**Annex 3.1 : TECHNICAL AND FINANCIAL OFFER FORM**

**Important note:**

**Please also submit the COMPLETE PRICE SCHEDULE which include other services that the Medical Service Provider carries using own format for Year 1 and Year 2 of Agreement**

*Note that the below list is a sample of usual services which IOM require from various hospitals and clinics. The scope of service rendered still varies depending on patient’s needs.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lot 1 : General and Major Services** | | | |  |
|  |  |  |  |  |
| **Item** | **Description of Service** | **Indicate AVAILABLE or NOT AVAILABLE** | **Unit Price (USD) with VAT**  **Year 1** | **Unit Price (USD) with VAT**  **Year 2** |
| **Radiology Services** | | | |  |
| 1 | Chest PA |  |  |  |
| 2 | Chest PA (Portable) |  |  |  |
| 3 | Chest PA + LAT |  |  |  |
| 4 | Lumbar Spine |  |  |  |
| 5 | Pelvis AP |  |  |  |
| 6 | Clavicle |  |  |  |
| 7 | Scapula |  |  |  |
| 8 | Shoulder AP+LAT |  |  |  |
| 9 | Humerus AP+LATERAL |  |  |  |
| 10 | Elbow AP + LATERAL |  |  |  |
| 11 | Forearm AP+LATERAL |  |  |  |
| 12 | AP Pelvis + both hips |  |  |  |
| 13 | Femur AP + LATERAL |  |  |  |
| 14 | Knee AP + LATERAL |  |  |  |
| 15 | Abdomen AP |  |  |  |
| 16 | Abdomen AP+ OBLIQUE |  |  |  |
| 17 | Teeth (Panoramic) |  |  |  |
| 18 | Neck, soft tissue |  |  |  |
| 19 | Brain (w/ contrast) |  |  |  |
| 20 | Brain (w/o contrast) |  |  |  |
| 21 | Neck (w/ contrast) |  |  |  |
| 22 | Neck (w/o contrast) |  |  |  |
| 23 | Angio Head |  |  |  |
| 24 | Angio Neck |  |  |  |
| 25 | Chest (w/ contrast) |  |  |  |
| 26 | Chest (w/o contrast) |  |  |  |
| 27 | Hip (w/ contrast) |  |  |  |
| 28 | Hip (w/o contrast) |  |  |  |
| 29 | Shoulder (w/ contrast) |  |  |  |
| 30 | Shoulder (w/o contrast) |  |  |  |
| 31 | Femur (w/ contrast) |  |  |  |
| 32 | Femur (w/o contrast) |  |  |  |
| 33 | Knee (w/ contrast) |  |  |  |
| 34 | Knee (w/o contrast) |  |  |  |
| 35 | Ankle and Foot (w/ contrast) |  |  |  |
| 36 | Ankle and Foot (w/o contrast) |  |  |  |
| 37 | Elbow (w/ contrast) |  |  |  |
| 38 | Elbow (w/o contrast) |  |  |  |
| 39 | Abdomen & Pelvis (w/ contrast) |  |  |  |
| 40 | Abdomen & Pelvis (w/o contrast) |  |  |  |
| 41 | Cervical Spine (w/ contrast) |  |  |  |
| 42 | Cervical Spine (w/o contrast) |  |  |  |
| 43 | Dorsal Spine (w/ contrast) |  |  |  |
| 44 | Dorsal Spine (w/o contrast) |  |  |  |
| 45 | Pelvis (w/ contrast) |  |  |  |
| 46 | Pelvis (w/o contrast) |  |  |  |
| 47 | Lumbar/ Sacral (w/ contrast) |  |  |  |
| 48 | Lumbar / Sacral (w/o contrast) |  |  |  |
| 49 | Angio head (w/ gadolinium) |  |  |  |
| 50 | Angio head (w/o gadolinium) |  |  |  |
| 51 | Angio neck (w/gadolinium) |  |  |  |
| 52 | Angio neck (w/o gadolinium) |  |  |  |
| 53 | Brain (w/ gadolinium) |  |  |  |
| 54 | Brain (w/o gadolinium) |  |  |  |
| 55 | Chest (w/ gadolinium) |  |  |  |
