**Załącznik nr 1**

3810/47/2023

**OPIS PRZEDMIOTU ZAMÓWIENIA/WZÓR OFERTY CENOWEJ**

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|  | **Część nr 1** | | | | | | | | | | | |  |  | | |  |  | |  |
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| **L.p.** | | **Nazwa postać** | **j.m.** | **Ilość** | | **C.j.netto** | | **Wartość  netto** | | **Stawka podatku VAT %** | | **C.j. brutto** | | **Wartość  brutto (wartość netto + VAT)** | | **Producent Kod EAN** | | | **Nazwa handlowa, dawka, postać, ilość w opakowaniu** | |
| **1** | | **2** | **3** | **4** | | **5** | | **6** | | **7** | | **8** | | **9** | | **10** | | | **11** | |
| 1. | | **Ribociclibum** kapsułki twarde, 200 mg x 63 szt. | **op.** | **400** | |  | |  | |  | |  | |  | |  | | |  | |
| **Razem** | | |  |  | |  | |  | |  | |  | |  | |  | | |  | |

**Wykonawca:**

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(*pełnanazwa/firma, adres)*

***NIP:*** *……………………………………………………..*

**Osoba/y upoważniona/e do kontaktu:**

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**Nr tel.** …………………………….…………………

**e-mail** ……………………………….………………

**Załącznik nr 1**

3810/47/2023

**OPIS PRZEDMIOTU ZAMÓWIENIA/WZÓR OFERTY CENOWEJ**

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|  | **Część nr 2**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **L.p.** | **Nazwa postać** | **j.m.** | **Ilość** | **C.j.netto** | **Wartość  netto** | **Stawka  podatku  VAT %** | **C.j. brutto** | **Wartość  brutto (wartość netto + VAT)** | **Producent Kod EAN** | **Nazwa handlowa, dawka, postać, ilość w opakowaniu** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | | 1. | **Upadacitinibum -**  tabl. o przedł. uwalnianiu **15 mg** x 28 szt. | **op.** | **72** |  |  |  |  |  |  |  | | **Razem** | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |

**Wykonawca:**

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(*pełnanazwa/firma, adres)*

***NIP:*** *……………………………………………………..*

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**Załącznik nr 1**

3810/47/2023

**OPIS PRZEDMIOTU ZAMÓWIENIA/WZÓR OFERTY CENOWEJ**

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|  | **Część nr 3** | | | | | | | |  |  | | |  |  | |  |
| **L.p.** | | **Nazwa postać** | **j.m.** | **Ilość** | **C.j.netto** | **Wartość  netto** | **Stawka  podatku  VAT %** | **C.j. brutto** | | | **Wartość  brutto (wartość netto + VAT)** | **Producent Kod EAN** | | | **Nazwa handlowa, dawka, postać, ilość w opakowaniu** | |
| **1** | | **2** | **3** | **4** | **5** | **6** | **7** | **8** | | | **9** | **10** | | | **11** | |
| 1. | | **Ixekizumabum -** roztw. do wstrzykiwań **80 mg/ ml** 2 wstrzyk. 1 ml | **op.** | **40** |  |  |  |  | | |  |  | | |  | |
| **Razem** | | |  |  |  |  |  |  | | |  |  | | |  | |

**Wykonawca:**

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(*pełnanazwa/firma, adres)*

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**Załącznik nr 1**

3810/47/2023

**OPIS PRZEDMIOTU ZAMÓWIENIA/WZÓR OFERTY CENOWEJ**

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|  | **Część nr 4** | | | | | | | |  | |  | |  |  | |  |
| **L.p.** | | **Nazwa postać** | **j.m.** | **Ilość** | **C.j.netto** | **Wartość  netto** | **Stawka  podatku  VAT %** | **C.j. brutto** | | **Wartość  brutto (wartość netto + VAT)** | | **Producent Kod EAN** | | | **Nazwa handlowa, dawka, postać, ilość w opakowaniu** | |
| **1** | | **2** | **3** | **4** | **5** | **6** | **7** | **8** | | **9** | | **10** | | | **11** | |
| 1. | | **Palbociclibum** tabl.powlekane,75 mg x 21szt. | **op.** | **80** |  |  |  |  | |  | |  | | |  | |
| 2. | | **Palbociclibum**, tabl.powlekane, 100 mg x 21 szt. | **op.** | **50** |  |  |  |  | |  | |  | | |  | |
| 3. | | **Palbociclibum** tabl.powlekane, 125 mg x 21 szt. | **op.** | **190** |  |  |  |  | |  | |  | | |  | |
| **Razem** | | |  |  |  |  |  |  | |  | |  | | |  | |

**Wykonawca:**

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(*pełnanazwa/firma, adres)*

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**e-mail** ……………………………….………………

**Załącznik nr 1**

3810/47/2023

**OPIS PRZEDMIOTU ZAMÓWIENIA/WZÓR OFERTY CENOWEJ**

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|  | **Część nr 5**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **L.p.** | **Nazwa postać** | **j.m.** | **Ilość** | **C.j.netto** | **Wartość  netto** | **Stawka  podatku  VAT %** | **C.j. brutto** | **Wartość  brutto (wartość netto + VAT)** | **Producent Kod EAN** | **Nazwa handlowa, dawka, postać, ilość w opakowaniu** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | | 1. | **Abirateroni acetas -** tabl. (1000 mg) 30 szt. | **op.** | **150** |  |  |  |  |  |  |  | | 2. | **Azacitidine**  proszek do sporz. zaw. do wstrz. (25 mg/ml) 1 fiolka 100 mg | **fiol.** | **1 000** |  |  |  |  |  |  |  | | 3. | **Calcium folinate-** roztwór do wstrz. (200 mg/20 ml) 1 fiolka 20 ml | **fiol.** | **600** |  |  |  |  |  |  |  | | **Razem** | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |

