

Tender No:

UHKDU/PRO/SOGE/SVS/0215/2022



University Hospital Kotelawala Defence University
Werahara ,Boralesgamuwa
Sri Lanka
T:Phone: 0112044555
Fax: 0112044592
Web: mmc53uhkdu@gmail.com

..27 / ...04... / 2022

INVITATION TO BID AND GENERAL CONDITIONS OF TENDER

1. The Vice Chancellor of the General Sir John Kotelawala Defence University, as the Chairman, Department Procurement Committee invites Bid/s from prospective Bidders for supply of **items listed in the schedule in Annex “A” The relevant specifications of the items are indicated in Annex “B”**

2. **CLOSING DATE & TIME.** The tender will close at 1400 hrs on **04/05/2022** Any Bid submitted after the closing time of the tender will be rejected & unopened such bids will be returned to the bidder.

3. **VALIDITY OF BID.** The bid submitted under this tender **must be valid for a period of 120 days from the date of closing of tender.**

4. **BID BOND / GUARANTEE.**
(a) If the quoted bid value exceeds Rs: 2,000,000.00, such Bids should be accompanied with 1% of Bid Value an “on demand” and “unconditional” Bid Bond/Guarantee for a sum of Rs: in the format given in Annex “C” through a recognized local Bank or Insurance Company registered in Sri Lanka which is authorized by the Insurance Board of Sri Lanka to issue such Bid Guarantees. All Bid Bond/Guarantees should be valid for at least 30 days more than the validity period of bids, ie, for 150 days from the date of Bid opening. **Cheques will not be accepted as Bid Guarantee.**

(b) Submission of insufficient Bid Bond/Guarantee value or period will be considered as a “**major deviation**” and such offer will not be considered for further procurement action and will be rejected.

5. **VALUE ADDED TAX.** The Bidders who bid for locally delivered items must have the VAT registration. The VAT portion must be shown separately in the price schedule in Annex “A” and VAT registration number must be indicated. If the quoted item is exempted from VAT or Bidding Company is not liable for VAT, reference number and date of relevant Act number/Gazette notification/a certificate (as applicable) **issued for the current financial year** from the Commissioner General of Inland Revenue to that effect should be submitted along with the Bid.

6. **BID SUBMISSION.** The **bidder must duly sign at the last page (before Annexes) of this document** indicating the name of the signatory and the name of the company & place the company common seal to confirm the acceptance of tender conditions. **The Bid/s that do not include authorized signature will be rejected.** The Bid/s duly signed by the bidder enclosed and sealed in an appropriate cover addressed to the following address should be sent by registered post or could be deposited in the **appropriate tender box placed at University Hospital Kotelawala Defence University, Werahara** (at the Main Entrance of University Hospital Kotelawala Defence University) on or before the time & date specified for the closing of tender. **The tender reference number, date & time of closing tender should be indicated & underlined at the top left corner of the envelop.**

Tender Ref No
Closing Date & Time :1400 hrs on 2022/05/04.....

The Chairman,
Department Procurement Committee,
University Hospital Kotelawala Defence University,
Werahara,
Sri Lanka.

7. The Bid/s must be submitted in the attached schedule of prices in Annex “A” as applicable. However, bidders could use similar formats prepared with their own letter heads with all the details mentioned therein and submit in **three copies along with duly signed copy of a General Conditions of tender.** The Bid/s must contain **Technical Literature, Pamphlets, Drawings and Quality Standard Certificate etc** necessary to determine characteristics of items offered and in case of Machinery/Vehicles & Equipment, servicing and workshop data/after sales service, back up facilities or any other facilities provided by the supplier.

8. **SUBMISSION OF SAMPLES/PAYMENT OF TESTING CHARGES.**
When it is required to submit samples, **every offer** must be accompanied with pre - marked samples. The marking of samples **indicating the Bidder & Offer number** must be done and the samples must be handed over to the officer at same place where tender box is placed **on or before the closing date & time of the Bid.** Samples submitted after closing time of the Bid will be rejected. The documents such as Air Way Bills etc, will not be accepted in place of samples. When the testing charges are required to be paid, bidders shall pay testing charges separately **for all offers** indicated in their bid/s.