| 56 | Chest (w/o gadolinium) |  |  |  |
| 57 | Cervical Spine(w/ gadolinium) |  |  |  |
| 58 | Cervical Spine(w/o gadolinium) |  |  |  |
| 59 | Dorsal Spine (w/ gadolinium) |  |  |  |
| 60 | Dorsal Spine (w/o gadolinium) |  |  |  |
| 61 | Lumbar Spine (w/ gadolinium) |  |  |  |
| 62 | Lumbar Spine (w/o gadolinium) |  |  |  |
| 63 | Pelvis ( w/ gadolinium) |  |  |  |
| 64 | Pelvis ( w/o gadolinium) |  |  |  |
| 65 | Foot (w/ gadolinium) |  |  |  |
| 66 | Foot (w/o gadolinium) |  |  |  |
| 67 | Abdomen (w/ gadolinium) |  |  |  |
| 68 | Abdomen (w/o gadolinium) |  |  |  |
| 69 | Shoulder (w/ gadolinium) |  |  |  |
| 70 | Shoulder (w/o gadolinium) |  |  |  |
| 71 | Hips (w/ gadolinium) |  |  |  |
| 72 | Hips (w/o gadolinium) |  |  |  |
| 73 | Breast (w/gadolinium) |  |  |  |
| 74 | Breast (w/o gadolinium) |  |  |  |
| 75 | Neck |  |  |  |
| 76 | Thyroid |  |  |  |
| 77 | Breast |  |  |  |
| 78 | Whole Abdomen |  |  |  |
| 79 | Pelvis |  |  |  |
| 80 | Abdomen & Pelvis |  |  |  |
| 81 | Gall Bladder |  |  |  |
| 82 | Kidneys |  |  |  |
| 83 | Transvaginal Pelvis |  |  |  |
| 84 | Transrectal Pelvis |  |  |  |
| 85 | Ankle |  |  |  |
| 86 | Elbow |  |  |  |
| 87 | Foot |  |  |  |
| 88 | Knee |  |  |  |
| 89 | Shoulder |  |  |  |
| 90 | Wrist & Hand |  |  |  |
| 91 | Trans-thoracic cardiac ultrasound |  |  |  |
| 92 | Trans-esophageal cardiac ultrasound |  |  |  |
| **Diagnostic Services** | | | |  |
| 93 | FL Lumbar Puncture |  |  |  |
| 94 | FL Myelography Thoracic Spine |  |  |  |
| 95 | FL Myelography Lumbar |  |  |  |
| 96 | DSA Lumbar Puncture |  |  |  |
| 97 | DSA FNA Joints |  |  |  |
| 98 | DSA Discography |  |  |  |
| 99 | FL Shoulder Arthrogram |  |  |  |
| 100 | FL Hip Arthrography |  |  |  |
| 101 | PET CT Cardiac w/ FDG |  |  |  |
| 102 | PET CT Brain w/ FDG |  |  |  |
| 103 | PET CTWhole Body w/ FDG |  |  |  |
| 104 | PET CT Whole Body w/ Choline |  |  |  |
| 105 | PET CT Whole Body w/ Gallium |  |  |  |
| 106 | PET CT Brain w/ FDOPA |  |  |  |
| 107 | ECG |  |  |  |
| 108 | Laparoscopy, diagnostic |  |  |  |
| 109 | Colonoscopy |  |  |  |
| 110 | Sigmoidoscopy |  |  |  |
| 111 | Laryngoscopy |  |  |  |
| **Laboratory Services** | | | |  |
| 112 | Liver Function (SGOT) |  |  |  |
| 113 | Liver Function (SGPT) |  |  |  |
| 114 | Prothrombin Time; PT-INR; PTT |  |  |  |
| 115 | Alkaline Phosphatase |  |  |  |
| 116 | GGT |  |  |  |
| 117 | Arterial Blood Gas (ABG) |  |  |  |
| 118 | Uric Acid |  |  |  |
| 119 | Complete Blood Count |  |  |  |
| 120 | TSH |  |  |  |
| 121 | T3 |  |  |  |
| 122 | T4 |  |  |  |
| 123 | Lipid panel (TG, Cholesterol, HDL, LDL) |  |  |  |
| 124 | Electrolytes (Na; K; Cl;CO2) |  |  |  |
| 125 | Fasting Blood Sugar |  |  |  |
| 126 | Serum Creatinine |  |  |  |
| 127 | Uric acid |  |  |  |
| 128 | BUN |  |  |  |
| 129 | Bilirubin total & direct |  |  |  |
| 130 | Lactate |  |  |  |
| 131 | Protease |  |  |  |
| 132 | Lipase |  |  |  |
