**Załącznik nr 1**

3810/51/2023

**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. | | **Isatuximabum -**  koncentrat do sporządzania roztworu do infuzji, 20 mg/ml 1 fiol. a 5 ml | **fiol.** | **100** | |  | |  | |  | |  | |  | |  | | |  | |
| 2. | | **Isatuximabum -** koncentrat do sporządzania roztworu do infuzji, 20 mg/ml 1 fiol. a 25 ml | **fiol.** | **200** | |  | |  | |  | |  | |  | |  | | |  | |
| **Razem** | | |  |  | |  | |  | |  | |  | |  | |  | | |  | |

**Wykonawca:**

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(*pełnanazwa/firma, adres)*

***NIP:*** *……………………………………………………..*

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

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**Nr tel.** …………………………….…………………

**e-mail** ……………………………….………………

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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. | **Tucatinibum** tabl. powl., 50 mg x 88 szt. | **Op.** | **50** |  |  |  |  |  |  |  | | 2. | **Tucatinibum**  tabl. powl.,150 mg x 84 szt. | **Op.** | **200** |  |  |  |  |  |  |  | | **Razem** | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |

**Wykonawca:**

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(*pełnanazwa/firma, adres)*

***NIP:*** *……………………………………………………..*

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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. | | **Tafasitamabum** -proszek do sporządzania koncentratu roztworu do infuzji, 200 mg | **Fiol.** | **1500** |  |  |  |  | | |  |  | | |  | |

**Wykonawca:**

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(*pełnanazwa/firma, adres)*

***NIP:*** *……………………………………………………..*

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

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**e-mail** ……………………………….………………