- (1) **Samples.** Please submit samples.
- (2) **Testing Charges.** A sum of Rs. **per offer** must be paid to the Bursar of KDU, prior to the submission of bid and a copy of the receipt must be annexed to the bid. It is the responsibility of bidder to inform the Cashier of the Account Office to note the tender number on the receipt issued for such payments.

8. **BID OPENING.** All duly received bids **will be opened immediately after the scheduled closing time of Bids at the same venue.** Bidders or their accredited agents could be present at the time of opening of bids.

9. **PRICES.**
For locally delivered items (including locally manufactured items & foreign items imported by the bidders) price must be quoted in Sri Lankan Rupees, inclusive of all charges for delivery of items to University Hospital General Sir John Kotelawala Defence University Werahara., **Unit price, VAT and Total price should be clearly indicated in schedule in Annex “A”.** Other than VAT, all other type of taxes (eg : NBT, BTT, etc.) should not be indicated separately and should be included in unit price.

10. **RESTRICTED TENDERS.** Invitation to Bids are circulated among the registered suppliers with Ministry of Defence (MOD), only bids submitted by registered suppliers will be allowed for consideration. However, Chairman, Department Procurement Committee reserves the right to invite the bids from multiple combinations of Procurement Methods as stipulated in Chapter III of the Government Procurement Guideline, 2006 to ensure highest competitiveness.

11. **PERFORMANCE BOND/GUARANTEE.** A successful bidder shall furnish a Performance Bond/Guarantee in the form of "On Demand" & "Unconditional" Bank/Insurance Guarantee for a sum equivalent to 10% of the contract value for every contract that exceeds Rs. 2,000,000.00 or equivalent amount in foreign currency through a recognized Commercial Bank registered in Sri Lanka or through an Insurance Company authorized by the Insurance Board of loss resulting from the supplier's failure to complete his performance obligations under the contract. If the contracted supplier fails to deliver the items Sri Lanka to issue such Performance Guarantee for this purpose, **within two weeks from the date of notification of award.** The proceeds of the Performance Bond/Guarantee shall be payable to the Vice Chancellor of the General Sir John Kotelawala Defence University as compensation for any o

12. time or fails to complete the works as per the agreed contract, **THE TOTAL VALUE OF THE PERFORMANCE BOND/GUARANTEE** will be forfeited. If only partial delivery is made during the agreed contract period, the corresponding value percentage of undelivered quantity from the Performance Bond/Guarantee will be forfeited.

13. **SIGNING OF CONTRACT.** The notification of award will be transmitted to the successful bidder by post, by fax or e-mail. This notification constitutes the formation of the contract. The successful bidder should submit his written acceptance for the award and performance bond / guarantee (For awards over Rs. 500,000.00 without VAT) within 14 days of receipt of such notification. Upon acceptance of the award and furnishing of the Performance Bond/Guarantee, the successful bidder will have to enter into a formal contract with the Vice Chancellor of the General Sir John Kotelawala Defence University by signing the Contract.

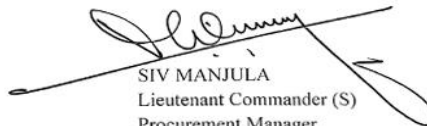
14. **DELIVERY.** Preference will be given for early delivery. In case of bulk supplies for locally manufactured items, the delivery of **total quantity must be completed within 120 days of signing of contract,** unless mutually agreed for extended delivery period with University Hospital Kotelawala Defence University. **The bidder/s must indicate the proposed delivery schedule in Annex "E".** In the event of placing a purchase order with the successful bidder, the total quantity so ordered must be supplied as one consignment unless part deliveries are agreed upon in the contract. The deliveries not made as per agreed delivery schedule will be considered as bad performances by the suppliers and **no extended delivery period will be authorized.** Under extreme unavoidable conditions too, the Chairman, Department Procurement Committee (Vice Chancellor of the General Sir John Kotelawala Defence University) reserves the right to grant or refuse delivery period extensions only within the current financial year with or without liquidated claim for delayed deliveries and that decision will be final.