| 133 | Amylase |  |  |  |
| 134 | TB Sputum AFB Smears |  |  |  |
| 135 | TB Sputum Culture |  |  |  |
| 136 | GeneXpert MTB/RIF |  |  |  |
| 137 | Fecal analysis |  |  |  |
| 138 | Urinalysis |  |  |  |
| 139 | Urine Culture |  |  |  |
| 140 | Spot urine for Albumin, creatinine, Protein |  |  |  |
| 141 | Valproic Acid Levels |  |  |  |
| 142 | Carbamazepine Levels |  |  |  |
| 143 | Tacrolimus Levels |  |  |  |
| 144 | Lithium Levels |  |  |  |
| 145 | TB DST (Drug Sensitivity Testing) |  |  |  |
| 146 | IGRA |  |  |  |
| 147 | DNA testing (Paternal/Maternal) |  |  |  |
| 148 | Human Leukocyte Antigen Class 1 (HLA C1) testing |  |  |  |
| **Intervention Services** | | | |  |
| 149 | Bronchoscopy |  |  |  |
| 150 | Gastric aspiration |  |  |  |
| 151 | Pleural aspiration |  |  |  |
| 152 | Peritoneal aspiration |  |  |  |
| 153 | Pericardiocentesis |  |  |  |
| 154 | Arthrocentesis |  |  |  |
| 155 | Lumbar puncture |  |  |  |
| 156 | Fine needle aspiration |  |  |  |
| **General Consultations, Inpatient Admissions and Special Services** | | | |  |
| 157 | Admission to ICU, pediatric ICU, and neonatal ICU (including Tuberculosis) |  |  |  |
| 158 | Admission to Isolation Rooms |  |  |  |
| 159 | Admission to Special Care for child TB patient |  |  |  |
| 160 | Normal Stay Room and Board Charges |  |  |  |
| 161 | Admission to same-day care for the medical procedures |  |  |  |
| 162 | Outpatient consultation |  |  |  |
| 163 | Emergency department |  |  |  |
| 164 | Vaccination Charges |  |  |  |
| 165 | Medical Waste Management |  |  |  |
| 166 | Pulmonologist Consultation |  |  |  |
| 167 | Cardiologist Consultation |  |  |  |
| 168 | Ophthalmologist Consultation |  |  |  |
| 169 | Audiometry and ENT consultation |  |  |  |
| 170 | Lymph node Biopsy and other tissue biopsies (adults and children) |  |  |  |
| 171 | Fluid Aspiration (Pleural, peritoneal, synovial, LP) |  |  |  |
| 172 | Gastric aspirate for children |  |  |  |
| 173 | Laparoscopic Cholecystectomy |  |  |  |
| 174 | Laparoscopic appendectomy |  |  |  |
| 175 | Double J insertion |  |  |  |

**Lot 2: Psychiatric Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description of Service** | **Indicate AVAILABLE or NOT AVAILABLE** | **Unit Price (USD) with VAT**  **Year 1** | **Unit Price (USD) with VAT**  **Year 2** |
| 1 | Mental health department stay/night/Psychiatric ward |  |  |  |
| 2 | Psychiatric Outpatient Consultations |  |  |  |
| 3 | Electroconvulsive therapy |  |  |  |

**Lot 3: Burn care management and related services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description of Service** | **Indicate AVAILABLE or NOT AVAILABLE** | **Unit Price (USD) with VAT**  **Year 1** | **Unit Price (USD) with VAT**  **Year 2** |
| 1 | Burn care including needed interventions |  |  |  |
| 2 | Graft: derma-fat fascia |  |  |  |
| 3 | Burn dressing change |  |  |  |