



Ref: No. ENQ/Projectcell/Multicentric/Banu/2021-22/01

Date: 02.03.2022

ENQUIRY

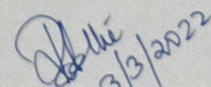
Sealed Quotations are invited by the Director, ICMR – NIRT for the printing of the following item. The interested companies may submit their lowest price against each item either by sending through post/courier addressed to **The Director, ICMR - National Institute for Research in Tuberculosis, No.1, Sathyamoorthy road, Chetpet, Chennai-31** or dropped in the quotation box kept at the ground floor (stores & purchase section). Sealed offers superscripted as Quotation for **"Treatment card for Multicentric study on 14.03.2022"** should reach us on or before 14.03.2022 at 3pm.

Sl. No.	Description	Qty
1.	Treatment Card - Yellow	750 nos
2.	Treatment Card – Light Green	750 nos.

TERMS & CONDITIONS

1. This is an enquiry and must not be treated as an order.
2. Our institute is registered with DSIR and can provide Concessional GST certificate along with the PO. Hence you can quote with GST @ 5%.
3. Late/delayed quotations and unsigned quotations will be summarily rejected and will not be considered under any circumstances.
4. No advance payment will be made. The payment will be made on receipt of goods/items in good condition and satisfactory report of the end users.
5. ICMR-NIRT, Chennai will not be responsible for any delay for late receipt of quotations.
6. Any decision taken by the Director, ICMR-NIRT at any point of time in connection related to this process shall be final and conclusive and no claim or dispute from any quarter in this regard shall be entertained.
7. Items should be supplied at Door Delivery. No extra payment on account of transportation, handling, loading, unloading, labour charges etc. will be made.
8. ICMR-NIRT, Chennai does not bind to accept quotation with lowest price only, other criteria like quality etc will also be considered.
9. ICMR – NIRT Chennai reserves the right to accept the quotation in part or full.
10. ICMR-NIRT, Chennai reserves the right to accept or reject any or all quotations without assigning any reason.

Yours faithfully,


3/3/2022

ADMINISTRATIVE OFFICER

Total :- 750 nos.
 (Yellow colour)
 (NIAT funds)

4-Month Moxifloxacin Containing Regimen in the Treatment of PTB

Treatment Card – Intensive Phase

Name of Participant			Screening ID	Enrolment ID
Participant Initials				
Regimen	Body Weight Code		Month of Treatment	Body Weight Code
2HRZEM₇/2HREM₇	30 – 34 Kg - 1	65 – 75 Kg - 4	One	
Date of start of IP	35 – 49 Kg - 2	>75 Kg - 5	Two	
	50 – 64 Kg - 3			

Dose No	Date due	Dose Taken (Y/N)	HRZE (FDC)	Moxi	Moxi	Pyr	Initials	Dose No	Date due	Dose Taken (Y/N)	HRZE (FDC)	Moxi	Moxi	Pyr	Initials
			75/150/400/275	400mg	200mg	50mg					75/150/400/275	400mg	200mg	50mg	
1								31							
2								32							
3								33							
4								34							
5								35							
6								36							
7								37							
8								38							
9								39							
10								40							
11								41							
12								42							
13								43							
14								44							
15								45							
16								46							
17								47							
18								48							
19								49							
20								50							
21								51							
22								52							
23								53							
24								54							
25								55							
26								56							
27								57							
28								58							
29								59							
30								60							

**4-Month Moxifloxacin Containing Regimen in the Treatment of PTB
Treatment Card – Intensive Phase**

Name of Participant			Screening ID	Enrolment ID
Participant Initials				
Regimen	Body Weight Code		Month of Treatment	Body Weight Code
2HRZEM₇/2HREM₇	30 – 34 Kg - 1	65 – 75 Kg - 4	One	
Date of start of IP	35 – 49 Kg - 2	>75 Kg - 5	Two	
	50 – 64 Kg - 3			

Dose No	Date due	Dose Taken (Y/N)	HRZE (FDC)	Moxi	Moxi	Pyr	Initials	REMARKS
			75/150/400/275	400mg	200mg	50mg		
EXTENSION OF INTENSIVE PHASE (Missed doses can be compensated upto a maximum of 15 consecutive days after scheduled 2nd monthly examination)								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Total :- 750 nos
 (Light green colour)
 (MART Funds)

4-Month Moxifloxacin Containing Regimen in the Treatment of PTB
 Treatment Card – Continuation Phase

Name of Participant			Screening ID	Enrolment ID
Participant Initials				
Regimen	Body Weight Code		Month of Treatment	Body Weight Code
2HRZEM ₇ /2HREM ₇	30 – 34 Kg - 1	65 – 75 Kg - 4	Three	
Date of start of CP	35 – 49 Kg - 2	>75 Kg - 5	Four	
	50 – 64 Kg - 3			

Dose No	Date due	Dose Taken (Y/N)	HRE (FDC)	Moxi	Moxi	Pyr	Initials	Dose No	Date due	Dose Taken (Y/N)	HRE (FDC)	Moxi	Moxi	Pyr	Initials
			75/150/275	400mg	200mg	50mg					75/150/275	400mg	200mg	50mg	
1								31							
2								32							
3								33							
4								34							
5								35							
6								36							
7								37							
8								38							
9								39							
10								40							
11								41							
12								42							
13								43							
14								44							
15								45							
16								46							
17								47							
18								48							
19								49							
20								50							
21								51							
22								52							
23								53							
24								54							
25								55							
26								56							
27								57							
28								58							
29								59							
30								60							

**4-Month Moxifloxacin Containing Regimen in the Treatment of PTB
Treatment Card – Continuation Phase**

Name of Participant			Screening ID	Enrolment ID
Participant Initials				
Regimen	Body Weight Code		Month of Treatment	Body Weight Code
2HRZEM₇/2HREM₇	30 – 34 Kg - 1	65 – 75 Kg - 4	Three	
Date of start of CP	35 – 49 Kg - 2	>75 Kg - 5	Four	
	50 – 64 Kg - 3			

Dose No	Date due	Dose Taken (Y/N)	HRE (FDC)	Moxi	Moxi	Pyr	Initials	REMARKS
			75/150/275	400mg	200mg	50mg		
EXTENSION OF CONTINUATION PHASE (Missed doses can be compensated upto a maximum of 15 consecutive days after scheduled 4 th monthly examination)								
1								
2								
3								
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5								
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10								
11								
12								
13								
14								
15								