15. **LIQUIDATED DAMAGES.** In case of delivery period extensions requested by the successful bidder, a sum equivalent to 2% of the total value of the delayed supply per delay of one week or part thereof may be deducted from the payment due to the supplier from the University Hospital General Sir John Kotelawala Defence University as liquidated damages up to the maximum limit of 10% of the total value of delayed supplies.

16. **PAYMENT TERMS FOR LOCALLY DELIVERED ITEMS.** Payment will be made after acceptance of items which should be subjected to a pre-acceptance inspection/testing by University Hospital General Sir John Kotelawala Defence University authorities. The delivery made to University Hospital should not be considered as quantities taken over by University Hospital General Sir John Kotelawala Defence University until items are properly accepted after pre-acceptance inspection. Any item that does not conform to the specifications or already approved sample will be rejected & it is the responsibility of the supplier to remove them from University Hospital stores/premises within 07 working days of such intimation (either verbal or written) at his own cost and replace them with items conforming to specification within one month of such rejection. The bidder shall allow approximately 60-90 days period of credit from the date of acceptance of items for Account Office, University Hospital General Sir John Kotelawala Defence University to obtain liquid cash from General Treasury & release the payment.

16. **RIGHTS OF THE PROCUREMENT COMMITTEE.** The Department Procurement Committee reserve the right to accept or reject whole or part of this tender and their decision will be final. The successful bidders will be notified. Information with regard to rejected or unsuccessful bids will not be communicated.

Thanking You
Yours Faithfully



SIV MANJULA
Lieutenant Commander (S)
Procurement Manager
For Vice Chancellor
University Hospital Kotelawala Defence University

I/We agree to abide by the conditions of tender and undertake to supply the items as per delivery schedule mentioned in the contract, in the event of an order been placed with me/my firm/company as a result of this tender.

..... Signature
..... Name of Signatory

.....Name of the Company/Bidder

Date :-

Company seal

SCHEDULE OF PRICES FOR LOCALLY DELIVERED ITEMS

S/N	ITEMS	UNIT	QTY	PRICE EACH SLRS	TOTAL PRICE SLRS
01	Completed Clinic Books Annex "B"	NO'S	1000		
02	Prescription Form (3 ply) with 50 original prescriptions Annex "C"	NO,S	1000		
03	Psychology Assessment Books Annex "D"	NO,S	1000		
	Spesification is attached Annex "B" To D				
	TOTAL				
	DISCOUNT				
	TOTAL(AFTER DISCOUNT)				
	VAT %				
	GRAND TOTAL				

2. . a . Validity : 120 days from the date of closing of tender

b . **Payment term** : **Credit**

c .Warranty :

d . Brand name :

e .Country of origin :

3. VAT Registration No.:

4. Name of the Company :

5. Testing Charges Paid. : Rs.....
Receipt No and Date :

6. Signature of Bidder :

7. Date. :

8. MOD registered No. : Company Seal :

Clinic No :
PSY/.....

PSYCHIATRY CLINIC UH KDU

Room No 33

NAME :.....
(Wednesday/Thursday 8am - 12pm)



University Hospital KDU

DIAGNOSIS

.....

CONSULTANT PSYCHIATRIST

.....

PERSONAL DETAILS

PATIENT

- 1) NAME:
- 2) AGE:
- 3) ADDRESS:
.....
- 4) LAND PHONE NUMBER:
- 5) MOBILE PHONE NUMBER:
- 6) GRAMASEWA DIVISION:
- 7) DIVISIONAL SECRETARY AREA:
- 8) MOH AREA:

GUARDIAN

- 1) GUARDIAN NAME:
- 2) RELATIONSHIP TO PATIENT:
- 3) GUARDIAN CONTACT NUMBER:
- 4) GUARDIAN ADDRESS:

COVID -19 VACCINATION DETAILS

- 1) TYPE OF VACCINE:
- 2) FIRST DOSE:
- 3) SECOND DOSE:

