



**DIRECTORATE OF HEALTH SERVICES**

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No MSA2/1638/2017/DHS

Dated: 7/01/2017

From

The Director of Health Services

To

The District Medical Officer (Health)  
Thiruvananthapuram/Kollam/Pathanamthitta/ Alappuzha/ Kottayam/ Idukki/  
Ernakulam/ Thrissur/Palakkad/Malappuram/Kozhikode/ Kannur/ Wayanad/Kasaragod.

Sir,

Sub:- H.S. D- Annual Indent of Reagents for the year 2017-18- Reg.

Ref: - Note submitted by Store Officer (GMS) on dated 06.01.2017.

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In response to the above, you are directed to furnish the Annual Indent of Reagents for the year 2017-18 in the prescribed proforma attached herewith.

Yours Faithfully,

*V.K. P.*  
For Director of Health Services

Encl: As above.

s.v

## ANNUAL INDENT OF REAGENTS FOR THE YEAR 2017-18

**NAME OF THE HOSPITAL :**

### REAGENTS FOR FULLY AUTOMATED HEMATOLOGY ANALYZER

Sl.No.	Name of the item	Pack Size	Qty required (in Pack)
1	DILUENT	20 LTR	
2	RINSE	20 LTR	
3	LYSE	2x500ml	
4	EZ CLEANER	4X50 ml	
5	PROBE CLEANER	4X50 ml	

### REAGENTS FOR FULLY AUTOMATED BIOCHEMISTRY ANALYZER

Sl.No.	Name of the item	Pack Size	Qty required (in Pack)
1	Albumin	10 x 44	
2	ALP	2x44/2x11	
3	Bilirubin (T & D)	4x60	
4	Calcium	10x12	
5	Cholestrol	10x44	
6	Creatinine	5x44/5x11	
7	Glucose	5x60	
8	Phosphorous	10 x 12	
9	SGOT-HL	4x34/4x10	
10	SGPT-HL	4x34/4x10	
11	Total Protein	10 x 44	
12	Triglyceride	5x44/5x11	
13	Urea	5x44/5x11	
14	Uric Acid	5x44/5x11	
15	Multical	4x3	
16	XL wash	4x100	

Name , Signature and Seal of the Officer in charge of the lab

Name , Signature and Seal of the Head of the Institution.

Office Seal