# MINUTES OF MEETING

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| **MEETING TITLE** | Pre-Bid Meeting For Supply, Installation and Commissioning of TMT Machines (4 nos.)<br>(Tender no. : HLL/HCS/Tender-GeM/2025-26/20 DTD: 07.02.2026 )<br>GEM/2026/B/7207785 |
| **DATE** | 12.02.2026 |
| **TYPE OF MEETING** | PHYSICAL/ VIRTUAL (GOOGLE MEET) meet.google.com/rjm-ztep-hnb |
| **MEETING DURATION** | 12.00 PM – 01.00 PM |

**PARTICIPANTS DETAILS**

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| **HLL Lifecare Limited** | Mr. Binu Thomas (VP-PS & GH- HCS) |
| | Mr. Jayakumar A (DVP - HCS) |
| | Mr. Narendranath (DGM-Biomedical) |
| | Mr. Hariprasad A P (SM -HCS) |
| **Prospective bidders participants** | Mr. Puneet Sharma- M/s. Allengers |

Prebid meeting against the Tender floated for pre-bid meeting for supply, installation and commissioning of TMT Machines (4 nos.) at Hindlabs at 4 locations was conducted on 12.02.2026 at 12.00 PM at corporate and head office of HLL Lifecare Limited at Thiruvananthapuram. Prospective bidders were given the option to participate either in person or through the online link provided in the tender document. During the meeting, the bidders raised various queries and were advised to submit the same in writing via email to hcstenders@lifecarehll.com for further consideration. It was also informed that all queries received would be examined by the HLL team and clarifications/ responses would be published subsequently as the official Pre-Bid Minutes. In continuation to the Prebid meeting, the prospective bidders have also mailed their respective queries. Also representations were received through GeM platform also. Details of response to the queries are as below.

| SNO | Representation by Bidder | HLL Reply |
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| **1** | Delivery Period: 20 Days may be amended as 30 Days –<br>As we being having our Plant in North, as per Equipment preparation, its Quality checking and logistiscs period will take atleast 20 days time. | No Change |
| **REPRESENTATIONS IN GEM** | | |

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| **1** | 1) Request to amend Point 1: The system must support 3,6,12 and 15 - lead acquisition, display and reporting TO The system must support 3,6,12 acquisition, display and reporting. [REASON: As per AASM/standard TMT guidelines, a 12-lead ECG is sufficient and recommended for accurate detection of ischemia, ST-segment changes, and comprehensive interpretation during exercise testing. Inclusion of 15-lead acquisition does not add significant clinical benefit in TMT, increases system complexity, and unnecessarily restricts bidder participation. Retaining support for 3, 6, and 12-lead acquisition fully meets clinical needs while ensuring standardization, cost-effectiveness, and wider competition. | No change |
| **2** | 2) Request to amend Pt. 10: The system must allow for comparison to previous procedures data including ECGs with measurement ability (calipers) of all traces TO The system must allow for comparison to previous procedure Stage including ECGs with measurement ability (calipers) of all traces. [Reason: In routine TMT practice, comparison is primarily performed stage-wise within the same procedure to assess dynamic ECG changes, ST-segment trends, and patient response during exercise and recovery. Mandatory comparison with previous procedure data is not essential, may not always be available, and can restrict eligible systems. Allowing comparison of previous procedure stages with ECGs and caliper-based measurements adequately meets clinical requirements, ensures accurate interpretation, and promotes wider participation without compromising diagnostic utility.] | No change |
| **3** | 3) Request to amend Pt. 20: The acquisition module should be digital and have the sampling rate of atleast 5lakhs samps /sec TO The acquisition module should be digital and have the sampling rate of atleast 4500 samps /sec. [Reason: The amendment is justified as a sampling rate of at least 4500 samples/sec is more than adequate for accurate ECG acquisition, ST-segment analysis, and arrhythmia detection during TMT, as per standard ECG signal requirements. Specifying 5 lakh samples/sec is excessively high, not clinically necessary for ECG-based stress testing, and may unnecessarily restrict bidder participation. Adopting a realistic, clinically sufficient sampling rate ensures diagnostic | No change |

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| | accuracy while promoting wider competition, standardization, and cost-effectiveness without compromising performance.] | |
| **4** | 4) Request to amend Pt. 22: Final report must be exportable from the system in Word, PDF TO Final report must be exportable from the system in PDF. [REASON: Requiring the final TMT report to be exportable in Word format can compromise report integrity, as data and interpretations may be unintentionally altered after export. Word files lack fixed formatting and medico-legal robustness compared to PDF, which preserves layout, graphs, and measurements exactly as generated. This requirement may also restrict eligible systems, increase software complexity, and create compatibility issues. PDF-only export is widely accepted, secure, audit-friendly, and sufficient for clinical documentation, printing, and long-term record storage.] | Final report must be exportable from the system in PDF |
| **5** | 5) Request to amend Point 23: Comprehensive procedure data must be exportable from the system in XML, Excel TO Comprehensive procedure data must be exportable from the system in Excel. [REASON: The amendment is justified as exporting comprehensive procedure data in Excel format adequately meets clinical, academic, and administrative requirements. Excel is widely used, easily accessible, and sufficient for data review, analysis, and record maintenance. Mandatory XML export is not essential for routine clinical use, increases system complexity, and may restrict participation of otherwise compliant vendors. Limiting the requirement to Excel ensures usability, standardization, wider competition, and cost-effectiveness without compromising data accessibility or functionality.] | Comprehensive procedure data must be exportable from the system in Excel |
| **6** | 6) Request to amend Pt 26: The system must allow automatic and manual procedure transfer to Shared Directory TO The system must allow manual procedure transfer to Shared Directory. [Reason: The amendment is justified as manual procedure transfer to a shared directory sufficiently meets routine clinical and administrative requirements. Automatic transfer depends on continuous network availability, IT integration, and cybersecurity permissions, which may not always be feasible in hospital environments and can lead to transfer failures or data loss. Mandatory automatic transfer may restrict eligible systems and increase complexity. Allowing manual transfer ensures | The system must allow automatic or manual procedure or (both type) transfer to Shared Directory |

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| | reliability, user control, data security, and wider vendor participation without compromising accessibility or workflow efficiency.] | |

This minute of pre-bid meeting shall form part of bid document as Addendum/Amendment. All the bidders must attach a copy of this MoM, sealed and signed by authorized signatory, which indicates that all the points in this MoM is agreed by the bidder.