MEDICAL HISTORY

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SURGICAL HISTORY

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ALLERGY HISTORY

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DRUG HISTORY

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FORENSIC HISTORY

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PREMORBID HISTORY

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FAMILY HISTORY

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-
-

1st VISIT

PRESENTING COMPLAIN

HISTORY OF PRESENTING COMPLAIN

MENTAL STATE EXAMINATION

APPEARANCE:

BEHAVIOUR:

SPEECH :

MOOD :

THOUGHT :

PERCEPTION:

COGNITION:

INSIGHT :

CLINICAL EXAMINATION FINDINGS

Blood Pressure:

Pulse rate:

Saturation:

CLINICALLY SIGNIFICANT MULTIDIMENSION

CLINICAL DISORDERS AND OTHER CONDITIONS (THAT MAY BE A FOCUS OF CLINICAL ATTENTION)

PERSONALITY, PERSONALITY DISORDERS (INTELLECTUAL DISABILITY)

GENERAL MEDICAL CONDITIONS

PSYCOSOCIAL AND ENVIRONMENTAL PROBLEMS

GLOBAL ASSESSMENT OF FUNCTIONING

- ✓ Personal Care

- ✓ Social Interactions

- ✓ Academic Performance

- ✓ Occupational Performance

MANAGEMENT PLAN

INWARD REFFERALS

1.CLINICAL PSYCHOLOGIST

Dr.Kanthi Hettigoda / Ms.Tina Solomanse, Ms. Ohadee De Silva,Clinical
Psychologist,

Dear Psychologist,

Please be kind enough to see this patient and do the needful.Thank you

.....

1.PSYCHIATRIC SOCIAL WORKER

Mrs.Manjuka Sridharan, Psychiatric Social
Worker,

Dear Manjuka,

Please be kind enough to see this patient and do the needful.

Thank you

.....

1. KEY NURSING OFFICER:

FEEDBACK FROM INWARD REFERRALS

PSYCHOSOCIAL ASSESSMENT

Name:

Gender:

Date of Birth:

Marital Status:

1. History of Present Illness:

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2. Past Psychiatric/Psychological History:

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3. Drug/Alcohol Assessment:

Alcohol Caffeine Nicotine Heroin Opiates Marijuana Cocaine/Crack
 Methamphetamines Inhalants Stimulants Hallucinogens

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4. Suicidal/Homicidal Ideation:

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5. Abuse Assessment:

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6. Family/Social History:

7. Family History of Mental Illness:

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8. Employment:

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9. Education:

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10.Current Legal Status:

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11.Assessment

Developmental History:

Spiritual Assessment:

Cultural Assessment:

Financial Assessment:

Coping Skills:

Interests and Abilities:

Mental Status Assessment

Orientation	
Appearance	
Behavior	
Mood/Affect	
Speech	
Attitude	
Thought Content	
Judgment	
Cognition/Knowledge	
Insight	

12.Analysis & formulation

13.Intervention plan:

14.Follow up

INVESTIGATION SUMMARY

FBC													
WBC													
	N												
	L												
	E												
HGB													
PLT													
AST													
ALT													
S. Cr													
BU													
CRP													
ESR													
TSH													
FT3													
FT4													
FBS													
Lipid Profile													
Serum Lithium													
UFR													

FBC													
WBC													
	N												
	L												
	E												
HGB													
PLT													
AST													
ALT													
S. Cr													
BU													
CRP													
ESR													
TSH													
FT3													
FT4													
FBS													
Lipid Profile													
Serum Lithium													
UFR													

