

Sassoon General Hospital, Pune – 1

Tel : 26128000 Surgical Store Ext : 2374 E-mailsurgicalstoresassoon@gmail.com

Quotation Form

SGH/SUR/MJPJAY/LP/1321/2021

Date : 23/2/2021

Sub:- Quotation for Surgical Item ORTHO DEPT. are Given Below.

Sir,

You are requested to furnish your quotation for the following items to the

DEAN SASSOON GENERAL HOSPITAL, PUNE

Total Knee Replacement Specification

S.No	Component	Specification	Material
1	Femoral Component	Posterior Satiblised fixed bearing modular knee Replacement prothesis made up of coblt chromium with standared and narrow femur options.	coblt chromium
2	Tibial component	Anatomical Tibial component made up of Titanium should have highly poloshed top surface option of putting high flex and constrained insert and Tibial extension Rod	Titanium
3	Articul Insert	Posterior stablised higly cross linked high flex articular insert	Ultra high molecular weight poly ethyiene
4	Bone Cement	High viscosity bone cement with pigment /color -40gm	
		Note	
	Optonal implant	3peg standred resurfacing patella	
5	Patella	Straight rod of Titanium	
6	Tibial extension rod		
		Option of putting it on primary and revision Tibial component	Titanium
7	Constrained		
		Saw blade-1 TKR DRAPING KIT-1	
	Disposables	Reinforced breathable surgical gowns complaints with aam PB 70- Universal extremity drape compliant with EN 13795& AAMI level 4 construction Qty 1	Dimond cut blade
		Disposable monkey cap-6 Ansell Glove(No 7-6pairs,7.5 6pairs disposable pulse lavage 1	Gowns
		Face mask with shield No 6	0 drape
		All Implants should be US FDA approved	
		Complete instrument set should be provided at the time of surgery	
		Cordless battery operated hand drill + saw + saw blade	
		Complete Range of implant size should be provided at the time of surgery	

- Note :-
- 1) Rate should be quoted inclusive of all taxes & valid upto SIX months.
 - 2) Strength of Surgical Item MRP Cost & Mfg Company Packing must be mentioned
 - 3) The delivery of the material must be at Surgical Store of this hospital
 - 4) Delivery period 24 hours from the date of receipt of the order.
 - 5) The quotation and envelope should be addressed in the name of (Attention Surgical Store) DEAN, SASSOON GENERAL HOSPITAL, PUNE -1 and it should be submitted at Administrative Office
 - 6) Quotation envelope should mention Quotation Reference along with name & strength of material.
 - 7) Rates must be mentioned in figure as well as in words.
 - 8) Rates should be quoted for, & Material should be supplied as per official PHARMACOPEAL STANDARDS.
 - 9) Conditional quotations will not be accepted.
 - 10) Right to accept ,recall or reject above quotations lies solely with Dean, Sassoon General Hospitals Pune

Last Date Of Submission: 02-03-2021

5:00 PM

Handwritten signature

Dean

Sassoon General Hospital, Pune-1

Extension dt - 15-03-2021

5:00 PM