



## **Notice Inviting e-Tender**

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**Procurement of Digital Slide Scanner machine for Department of Oncopathology,  
IPGME&R and SSKM Hospital**  
(Submission of Bid through *online*)

**Bid Reference No.: WBMSCL/NIT-847/2025**

**Dated-14.10.2025**

2nd call of Bid Reference Number: WBMSCL /NIT-584/2025;dated -04.07.2025

**The following amendment has been made in the tender document,**

### **Amendment – 4**

## **REVISE TECHNICAL SPECIFICATION**

### **Digital Slide Scanner**

#### **A) Scanner Capabilities:**

1. The Slide Scanner should be **microscopic or non-microscope** based with a minimum slide loading **capacity of 100 or more slides** at one time. Technical offer should clearly specify the number of slides loaded at one time.
2. The scanner should have facilities to scan all type of bright filed slides.
3. **Scanning options at 20x, 40x and 100x magnification must be available in the scanner.**
4. System should scan all commercially available 75 mm by 25mm slides with a thickness of 0.9 to 1.2mm
5. Scanner should be capable of end-to-end scan (i.e from slide insertion to the images display on screen) at standard time of **120 seconds or less** at 40x magnification for 15mm x 15mm tissue area
6. **Should have a minimum resolution of at least 0.27µm/pixel at 40x. Specify the resolution. Resolution of scanned images must be optimal (pixilated images must be avoided)**

7. It should be possible to pause/continuous/stat the scanning process and load new/replace slides and continue with the prior scanning sequence/job
8. Scanning method: Area/line scanning technology with/without skip blank strips method
9. The slide loading system should be a closed system and the scanning objectives and scanning station should be inaccessible to the User at the time of loading of slides
10. Scanner should be able to recognize and read most major linear 1D, 2D and QR Code
11. Scanner must be compatible for scanning all Histopathology, Cytopathology, Hematology and Immunofluorescence slides.
12. Scanner should have the features like auto focus/ Extender focus to capture uneven tissue area along with Z stacking (at least 30 layers) / auto focusing for multilayer scanning- .
13. Scanner should have automatic scan failure recognition and continue scanning without any manual intervention.
14. Scanner should have compact foot print
15. Scan failure detection: Automatic recognition of failure to scan. In case of slide scan failure, it should continue scanning the remaining slides without any need of intervention. Failed slides should be marked appropriately on the scanner control software.
16. Scanner should be supplied with standard file formats convertible facility for JPEG, DICOM, .NDP, .SVS,.MRXS or equivalent .
17. Scanner should preferably be upgradable to fluorescence scanning at any point of time if required.

#### **B) Storage and Archiving:**

18. Server and Storage: System should be supplied with storage in RAID 5 format. The storage has to be physical at site and not in the cloud. Server and storage must not be 3<sup>rd</sup> party ownership.

#### **Minimum Specifications are as follows:**

- a) Rack Type: Storage
- b) Processor: Latest Intel Xeon
- c) RAM: Minimum: 64GB
- d) 250 GB SSD RAID 1 OS
- e) 100 TB RAID 5 for storage, usable capacity
- f) LAN: 4 x 1 Gigabit Ethernet + Service LAN
- g) Latest compatible Windows server

#### **C) Image Viewer:**

19. Reporting Work station: For appropriate viewing and reporting by multiple people the system has to be supplied with minimum 5 computers with latest Intel Xeon processor 32GB RAM, 250GB SSD for OS and 2TB HDD for storage, branded Graphics card with 4GB RAM with latest windows licensed version. 24" Medical Grade Monitor.
20. Software should be equipped with a viewer to do basic visualization and for displaying the QC parameters for assessing adequacy of scan quality.
21. License should be valid at least 10 years.
22. Viewer softer should be capable to perform basic annotations during reporting.

23. System should be supplied with teleconference facility outside of the institution at least for 5 health facilities. All pathologists should be able to view the image without any downgrade on the quality of image. All necessary licenses to enable this work should be provided without any additional cost. Regarding tele-pathology, all the software and hardware should be supplied free of cost by the supplier. The equipment must have the software for remotely accessible only for other health facilities under Govt of West Bengal but the master control of the system should entirely be with IPGME&R and SSKM hospital to maintain the sanity of the system.
24. The image viewer software should allow user to zoom in a particular area of interest at high magnification, while simultaneously keeping the entire tissue section visible at lower magnification.
25. Software should have easily visible summary information relating to each case without the need of opening the case itself.

**D) Image Acquisition and Management:**

26. The scanner system should be supplied with an integrated image management software system with minimum 10 user licenses.
27. Scanner should provide a composite digital slide and present it in the desired magnification with seamless natural navigation. Should have preset optical magnification (2x, 5x, 10x, 20x, 40x and 100x) like a conventional microscope to change specification quickly. Additionally it should be able to zoom to 100x digitally.
28. Image management software should allow the gross images to be incorporated in digital case and also in the report along with scanned slide images. All software must have license and purchase from self company. No 3<sup>rd</sup> party dealership applicable.
29. The image management software system should have the capability of reading 1D/2D barcodes so as to enable grouping of multiple slides into its specific case.
30. Using the software Pathologists should be view and report the cases from within and outside the organization without any additional cost.
31. Software should allow the simultaneous assessment and aligned stacking of 4 or more images of a case in single screen at the same time.
32. Software must allow simultaneous access to the digital slide at multiple locations by at least 5 users from both inside and outside the organization facilitating real time online consultation.
33. During the online consultation every user can identify and mark the area of interest on the same shared image making it clear and easy to identify who performed the annotation.
34. System should allow lossless compression of data and storing on a scalable storage at site.
35. Software should permit the user to search for cases based on various criteria such as name, case id, date etc.
36. The scanner should be upscalable for Hub and Spoke or multisite facility for future requirements
37. Scanner should communicate bi-directionally with LIS software to retrieve and push back data into LIS including the final report in future.
38. Image viewing software should have provisions for viewing other scanner formats and standard formats without any additional cost.
39. The system should provide the ability to flag special cases (user defined) for additional importance or priority.

40. AI algorithms should have wider scope of all IHC stains (Nuclear, cytoplasmic & membrane).

**E) Security:-**

- 41. Data Storage and transmission is through secured mode for data transmission
- 42. System manager should be able to create and retire users along with associates' privileges
- 43. Individual users should be able to view only the designated privileges associated with the user creation.
- 44. Authenticated user entry based on unique user and password.

**F) Quality Indicator:-**

- 45. **Certification:** The bidder/ OEM should have valid CDSCO Certificate/Registration/License for both the manufacturer(s) and importer(s) as applicable
- 46. License copy from the appropriate authority in concurrence with the medical device rules 2017 for manufacture, sale or distribution of digital slide scanner.

**G) Additional Accessories:**

- 47. System should be supplied with branded 5KVA UPS with 1 hour back up
- 48. Company must provide vibration free table for equipment and the required infrastructure should be developed and provided by the company
- 49. Company has to visit the site before supplying for the same to ensure proper infrastructure and other requirements.

50. Company should provide one trained and operation experienced management certified personnel to be provided for standardisation of assays, training, quality control and trouble shooting FOC for a minimum period of 2 years as and when required.

- 51. Machine should be supplied with suitable UPS back up. During the installation all accessories and ancillaries should be supplied by the bidder.
- 52. Machine should be calibrated during installation and till the time of warranty.
- 53. Scanner should be compatible with glass slides and cover slip used in routine laboratory services (with or without barcode)