OUT REFERRALS

FEEDBACK FROM OUT REFERRALS

FOLLOW UP

COMMON INSTRUCTIONS TO PATIENTS

රෝගීන් විසින් සැපයියයුතු කරුණු

1. කරුණාකර නියමිත ඖෂධ නියමිත මාත්‍රාවෙන් නොකඩවා පාවිච්චි කරන්න. එය රෝගය වැළැක්වීමට ඇති ප්‍රධාන සාධකයයි.
2. සෑම විටම රෝගය නැවත ඇතිවන මූලික අවස්ථාවේදී ම ප්‍රතිකාර දීමෙන් අනවශ්‍ය රෝහල්ගත කිරීම් හා ආර්ථික සහ සමාජමය ප්‍රශ්න අවම කරගත හැක.
3. ඖෂධ වල අතුරු ආබාධ වෛද්‍යවරයා සමඟ සාකච්ඡා කර එය අවම කර ගැනීමට උපදෙස් ගන්න.
4. රෝගියා කොන් කිරීම, බැන වැදීම මෙන්ම අනවශ්‍ය ලෙස රෝගියා කෙරෙහි හැඟුම්බර විමද, රෝගය නැවත ඇතිවීම කෙරෙහි බලපානු ඇත. එම නිසා මධ්‍යස්ථභාවය වැදගත් වේ.
5. මත්පැන් හා මත්ද්‍රව්‍ය භාවිතයෙන් වැළකීම රෝගය නැවත ඇතිවීම අවම කරයි. එම නිසා එයින් වලකින්න.
6. මෙවැනි රෝගයක් වැළඳීම ඔබට සාමාන්‍ය ජීවිතයක් ගත කිරීමට බාධාවක් නොවනු ඇත.

ලිතියම්

Lithium

ලිතියම් පිළිබඳ ඔබ දැනුවත්ද?

උග්‍ර මානසික රෝග පාලනය කිරීම සඳහා මෙම ඖෂධය භාවිතා කරනු ලබයි.

Lithium භාවිතයේදී මේ ගැනත් සිතන්න

- ✦ මෙම ඖෂධය මුලින්ම භාවිතා කරන විට එහි ප්‍රතිඵලය ලබා ගැනීමට සති 02ක 03ක කාලයක් අවම වශයෙන් ගතවේ. එතැන් සිට ක්‍රමයෙන් ඔබගේ රෝග ලක්ෂණ පාලනය කිරීම මෙම ඖෂධය මගින් සිදු කරයි.
- ✦ එම නිසා මෙම ඖෂධය නොකඩවා භාවිතා කිරීම ඉතා වැදගත් වේ.
- ✦ වෛද්‍යවරයකුගේ උපදෙස් මත පමණක් මාත්‍රාව වෙනස් කිරීම හෝ ඖෂධ තනර කිරීම සිදු කරන්න.
- ✦ සෑම දිනකම එකම වේලාවට ඖෂධ භාවිතා කිරීම සිදු කරන්න.
- ✦ එමෙන්ම ඔබ හට ඖෂධ වේලක් ගැනීමට අමතක වූවහොත් මතක් වූ විගසම එය ලබා ගන්න.
- ✦ එම වේල ඔබ ඖෂධ ලබා ගන්නා ඊළඟ අවස්ථාව නම් මගහැරුණු ඖෂධ වේල අතහැර නියමිත ඖෂධ වේල ලබා ගන්න.
- ✦ කිසිම විටෙක ඖෂධ වේල් දෙකක් එකවර නොගන්න.
- ✦ එමෙන්ම ඔබට සමාන රෝග ලක්ෂණ ඇති යම් කෙනෙක් වේ නම් කිසිම විටක වෛද්‍ය උපදෙස් වලින් තොරව මෙම ඖෂධ ලබාදීම සිදු නොකරන්න.
- ✦ සෑම විටම ආහාර ගැනීමෙන් පසු ඖෂධ භාවිතා කරන්න. එමගින් ඔබට ඖෂධ ලබා ගැනීමෙන් පසුව ඇතිවන ඔක්කාරය, වමනය වැනි අපහසුතා මගහරවා ගත හැක.
- ✦ වෛද්‍ය උපදෙස් නොමැතිව කිසිම විටෙක මෙය භාවිතා නොකරන්න.



Lithium ආරක්ෂාකාරී ලෙස ගබඩා කරන්නේ කෙසේද?

