipack: 800099

Optivantage™ Syringe-Dual Pack: 844022

Optivantage™ Syringe-Dual Pack: 844023

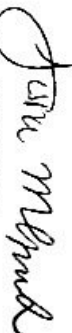
Extension Tubing, High Pressure – Male Luer Adapter: 601281

Optistar™ - Y-Tubing – Single Check Valve: 801106, 801107

Extension Tubing, Y-Tubing Adapter – Dual Check Valves: 810555

Optivantage™ -CT Y-Tubing: 844010

Sincerely



Jisha P. ML YNARCZYK
Regulatory Affairs Specialist
Liabel-Flarshelm Company LLC