**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** |  |  |  |  |  |  |  |  |  |

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**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 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)*

***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 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)*

***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 5**

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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. | **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** |  |  |  |  |  |  |  |  |  |

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**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 6**

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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. | **Pembrolizumabum -**  koncentrat do sporządzania roztw. do infuzji 25 mg/ml 1 fiol. 4 ml | **fiol.** | **1 400** |  |  |  |  |  |   |  |
| **Razem** |  |  |  |  |  |  |  |  |   |

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**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 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** |  |  |  |  |  |  |  |  |  |

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**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** ……………………………….………………