- හොඳින් වාතාශ්‍රය ලැබෙන වියළි සිසිල් ස්ථානයක ගබඩා කරන්න. අධික තෙතමනය හා වාතය ඇති ස්ථානවල ගබඩා නොකරන්න. විශේෂයෙන් මෙම ඖෂධ තෙතමනයට සංවේදීවන නිසා සිසිල් වියළි ස්ථානයක ගබඩා කරන්න.
- බෙහෙත් පෙති හොඳින් ආවරණය කළ තදින් වැසු ඇසුරුමක ගබඩා කරන්න.
- මෙම ඖෂධ සැමාන්‍ය උෂ්ණත්වය හා පීඩනය යටතේ හොඳින් ස්ථායී වන අතර නිවැරදි ගබඩා තත්ව යටතේ දිගු කාලයක් භාවිතා කළ හැකිය.
- ලුණුට ලඹාචිය නොහැකි ඔවුන්ට දදුණය නොවන ස්ථානයක මේවා ගබඩා කරන්න.
- කල් ඉකුත් වූ හෝ භාවිතා කළ නොහැකි (කැබලි වූණු හෝ කුඩු වූණු) ඖෂධ ඉවත දමන විට ඒවා කුඩා ලුණු හෝ වෙනත් පුද්ගලයන්ට පරිහෝජනය කළ නොහැකි පරිදි ඉවත දමන්න.
- ඇළ මාදගවලට හා පොළවේ ජලය භාවිතා කරන ස්ථානවලට බැහැර නොකරන්න.

Lithium සමග ආහාර භාවිතයේ දී මේ ගැනත් සිතන්න

- දිනපතා අවම වශයෙන් වතුර හෝ වෙනත් දියරමය පාන වර්ග විදුරු 8ක් හෝ 10ක් භාවිතා කරන්න. එලෙස ජලය පානය නොකළහොත් රුධිරයේ ලිතියම් මට්ටම ඉහළ යා හැකිය. එවිට ලිතියම් විෂ විෂේ සිදුවිය හැකිය.
- ඔබ භාවිතා කරන ලුණු ප්‍රමාණය සෑම දිනකම එකම මට්ටමක පවත්වා ගන්න. එම ප්‍රමාණය එකවර ඉහළ පහළ යාමක් වීම ශරීරයේ පවතින ලිතියම් ප්‍රමාණයට බලපෑමක් ඇති වේ. ලුණු ප්‍රමාණය ඝෂණිකව පහළ යාම ලිතියම් ප්‍රමාණය ඉහළ යාමට බල අතර ලුණු ප්‍රමාණය ඝෂණිකව ඉහළ යාම ලිතියම් ප්‍රමාණය පහළ යාමට බලපායි.
- ඔබ භාවිතා කරන Caffeine අඩංගු පානමය වදන හා ආහාර වදන එකම ප්‍රමාණයෙන් ලබා ගන්න. උදා: කෝපි, තේ, බීම වර්ග Cola සහ Caffeine අඩංගු ආහාර වදන.
- ඇල්කොහොල් (Alcohol) පාන වදන භාවිතා නොකරන්න.

ලිහියම් භාවිතයේදී ඇතිවන අතුරු ආබාධ

- ✦ බඩ ඊදිම
- ✦ දියරමය ස්වභාවයෙන් මළ දූවය පිටවීම
- ✦ මුත්‍රා පිටවන වාර ගණන වැඩිවීම
- ✦ පිපාසය වැඩිවීම
- ✦ මද වශයෙන් ඇතිවන ඕක්කාරය
- ✦ කරකැවිල්ල
- ✦ මහන්සි ගතිය
- ✦ අත්වල ඇතිවන වෙවිලන ගතිය

ලිහියම් සදහා සිදුකරන පරීක්ෂාවන්

මෙම රුධිර පරීක්ෂාව මගින් සිදු කරනු ලබන්නේ රෝගියාගේ රුධිරයෙහි පවතින ලිහියම් ප්‍රමාණය මැන බැලීමයි. සාමාන්‍යයෙන් මෙම ඖෂධ භාවිතා කරන අයකුගේ රුධිරයේ පැවතිය යුතු ලිහියම් ප්‍රමාණය 6 සිට 12 දක්වා mmol ප්‍රමාණයට වඩා ඉහල යාම එනම් 15 mmol වලට වඩා ඉහල යාම ලිහියම් විෂ විෂට බලපායි. එය ඉතා හානිදායකය.