**Wykonawca:**

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(*pełnanazwa/firma, adres)*

***NIP:*** *……………………………………………………..*

**Osoba/y upoważniona/e do kontaktu:**

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**e-mail** ……………………………….………………

**Załącznik nr 1**

3810/47/2023

**OPIS PRZEDMIOTU ZAMÓWIENIA/WZÓR OFERTY CENOWEJ**

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|  | **Część nr 6**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **L.p.** | **Nazwa postać** | **j.m.** | **Ilość** | **C.j.netto** | **Wartość  netto** | **Stawka  podatku  VAT %** | **C.j. brutto** | **Wartość  brutto (wartość netto + VAT)** | **Producent Kod EAN** | **Nazwa handlowa, dawka, postać, ilość w opakowaniu** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | | 1. | **Pembrolizumabum -**  koncentrat do sporządzania roztw. do infuzji 25 mg/ml 1 fiol. 4 ml | **fiol.** | **1 400** |  |  |  |  |  |  |  | | **Razem** | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |

**Wykonawca:**

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(*pełnanazwa/firma, adres)*

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**Osoba/y upoważniona/e do kontaktu:**

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**Załącznik nr 1**

3810/47/2023

**OPIS PRZEDMIOTU ZAMÓWIENIA/WZÓR OFERTY CENOWEJ**

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|  | **Część nr 7**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **L.p.** | **Nazwa postać** | **j.m.** | **Ilość** | **C.j.netto** | **Wartość  netto** | **Stawka  podatku  VAT %** | **C.j. brutto** | **Wartość  brutto (wartość netto + VAT)** | **Producent Kod EAN** | **Nazwa handlowa, dawka, postać** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | | **1.** | **Venetoclax -** tabl.powl. 10 mg x 14 | **op** | **50** |  |  |  |  |  |  |  | | **2.** | **Venetoclax -** tabl.powl. 50 mg x 7 | **op** | **50** |  |  |  |  |  |  |  | | **3.** | **Venetoclax -** tabl.powl. 100 mg x 7 | **op** | **40** |  |  |  |  |  |  |  | | **4.** | **Venetoclax -** tabl.powl. 100 mg x 14 | **op** | **40** |  |  |  |  |  |  |  | | **5.** | **Venetoclax -** tabl.powl. 100 mg x 112 | **op** | **600** |  |  |  |  |  |  |  | | **Razem** | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |

**Wykonawca:**

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(*pełnanazwa/firma, adres)*

***NIP:*** *……………………………………………………..*

**Osoba/y upoważniona/e do kontaktu:**

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**Nr tel.** …………………………….…………………

**e-mail** ……………………………….………………

**Załącznik nr 1**

3810/47/2023

**OPIS PRZEDMIOTU ZAMÓWIENIA/WZÓR OFERTY CENOWEJ**

**Część nr 8**

|  |  |  |  |  |  |  |  |  |  |  |
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| **L.p.** | **Nazwa postać** | **j.m.** | **Ilość** | **C.j.netto** | **Wartość  netto** | **Stawka  podatku  VAT %** | **C.j. brutto** | **Wartość  brutto (wartość netto + VAT)** | **Producent Kod EAN** | **Nazwa handlowa, dawka, postać** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| **1.** | **Eculizumabum -** koncentrat do sporządzania roztworu do infuzji, 300 mg 1 fiol. 30 ml | **fiol.** | **432** |  |  |  |  |  |  |  |
| **Razem** | |  |  |  |  |  |  |  |  |  |

**Wykonawca:**

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(*pełnanazwa/firma, adres)*

***NIP:*** *……………………………………………………..*

**Osoba/y upoważniona/e do kontaktu:**

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**Nr tel.** …………………………….…………………

**e-mail** ……………………………….………………

**Załącznik nr 1**

3810/47/2023

**OPIS PRZEDMIOTU ZAMÓWIENIA/WZÓR OFERTY CENOWEJ**

**Część nr 9**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **L.p.** | **Nazwa postać** | **j.m.** | **Ilość** | **C.j.netto** | **Wartość  netto** | **Stawka  podatku  VAT %** | **C.j. brutto** | **Wartość  brutto (wartość netto + VAT)** | **Producent Kod EAN** | **Nazwa handlowa, dawka, postać, ilość w opakowaniu** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| 1. | **Kobimetynib -**tabl. powl., 20 mg x 63 szt. | **op.** | **110** |  |  |  |  |  |  |  |
| 2. | **Obinutuzumabum -** koncentrat do sporządzania roztworu do infuzji, 1000 mg 40 ml | **fiol.** | **220** |  |  |  |  |  |  |  |
| 3. | **Tocilizumab** -  konc. do sporz. roztw. do inf. | **mg** | **81 600** |  |  |  |  |  |  |  |
| **Razem** | |  |  |  |  |  |  |  |  |  |

**Wykonawca:**

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(*pełnanazwa/firma, adres)*

***NIP:*** *……………………………………………………..*

**Osoba/y upoważniona/e do kontaktu:**

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**Nr tel.** …………………………….…………………

**e-mail** ……………………………….………………