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| **Pakiet IV 2022** | |  |  |  |  |  |  |  |
| **FORMULARZ OFERTOWY - dopuszcza się możliwość składania ofert równoważnych na poszczególne odczynniki o parametrach jakościowych nie gorszych niż te określone w katalogu Firmy BIOMED** | | | | | | | | |
| 1.Wykaz artykułów: | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Lp. | Nazwa testów i odczynników | jedn. miary | ilość | cena jedn. netto (zł) | wartość netto (zł) | VAT % | wartość VAT (zł) | wartość brutto (zł) |
| 1 | Surowica Salmonella dla antygenu 8,20 24.42.23-40.00-76 | Op. | 1 |  |  |  |  |  |
| 2 | Surowica Salmonella dla antygenu 07 24.42.23-40.00-71 | Op. | 1 |  |  |  |  |  |
| 3 | Surowica Salmonella dla antygenu HM 24.42.23-40.00-64 | Op. | 3 |  |  |  |  |  |
| 4 | Surowica Salmonella dla antygenu DO 24.42.23-40.00-68 | Op. | 3 |  |  |  |  |  |
| 5 | Surowica Salmonella dla antygenu O9 24.42.23-40.00-72 | Op. | 3 |  |  |  |  |  |
| 6 | Surowica Salmonella dla antygenu O4 24.42.23-40.00-70 | Op. | 1 |  |  |  |  |  |
| 7 | Surowica Salmonella dla antygenu BO 24.42.23-40.00-66 | Op. | 1 |  |  |  |  |  |
| 8 | Surowica Salmonella dla antygenu Hgm 24.42.23-40.00-86 | Op. | 3 |  |  |  |  |  |
| 10 | Surowica Salmonella dla antygenu CO 24.42.23-40.00-67 | Op. | 2 |  |  |  |  |  |
| 11 | Surowica Salmonella dla antygenu 01,3,19 24.42.23-40.00-75 | Op. | 1 |  |  |  |  |  |
| 12 | Surowica Salmonella dla antygenu Vi | Op. | 1 |  |  |  |  |  |
| 13 | Surowica Shigella dysenteriae 1 24.42.23-40.00-108 | Op. | 1 |  |  |  |  |  |
| 14 | Surowica Shigella boydii 8-11 24.42.23-40.00-113 | Op. | 1 |  |  |  |  |  |
| 15 | Surowica Shigella boydii 1-7 24.42.23-40.00-112 | Op. | 1 |  |  |  |  |  |
| 16 | Surowica Shigella boydii 12-15 24.42.23-40.00-114 | Op. | 1 |  |  |  |  |  |
| 17 | Surowica Salmonella dla antygenu 015 | Op. | 1 |  |  |  |  |  |
| 18 | Surowica Shigella sonnei I, II, f 24.42.23-40.00-115 | Op. | 1 |  |  |  |  |  |
| 19 | Surowica Shigella dysenteriae 3-8 24.42.23-40.00-110 | Op. | 1 |  |  |  |  |  |
| 20 | Surowica Shigella flexneri 24.42.23-40.00-111 | Op. | 1 |  |  |  |  |  |
| RAZEM: | | | | |  | x |  |  |

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| 2. Termin płatności /nr konta ..................................................................................... | | | | |  |  | |  | |  |  |  | |
| 3. Termin dostawy .................................................................................................... | | | |  |  |  |  | |  | | | |
| 4. Inne ......................................................................................................................... | | | | |  |  | |  | |  |  |  | |
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| Dnia ........................ | |  |  | |  |  | |  | |  |  |  | |
| ………………………………………. |  |  |  | |  |  | |  | |  |  | *.........................................................................* | |
| *pieczątka i podpis osoby upoważnionej* | |  |  | |  |  | |  | |  |  |  | |