එම රෝගියා භාවිතා කරන ලිහියම් මාත්‍රාව නිවැරදිව ගණනය කිරීමට වෛද්‍යවරයාට මෙය ඉතා වැදගත් වේ. එමනිසා වෛද්‍යවරයා නිදේශ කරන කාලයට එම පරීක්ෂාවක් සිදුකර වාදනාවක් ලබාදීම වැදගත්ය. එය ඔබට මෙම ඖෂධයේ උපරිම ප්‍රතිඵල ලබා ගැනීම ඉතා වැදගත්ය.

මෙම පරීක්ෂාව සිදු කරන්නේ රෝගියා අවසන් වරට ලිහියම් මාත්‍රාව ගත් වේලාවේ සිට පැය 12 ගිය පසුය. මෙම කාල පරාසය තුළ නිරාහාරව සිටීම අවශ්‍ය නොවේ.

ලිහියම් විෂ විෂේ ලක්ෂණ

- ✦ දියරමය ස්වභාවයෙන් මළ පහ නොනවත්වා පිටවීම
- ✦ අනෙක් දිනයන්ට වඩා ඇතිවන කම්මැලි ගතිය / නිදිමත ගතිය
- ✦ හදිස් ඇතිවන කෑම අරුචිය
- ✦ මාංශපේෂි දුදුවල කම
- ✦ ඕක්කාරය හා වමනය
- ✦ අතපය වෙවිලන ගතිය
- ✦ මනසෙහි ඇතිවන ව්‍යාකූල ගතිය (Confusion)
- ✦ කතා කරන විට වචන උච්චාරණය කිරීමේ අපහසුව හා පැවලෙනසුදු ගතිය
- ✦ පෙනීමේ හිඳුතාවය අඹුවීම (Blurred Vision)

ලිහියම් භාවිතා කරන අතරතුර රෝගියාට මෙම ලක්ෂණ ඇතිවුවහොත් හැකි ඉක්මනින් රෝගියාගේ වෛද්‍යවරයා හමුවිය යුතුය.

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NEXT CLINIC DATES

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NOTES FOR GUARDIANS

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(IM Depot Dates / Next Lithium Test Dates)

Emergency Hospital Contact Numbers,

✓ 0112044555 (Extension code – WD 6B -1650, Clinic – 4250)

PRESCRIPTION FORM

Date:

Name:

Age:

Reg No:

	Medication	Dose	Route	Duration
Selective Serotonin Reuptake Inhibitors (SSRIs)				
01	Citalopram			
02	Escitalopram			
03	Fluoxetine			
04	Fluvoxamine			
05	Paroxetine			
06	Sertraline			
Serotonin-Norepinephrine Reuptake Inhibitors(SNRIs)				
01	Duloxetine			
02	Venlafaxine			
Miscellaneous Antidepressants				
01	Amitriptyline			
02	Clomipramine			
03	Imipramine			
04	Mirtazapine			
Typical Antipsychotics				
01	Chlorpromazine			
02	Fluphenazine			
03	Fluphenazine Decenate			
04	Flupenthixol Decenate			
05	Haloperidol			
06	Prochlorperazine			
07	Trifluoperazine			
Atypical Antipsychotics				
01	Aripiprazole			
02	Clozapine			
03	Olanzapine			
04	Risperidone			


05	Quetiapine			
Mood Stabilizers				
01	Carbamazepine			
02	Sodium Valporate			
03	Lamotrigine			
04	Lithium Carbonate			
Benzodiazepines				
01	Alprazolam			
02	Lorazepam			
03	Chlordiazepoxide			
04	Clonazepam			
05	Diazepam			
06	Midazolam			
Other medications				
01	Acamprosate			
02	Disulfiram			
03	Naltrexone			
04	Donepezil			
05	Rivastigmine			
06	Memantine			
07	Naltrexone			
08	Diclofenac Sodium			
09	Tramadol			
10	Omeprazole			
11	Salbutamol			
12	Promethazine			
13	Buscopan			
14	Atorvastatin			
15	Metformin			
16	Sitagliptin			
17	Losartan			
18	Amlodipine			

Clinic No :
PSY /

PSYCHIATRY CLINIC
UH KDU

Room No 33

NAME :
(Wednesday/Thursday 8am - 12pm)


University Hospital KDU

Psychological initial assessment form University Hospital KDU

1. Identifying Data

Inward/Outpatient

Name:
Age:
Address and Contact
Referral source

2. Present Illness

Presenting complaints
Onset
Precipitating factors

3. Previous Illness

Medical
Psychological
Substance misuse/addictions

4. Personal History (Prenatal, Early, Middle, Late Childhood, Adulthood and Psychosexual History)

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5. Family History (Family Genogram, mental health and suicidal history)

6. Mental Status Examination

General Description (Appearance, Behaviour, Psychomotor Activity, Attitudes towards Examiner)

Mood and Affect

Speech

Perceptual Disturbances (Hallucinations, Illusions, Depersonalization, Derealisation)

Thought Disturbances (Process, Content)

Sensorium and Cognition

Alertness and Consciousness

Orientation

Memory (Remote, Recent Past, Recent Immediate)

Concentration and Attention

Capacity to read and write

Visuospatial Ability

Abstract Thinking

Fund of information and Intelligence

Impulse Control

Judgment and Insight

Reliability

Further Diagnostic Studies Required

7.Diagnosis

8.Psychological Formulation

Presenting problem

Predisposing factors

Precipitating factors

Perpetuating factors

Protective factors

Prognosis

9.Treatment Plan

10.Follow-up

DELIVERY SCHEDULE

(IT IS MANDATORY TO FILL THE FOLLOWING SCHEDULE BY THE BIDDER) TENDER NO :

ITEM : QTY
.....

DURATION	QTY
EX STOCK QTY (WITHIN 01 WEEK)	
01MONTH	
02 MONTHS	
03 MONTHS	
04 MONTHS	
TOTAL	

NAME OF THE BIDDER :

SIGNATURE OF BIDDER :

DATE :

COMPANY SEAL :



SPECIMEN FORM OF BID SECURITY

By this Bond we (hereinafter called "the Bidder") and We (name of bank or insurance company) whose registered office is at (hereinafter called "the Surety") are held and firmly bound onto (hereinafter called the Authority") in the sum of for the payment of which sum the Bidder and the Surety bind themselves their successors and assigns jointly and severally by those presents.

Whereas the authority has invited the Tender and other persons to compete tenders in similar terms for the supply of and to submit the same for the consideration of the Authority, and the Bidder proposes to submit to the Authority a Bid (hereafter called "the Bid") in accordance with such invitation, the Bond shall provide security to the Authority that the Bidder will honour certain obligations to be undertaken by him in the Tender in accordance with the following conditions.

Now the Conditions of this Bond are:

- (a) That it shall remain in full force and effect until the earliest of
 - (i) (Date), being () days from (submission date), the date stipulated by the Authority for the submission of tenders, or any prolongation of such date above notified to the Authority by the Bidder and the Surety in writing.
 - (ii) In the event of acceptance of the Tender by the Authority, the date upon which the Bidder provides a performance security to the Authority in accordance with the terms of the contract thereby made between them, or
- (b) Subject to this Bond being in full force and effect, the Surety shall pay the full amount specified in this Bond upon receipt of first written demand form the Authority stating that.
 - (i) The Bidder has withdrawn his Tender during the validity of this Bond, or
 - (ii) The Bidder has failed to provide a performance security to the Authority in accordance with the terms of the tender within 14 days from receipt of intimation of award of the Tender.

No alteration in the terms of the Tender, nor any forbearance of forgiveness in or in respect of neither any matter or thing concerning the Tender on the part of the Authority, nor any objection from the bidder shall in any way release the Surety from any liability under this Bond.

The benefit of this Bond shall not be assignable by the Authority and upon its ceasing to be in full force and effect the Authority shall return the same to the Bidder.

This Bond shall be governed by the laws of Sri Lanka

I executed as a deed on this () day of () 20 ()

For and on behalf of the Bidder

For and on behalf of the Surety

Signed by -----

Signed by -----

In the capacity of -----

In the capacity of -----

and by -----

and by -----

In the capacity of -----

In the capacity of -----

Seal (where applicable)

Seal (where applicable)

